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By Tracy Crews at 7:52 am, May 31, 2024



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>111633</b>	NAME OF AGENCY Kansas City Police Department	DATE OF INSPECTION 05/25/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 9701 MARION PARK DR, KANSAS CITY		TIME OF INSPECTION 1326

**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 # AG324501 EXP. DATE 09/02/2025

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	<b>.079</b>	TEST 2	<b>.079</b>	TEST 3	<b>.079</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	<b>2</b>	(0-.04)	<b>0</b>	(.05-.09)	<b>0</b>	(.10-.14)	<b>0</b>	(.15-.19)	<b>1</b>	(OVER .19)	<b>3</b>
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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

**230228 - 10/23/2025**

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 00674

Temp	Date	Time	g/L
			210L

Air Blank:  
05/25/24 13:26 .000  
Calibration Check:  
21 05/25/24 13:26 .079

Subject Name

TEST 1

Subject I.D.

Operator Name, I.D.

Robinson 230228

Location

AS IV Serial no: 111633  
Version no: 532B

TEST RECORD 00676

Temp	Date	Time	g/L
			210L

Air Blank:  
05/25/24 13:29 .000  
Calibration Check:  
23 05/25/24 13:29 .079

Subject Name

TEST 3

Subject I.D.

Operator Name, I.D.

Robinson 230228

Location

AS IV Serial no: 111633  
Version no: 532B

TEST RECORD 00675

Temp	Date	Time	g/L
			210L

Air Blank:  
05/25/24 13:28 .000  
Calibration Check:  
22 05/25/24 13:28 .079

Subject Name

TEST 2

Subject I.D.

Operator Name, I.D.

Robinson 230228

Location

AS IV Serial no: 111633  
Version no: 532B

TEST RECORD 00677

Temp	Date	Time	g/L
			210L

VOID: RFI  
12 05/25/24 13:30

Subject Name

RFI TEST

Subject I.D.

Operator Name, I.D.

Robinson 230228

Location



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



**AIRGAS**

Airgas USA LLC (LAs)  
3500 Barnard Street  
St. Louis, Mo. 63103  
Ph: (314) 533-3100  
Fax: (314) 533-7328

**Certificate of Analysis**

Test Date: 5-Sep-2023

**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 308.111 through 308.119 RSMo.

DATE 10/23/2023  
NUMBER 230228  
EXPIRES 10/23/2025

*Waide Robinson*  
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY  
*Douglas I. Nickerson*  
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES  
LAs4 994/01

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

Lot # AG324501 Model 108

Exp Date 2-Sep-2025 Cyl. Type 108 Component Ethanol Certified Concentration 0.082 ± 0.002 BRAC (223 ppm)  
Nitrogen

Certification Traceable to N.I.S.T. RGM and to CRM Ethanol Standards:

RGM Serial No.	Concentration	RGM Serial No.	Concentration
EB0010581	391.8 ppm	EB0010503	392.5 ppm
EB0010570	259.8 ppm	EB0010559	258.9 ppm
EB0010285	209.0 ppm	EB0010562	104.2 ppm
EB0010561	103.7 ppm	EB0010579	52.94 ppm
EB0010581	52.22 ppm		

CRM Serial No.	Concentration	CRM Serial No.	Concentration
CC727491	800.0 ppm	CC727493	390.0 ppm
CC727496	253.0 ppm	CC727498	150.0 ppm

Analytical Method: NDIR

STATE OF MISSOURI  
DEPARTMENT OF HEALTH AND SENIOR SERVICES  
ROBINSON, WADE  
INSTRUMENT OPERATOR CARD

This manual certificate is authorized to operate an Intoximeter breath alcohol analyzer in Missouri for the determination of the alcoholic content of breath upon or through the operator.

Operator: ROBINSON, WADE  
Permit No: 230228  
Date Issued: 10/23/2023 Date Expires: 10/23/2025

Published Annual Intoximeter Operator Card  
Revised 11/2012  
Intoximeters, Inc. (LAs)  
Intoximeter 8000  
Intoximeter 8000  
Intoximeter 8000

Approved for Release: *Joseph Woods*  
Yusef Woods

ISO 17025:2017 A2LA accredited. Certificate Number 3092.06  
ISO 17034:2016 A2LA accredited. Certificate Number 3092.07