



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 10/17/2023
LOCATION OF INSTRUMENT (STREET AND CITY) 9701 MARION PARK DR, KANSAS CITY, MO 64137		TIME OF INSPECTION 12:35 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 # 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 ← .082	TEST 2 ← .082	TEST 3 ← .082
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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	4	(0-.04)	1	(.05-.09)	1	(.10-.14)	1	(.15-.19)		(OVER .19)
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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 <i>P.O. Matthew Franco</i> # 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 00907

Temp Date Time ^{s/} 210L

Air Blank:
10/17/23 00:35 .000
Calibration Check:
15 10/17/23 00:35 .082

Subject Name

TEST

Subject I.D.

1

Operator Name, I.D.

FRANCOIS 220275

Location

9701 MARLTON PARK DR

AS IV Serial no: 111780
Version no: 532B

TEST RECORD 00908

Temp Date Time ^{s/} 210L

Air Blank:
10/17/23 00:36 .000
Calibration Check:
16 10/17/23 00:36 .082

Subject Name

TEST

Subject I.D.

2

Operator Name, I.D.

FRANCOIS 220275

Location

9701 MARLTON PARK DR

AS IV Serial no: 111780
Version no: 532B

TEST RECORD 00909

Temp Date Time ^{s/} 210L

Air Blank:
10/17/23 00:38 .000
Calibration Check:
17 10/17/23 00:38 .082

Subject Name

TEST

Subject I.D.

3

Operator Name, I.D.

FRANCOIS 220275

Location

9701 MARLTON PARK DR

AS IV Serial no: 111780
Version no: 532B

TEST RECORD 00910

Temp Date Time ^{s/} 210L

VOID: RFI
12 10/17/23 00:40

Subject Name

TEST

Subject I.D.

4

Operator Name, I.D.

FRANCOIS 220275

Location

9701 MARLTON PARK DR



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



AIUGAS

AIUGAS USA, LLC (L.A.B)
3600 Bernard Street
St. Louis, Mo. 63108
Ph: (314) 533-3100
Fax: (314) 533-7329

PERMIT
TYPE II

MATTHEW FRANCOIS

Certificate of Analysis

Test Date: 29-Nov-2021

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 050-0771 (6-08)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

David F. Redden

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-16a-10

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

Lot # AG132803 Model 108

Exp Date 24-Nov-2023

Cyl. Type 100

Component Ethanol
Nitrogen

Certified Concentration
0.082 ± 0.002 BRAC (223 ppm)

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

RGM Serial No.	Concentration	RGM Serial No.	Concentration
EB0010501	392.1 ppm	EB0010503	393.0 ppm
EB0010570	252.8 ppm	EB0010559	252.2 ppm
EB0010285	208.0 ppm	EB0010595	208.3 ppm
EB0010561	102.4 ppm	EB0010592	104.2 ppm
EB0010501	52.12 ppm	EB0010579	52.81 ppm

CRM Serial No.	Concentration	CRM Serial No.	Concentration
CC434568	800.0 ppm	0056649	390.1 ppm
CC234503	253.0 ppm	0056652	150.2 ppm

Analytical Method: NDIR

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

The name of candidate is authorized to operate an electronic breathalyzer in Missouri for the determination of the alcoholic content of breath from at least one individual.

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

Permitting Agency Expiration Control
Permitting Agency: MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division: BREATH ALCOHOL PROGRAM

Approved for Release:

Rod Marsala
Rod Marsala

ISO 17025:2017 A2LA accredited. Certificate Number 3082.06
ISO 17054:2016 A2LA accredited. Certificate Number 3082.07