



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY

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 **094804** NAME OF AGENCY **Kansas City Police Department** DATE OF INSPECTION **09/20/2022**

LOCATION OF INSTRUMENT (STREET AND CITY) **9701 MARION PARK DR, KANSAS CITY** TIME OF INSPECTION **2155**

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 # AG132803 EXP. DATE 11/24/2023

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 ← **0.080** TEST 2 ← **0.079** TEST 3 ← **0.078**

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) **0** (.10-.14) **3** (.15-.19) **2** (OVER .19) **3**

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]* PRINT NAME **Wade Robinson**

TYPE II PERMIT NUMBER/EXPIRATION DATE **210266 - 11/18/2023** TELEPHONE NUMBER **() 816-482-8141**

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: 094804
Version no: 532B

TEST RECORD 00941

Temp Date Time 210L

Air Blank:
09/20/22 21:58 .000
Calibration Check:
21 09/20/22 21:58 .080

Subject Name

Test 1

Subject I.D.

Operator Name, I.D.

Robinson 210266
Location

AS IV Serial no: 094804
Version no: 532B

TEST RECORD 00942

Temp Date Time 210L

Air Blank:
09/20/22 22:00 .000
Calibration Check:
23 09/20/22 22:00 .079

Subject Name

Test 2

Subject I.D.

Operator Name, I.D.

Robinson 210266
Location

AS IV Serial no: 094804
Version no: 532B

TEST RECORD 00943

Temp Date Time 210L

Air Blank:
09/20/22 22:02 .000
Calibration Check:
24 09/20/22 22:02 .078

Subject Name

Test 3

Subject I.D.

Operator Name, I.D.

Robinson 210266
Location

AS IV Serial no: 094804
Version no: 532B

TEST RECORD 00944

Temp Date Time 210L

VOID: RFI
12 09/20/22 22:04

Subject Name

RFI

Subject I.D.

Operator Name, I.D.

Robinson 210266
Location



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



PERMIT
TYPE II

WADE ROBINSON

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 11/18/2021
NUMBER 210266
EXPIRES 11/18/2023
MO 58-0771 (5-10)

Laura A. Day
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Donald A. Kamm
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
LAB-4 (PK-10)



Airgas USA LLC (LAB)
3900 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: 29-Nov-2021

Lot # **AG132803** Model **108**

Exp Date **24-Nov-2023** Cyl. Type **108** Certified Concentration **0.082 ± 0.002 BRAC (223 ppm)**
Component **Ethanol Nitrogen**

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
Reason: My gas has passed certification of analysis
Date: 11.18.2021 15:42

Approved for Release:

Rod Mairsala

Rod Mairsala

ISO 17025:2017 A2LLA accredited. Certificate Number 3082.06
ISO 17034:2016 A2LLA accredited. Certificate Number 3082.07

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

INSTRUMENT OPERATOR CARD

The member operator is authorized to operate an expired/air/alcohol
in Missouri.

Operator: **ROBINSON, WADE** Date Expires **11/18/2023**
Permit No. **210266**

Date Issued 11/18/2021