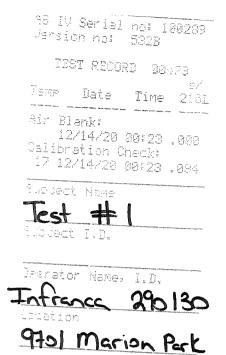


MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

Maccoss		•					
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 Pol	lice Department	DATE OF INSPECTIO	^{DN} 12/14/2020			
LOCATION OF INSTRUMENT (STREET AND CITY) 9701 Marion Park Drive. KCMO			TIME OF INSPECTIO	0031			
CHECKLIST: Place a mark in the box by each iter where determined.) Unmarked items must be co		y within establish	ned limits. (Write in	observed values			
☑ DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)							
✓ TEMPERATURE OF ALCO SENSOR (10°C - 40°C)							
ITIME AND DATE DISPLAYING PROPERLY	,						
BREATH ALCOHOL ACCURACY STANDARDS							
SIMULATOR SOLUTION		ED ETHANOL-G	AS MIXTURE				
STANDARD SUPPLIER INTOXIMETER	RSLOT # AG010103	EXP. DATE	04/10/2022				
SIMULATOR TEMPERATURE (34°C ± 0.2°C	C) SIM. SN	SIM.	NIST EXP DATE _				
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 🖝 .084 TES	st 2 • .083	TEST 3 🖝	.08	3			
INDICATE THE NUMBER OF BREATH TESTS (DO NOT INCLUDE SELF-ADMINISTERED TE		THE LAST MA	INTENANCE REP	'ORT:			
	.0509) 0 (.1014) 1	(.1519)	1 (OVER	.19) 3			
List any new parts and describe any alteration of established limits (use other side if necessary).		the instrument	to operate satisfa	ictorily and within			
INSPECTING OFFICER							
SIGNATURE POACHE 5610		PRINT NAME P.0	O. Infranca	5670			
TYPE II PERMIT NUMBER/EXPIRATION DATE 290130 0	06/21/2021	TELEPHONE NUMB	^{ER} 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.



kcmo

Calibration Chacki 18 12/14/28 28:25 . 833 Bubject Name Test #2 Subject I.D. Berator Name, I.D. Infrance 260130 Cocation 9701 Macion Park KCMO

AS IV Serial no: 188289

IIST RECORD 98474

Temp Date Time 2181

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12/14/28 08:25 .838

121

Version not 5328

dir Blank:

AS IV Serial no: 190289 Version no: 5323

IEST RECORD 28476

Temp Bate Time 2181 JOID: RFI 12 12/14/20 00:31

Subject Name **RFI Test** Subject I.D.

Instator Name, I.D. Infrance 290130 Iscation 9701 Marion Park KCMO 38 IV **Ser**ial no: 190289 version no: 5929 IESI RECORD 98475 Temp Date Time 2101 ----fir Blank: 12/14/20 00:29 .930 Calibration Check 20 12/14/28 00:28 .880 Budiect Name Test # Noject I.D. Ferator Name, I.D. france 29030 970 Marion Park Kcmo



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

PERMIT

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 577.041, RSMo and 306.111 through 306.119 RSMo.

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 290130

EXPIRES 6/21/2021

O 580-0771 (6-10)

DATE _____6/21/2019___

U Ulla DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

TOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES LAB4 (R6-10)



Airgas USA LLC (LAB) 3500 Bernard Street St. Louis, Mo. 63103 Ph: (314) 533-3100 Fax: (314) 533-7328

.

Certificate of Analysis

Test Date: 13-Apr-2020

<u>Customer Name</u> Exclusive Supplier Intoximeters, Inc. 2081 Craig Road St. Louis, Mo 63146

Lot # AG010103 Model 108cacd

Exp. Date	Cyl. Type	Component	Certified Concentration
10-Apr-2022	108	Ethanol	0.082 ± 0.002 BrAC (223 ppm)
		Nitrogen	Balance

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

RGM Serial No.	Concentration	RGM Serial No.	Concentration
EB0010581	392.1 ppm	EB0010603	393.0 ppm
EB0010570	259.8 ppm	EB0010559	258.2 ppm
EB0010285	208.0 ppm	EB0010595	208.3 ppm
EB0010561	103.6 ppm	EB0010562	104.2 ppm
EB0010681	52.12 ppm	EB0010579	52.81 ppm
CRM Serial No.	Concentration	CRM Serial No.	Concentration
CC434668	800.0 ppm	0056649	390.1 ppm
CC234503	253.0 ppm	0056662	150.2 ppm

Analytical Method: NDIR

Digitally signed by Quality Control Date: 2020.04.14 13:17:01 -05:00 Reason: Dry gas standard certification of analysis Location: Airgas USA LLC (Lab)

ist Marsale

Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 3082.06 ISO 17034:2016 A2LA accredited. Certificate Number 3082.07

Approved for Release:

Page 1 of 1

STATE OF MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BREATH ALCOHOL PROGRAM INSTRUMENT OPERATOR CARD The named cardholder is authorized to operate an evidential breath alcohol rument for the determination of the alcoholic content in breath form of expired in Missouri Operator INFRANCA, JORDAN Permit No 290130 Date Issued 6/21/2019 Date Expires 6/21/2021