



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY
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 100284	PRINTER SN 096.3580.945	DATE OF INSPECTION 08/17/2016
LOCATION OF INSTRUMENT (STREET AND CITY) 600 East Walnut Columbia		TIME OF INSPECTION 2125

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 # AG505101 EXP. DATE 02/20/2017

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 ← .100

TEST 2 ← .100

TEST 3 ← .100

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).

Instrument into service. Battery to the ASIV in the instrument. Recalibration done.

INSPECTING OFFICER

SIGNATURE
Mark D. Hoehne 2018

PRINT NAME
Mark D. Hoehne

TYPE II PERMIT NUMBER/EXPIRATION DATE
260236 06/17/2018

TELEPHONE NUMBER
(573) 874-7585

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



Airgas USA LLC (LAB)
 3500 Bernard Street
 St. Louis, Mo 63103
 Ph: (314) 533-3100
 Fax: (314) 533-7328

Certificate of Analysis

Customer Name
 Intoximeters, Inc.
 2081 Craig Road
 St. Louis, Mo 63146

Test Date: 23-Feb-2015

Lot # AG505101

<u>Exp. Date</u> 20-Feb-2017	<u>Cvl. Type</u> 108	<u>Component</u> Ethanol Nitrogen	<u>Certified Concentration</u> 0.100 ± 2% BrAC (272 ppm) Balance
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Certification Traceable to N.I.S.T. RGM Ethanol Standards:

<u>Serial No.</u>	<u>Concentration</u>	<u>Serial No.</u>	<u>Concentration</u>
EB0010581	391.8 ppm	EB0010603	392.5 ppm
EB0010570	259.8 ppm	EB0010659	258.9 ppm
EB0010285	209.0 ppm	EB0010595	208.9 ppm
EB0010561	103.7 ppm	EB0010582	104.9 ppm
EB0010681	52.22 ppm	EB0010579	52.94 ppm

Analytical Method: NDIR

Digitally signed by Quality Control
 Date: 2015.02.23 15:38:13 -06:00
 Reason: Dry gas standard certification of analysis
 Location: Airgas USA LLC (Lab)

Analyst: 
 Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 2989.01

AS IV Serial no: 100284
Version no: 532B

TEST RECORD 00027

Temp Date Time ^{3/} 210L

Air Blank:
08/17/16 21:25 .000
Calibration:
25 08/17/16 21:25 .100

Subject Name

Calibration

Subject I.D.

Hoehne, Mark D. 2078

Operator Name, I.D.

CPD

Location

AS IV Serial no: 100284
Version no: 532B

TEST RECORD 00028

Temp Date Time ^{3/} 210L

Air Blank:
08/17/16 21:29 .000
Calibration Check:
25 08/17/16 21:29 .100

Subject Name

Test 1

Subject I.D.

Hoehne, Mark D. 2078

Operator Name, I.D.

CPD

Location

AS IV Serial no: 100284
Version no: 532B

TEST RECORD 00029

Temp Date Time ^{3/} 210L

Air Blank:
08/17/16 21:31 .000
Calibration Check:
26 08/17/16 21:31 .100

Subject Name

Test 2

Subject I.D.

Hoehne, Mark D. 2078

Operator Name, I.D.

CPD

Location

AS IV Serial no: 100284
Version no: 532B

TEST RECORD 00030

Temp Date Time ^{3/} 210L

Air Blank:
08/17/16 21:33 .000
Calibration Check:
26 08/17/16 21:33 .100

Subject Name

Test 3

Subject I.D.

Hoehne, Mark D. 2078

Operator Name, I.D.

CPD

Location

AS IV Serial no: 100284
Version no: 532B

TEST RECORD 00031

Temp Date Time ^{3/} 210L

VOID: RFI
12 08/17/16 21:35

Subject Name

RFI

Subject I.D.

Hoehne, Mark D. 2078

Operator Name, I.D.

CPD

Location

AS IV Serial no: 100284
Version no: 532B

TEST RECORD 00032

Temp Date Time ^{3/} 210L

Air Blank:
08/17/16 21:36 .000
Subject Test: Auto
.27 08/17/16 21:36 .000

Subject Name

Test

Subject I.D.

Hoehne, Mark D. 2078

Operator Name, I.D.

CPD

Location



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



**PERMIT
 TYPE II**

MARK D HOEHNE

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, INTOX DMT

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 6/17/2016

NUMBER 260236

EXPIRES 6/17/2018

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: HOEHNE, MARK
 Permit No: 260236
 Date Issued: 6/17/2016 Date Expires: 6/17/2018