



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 100289	NAME OF AGENCY Kansas city Missouri Police Department	DATE OF INSPECTION 09/17/20
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LOCATION OF INSTRUMENT (STREET AND CITY) 9701 Marion Park Drive. KCMO	TIME OF INSPECTION 0309
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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 LOT # AG905605 EXP. DATE 02/25/2021

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
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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 0	(0-.04) 2	(.05-.09) 1	(.10-.14) 3	(.15-.19) 5	(OVER .19) 7
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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).

INSPECTING OFFICER

SIGNATURE <i>P.O. J. Infranca 5670</i>	PRINT NAME P.O. Infranca 5670
TYPE II PERMIT NUMBER/EXPIRATION DATE 290130 06/21/2021	TELEPHONE NUMBER () 816-382-5897

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: 100289
Version no: 532B

TEST RECORD 00439 s/
Temp Date Time 210L

VOID: RFI
12 09/17/20 03:12

Subject Name

RFI

Subject I.D.

Operator Name, I.D.

Infrance 290130

Location

9701 Merion Park

AS IV Serial no: 100289
Version no: 532B

TEST RECORD 00438 s/
Temp Date Time 210L

Air Blank:
09/17/20 03:09 .000

Calibration Check:
22 09/17/20 03:09 .000

Subject Name

Test #3

Subject I.D.

Operator Name, I.D.

Infrance 290130

Location

9701 Merion Park

AS IV Serial no: 100289
Version no: 532B

TEST RECORD 00437 s/
Temp Date Time 210L

Air Blank:
09/17/20 03:07 .000

Calibration Check:
21 09/17/20 03:07 .000

Subject Name

Test #2

Subject I.D.

Operator Name, I.D.

Infrance 290130

Location

9701 Merion Park

AS IV Serial no: 100289
Version no: 532B

TEST RECORD 00436 s/
Temp Date Time 210L

Air Blank:
09/17/20 03:05 .000

Calibration Check:
20 09/17/20 03:05 .000

Subject Name

Test #1

Subject I.D.

Operator Name, I.D.

Infrance 290130

Location

9701 Merion Park



7 Eastgate Dr., P.O. Box 790 • Jacksonvillle, IL 62151-0790
217-245-2165 • Fax: 217-245-7654 • www.ilmoindustrial.com

Certificate of Analysis

Certificate ID: 11721
Part #: BAC105L080T
Cylinder Size: 105L
Lot Number: 00919080A1
Expiration: 3/5/2021

0.080 BAC (For the calibration of instruments used to determine breath alcohol concentration)

Contents: 105 Liters @ 1000 psig 70°F (21°C)

Component: Ethanol
Nitrogen

Reported Concentration: 208 ppm
balance

Analytical Accuracy (U, (-2): ±0.05% BAC (200.0) NDC
Method: NDC

Distributed by: CMI Inc.
316 East Nitter Street
Owensboro, KY 42303
Phone 856-835-0690
www.alcoholgas.com

*NIST Traceable Reference Material
Cylinder No. CC274523 / Job No. D9140306
Certified 362.2 umol/mol Ethanol in Nitrogen

[Signature]
Specialty Gas Lab Tech

01-24-19
Date

Store in dry area, away from sources of heat,
ignition and direct sunlight. Do not allow storage
area to exceed 52 °C (125 °F).



This calibration number with the certificate was obtained using representative samples of product, analytical results comparable to NIST, and only for the listed
component gas. It is not a guarantee of accuracy or representation as to the stability of the gas. Liability shall be limited to replacement of the gas cylinder.
Please refer to the information on the cylinder label for details of the gas. Liability shall be limited to replacement of the gas cylinder or cylinder.

ISO/IEC 17025:2005 Accredited Laboratory

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



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PERMIT TYPE II

JORDAN INFRANCA

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 577.044, RSMo and 906.111 through 906.116 RSMo.

DATE: 6/21/2019

NUMBER: 290130

EXPIRES: 6/21/2021

910 233-2771 (6-00)

[Signature]
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

[Signature]
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LS-4 (09-1-0)

STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM
INSTRUMENT OPERATOR CARD
The card of an operator is to operate an instrument (breath analyzer) in Missouri for the determination of the alcoholic content of breath from a suspect or
Operator: INFRANCA, JORDAN
Permit No. 290130
Date Issued: 6/21/2019