



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 102457	PRINTER SN 08C.3527.099	DATE OF INSPECTION 04/11/2020
LOCATION OF INSTRUMENT (STREET AND CITY) 600 EAST WALNUT COLUMBIA		TIME OF INSPECTION 2:44 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 .099

TEST 2 .099

TEST 3 .099

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)	0	(.15-.19)	1	(OVER .19)	0
----------	---	---------	---	-----------	---	-----------	---	-----------	---	------------	---

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 2078

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 IU Serial no: 102457  
Version no: 532B

TEST RECORD 00793

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

Air Blank:  
04/11/20 02:43 .000  
Calibration Check:  
23 04/11/20 02:43 .099

Subject Name

Test # 1  
Subject I.D.

Hochne, Mark D. 2078  
Operator Name, I.D.

Location

AS IU Serial no: 102457  
Version no: 532B

TEST RECORD 00794

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

Air Blank:  
04/11/20 02:45 .000  
Calibration Check:  
23 04/11/20 02:45 .099

Subject Name

Test # 2  
Subject I.D.

Hochne, Mark D. 2078  
Operator Name, I.D.

Location

AS IU Serial no: 102457  
Version no: 532B

TEST RECORD 00795

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

Air Blank:  
04/11/20 02:46 .000  
Calibration Check:  
24 04/11/20 02:46 .099

Subject Name

Test # 3  
Subject I.D.

Hochne, Mark D. 2078  
Operator Name, I.D.

Location

AS IU Serial no: 102457  
Version no: 532B

TEST RECORD 00796

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

VOID: RFI  
12 04/11/20 02:48

Subject Name

RFI Check  
Subject I.D.

Hochne, Mark D. 2078  
Operator Name, I.D.

Location

AS IU Serial no: 102457  
Version no: 532B

TEST RECORD 00797

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

Air Blank:  
04/11/20 02:49 .000  
Subject Test: Auto  
24 04/11/20 02:49 .000

Subject Name

Self Test  
Subject I.D.

Hochne, Mark D. 2078  
Operator Name, I.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** 108cadd

<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**

ereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs,  
I operate the following breath analyzer(s):

**ALCO-SENSOR IV WITH PRINTER, INTOX DMT**

he determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections  
.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

E 6/11/2018

MBER 280211

RES 6/11/2020

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R5-10)

MO771 (6-10)

 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**