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By Tracy Crews at 10:05 am, Jan 13, 2023



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 **111633** NAME OF AGENCY **Kansas City Police Department** DATE OF INSPECTION **01/03/2022**

LOCATION OF INSTRUMENT (STREET AND CITY) **9701 MARION PARK DR, KANSAS CITY** TIME OF INSPECTION **2328**

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 **.080** TEST 2 **.080** TEST 3 **.080**

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 **3** (0-.04) **0** (.05-.09) **0** (.10-.14) **3** (.15-.19) **1** (OVER .19) **7**

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. Re-Calibration done

INSPECTING OFFICER

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: 111633
Version no: 532B

TEST RECORD 00380

| Temp | Date | Time | s/ | 210L |
|------|------|------|----|------|
|------|------|------|----|------|

Air Blank:
01/03/23 23:28 .000
Calibration Check:
26 01/03/23 23:28 .000

Subject Name

TEST 1

Subject I.D.

Operator Name, I.D.

Robinson 210264

Location

AS IV Serial no: 111633
Version no: 532B

TEST RECORD 00381

| Temp | Date | Time | s/ | 210L |
|------|------|------|----|------|
|------|------|------|----|------|

Air Blank:
01/03/23 23:29 .000
Calibration Check:
27 01/03/23 23:29 .000

Subject Name

TEST 2

Subject I.D.

Operator Name, I.D.

Robinson 210266

Location

AS IV Serial no: 111633
Version no: 532B

TEST RECORD 00382

| Temp | Date | Time | s/ | 210L |
|------|------|------|----|------|
|------|------|------|----|------|

Air Blank:
01/03/23 23:31 .000
Calibration Check:
27 01/03/23 23:31 .000

Subject Name

TEST 3

Subject I.D.

Operator Name, I.D.

Robinson 210266

Location

AS IV Serial no: 111633
Version no: 532B

TEST RECORD 00383

| Temp | Date | Time | s/ | 210L |
|------|------|------|----|------|
|------|------|------|----|------|

VOID: RFI
12 01/03/23 23:33

Subject Name

RFI

Subject I.D.

Operator Name, I.D.

Robinson 210266

Location

AIRGAS

Customer Name
Exclusive Supplier
Intoximeters, Inc.
2081 Craig Road
St. Louis, Mo. 63146

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

Test Date: 29-Nov-2021

Certificate of Analysis

Lot # AG132803 Model 108

Exp Date
24-Nov-2023

Cyl. Type
108

Component
Ethanol
Nitrogen

Certified Concentration
0.082 ± 0.002 BrAC (223 ppm)

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

Recognized by National Commission of Analytical Chemistry and Hygiene
Laboratory for USA, LLC (Lab)
Date: 11/18/2021

Approved for Release: Rod Marsala
Rod Marsala

ISO 17025:2017 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

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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, INTOXLYZER 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 306.119 through 306.119 RSMo.

DATE 11/18/2021

NUMBER 210266

EXPIRES 11/18/2023

MO 560-0771 (6-10)

Steven G. Noy
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

David S. Robinson
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 604-604-10

