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By Tracy Crews at 12:38 pm, Feb 01, 2024



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 **111633** NAME OF AGENCY **Kansas City Police Department** DATE OF INSPECTION **01/18/2024**

LOCATION OF INSTRUMENT (STREET AND CITY) **9701 MARION PARK DR, KANSAS CITY** TIME OF INSPECTION **1241**

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 **09/02/2025**

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 **.079** TEST 2 **.079** 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) **1** (.10-.14) **2** (.15-.19) **1** (OVER .19) **2**

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: 111633
Version no: 532B

TEST RECORD 00631

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

Air Blank:
01/18/24 12:41 .000
Calibration Check:
22 01/18/24 12:41 .079

Subject Name

TEST 1

Subject I.D.

Operator Name, I.D.

Robinson 230228

Location

AS IV Serial no: 111633
Version no: 532B

TEST RECORD 00632

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

Air Blank:
01/18/24 12:43 .000
Calibration Check:
23 01/18/24 12:43 .079

Subject Name

TEST 2

Subject I.D.

Operator Name, I.D.

Robinson 230228

Location

AS IV Serial no: 111633
Version no: 532B

TEST RECORD 00633

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

Air Blank:
01/18/24 12:44 .000
Calibration Check:
24 01/18/24 12:44 .000

Subject Name

TEST 3

Subject I.D.

Operator Name, I.D.

Robinson 230228

Location

AS IV Serial no: 111633
Version no: 532B

TEST RECORD 00634

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

VOID: RFI
12 01/18/24 12:47

Subject Name

RFI TEST

Subject I.D.

Operator Name, I.D.

Robinson 230228

Location



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 230228
EXPIRES 10/23/2025
MO 680.0771 (8-10)

Mike Mason

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

David J. Robinson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LS&A (89-10)

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

The named contributor is authorized to operate an alcohol breath alcohol instrument for the determination of the alcoholic content in breath form of employees in Missouri.

ROBINSON, WADE
Permit No. 230228
Date Issued: 10/23/2023
Date Expires: 10/23/2025



Airgas USA LLC (LAB)
3500 Bernard Street
St. Louis, Mo. 63103
Ph: (314) 533-3100
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 2-Sep-2025
Cyl. Type 108
Component Ethanol
Nitrogen
Certified Concentration 0.062 ± 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
EB0010581	391.8 ppm	EB0010603	392.5 ppm
EB0010570	259.8 ppm	EB0010559	258.9 ppm
EB0010285	208.0 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	253.0 ppm	CC727498	150.0 ppm

Analytical Method: NDIR

Missouri State Public Health Laboratory
St. Louis, MO 63146
Intoximeters, Inc. is an authorized contributor of analysts.
Intoximeters, Inc. is an authorized contributor of analysts.
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Yusef Woods

Approved for Release: _____
Yusef Woods

ISO 17025:2017 A2LA accredited. Certificate Number 3082.06
ISO 17035:2016 A2LA accredited. Certificate Number 3082.07