



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 Police Department	DATE OF INSPECTION 12/02/2023
LOCATION OF INSTRUMENT (STREET AND CITY) 9701 MARION PARK DR, KANSAS CITY		TIME OF INSPECTION 1551

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 # AG324501 EXP. DATE 09/05/2025

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 ←	.080	TEST 2 ←	.080	TEST 3 ←	.080
----------	-------------	----------	-------------	----------	-------------

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)	0	(OVER .19)	0
----------	----------	---------	----------	-----------	----------	-----------	----------	-----------	----------	------------	----------

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 DOHSS standards and guidelines.

INSPECTING OFFICER

SIGNATURE

PRINT NAME
Wade Robinson

TYPE II PERMIT NUMBER/EXPIRATION DATE
230228 / 10-23-2025

TELEPHONE NUMBER
() 816-482-8141

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 00915

Temp	Date	Time	a/ 210L
------	------	------	------------

Air Blank:
12/02/23 15:51 .000
Calibration Check:
22 12/02/23 15:51 .000

Subject Name

TEST 1

Subject I.D.

Operator Name, I.D.

Robinson 230228

Location

AS IV Serial no: 111780
Version no: 532B

TEST RECORD 00916

Temp	Date	Time	a/ 210L
------	------	------	------------

Air Blank:
12/02/23 15:52 .000
Calibration Check:
23 12/02/23 15:52 .000

Subject Name

TEST 2

Subject I.D.

Operator Name, I.D.

Robinson 230228

Location

AS IV Serial no: 111780
Version no: 532B

TEST RECORD 00917

Temp	Date	Time	a/ 210L
------	------	------	------------

Air Blank:
12/02/23 15:54 .000
Calibration Check:
23 12/02/23 15:54 .000

Subject Name

TEST 3

Subject I.D.

Operator Name, I.D.

Robinson 230228

Location

AS IV Serial no: 111780
Version no: 532B

TEST RECORD 00918

Temp	Date	Time	a/ 210L
------	------	------	------------

VOID: RFI
12 12/02/23 15:55

Subject Name

RFI TEST

Subject I.D.

Operator Name, I.D.

Robinson 230228

Location



Airgas USA LLC (LAB)
3500 Bernard Street
St. Louis, Mo. 63103
Ph: (314) 533-3700
Fax: (314) 533-7328

Certificate of Analysis

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

Test Date: 5-Sep-2023

Lot # AG324501 Model 108

Exp Date	Cyl. Type	Component	Certified Concentration
2-Sep-2025	108	Ethanol	0.082 ± 0.002 BrAC (223 ppm)
		Nitrogen	

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

RGM Serial No.	Concentration	RGM Serial No.	Concentration
EB0010581	391.8 ppm	EB0010603	392.5 ppm
EB0010570	259.8 ppm	EB0010559	256.9 ppm
EB0010285	209.0 ppm	EB0010562	104.2 ppm
EB0010561	103.7 ppm	EB0010579	52.94 ppm
EB0010681	52.22 ppm		

CRM Serial No.	Concentration	CRM Serial No.	Concentration
CC727481	800.0 ppm	CC727493	390.0 ppm
CC727496	255.0 ppm	CC727498	150.0 ppm

Analytical Method: NDIR

Drablye Approved by Quality Control
Intoximeters, Inc. has submitted certification of analysis
On 09/07/2023 11:11 (LAB)

Approved for Release: Yusef Woods
Yusef Woods

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**

WADE ROBINSON

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 10/23/2023
NUMBER 230728
EXPIRES 10/23/2025
MO 580-0771 (8-10)

Miles Messner
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Paula J. Robinson
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
LAB-4 (88-10)

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

INSTRUMENT OPERATOR CARD

This permit cardholder is authorized to operate an instrument breath alcohol analyzer for the determination of the alcoholic content of expired breath or operator air.

Operator: ROBINSON, WADE
Permit No: 230728
Date Issued: 10/23/2023 Date Expires: 10/23/2025