



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 04/19/2024
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LOCATION OF INSTRUMENT (STREET AND CITY) 600 E. Walnut St Columbia	TIME OF INSPECTION 7:13 pm
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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 # 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 ➔ .101

TEST 2 ➔ .101

TEST 3 ➔ .101

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)	0	(.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 ▶ <i>Mark D. Hoehne</i>	PRINT NAME Mark D. Hoehne
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TYPE II PERMIT NUMBER/EXPIRATION DATE 220158 06/14/2024	TELEPHONE NUMBER (573) 874-7585
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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 00482

Temp Date Time ^{s/} 210L

Air Blank:
04/19/24 19:13 .000
Calibration Check:
29 04/19/24 19:13 .101

Subject Name

Test # 1

Subject I.D.

Hochst, Mark D. 2078

Operator Name, I.D.

Location

AS IV Serial no: 111769
Version no: 532B

TEST RECORD 00483

Temp Date Time ^{s/} 210L

Air Blank:
04/19/24 19:15 .000
Calibration Check:
28 04/19/24 19:15 .101

Subject Name

Test # 2

Subject I.D.

Hochst, Mark D. 2078

Operator Name, I.D.

Location

AS IV Serial no: 111769
Version no: 532B

TEST RECORD 00484

Temp Date Time ^{s/} 210L

Air Blank:
04/19/24 19:17 .000
Calibration Check:
28 04/19/24 19:17 .101

Subject Name

Test # 3

Subject I.D.

Hochst, Mark D. 2078

Operator Name, I.D.

Location

AS IV Serial no: 111769
Version no: 532B

TEST RECORD 00485

Temp Date Time ^{s/} 210L

VOID: RFI
12 04/19/24 19:18

Subject Name

RFI Check

Subject I.D.

Hochst, Mark D. 2078

Operator Name, I.D.

Location

AS IV Serial no: 111769
Version no: 532B

TEST RECORD 00486

Temp Date Time ^{s/} 210L

Air Blank:
04/19/24 19:20 .000
Subject Test: Auto
27 04/19/24 19:20 .000

Subject Name

Self Test

Subject I.D.

Hochst, Mark D. 2078

Operator Name, I.D.

Location



Airgas USA LLC (LAM)
3600 Bernard Street
St. Louis, Mo. 63103
Ph: (314) 638-9100
Fax: (314) 638-7328

Certificate of Analysis

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

Test Date: 11-Apr-2022

Lot # AG209701 Model 108

Exp Date	Cyl. Type	Component	Certified Concentration
7-Apr-2024	108	Ethanol Nitrogen	0.100 ± 2% BrAC (272 ppm)

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

RGM Serial No.	Concentration	RGM Serial No.	Concentration
EB0010581	391.6 ppm	EB0010583	302.5 ppm
EB0010570	258.8 ppm	EB0010539	288.0 ppm
EB0010285	208.8 ppm	EB0010562	104.2 ppm
EB0010561	193.7 ppm	EB0010579	82.04 ppm
EB0010681	52.22 ppm		

CRM Serial No.	Concentration	CRM Serial No.	Concentration
CC727481	800.0 ppm	CC727493	390.0 ppm
CC727496	253.0 ppm	CC727498	150.0 ppm

Analytical Method: NDIR

Digitally signed by Quality Control
Reason: I am a certified user of this job
Location: Airgas USA LLC (LAM)
Date: 2022.04.12 10:00 AM -0500

Approved for Release: Rod Marada
Rod Marada

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



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 220158

EXPIRES 6/14/2024

Mike Magowan

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

David F. Richardson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAD-4 (PB-10)

MO 680-8771 (8-10)

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

INSTRUMENT OPERATOR CARD

The named operator is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath from an expired air sample.

Operator **HOEHNE, MARK**
Permit No **220158**
Date Issued **6/14/2022** Date Expires **6/14/2024**

