



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 10/29/2021
LOCATION OF INSTRUMENT (STREET AND CITY) 9701 Marion Park Drive, Kansas City MO 64137		TIME OF INSPECTION 0110 hrs

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 # AG010103 EXP. DATE 04/10/2022

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	.079	TEST 3	.079
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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) 0	(.05-.09) 0	(.10-.14) 1	(.15-.19) 0	(OVER .19) 0
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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 	PRINT NAME Corey Carlisle
TYPE II PERMIT NUMBER/EXPIRATION DATE 200123 03/09/2022	TELEPHONE NUMBER () 816-482-8196

Return completed report to the: Broath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office by mail, fax, or email.



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: 13-Apr-2020

Lot # AG010103 Model 108cacd

Exp. Date 10-Apr-2022
Cyl. Type 108
Component Ethanol
Nitrogen
Certified Concentration
0.082 ± 0.002 BrAC (223 ppm)
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	256.2 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
Reason: Dry gas standard certification of analysis
Location: Airgas USA LLC (Lab)

Approved for Release: Rod Marsala
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



**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 3/19/2020

NUMBER 2001123

EXPIRES 3/19/2022

MO 36-277-1514

[Signature]
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

[Signature]
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
U-64 (8-10)

STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM
INSTRUMENT OPERATOR CARD

The named operator is authorized to operate an individual breath alcohol instrument for the determination of the alcoholic content in breath from an operator.

Operator: CARLISLE COREY
Permit No: 2001123
Date Issued: 3/19/2020 Date Expires: 3/19/2022

AS IV Serial no: 111776
Version no: 532B

TEST RECORD 00263
Temp Date Time 210L
s/

Air Blank:
10/29/21 01:10 .000
Calibration Check:
20 10/29/21 01:10 .000

Subject Name

Subject I.D.

Carlisle # 2000123
Operator Name, I.D.

Location

Test #1

AS IV Serial no: 111776
Version no: 532B

TEST RECORD 00264
Temp Date Time 210L
s/

Air Blank:
10/29/21 01:12 .000
Calibration Check:
21 10/29/21 01:12 .079

Subject Name

Subject I.D.

Carlisle # 2000123
Operator Name, I.D.

Location

Test #2

AS IV Serial no: 111776
Version no: 532B

TEST RECORD 00265
Temp Date Time 210L
s/

Air Blank:
10/29/21 01:13 .000
Calibration Check:
21 10/29/21 01:13 .079

Subject Name

Subject I.D.

Carlisle # 2000123
Operator Name, I.D.

Location

Test #3

AS IV Serial no: 111776
Version no: 532B

TEST RECORD 00266

Temp Date Time 210L
s/

VOID: RFI
12 10/29/21 01:17

Subject Name

Subject I.D.

Operator Name, I.D.

Location

RFI