



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

**RECEIVED**  
 By Tracy Crews at 9:18 am, Sep 29, 2023

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 <b>111780</b>	NAME OF AGENCY <b>Kansas City Police Department</b>	DATE OF INSPECTION <b>09/19/2023</b>
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LOCATION OF INSTRUMENT (STREET AND CITY) <b>9701 Marion Park Drive, Kansas City</b>	TIME OF INSPECTION <b>2335</b>
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**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, Inc. 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	<b>.078</b>	TEST 2	<b>.078</b>	TEST 3	<b>.078</b>
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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	<b>1</b>	(0-.04)	<b>1</b>	(.05-.09)	<b>3</b>	(.10-.14)	<b>1</b>	(.15-.19)	<b>1</b>	(OVER .19)	<b>1</b>
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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).

Instrument meets all DHSS standards and guidelines

**INSPECTING OFFICER**

SIGNATURE 	PRINT NAME <b>Ryan Kaighen</b>
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TYPE II PERMIT NUMBER/EXPIRATION DATE <b>210227 10/06/2023</b>	TELEPHONE NUMBER <b>( ) 816-482-8190</b>
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**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: 111780  
Version no: 532B

TEST RECORD 00891

Temp Date Time 210L  
g/

Air Blank:  
09/19/23 23:39 .000  
Calibration Check:  
25 09/19/23 23:39 .078

Subject Name

TEST 1

Subject I.D.

KAIGWR

Operator Name, I.D.

TRAFFIC DIV.

Location

AS IU Serial no: 111780  
Version no: 532B

TEST RECORD 00892

Temp Date Time 210L  
g/

Air Blank:  
09/19/23 23:40 .000  
Calibration Check:  
25 09/19/23 23:40 .078

Subject Name

TEST 2

Subject I.D.

KAIGWR

Operator Name, I.D.

TRAFFIC DIV.

Location

AS IU Serial no: 111780  
Version no: 532B

TEST RECORD 00893

Temp Date Time 210L  
g/

Air Blank:  
09/19/23 23:42 .000  
Calibration Check:  
25 09/19/23 23:42 .078

Subject Name

TEST 3

Subject I.D.

KAIGWR

Operator Name, I.D.

TRAFFIC DIV.

Location

AS IU Serial no: 111780  
Version no: 532B

TEST RECORD 00894

Temp Date Time 210L  
g/

VOID: RPI  
12 09/19/23 23:44

Subject Name

TEST 4

Subject I.D.

KAIGWR

Operator Name, I.D.

TRAFFIC DIV.

Location



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



**PERMIT**  
**TYPE II**  
**RYAN KAIGHEN**

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 10/6/2021

NUMBER 210227

EXPIRES 10/6/2023

*Laura E. Day*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Donald S. Kamm*

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** KAIGHEN, RYAN  
**Permit No** 210227  
**Date Issued** 10/6/2021 **Date Expires** 10/6/2023

