



**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 <b>100289</b>	NAME OF AGENCY Kansas city Missouri Police Department	DATE OF INSPECTION <b>10-21-2020</b>
LOCATION OF INSTRUMENT (STREET AND CITY) 9701 Marion Park Drive. KCMO		TIME OF INSPECTION <b>2241</b>

**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 ←	<b>.080</b>	TEST 2 ←	<b>.080</b>	TEST 3 ←	<b>.080</b>
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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 <b>0</b>	(0-.04) <b>1</b>	(.05-.09) <b>1</b>	(.10-.14) <b>0</b>	(.15-.19) <b>0</b>	(OVER .19) <b>3</b>
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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).

printer ink ribbon was re-placed on 10-20-2020

**INSPECTING OFFICER**

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

**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 00447

Temp Date Time 210L

Air Blank: 10/21/20 22:37 .000

Calibration Check: 21 10/21/20 22:37 .000

Subject Name

Test #2

Subject I.D.

Operator Name, I.D.

Infrance 290130

Location

9701 Merion Park

Drive, KCMO

AS IV Serial no: 100289  
Version no: 532B

TEST RECORD 00448

Temp Date Time 210L

Air Blank: 10/21/20 22:39 .000

Calibration Check: 22 10/21/20 22:39 .000

Subject Name

Test #3

Subject I.D.

Infrance 290130

Operator Name, I.D.

Location

9701 Merion Park

Drive, KCMO

AS IV Serial no: 100289  
Version no: 532B

TEST RECORD 00446

Temp Date Time 210L

Air Blank: 20 10/21/20 22:33 .000

Calibration Check: 20 10/21/20 22:33 .000

Subject Name

Test #1

Subject I.D.

Operator Name, I.D.

Infrance 290130

Location

9701 Merion Park

Drive, KCMO

AS IV Serial no: 100289  
Version no: 532B

TEST RECORD 00449

Temp Date Time 210L

VOID: RFI

12 10/21/20 22:41

Subject Name

RfI Test

Subject I.D.

Operator Name, I.D.

Infrance 290130

Location

9701 Merion Park

Drive, KCMO

ASIU 10.21.2020



7 Eastgate Dr., P.O. Box 790, Jacksonville, IL 62651-0790  
217-245-2183 • Fax: 217-245-7654 • www.limgprod.com

Certificate of Analysis

Certificate ID: 11721  
Page #: BACC051080T  
Cylinder Size: 195L  
Lot Number: 09919089A1  
Expiration: 3/5/2021

0.090 BAC for the calibration of instruments used to determine BAC (blood concentration)

Component	Requested Concentration:	Analytical Accuracy (U, %):	Analytical Method:
Ethanol	200 ppm	±1.5 ppm	GC/MS
Nitrogen	balance	±5.2 ppm	GC/MS

Distributed by:  
CMI Inc  
316 East Ninth Street  
Owensboro, KY 42303  
Phone 855-835-0690  
www.cmiinc.com

\*NIST Traceable Reference Material  
Cylinder No. CCR274523 / Job No. 09140306  
Certified 157.2 ppm Ethanol in Nitrogen

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

Specialty Gas Lab Tech  
*[Signature]*

Date: 01-24-19



ISO/IEC 17025:2005 Accredited Laboratory

This certificate makes valid only as stated. It is not valid for use as evidence of product quality or for any other purpose. The information is for reference only and does not constitute a warranty. The information is for reference only and does not constitute a warranty. The information is for reference only and does not constitute a warranty.



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

JORDAN INFRANCA

PERMIT  
TYPE II

is hereby authorized to install, and supervise operations, train, instruct, inspect, calibrate, perform field services and operate 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 577.045, RSMo and 808.111 through 808.115 RSMo.

DATE: 6/21/09  
NUMBER: 290130  
EXPIRES: 6/21/2011  
sup 06/27/11

*[Signature]*  
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY  
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES  
Missouri

STATE OF MISSOURI  
DEPARTMENT OF HEALTH AND SENIOR SERVICES  
LABORATORY  
INSTRUMENT OPERATOR CARD

This card is valid only for the use of the instrument(s) listed on this card. It is not valid for use as evidence of product quality or for any other purpose. The information is for reference only and does not constitute a warranty.

Operator: JORDAN INFRANCA  
Permit No: 09919089A1  
Date Issued: 02/24/19