



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	NAME OF AGENCY Columbia Police Department	DATE OF INSPECTION 07/25/2023
LOCATION OF INSTRUMENT (STREET AND CITY) 600 E. Walnut St. Columbia		TIME OF INSPECTION 8:51 pm

**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 # AG209701 EXP. DATE 04/07/2024
- SIMULATOR TEMPERATURE (34°C ± 0.2°C) \_\_\_\_\_ SIM. SN \_\_\_\_\_ SIM. NIST 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 ➡ .102	TEST 2 ➡ .102	TEST 3 ➡ .102
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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)	2	(.15-.19)	1	(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).

monthly maintenance

**INSPECTING OFFICER**

SIGNATURE ▶ <i>Mark D. Hoehne</i>	PRINT NAME Mark D. Hoehne
TYPE II PERMIT NUMBER/EXPIRATION DATE 220158 06/14/2024	TELEPHONE NUMBER (573) 874-7585

**Return completed report to the:** Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office by mail, fax, or email.

Temp Date Time <sup>9/</sup> 210L

Air Blank:  
07/25/23 20:52 .000

Calibration Check:  
18 07/25/23 20:52 .102

Subject Name

Test # 1

Subject I.D.

Hochne, Mark D. 2078

Operator Name, I.D.

Location

TEST RECORD 00402

Temp Date Time <sup>9/</sup> 210L

Air Blank:  
07/25/23 20:54 .000

Calibration Check:  
19 07/25/23 20:54 .102

Subject Name

Test # 2

Subject I.D.

Hochne, Mark D. 2078

Operator Name, I.D.

Location

Version no: 532B

TEST RECORD 00403

Temp Date Time <sup>9/</sup> 210L

Air Blank:  
07/25/23 20:56 .000

Calibration Check:  
20 07/25/23 20:56 .102

Subject Name

Test # 3

Subject I.D.

Hochne, Mark D. 2078

Operator Name, I.D.

Location

Version no: 532B

TEST RECORD 00404

Temp Date Time <sup>9/</sup> 210L

VOID: RFI  
12 07/25/23 20:59

Subject Name

RFI check

Subject I.D.

Hochne, Mark D. 2078

Operator Name, I.D.

Location

AS IV Serial no: 100284  
Version no: 532B

TEST RECORD 00405

Temp Date Time <sup>9/</sup> 210L

Air Blank:  
07/25/23 21:00 .000

Subject Test: Auto  
21 07/25/23 21:00 .000

Subject Name

Self Test

Subject I.D.

Hochne, Mark D. 2078

Operator Name, I.D.

Location

# Airgas

Airgas LOCAL (L.A.M.)  
 5000 S. Western Street  
 St. Louis, MO 63112  
 PH (314) 888-4400  
 FAX (314) 888-4400

## Certificate of Analysis

Customer Name  
 Memphis Superior  
 Industries, Inc.  
 1001 Camp Road  
 St. Louis, MO 63104

Test Date: 11-Apr-2022

Lot # AQ209701 Model 100

Exp Date: 7-Apr-2024      Cyl. Type: 100      Component: Ethanol Nitrogen      Certified Concentration: 0.100 ± 0.01 % (25°C) (25% min)

Certification: Complies to ASTM E689 and to ASTM International Standards

Batch Serial No.	Concentration	Batch Serial No.	Concentration
000010007	00.00 ppm	000010007	00.00 ppm
000010076	00.00 ppm	000010008	00.00 ppm
000010087	00.00 ppm	000010009	00.00 ppm
000010091	00.00 ppm	000010010	00.00 ppm

Batch Serial No.	Concentration	Batch Serial No.	Concentration
000010007	00.00 ppm	000010007	00.00 ppm
000010076	00.00 ppm	000010008	00.00 ppm

Analytical Method: N/A

ISO 9001:2015 Certified  
 ISO 14001:2015 Certified

Approved for Release: April M. ...  
 April M. ...  
 Plant Manager

ISO 17025:2017 ASIA Accredited, Certificate Number 2022-01  
 ISO 17025:2017 ASIA Accredited, Certificate Number 2022-01



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

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PERMIT  
TYPE II

MARK D HOEHNE

is hereby authorized to install and operate equipment, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzers:

**ALCO-SINOR IV WITH PRINTER, INTOX DM1**

for the determination of the alcoholic content of blood from a sample of expired air from a person under the provisions of sections 577.040 through 577.041, RSMo and 582.111 through 582.113, RSMo.

EXPIRES ~~06/30/00~~

RENEWAL ~~06/30/00~~

ISSUING ~~06/30/00~~

MSD 512-024 (6-99)

*Mike Maguire*

DIRECTOR OF STATE PUBLIC SAFETY DIVISION

*Donald W. Richardson*

DEPUTY DIRECTOR OF STATE PUBLIC SAFETY DIVISION

MSD 512-024

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

**INSTALLMENT OPERATOR CARD**

Operator Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

