



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 102456	PRINTER SN 096.3580.982	DATE OF INSPECTION 02/21/2020
LOCATION OF INSTRUMENT (STREET AND CITY) 600 East Walnut Columbia		TIME OF INSPECTION 5:24 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

SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER Intoximeters LOT # AG826302 EXP. DATE 09/20/2020

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 ➔ .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	2	(0-.04)	1	(.05-.09)	1	(.10-.14)	1	(.15-.19)	2	(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 280211 06/11/2020	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

AS IV Serial no: 182454
Version no: 532B

TEST RECORD 00899

Temp: _____ Date: _____ Time: 210L

Air Wands
02/21/28 05:26 .008
Calibration Check:
22 02/21/28 05:26 .102

Subject Name: _____

Test #1

Subject: J.D.

Hoehne, Mark D. 2078
Operator Name: J.D.

Location: _____

AS IV Serial no: 182454
Version no: 532B

TEST RECORD 00899

Temp: _____ Date: _____ Time: 210L

Air Wands
02/21/28 05:28 .008
Calibration Check:
22 02/21/28 05:28 .102

Subject Name: _____

Test #2

Subject: J.D.

Hoehne, Mark D. 2078
Operator Name: J.D.

Location: _____

AS IV Serial no: 182454
Version no: 532B

TEST RECORD 00899

Temp: _____ Date: _____ Time: 210L

Air Wands
02/21/28 05:30 .008
Calibration Check:
22 02/21/28 05:30 .102

Subject Name: _____

Test #3

Subject: J.D.

Hoehne, Mark D. 2078
Operator Name: J.D.

Location: _____

AS IV Serial no: 182456
Version no: 532B

TEST RECORD 00902

Temp: _____ Date: _____ Time: 210L

VOIR: RJ1
12 02/21/28 05:35

Subject Name: _____

RFI Check

Subject: J.D.

Hoehne, Mark D. 2078
Operator Name: J.D.

Location: _____

AS IV Serial no: 182456
Version no: 532B

TEST RECORD 00903

Temp: _____ Date: _____ Time: 210L

Air Wands
02/21/28 05:36 .008
Subject Test: Auto
22 02/21/28 05:36 .008

Subject Name: _____

self Test

Subject: J.D.

Hoehne, Mark D. 2078
Operator Name: J.D.

Location: _____



Airgas USA LLC (LAB)

3500 Bernard Street

St. Louis, Mo. 63103

Ph: (314) 533-3100

Fax: (314) 533-7328

Certificate of Analysis

Customer Name

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

Test Date: 24-Sep-2018

Lot # AG826302 Model 108cacd

<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
20-Sep-2020	108	Ethanol Nitrogen	0.100 ± 2% BrAC (272 ppm) Balance

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	392.1 ppm	EB0010603	393.0 ppm
EB0010570	259.8 ppm	EB0010559	258.2 ppm
EB0010285	208.0 ppm	EB0010595	208.3 ppm
EB0010561	103.6 ppm	EB0010562	104.2 ppm
EB0010681	52.12 ppm	EB0010579	52.81 ppm

Analytical Method: NDIR

Digitally signed by Quality Control
Date: 2018.09.24 15:11:58 -05:00
Reason: Dry gas standard certification of analysis
Location: Airgas USA LLC (Lab)

Approved for Release: _____

Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 3082.06



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 6/11/2018

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 280211

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 6/11/2020

MO 580-0771 (6-10)

LAB-4 (R6-10)



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 280211
Date Issued 6/11/2018 Date Expires 6/11/2020