



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 STATE PUBLIC HEALTH LABORATORY
ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED
 By Tracy Crews at 7:10 am, Jun 01, 2023

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 05/28/2023
LOCATION OF INSTRUMENT (STREET AND CITY) 600 E. Walnut St. Columbia		TIME OF INSPECTION 11:58 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 ← .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)	1	(.05-.09)	0	(.10-.14)	3	(.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 ▶ <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.

AS IV Serial no: 111769
Version no: 532B

TEST RECORD 00375

Temp Date Time ^{s/} 210L

Air Blank:
05/29/23 23:59 .000
Calibration Check:
27 05/29/23 23:59 .100

Subject Name

Test # 1

Subject I.D.

Hochstetler, Mark D. 2028
Operator Name: I.D.

Location

AS IV Serial no: 111769
Version no: 532B

TEST RECORD 00376

Temp Date Time ^{s/} 210L

Air Blank:
05/29/23 00:01 .000
Calibration Check:
26 05/29/23 00:01 .100

Subject Name

Test # 2

Subject I.D.

Hochstetler, Mark D. 2028
Operator Name: I.D.

Location

AS IV Serial no: 111769
Version no: 532B

TEST RECORD 00377

Temp Date Time ^{s/} 210L

Air Blank:
05/29/23 00:03 .000
Calibration Check:
26 05/29/23 00:03 .100

Subject Name

Test # 3

Subject I.D.

Hochstetler, Mark D. 2028
Operator Name: I.D.

Location

AS IV Serial no: 111769
Version no: 532B

TEST RECORD 00378

Temp Date Time ^{s/} 210L

VOID: RFI
12 05/29/23 00:04

Subject Name

RFI Check

Subject I.D.

Hochstetler, Mark D. 2028
Operator Name: I.D.

Location

AS IV Serial no: 111769
Version no: 532B

TEST RECORD 00379

Temp Date Time ^{s/} 210L

Air Blank:
05/29/23 00:05 .000
Subject Test: Auto
26 05/29/23 00:05 .000

Subject Name

Self Test

Subject I.D.

Hochstetler, Mark D. 2028
Operator Name: I.D.

Location

Airgas

Airgas LEASER (L.A.S.)
 9800 General Street
 St. Louis, Mo. 63103
 PH: (314) 898-3600
 FAX: (314) 898-7808

Certificate of Analysis

Customer Name
 Bioactive Supplier
 Administration, Inc.
 1001 Crain Road
 St. Louis, MO 63140

Test Date: 11-Apr-2022

Lot # AG209701 Model 100

Exp Date: 7-Apr-2024 Cyl. Type: 100 Component: Ethanol Nitrogen Certified Concentration: 0.100 ± 2% N₂O (272 ppm)

Certification Traceable to NIST, FGU and to GVM Ethanol Standards

RMU Serial No.	Concentration	RMU Serial No.	Concentration
RMU010001	301.8 ppm	RMU010008	272.7 ppm
RMU010070	280.8 ppm	RMU010009	277.9 ppm
RMU010085	280.0 ppm	RMU010010	164.2 ppm
RMU010001	100.7 ppm	RMU010079	32.81 ppm
RMU010001	82.22 ppm		

GVM Serial No.	Concentration	GVM Serial No.	Concentration
GVM27401	300.0 ppm	GVM27402	200.0 ppm
GVM27402	200.0 ppm	GVM27403	100.0 ppm

Analytical Method: NDIR

ISO 17025:2017 AZLA accredited. Certificate Number 3002.07
 ISO 17025:2017 AZLA accredited. Certificate Number 3002.07

Approved for Release: _____

Neil Marsala
 Neil Marsala

ISO 17025:2017 AZLA accredited. Certificate Number 3002.07
 ISO 17025:2017 AZLA accredited. Certificate Number 3002.07



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

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PERMIT
TYPE II

MARK D HOEHE

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 509.111 through 509.119 RSMo.

CLASSIFICATION: 621A2003

NUMBER: 2201001

EXPIRES: 02/12/2004

MSD 510-004 (0-03)

Mike Mays

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Donald S. Neuhoff

COMMISSIONER OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LSH-4 (03-03)

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

INSTRUMENT OPERATOR CARD

This card is valid only if the operator is currently in compliance with the provisions of sections 577.020 through 577.041, RSMo and 509.111 through 509.119 RSMo.

Operator: HOEHE, MARK
Phone: 417-881-1111
Date Issued: 07/20/02 Date Expires: 02/12/04

