



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	NAME OF AGENCY Columbia Police Department	DATE OF INSPECTION 03/11/2021
LOCATION OF INSTRUMENT (STREET AND CITY) 600 East Walnut Columbia		TIME OF INSPECTION 6:07 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.

<input checked="" type="checkbox"/> DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)
<input checked="" type="checkbox"/> TEMPERATURE OF ALCO SENSOR (10°C - 40°C)
<input checked="" type="checkbox"/> PRINTER WORKING PROPERLY
<input checked="" type="checkbox"/> TIME AND DATE DISPLAYING PROPERLY

BREATH ALCOHOL ACCURACY STANDARDS

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
---	--

<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Intoximeters</u> LOT # <u>AG020401</u> EXP. DATE <u>07/22/2022</u>

<input type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) _____ SIM. SN _____ SIM. NIST EXP DATE _____
--

<input checked="" type="checkbox"/> 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)
<input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE
<input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE
<input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

TEST 1 ← <u>.100</u>	TEST 2 ← <u>.100</u>	TEST 3 ← <u>.100</u>
----------------------	----------------------	----------------------

<input checked="" type="checkbox"/> 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 <u>0</u>	(0-.04) <u>0</u>	(.05-.09) <u>0</u>	(.10-.14) <u>0</u>	(.15-.19) <u>0</u>	(OVER .19) <u>0</u>
-------------------	------------------	--------------------	--------------------	--------------------	---------------------

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 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: 182457
Version no: 532B

TEST RECORD 00841

Temp Date Time ^{s/} 210L

Air Blank:
03/11/21 06:07 .000
Calibration Check:
25 03/11/21 06:07 .100

Subject Name

Test # 1

Subject I.D.

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

Location

AS IV Serial no: 182457
Version no: 532B

TEST RECORD 00842

Temp Date Time ^{s/} 210L

Air Blank:
03/11/21 06:09 .000
Calibration Check:
25 03/11/21 06:09 .100

Subject Name

Test # 2

Subject I.D.

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

Location

AS IV Serial no: 182457
Version no: 532B

TEST RECORD 00843

Temp Date Time ^{s/} 210L

Air Blank:
03/11/21 06:11 .000
Calibration Check:
26 03/11/21 06:11 .100

Subject Name

Test # 3

Subject I.D.

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

Location

AS IV Serial no: 182457
Version no: 532B

TEST RECORD 00844

Temp Date Time ^{s/} 210L

VOID: RFI
12 03/11/21 06:12

Subject Name

RFI check

Subject I.D.

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

Location

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

Lot # AG020401 Model 108cadd

<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
22-Jul-2022	108	Ethanol Nitrogen	0,100 ± 2% BrAC (272 ppm) Balance

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

<u>RGM Serial No.</u>	<u>Concentration</u>	<u>RGM Serial No.</u>	<u>Concentration</u>
EB0010581	392.1 ppm	EB0010603	393.0 ppm
EB0010570	259.8 ppm	EB0010559	268.2 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

<u>CRM Serial No.</u>	<u>Concentration</u>	<u>CRM Serial No.</u>	<u>Concentration</u>
CC434668	800.0 ppm	0056649	390.1 ppm
CC234603	253.0 ppm	0056662	150.2 ppm

Analytical Method: **NDIR**

Digitally signed by Quality Control
Date: 2020.07.27 16:28:45 -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
ISO 17034:2016 A2LA accredited. Certificate Number 3082.07

THE STATE OF MISSOURI, DEPARTMENT OF HEALTH AND SENIOR SERVICES, DIVISION OF ALCOHOL AND DRUGS, PERMITS SECTION, 200 WEST WASHINGTON, ST. LOUIS, MISSOURI 63102

ALCO-SENSOR IV WITH PRINTER, INTOX DMUT

the determination of the alcohol content of blood from a sample of exhaled air. Permit issued under the provisions of sections 572.010 through 572.041, RSMo and 406.111 through 406.119, HSMo

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

INSTRUMENT OPERATOR CARD

THIS CARD IS VALID FOR THE PERIOD OF 90 DAYS FROM THE DATE OF ISSUANCE. THE INSTRUMENT OPERATOR MUST MAINTAIN A RECORD OF ALL TESTS PERFORMED BY THE OPERATOR.

Operator: HIGGINS, MARY
Permit No: 200197
Date Issued 07/15/2020 Date Expires 07/15/2022

