



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 MO PD	DATE OF INSPECTION 11/20/2020
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LOCATION OF INSTRUMENT (STREET AND CITY) 9701 Marion Park Drive, Kansas City MO 64137	TIME OF INSPECTION 1813
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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-.04)	1	(.05-.09)	1	(.10-.14)	1	(.15-.19)	1	(OVER .19)
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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).

Instrument meets all DOHSS Standards and Guidelines.

INSPECTING OFFICER

SIGNATURE

[Signature] #5266

PRINT NAME

Cory Carlisle

TYPE II PERMIT NUMBER/EXPIRATION DATE

200123 03/09/2022

TELEPHONE NUMBER

() **816-482-8196**

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 00187

Temp Date Time 210L

Air Blank:

11/28/20 18:13 .000

Calibration Check:

23 11/28/20 18:13 .080

Subject Name

Test # 1

Subject I.D.

Operator Name, I.D.

Carlsle # 200123

Location

9701 Warren Park Dr

AS IV Serial no: 111776
Version no: 532B

TEST RECORD 00188

Temp Date Time 210L

Air Blank:

11/29/20 18:15 .000

Calibration Check:

23 11/29/20 18:15 .000

Subject Name

Test # 2

Subject I.D.

Operator Name, I.D.

Carlsle # 200123

Location

9701 Warren Park Dr

AS IV Serial no: 111776
Version no: 532B

TEST RECORD 00189

Temp Date Time 210L

Air Blank:

11/28/20 18:17 .000

Calibration Check:

34 11/28/20 18:17 .000

Subject Name

Test # 3

Subject I.D.

Operator Name, I.D.

Carlsle # 200123

Location

9701 Warren Park Dr

AS IV Serial no: 111776
Version no: 532B

TEST RECORD 00190

Temp Date Time 210L

Air Blank:

12 11/29/20 19:19

Subject Name

RPI

Subject I.D.

Operator Name, I.D.

Carlsle # 200123

Location

9701 Warren Park Dr



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



PERMIT
TYPE II

COREY CARLISLE

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 3/9/2020

NUMBER 200123

EXPIRES 3/9/2022

143-99-071 (5-19)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
LAB-6 (HS-19)

Airgas

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: 26-Feb-2019

Lot # AG905605 Model 108caco

Exp. Date	Cyl. Type	Component	Certified Concentration
25-Feb-2021	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	CRM 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		
CC434668	300.0 ppm	CRM Serial No.	Concentration
CC234503	253.0 ppm	0056649	390.1 ppm
		0056662	150.2 ppm

Analytical Method: NDIR

Digitally signed by Quality Control
Reason: I am the issuer of this certificate of analysis.
Location: Airgas USA LLC (Lab)

Approved for Release:
Rod Marsala

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

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

INSTRUMENT OPERATOR CARD

The named competency is authorized to operate an alcohol breath alcohol
in Missouri.
For the determination of the alcoholic content in breath form of expired air

Operator: CARLISLE, COREY
Permit No. 200123
Date Issued 3/9/2020
Date Expires 3/9/2022