



RECEIVED
 By Tracy Crews at 12:04 pm, Aug 06, 2024

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 06/26/2024
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LOCATION OF INSTRUMENT (STREET AND CITY) 9701 MARION PARK DR, KANSAS CITY	TIME OF INSPECTION 2138
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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

- 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 .081	TEST 2 .081	TEST 3 .081
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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)	1	(.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 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 00680

Temp Date Time ^{s/} 210L

Air Blank:
06/26/24 21:38 .000
Calibration Check:
20 06/26/24 21:38 .081

Subject Name

TEST 1

Subject I.D.

Operator Name, I.D.

Robinson 230228

Location

AS IV Serial no: 111633
Version no: 532B

TEST RECORD 00682

Temp Date Time ^{s/} 210L

Air Blank:
06/26/24 21:41 .000
Calibration Check:
22 06/26/24 21:41 .081

Subject Name

TEST 3

Subject I.D.

Operator Name, I.D.

Robinson 230228

Location

AS IV Serial no: 111633
Version no: 532B

TEST RECORD 00681

Temp Date Time ^{s/} 210L

Air Blank:
06/26/24 21:40 .000
Calibration Check:
21 06/26/24 21:40 .081

Subject Name

TEST 2

Subject I.D.

Operator Name, I.D.

Robinson 230228

Location

AS IV Serial no: 111633
Version no: 532B

TEST RECORD 00683

Temp Date Time ^{s/} 210L

VOID: RFI
12 06/26/24 21:43

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 (L46)
3500 Barnard Street
St. Louis, MO 63103
Ph: (314) 533-9100
Fax: (314) 533-7328

**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 10/23/2023

NUMBER 230228

EXPIRES 10/23/2025

MO 3481 0771 10 101

Wade Robinson

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Doreen S. Rickard

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LSJ4 (9-10)

Certificate of Analysis

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

Lot # AG324501 Model 108

Test Date: 5-Sep-2023

Exp Date
2-Sep-2025

CYL Type
108

Component
Ethanol
Nitrogen

Certified Concentration
0.002 ± 0.002 g/rAC (223 ppm)

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	EB0010603	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
EB0010681	52.22 ppm		

CRM Serial No.	Concentration	CRM Serial No.	Concentration
CC727481	890.0 ppm	CC727493	390.0 ppm
CC727496	253.0 ppm	CC727498	150.0 ppm

Analytical Method: NDIR

Single Internal Quality Control
Elementary and compound analysis
performed by the laboratory
on 09/27/2023 11:31

STATE OF MISSOURI
BREATH ALCOHOL PROGRAM
INSTRUMENT OPERATOR CARD

The name of the person operating the instrument must be printed in black ink on this card. The name of the person operating the instrument must be printed in black ink on this card. The name of the person operating the instrument must be printed in black ink on this card.

Operator: **ROBINSON, WADE**
Date Expired: **10/23/2025**
Data Used: **10/23/2023**

Approved for Release: _____
Yusef Woods

ISO 17025:2017 A2LA accredited. Certificate Number 3082.06
ISO 17034:2016 A2LA accredited. Certificate Number 3082.07