



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 <b>111776</b>	NAME OF AGENCY <b>Kansas City Police Department</b>	DATE OF INSPECTION <b>05/09/2022</b>
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LOCATION OF INSTRUMENT (STREET AND CITY) <b>9701 MARION PARK DR, KANSAS CITY</b>	TIME OF INSPECTION <b>2201</b>
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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**

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
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<input checked="" type="checkbox"/> STANDARD SUPPLIER <b>INTOXIMETERS</b>	LOT # <b>AG019702</b>	EXP. DATE <b>07/15/2022</b>
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<input type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C)	SIM. SN	SIM. NIST EXP DATE
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- 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 <b>.080</b>	TEST 2 <b>.080</b>	TEST 3 <b>.080</b>
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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) <b>2</b>	(.05-.09) <b>1</b>	(.10-.14)	(.15-.19)	(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.

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**INSPECTING OFFICER**

SIGNATURE	PRINT NAME <b>Wade Robinson</b>
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TYPE II PERMIT NUMBER/EXPIRATION DATE <b>210266 - 11/18/2023</b>	TELEPHONE NUMBER <b>( ) 816-482-8141</b>
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**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 00302

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

Air Blank:  
05/09/22 22:01 .000  
Calibration Check:  
37 05/09/22 22:01 .000

Subject Name

Test 1

Subject I.D.

Operator Name, I.D.

Robinson 210266  
Location

AS IV Serial no: 111776  
Version no: 532B

TEST RECORD 00303

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

Air Blank:  
05/09/22 22:02 .000  
Calibration Check:  
37 05/09/22 22:02 .000

Subject Name

Test 2

Subject I.D.

Operator Name, I.D.

Robinson 210266  
Location

AS IV Serial no: 111776  
Version no: 532B

TEST RECORD 00304

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

Air Blank:  
05/09/22 22:04 .000  
Calibration Check:  
37 05/09/22 22:04 .000

Subject Name

Test 3

Subject I.D.

Operator Name, I.D.

Robinson 210266  
Location

AS IV Serial no: 111776  
Version no: 532B

TEST RECORD 00305

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

VOID: RFI  
12 05/09/22 22:06

Subject Name

RFI

Subject I.D.

Operator Name, I.D.

Robinson 210266  
Location

# 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: 20-Jul-2020

Lot # AG019702 Model 108cacd

Exp. Date	Cvl. Type	Component	Certified Concentration
15-Jul-2022	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	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  
Date: 2020.07.20 15:52:57 -0500  
Location: Airgas USA LLC (Lab)  
Location of analysis

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

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 98-0771 (8-19)

*Laura G. Nag*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Donald A. Keuning*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (86-10)

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

**INSTRUMENT OPERATOR CARD**

The owner/operator is authorized to operate an evidentiary breath analyzer for the determination of the alcoholic content in breath from a subject in Missouri.

Operator: ROBINSON, WADE  
Permit No: 210266  
Date issued 11/18/2021 Date Expires 11/18/2023