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By Tracy Crews at 9:11 am, Oct 03, 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 111780 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 2206

**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 .081 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 1 (0-.04) 1 (.05-.09) 0 (.10-.14) 2 (.15-.19) 0 (OVER .19) 1

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: 111780  
Version no: 532B

TEST RECORD 00676

Temp	Date	Time	s/ 210L
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Air Blank:  
09/20/22 22:06 .000  
Calibration Check:  
34 09/20/22 22:06 .081

Subject Name

Test 1

Subject I.D.

Operator Name, I.D.

Robinson 210266  
Location

AS IV Serial no: 111780  
Version no: 532B

TEST RECORD 00677

Temp	Date	Time	s/ 210L
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Air Blank:  
09/20/22 22:09 .000  
Calibration Check:  
34 09/20/22 22:09 .080

Subject Name

Test 2

Subject I.D.

Operator Name, I.D.

Robinson 210266  
Location

AS IV Serial no: 111780  
Version no: 532B

TEST RECORD 00678

Temp	Date	Time	s/ 210L
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Air Blank:  
09/20/22 22:10 .000  
Calibration Check:  
33 09/20/22 22:10 .080

Subject Name

Test 3

Subject I.D.

Operator Name, I.D.

Robinson 210266  
Location

AS IV Serial no: 111780  
Version no: 532B

TEST RECORD 00679

Temp	Date	Time	s/ 210L
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VOID: RFI  
12 09/20/22 22:12

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 210246

EXPIRES 11/18/2023

MO 580-3771 (8-10)

*Laura A. Wray*  
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Donald A. Koenig*  
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAS-4 (RR-10)



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: 29-Nov-2021

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

Quality Approved by Quality Control  
LoneStar Calibration, Inc.  
LoneStar Calibration, USA, LLC (LSC)  
(Date: 11/30/2021 13:42)

Approved for Release: *Rod Marsela*  
Rod Marsela

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  
INSTRUMENT OPERATOR CARD

The attached certificate is a record of the calibration of the instrument and is subject to the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

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