



ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

Complete this report in duplicate at the time of the regular monthly preventative maintenance check, and whenever instrument is repaired. Send copy to Department of Health and Senior Services; retain original in department file.

ALCO SENSOR IV SN 097406	PRINTER SN 84.9324.050	DATE OF INSPECTION 07/27/2020
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LOCATION OF INSTRUMENT (STREET AND CITY) 111 EAST KELLING AVENUE, WAVERLY	TIME OF INSPECTION 10:41 am
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CHECKLIST: Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

- DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)
- TEMPERATURE OF ALCO SENSOR (10°C - 40°C)
- PRINTER WORKING PROPERLY
- TIME AND DATE DISPLAYING PROPERLY

BREATH ALCOHOL ACCURACY STANDARDS

- SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE
- STANDARD SUPPLIER INTOXIMETERS LOT # AG007603 EXP. DATE 11/16/2021
- SIMULATOR TEMPERATURE (34°C ± 0.2°C) SIMULATOR SN SIMULATOR EXP DATE

- CALIBRATION CHECK – (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)
Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)
- 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE
- 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE
- 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

TEST 1 ← 0.098	TEST 2 ← 0.098	TEST 3 ← 0.099
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- RFI DETECTOR OPERATING

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS)

REFUSALS	0	(0-.04)	0	(.05-.09)	0	(.10-.14)	0	(.15-.19)	0	(OVER .19)	0
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List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).

INSPECTING OFFICER

SIGNATURE 	PRINT NAME JAMES H PLAGGEMEYER II
TYPE # PERMIT NUMBER/EXPIRATION DATE 280236 08/14/2020	TELEPHONE NUMBER (660) 493-2914

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office
2875 James Boulevard
Poplar Bluff, MO 63901

CK 1

AS IV Serial no: 097406
Version no: 532B

TEST RECORD 00610

Temp	Date	Time	s/ 210L
Air Blank:			
	07/27/20	10:41	.000
Calibration Check:			
26	07/27/20	10:41	.098

Subject Name
PLAGGEMEYER

Subject I.D.
CK 1

Operator Name, I.D.

Location

RFI

AS IV Serial no: 097406
Version no: 532B

TEST RECORD 00613

Temp	Date	Time	s/ 210L
VOID: RFI			
12	07/27/20	10:46	

Subject Name
PLAGGEMEYER

Subject I.D.
RFI

Operator Name, I.D.

Location

CK 2

AS IV Serial no: 097406
Version no: 532B

TEST RECORD 00611

Temp	Date	Time	s/ 210L
Air Blank:			
	07/27/20	10:42	.000
Calibration Check:			
27	07/27/20	10:42	.098

Subject Name
PLAGGEMEYER

Subject I.D.
CK 2

Operator Name, I.D.

Location

TEST

AS IV Serial no: 097406
Version no: 532B

TEST RECORD 00614

Temp	Date	Time	s/ 210L
Air Blank:			
	07/27/20	10:51	.000
Subject Test: Auto			
27	07/27/20	10:51	.000

Subject Name
PLAGGEMEYER

Subject I.D.
TEST

Operator Name, I.D.

Location

CK 3

AS IV Serial no: 097406
Version no: 532B

TEST RECORD 00612

Temp	Date	Time	s/ 210L
Air Blank:			
	07/27/20	10:44	.000
Calibration Check:			
27	07/27/20	10:44	.099

Subject Name
PLAGGEMEYER

Subject I.D.
CK 3

Operator Name, I.D.

Location



Airgas USA LLC (LAB)

3500 Bernard Street

St. Louis, Mo. 63103

Ph: (314) 533-3100

Fax: (314) 533-7328

Certificate of Analysis

Customer Name

Exclusive Supplier

Intoximeters, Inc.

2081 Craig Road

St. Louis, Mo 63146

Test Date: 18-Mar-2020

Lot # AG007603 **Model** 34cadd

Exp. Date

16-Nov-2021

Cyl. Type

34

Component

Ethanol

Nitrogen

Certified Concentration

0.100 ± 2% BrAC (272 ppm)

Balance

Certification Traceable to N.I.S.T. RGM and to CRM Ethanol Standards:

RGM Serial No.

EB0010581

EB0010570

EB0010285

EB0010561

EB0010681

Concentration

392.1 ppm

259.8 ppm

208.0 ppm

103.6 ppm

52.12 ppm

RGM Serial No.

