

**RECEIVED**

By Tracy Crews at 4:00 pm, Feb 17, 2023

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 111780	NAME OF AGENCY KANSAS CITY MISSOURI POLICE DEPT	DATE OF INSPECTION 02/04/2023
LOCATION OF INSTRUMENT (STREET AND CITY) 9701 MARION PARK DRIVE, KANSAS CITY, MO 64137		TIME OF INSPECTION 9:03 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** SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE STANDARD SUPPLIER INTOXIMETERS LOT # AG132803 EXP. DATE 11/24/2023 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 ← .083

TEST 2 ← .082

TEST 3 ← .081

 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) 0 | (.05-.09) 0 | (.10-.14) 3 | (.15-.19) 3 | (OVER .19) 3

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).

**INSTRUMENT MEETS ALL DHSS STANDARDS AND GUIDELINES.****INSPECTING OFFICER**

SIGNATURE

P.O. Matthew Francois #5844

PRINT NAME

P.O. MATTHEW FRANCOIS #5844

TYPE II PERMIT NUMBER/EXPIRATION DATE

220275- 12/21/2024

TELEPHONE NUMBER

(816) 482-8143

**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: 111780  
Version no: 532B

TEST RECORD 00744

Temp	Date	Time	s/ 210L
------	------	------	------------

Air Blank:  
02/04/23 21:53 .000  
Calibration Check:  
18 02/04/23 21:53 .083

Subject Name

TEST

Subject I.D.

1

Operator Name, I.D.

FRANCOIS 220275

Location

9701 MARION PARK DR

AS IV Serial no: 111780  
Version no: 532B

TEST RECORD 00745

Temp	Date	Time	s/ 210L
------	------	------	------------

Air Blank:  
02/04/23 21:54 .000  
Calibration Check:  
19 02/04/23 21:54 .082

Subject Name

TEST

Subject I.D.

2

Operator Name, I.D.

FRANCOIS 220275

Location

9701 MARION PARK DR

AS IV Serial no: 111780  
Version no: 532B

TEST RECORD 00746

Temp	Date	Time	s/ 210L
------	------	------	------------

Air Blank:  
02/04/23 21:56 .000  
Calibration Check:  
20 02/04/23 21:56 .081

Subject Name

TEST

Subject I.D.

3

Operator Name, I.D.

FRANCOIS 220275

Location

9701 MARION PARK DR

AS IV Serial no: 111780  
Version no: 532B

TEST RECORD 00747

Temp	Date	Time	s/ 210L
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VOID: RFI  
12 02/04/23 21:58

Subject Name

TEST

Subject I.D.

4

Operator Name, I.D.

FRANCOIS 220275

Location

9701 MARION PARK DR



Airgas USALLC (LAB)  
 3500 Bernard Street  
 St. Louis, Mo. 63103  
 Ph: (314) 533-3100  
 Fax: (314) 533-7328

**Certificate of Analysis**

Test Date: 29-Nov-2021

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

Lot # AG132803 Model 108

Exp Date 24-Nov-2023 Cyl Type 108  
 Component Ethanol  
 Nitrogen Certified Concentration 0.082 ± 0.002 B/A-C (223 ppm)

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

RGM Serial No.	Concentration	RGM Serial No.	Concentration
EB0010581	392.1 ppm	EB0010603	393.0 ppm
EB0010570	259.8 ppm	EB0010599	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

CRM Serial No.	Concentration	CRM Serial No.	Concentration
CC434668	800.0 ppm	0056649	390.1 ppm
CC234503	253.0 ppm	0056662	150.2 ppm

Analytical Method: NDIR

Quality Control  
 Laboratory  
 11/23/2021 13:42

Approved for Release: Rod Marsala  
 Rod Marsala

ISO 17025:2017 AZLA accredited. Certificate Number 3082.06  
 ISO 17034:2016 AZLA accredited. Certificate Number 3082.07



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



**MATTHEW FRANCOIS**

**PERMIT  
 TYPE II**

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, INTOXILYZER 8000**

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 12/21/2022

NUMBER 220275

EXPIRES 12/21/2024

MO 580-0771 (6-10)

*M. Le. Morrison*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Doreen J. Nicholas*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

Use per 101

STATE OF MISSOURI  
 DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 BREATH ALCOHOL PROGRAM  
**INSTRUMENT OPERATOR CARD**

The named candidate is authorized to operate an individual breath analyzer in Missouri.  
 The name of the instrument and the alcoholic content of the expired air of equipment all must be stated on this card.

Operator: FRANCOIS, MATTHEW  
 Permit No. 220275  
 Date Issued 12/21/2022 Date Expires 12/21/2024