



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 STATE PUBLIC HEALTH LABORATORY
ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED
 By Tracy Crews at 6:32 am, Jan 03, 2025

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 111633 | NAME OF AGENCY Kansas City Police Department | DATE OF INSPECTION 12/28/2024 |
| LOCATION OF INSTRUMENT (STREET AND CITY) 9701 MARION PARK DR, KANSAS CITY | | TIME OF INSPECTION 2002 |

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 |
| <input checked="" type="checkbox"/> STANDARD SUPPLIER <u>INTOXIMETERS</u> | LOT # <u>AG417401</u> EXP. DATE <u>06/22/2026</u> |
| <input type="checkbox"/> 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 ➡ .098 | TEST 2 ➡ .097 | TEST 3 ➡ .097 |
|----------------------|----------------------|----------------------|

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) | (.05-.09) 1 | (.10-.14) | (.15-.19) | (OVER .19) 2 |
|----------|---------|--------------------|-----------|-----------|---------------------|

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 00786

Temp Date Time ^{a/} 210L

Air Blank:
12/28/24 20:02 .000
Calibration Check:
22 12/28/24 20:02 .098

Subject Name

TEST 1
Subject I.D.

Operator Name, I.D.

Robinson 230228
Location

AS IV Serial no: 111633
Version no: 532B

TEST RECORD 00787

Temp Date Time ^{a/} 210L

Air Blank:
12/28/24 20:03 .000
Calibration Check:
23 12/28/24 20:03 .097

Subject Name

TEST 2
Subject I.D.

Operator Name, I.D.

Robinson 230228
Location

AS IV Serial no: 111633
Version no: 532B

TEST RECORD 00788

Temp Date Time ^{a/} 210L

Air Blank:
12/28/24 20:05 .000
Calibration Check:
24 12/28/24 20:05 .097

Subject Name

TEST 3
Subject I.D.

Operator Name, I.D.

Robinson 230228
Location

AS IV Serial no: 111633
Version no: 532B

TEST RECORD 00789

Temp Date Time ^{a/} 210L

VOID: RFI
12 12/28/24 20:06

Subject Name

RFI TEST
Subject I.D.

Operator Name, I.D.

Robinson 230228
Location



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: 25-Jun-2024

Lot # AG417401 Model 108

| Exp Date | Cyl. Type | Component | Certified Concentration |
|-------------|-----------|---------------------|---------------------------|
| 22-Jun-2026 | 108 | Ethanol Nitrogen | 0.100 ± 2% BrAC (272 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 | 799.4 ppm | CC727493 | 389.8 ppm |
| CC727496 | 253.4 ppm | CC727498 | 150.2 ppm |

Analytical Method: NDIR

Digitally signed by Quality Control
 Reason: Dry gas standard certification of analysis
 Location: Airgas USA LLC (Lab)
 Date: 06.23.2024 16:05

Yusef Woods

Approved for Release: _____
 Yusef Woods

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



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 880-0771 (9-10)

Mike Mason

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Dave F. Nicholson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)

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

INSTRUMENT OPERATOR CARD

This named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.

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