



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

**RECEIVED**  
 By Tracy Crews at 8:36 am, Oct 13, 2020

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	NAME OF AGENCY Columbia Police Department	DATE OF INSPECTION 09/19/2020
LOCATION OF INSTRUMENT (STREET AND CITY) 600 East Walnut Columbia		TIME OF INSPECTION 7:17 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 # AG020401 EXP. DATE 07/22/2022

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 ← .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) 0 (.05-.09) 1 (.10-.14) 2 (.15-.19) 1 (OVER .19) 1

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  
 200187 06/15/2022

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: 102456  
Version no: 532B

TEST RECORD 00965

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

Air Blank:  
09/19/20 19:22 .000  
Calibration Check:  
22 09/19/20 19:22 .101

Subject Name:

Test #1

Subject I.D.

Hochne, Mark D. 2078

Operator Name: I.D.

Location

AS IV Serial no: 102456  
Version no: 532B

TEST RECORD 00966

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

Air Blank:  
09/19/20 19:24 .000  
Calibration Check:  
72 09/19/20 19:24 .101

Subject Name:

Test #2

Subject I.D.

Hochne, Mark D. 2078

Operator Name: I.D.

Location

AS IV Serial no: 102456  
Version no: 532B

TEST RECORD 00967

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

Air Blank:  
09/19/20 19:26 .000  
Calibration Check:  
73 09/19/20 19:26 .100

Subject Name:

Test #3

Subject I.D.

Hochne, Mark D. 2078

Operator Name: I.D.

Location

AS IV Serial no: 102456  
Version no: 532B

TEST RECORD 00968

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

VOID: RTI  
12 09/19/20 19:28

Subject Name:

RFI Check

Subject I.D.

Hochne, Mark D. 2078

Operator Name: I.D.

Location

AS IV Serial no: 102456  
Version no: 532B

TEST RECORD 00969

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

Air Blank:  
09/19/20 19:29 .000  
Subject Test: Auto  
73 09/19/20 19:29 .000

Subject Name:

Salt Test

Subject I.D.

Hochne, Mark D. 2078

Operator Name: I.D.

Location



**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 6/15/2020

NUMBER 200187

EXPIRES 6/15/2022

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (HS-10)

MO 580 0771 (6-19)

 **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 **200187**  
Date Issued **6/15/2020** Date Expires **6/15/2022**

