

RECEIVED

By Tracy Crews at 10:10 am, Apr 19, 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 111776	NAME OF AGENCY Kansas City Police Department	DATE OF INSPECTION 03/22/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 9701 MARION PARK DR, KANSAS CITY		TIME OF INSPECTION 1949

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 .078	TEST 2 .078	TEST 3 .079
--------------------	--------------------	--------------------

☒ 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) 0	(.05-.09) 2	(.10-.14) 1	(.15-.19) 2	(OVER .19) 4
-------------------	------------------	--------------------	--------------------	--------------------	---------------------

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

TYPE II PERMIT NUMBER/EXPIRATION DATE

230228 - 10/23/2025

PRINT NAME

Wade Robinson

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: 111776
Version no: 532B

TEST RECORD 00489

Temp Date Time ^{9/}210L

Air Blank:
03/29/24 19:49 .000
Calibration Check:
24 03/29/24 19:49 .078

Subject Name

Test 1

Subject I.D.

*

Operator Name, I.D.

~~Robinson~~ Robinson 230288

Location

~~Robinson~~

AS IV Serial no: 111776
Version no: 532B

TEST RECORD 00490

Temp Date Time ^{9/}210L

Air Blank:
03/29/24 19:51 .000
Calibration Check:
24 03/29/24 19:51 .078

Subject Name

Test 2

Subject I.D.

Operator Name, I.D.

Robinson 230288

Location

AS IV Serial no: 111776
Version no: 532B

TEST RECORD 00491

Temp Date Time ^{9/}210L

Air Blank:
03/29/24 19:52 .000
Calibration Check:
25 03/29/24 19:52 .079

Subject Name

Test 3

Subject I.D.

Operator Name, I.D.

Robinson 230288

Location

AS IV Serial no: 111776
Version no: 532B

TEST RECORD 00492

Temp Date Time ^{9/}210L

VOID: RFI
12 03/29/24 19:54

Subject Name

RFI Test

Subject I.D.

Operator Name, I.D.

Robinson 230288

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 686-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Wade Robinson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LM 64 (6-10)



Airgas

Certificate of Analysis

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

Lot # AG324501 Model 108

Test Date: 5-Sep-2023

Airgas USA LLC (LAB)
3500 Bernard Street
St. Louis, Mo. 63103
Ph: (314) 533-3100
Fax: (314) 533-7928

Exp Date 2-Sep-2025 Cyl Type 108 Component Ethanol Nitrogen Certified Concentration 0.082 ± 0.002 BAC (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	209.0 ppm	EB0010582	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

Digitally signed by Wade Robinson
Reason: I am the Issuer of this Certificate
Date: 2023.09.05 10:31:10 -0400

Approved for Release:

Yusef Woods

ISO 17025:2017 A2LA accredited. Certificate Number 3082.06
ISO 17034:2016 A2LA accredited. Certificate Number 3082.07