

RECEIVED

By Tracy Crews at 8:18 am, Oct 17, 2022



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 **10/04/2022**

LOCATION OF INSTRUMENT (STREET AND CITY) **9701 MARION PARK DR, KANSAS CITY** TIME OF INSPECTION **2223**

**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 **.082** TEST 2 **.082** TEST 3 **.081**

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) **3** (.10-.14) **3** (.15-.19) **1** (OVER .19) **4**

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: 111633  
Version no: 532B

TEST RECORD 00302

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
10/04/22 22:23 .000  
Calibration Check:  
22 10/04/22 22:23 .082

Subject Name

Test 1

Subject I.D.

Operator Name, I.D.

Robinson 210266

Location

AS IV Serial no: 111633  
Version no: 532B

TEST RECORD 00303

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
10/04/22 22:25 .000  
Calibration Check:  
23 10/04/22 22:25 .082

Subject Name

Test 2

Subject I.D.

Operator Name, I.D.

Robinson 210266

Location

AS IV Serial no: 111633  
Version no: 532B

TEST RECORD 00304

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
10/04/22 22:26 .000  
Calibration Check:  
23 10/04/22 22:26 .081

Subject Name

Test 3

Subject I.D.

Operator Name, I.D.

Robinson 210266

Location

AS IV Serial no: 111633  
Version no: 532B

TEST RECORD 00305

Temp Date Time <sup>s/</sup> 210L

VOID: RFI  
12 10/04/22 22:28

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  
Fax: (314) 533-7328

## Certificate of Analysis

Test Date: 29-Nov-2021

Lot # AG132803 Model 108

Expo Date: 24-Nov-2023  
Cyl. Type: 108  
Component: Ethanol  
Nitrogen  
Certified Concentration: 0.082 ± 0.002 BYAC (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	259.3 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

Expiry Date: 11/18/2023  
Reanalysis Date: 11/18/2023  
Reanalysis Date: 11/18/2023  
Reanalysis Date: 11/18/2023

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



## 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 506-9771 (6-10)

Laura A. Wray  
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Donald H. Korman  
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAG-4 (66-10)

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

The name is responsible for the operation of the instrument and the instrument must be calibrated and the instrument must be certified for use in Missouri.

Operator: ROBINSON, WADE  
Instrument: INTOXILYZER 8000  
Date Issued: 11/18/2021  
Date Expires: 11/18/2023