



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 111769	NAME OF AGENCY Columbia Police Department	DATE OF INSPECTION 05/31/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 600 E. Walnut St Columbia		TIME OF INSPECTION 4:03 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

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Intoximeters</u>	LOT # <u>AG209701</u> EXP. DATE <u>04/07/2024</u>
<input type="checkbox"/> 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 \bullet .097	TEST 2 \bullet .097	TEST 3 \bullet .097
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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	0	(0-.04)	0	(.05-.09)	0	(.10-.14)	0	(.15-.19)	1	(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 220158 06/14/2024	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 IU Serial no: 111769
Version no: 532B

TEST RECORD 00488

Temp Date Time ^{s/} 210L

Air Blank:
05/31/24 16:04 .000
Calibration Check:
21 05/31/24 16:04 .097

Subject Name

Test # 1

Subject I.D.

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

Location

AS IU Serial no: 111769
Version no: 532B

TEST RECORD 00489

Temp Date Time ^{s/} 210L

Air Blank:
05/31/24 16:06 .000
Calibration Check:
22 05/31/24 16:06 .097

Subject Name

Test # 2

Subject I.D.

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

Location

AS IU Serial no: 111769
Version no: 532B

TEST RECORD 00490

Temp Date Time ^{s/} 210L

Air Blank:
05/31/24 16:08 .000
Calibration Check:
22 05/31/24 16:08 .097

Subject Name

Test # 3

Subject I.D.

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

Location

AS IU Serial no: 111769
Version no: 532B

TEST RECORD 00491

Temp Date Time ^{s/} 210L

VOID: RFI
12 05/31/24 16:09

Subject Name

RFI Check

Subject I.D.

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

Location

AS IU Serial no: 111769
Version no: 532B

TEST RECORD 00492

Temp Date Time ^{s/} 210L

Air Blank:
05/31/24 16:10 .000
Subject Test: Auto
23 05/31/24 16:10 .000

Subject Name

Self Test

Subject I.D.

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

Location



Airgas USA LLC (LAW)
 3600 Howard Street
 St. Louis, Mo. 63108
 PH: (314) 833-9100
 FAX: (314) 833-7328

Certificate of Analysis

Customer Name
 Exclusive Supplier
 Intoximeters, Inc.
 2001 Craig Road
 St. Louis, Mo 63148

Test Date: 11-Apr-2022

Lot # AG209701 Model 108

Exp Date 7-Apr-2024	Cyl. Type 108	Component Ethanol Nitrogen	Certified Concentration 0.100 ± 2% BrAC (272 ppm)
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Certification Traceable to N.I.S.T. RGM and to CRM Ethanol Standards:

RGM Serial No.	Concentration	RGM Serial No.	Concentration
EB0010581	301.8 ppm	EB0010603	302.8 ppm
EB0010570	259.8 ppm	EB0010580	258.0 ppm
EB0010285	209.8 ppm	EB0010582	104.2 ppm
EB0010564	103.7 ppm	EB0010579	52.04 ppm
EB0010601	52.22 ppm		

CRM Serial No.	Concentration	CRM Serial No.	Concentration
CG27481	800.0 ppm	CG27483	300.0 ppm
CG27486	253.0 ppm	CG27488	150.0 ppm

Analytical Method: NDIR

Certified by the Quality Control
 Division of the Airgas USA LLC (LAW)
 Date: 11/2/2022 10:00

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 306.111 through 306.119 RSMo.

DATE 5/29/2024

Mike Magama

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 240116

Paula J. Mickelson

EXPIRES 5/29/2026

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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 240116
Date Issued 5/29/2024 **Date Expires** 5/29/2026