EB0010603

EB0010559

EB0010595

EB0010562

EB0010579

Concentration

393.0 ppm

258.2 ppm

208.3 ppm

104.2 ppm

52.81 ppm

CRM Serial No.

CC434668

CC234503

Concentration

800.0 ppm

253.0 ppm

CRM Serial No.

0056649

0056662

Concentration

390.1 ppm

150.2 ppm

Analytical Method:

NDIR

Approved for Release:

Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 3082.06

ISO 17034:2016 A2LA accredited. Certificate Number 3082.07



STATE OF MISSOURI
 DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BREATH ALCOHOL PROGRAM



**PERMIT
 TYPE II**

JAMES H PLAGGEMEYER II

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

ALCO-SENSOR IV WITH PRINTER

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.


DATE 8/14/2018

NUMBER 280236

EXPIRES 8/14/2020

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY


DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES



STATE OF MISSOURI
 DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BREATH ALCOHOL PROGRAM

INSTRUMENT OPERATOR CARD

The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.



Operator PLAGGEMEYER II, JAMES
 Permit No 280236
 Date Issued 8/14/2018 Date Expires 8/14/2020

RECEIVED

By Tracy Crews at 11:37 am, Aug 13, 2018



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY
BREATH ALCOHOL PROGRAM

APPROVED *Breath Alcohol Program*
Department of Health and Senior Services
By Brian Lutmer at 2:46 pm, Aug 13, 2018

APPLICATION FOR TYPE II PERMIT FOR OPERATION OF BREATH ALCOHOL ANALYZERS

THIS APPLICATION IS FOR <input type="checkbox"/> NEW PERMIT <input checked="" type="checkbox"/> RENEWAL	CURRENT PERMIT NUMBER AND EXPIRATION DATE 260272 08/26/2018
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PRINT FULL NAME JAMES H PLAGGEMEYER II	TITLE CHIEF	AGE 46
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A disclosure concerning your SSN number is available at:
<http://www.health.mo.gov/lab/breathalcohol/>

DEPARTMENT OR TROOP WAVERLY POLICE DEPARTMENT	TELEPHONE 660-493-2914
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BUSINESS ADDRESS (STREET, CITY, STATE, ZIP CODE)
111 EAST KELLING AVENUE, WAVERLY, MO 64096

EMAIL ADDRESS
jplaggemeyer@waverly-mo.com

LIST ALL ORIGINAL TRAINING COURSES FOR OPERATION OF BREATH ANALYZERS
(Also, please place a checkmark beside ALL breath analyzer(s) for which you are requesting a permit.)

DATES OF COURSE	LOCATION OF COURSE	COURSE LENGTH (HRS.)	NAME & MODEL OF BREATH ANALYZER	PLEASE CHECK OR UNCHECK INSTRUMENTS FOR WHICH YOU REQUEST	NAME OF INSTRUCTOR
8/15/2016	MSC/UCMO	40	SUPERVISOR COURSE	<input type="checkbox"/>	WELSH/STR
8/24/2016	MSC/UCMO	8	ALCO SENSOR 4	<input checked="" type="checkbox"/>	WELSH/LUC
				<input type="checkbox"/>	
				<input type="checkbox"/>	

List the manufacturer and name of instruments for which you are currently performing maintenance reports on and the number of maintenance reports performed on EACH type in the last year.

MANUFACTURER AND NAME OF INSTRUMENT	NUMBER OF MAINTENANCE REPORTS	NUMBER OF SUBJECT TESTS
1. ALCO-SENSOR IV W/ PRINTER	12	10
2.		
3.		

When adding a new instrument, you receive a new two (2) year permit. Therefore, normal renewal procedures apply for the instrument(s) on your current permit that you wish to transfer to the new permit. Disregarding these renewal procedures will result in a new permit for the new instrument only.

To renew a Type II Permit, the applicant shall have completed two (2) Maintenance Reports and shall have performed at least ten (10) tests on drinking subjects in the past year on each instrument for which renewal is requested. If these conditions are not met, or the permit has expired for more than thirty (30) days, the applicant shall perform two (2) Maintenance Reports and five (5) self-administered tests for each breath analyzer for which renewal is requested. Copies of the Maintenance Reports along with the Operational checklists and printouts for the five (5) self-administered tests shall accompany the application for renewal.

SIGNATURE OF APPLICANT 	DATE 8/9/2018
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RETURN COMPLETED APPLICATION TO THE: Breath Alcohol Program, Missouri Department of Health and Senior Services
Southeast District Office
2875 James Blvd.
Poplar Bluff, MO 63901