



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 111776	NAME OF AGENCY Kansas City Police Department	DATE OF INSPECTION 09/21/2022
LOCATION OF INSTRUMENT (STREET AND CITY) 9701 MARION PARK DR, KANSAS CITY		TIME OF INSPECTION 0137

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 ➡	0.080	TEST 3 ➡	.080
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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 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: 111776
Version no: 532B

TEST RECORD 00327

Temp	Date	Time	g/ 210L
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Air Blank:
09/21/22 01:37 .000
Calibration Check:
24 09/21/22 01:37 .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 00328

Temp	Date	Time	g/ 210L
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Air Blank:
09/21/22 01:38 .000
Calibration Check:
24 09/21/22 01:38 .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 00329

Temp	Date	Time	g/ 210L
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Air Blank:
09/21/22 01:40 .000
Calibration Check:
25 09/21/22 01:40 .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 00330

Temp	Date	Time	g/ 210L
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VOID: RFI
12 09/21/22 01:41

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 980-0771 (6-10)

Lawrence A. Deary
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

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

LD-4 (6-8-10)

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

This permit cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath from or evidence of an individual.

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



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

Certificate of Analysis

Test Date: 29-Nov-2021

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

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	289.8 ppm	EB0010559	258.2 ppm
EB0010285	208.0 ppm	EB0010595	208.3 ppm
EB0010561	103.6 ppm	EB0010562	104.2 ppm
EB0010581	52.12 ppm	EB0010579	52.81 ppm
CRM Serial No.	Concentration	CRM Serial No.	Concentration
CC434688	800.0 ppm	0056649	390.1 ppm
CC234503	253.0 ppm	0056652	150.2 ppm

Analytical Method: NDIR

Public Health Accrediting Council
Recognized for compliance with
ISO 17025:2017 and ISO 15189:2013
Laboratory Accreditation of Analysis

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