



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 111769	NAME OF AGENCY Columbia Police Department	DATE OF INSPECTION 01/20/2023
LOCATION OF INSTRUMENT (STREET AND CITY) 600 E. Walnut St. Columbia		TIME OF INSPECTION 1:38 am

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

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Intoximeters</u>	LOT # <u>AG209701</u> EXP. DATE <u>04/07/2024</u>
<input type="checkbox"/> 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 .104	TEST 2 .104	TEST 3 .104
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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	1	(0-.04)	0	(.05-.09)	1	(.10-.14)	1	(.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).

Monthly Maintenance

INSPECTING OFFICER

SIGNATURE 	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.

AS IV Serial no: 111769
Version no: 532B

TEST RECORD 00328

Temp Date Time ^{s/} 210L

Air Blank:
01/20/23 01:42 .000
Calibration Check:
27 01/20/23 01:42 .104

Subject Name

Test #1

Subject I.D.

Hochne, Mark D. 2078

Operator Name, I.D.

Location

AS IV Serial no: 111769
Version no: 532B

TEST RECORD 00329

Temp Date Time ^{s/} 210L

Air Blank:
01/20/23 01:44 .000
Calibration Check:
27 01/20/23 01:44 .104

Subject Name

Test #2

Subject I.D.

Hochne, Mark D. 2078

Operator Name, I.D.

Location

AS IV Serial no: 111769
Version no: 532B

TEST RECORD 00330

Temp Date Time ^{s/} 210L

Air Blank:
01/20/23 01:46 .000
Calibration Check:
27 01/20/23 01:46 .104

Subject Name

Test #3

Subject I.D.

Hochne, Mark D. 2078

Operator Name, I.D.

Location

AS IV Serial no: 111769
Version no: 532B

TEST RECORD 00331

Temp Date Time ^{s/} 210L

VOID: RFI
12 01/20/23 01:47

Subject Name

RFI Check

Subject I.D.

Hochne, Mark D. 2078

Operator Name, I.D.

Location

AS IV Serial no: 111769
Version no: 532B

TEST RECORD 00332

Temp Date Time ^{s/} 210L

Air Blank:
01/20/23 01:48 .000
Subject Test: Auto
28 01/20/23 01:48 .000

Subject Name

Self Test

Subject I.D.

Hochne, Mark D. 2078

Operator Name, I.D.

Location



Airgas USA LLC (LAB)
 8600 Bernard Street
 St. Louis, Mo. 63103
 Ph: (314) 699-8100
 Fax: (314) 699-7328

Certificate of Analysis

Customer Name
 Exclusive Supplier
 Intoximeters, Inc.
 2061 Craig Road
 St. Louis, Mo 63148

Test Date: 11-Apr-2022

Lot # AG209701 Model 108

Exp Date 7-Apr-2024	Cyl. Type 108	Component Ethanol Nitrogen	Certified Concentration 0.100 ± 2% EtAO (272 ppm)
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Certification Traceable to N.I.S.T. RGM and to CRM Ethanol Standards:

RGM Serial No.	Concentration	RGM Serial No.	Concentration
EB0010661	391.8 ppm	EB0010603	392.5 ppm
EB0010670	250.8 ppm	EB0010660	258.9 ppm
EB0010208	209.9 ppm	EB0010682	104.2 ppm
EB0010681	103.7 ppm	EB0010679	82.91 ppm
EB0010681	52.22 ppm		

CRM Serial No.	Concentration	CRM Serial No.	Concentration
CG727481	800.0 ppm	CG727493	300.0 ppm
CG727496	253.0 ppm	CG727498	160.0 ppm

Analytical Method: NDIR

Digitally signed by: Quality Control
 Reason: My (the signer's) qualification of analysis
 Location: Airgas USA, LLC (Lab)
 Date: 04.12.2022 16:30

Approved for Release: Rod Muraeta
 Rod Muraeta

ISO 17025:2017 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

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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 308.111 through 308.119 RSMo.

DATE 6/14/2022

NUMBER 220153

EXPIRES 6/14/2024

MO 619-0734 (6-10)

Mike Mason

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

David M. Richardson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LD-4 (7-10)

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

INSTRUMENT OPERATOR CARD

The permit cardholder is authorized to operate the authorized breath alcohol instrument for the determination of the alcoholic content in breath from a subject of his/her own.

Operator: **HOEHNE, MARK**
Permit No: **220153**
Date Issued: **6/14/2022** Date Expires: **6/14/2024**

