



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 8/23/2024
------------------------------------	--	--

LOCATION OF INSTRUMENT (STREET AND CITY) 9701 MARION PARK DR, KANSAS CITY	TIME OF INSPECTION 1545
---	-----------------------------------

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 # AG3110004 EXP. DATE 04/20/2025

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 .097	TEST 2 .098	TEST 3 .098
--------------------	--------------------	--------------------

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)	(.10-.14)	(.15-.19)	(OVER .19)
----------	---------	-----------	-----------	-----------	------------

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 () 8167665068
--	--

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office by mail, fax, or email.

AS Serial no: 111780
Version no: 532B

TEST RECORD 00962

Temp	Date	Time	s/ 210L
------	------	------	------------

Air Blank:
08/23/24 15:45 .000
Calibration Check:
22 08/23/24 15:45 .097

Subject Name

TEST 1
Subject I.D.

Operator Name, I.D.

Robinson 230228
Location

AS IV Serial no: 111780
Version no: 532B

TEST RECORD 00963

Temp	Date	Time	s/ 210L
------	------	------	------------

Air Blank:
08/23/24 15:46 .000
Calibration Check:
23 08/23/24 15:46 .098

Subject Name

TEST 2
Subject I.D.

Operator Name, I.D.

Robinson 230228
Location

AS IV Serial no: 111780
Version no: 532B

TEST RECORD 00964

Temp	Date	Time	s/ 210L
------	------	------	------------

Air Blank:
08/23/24 15:48 .000
Calibration Check:
24 08/23/24 15:48 .098

Subject Name

TEST 3
Subject I.D.

Operator Name, I.D.

Robinson 230228
Location

AS IV Serial no: 111780
Version no: 532B

TEST RECORD 00965

Temp	Date	Time	s/ 210L
------	------	------	------------

VOID: RFI
12 08/23/24 15:50

Subject Name

RFI TEST
Subject I.D.

Operator Name, I.D.

Robinson 230228
Location

Airgas

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

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

Certificate of Analysis

Test Date: 24-Apr-2023

Lot # AG311004 Model 108

Exp Date
20-Apr-2025

Cyl. Type
108

Component
Ethanol
Nitrogen

Certified Concentration
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.
CC727481
CC727496

Concentration
800.0 ppm
253.0 ppm

CRM Serial No.
CC727493
CC727498

Concentration
390.0 ppm
150.0 ppm

Analytical Method: NDIR

Quality System by Quality Control
Intoximeters, Inc. (LAB)
Date: 04/24/2023 12:32:44 PM

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



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

Miles Mason

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Dave J. Nielsen

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 86C971 (6-10)

LAB-4 (RR-10)

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

The holder of this card is authorized to operate an Intoxilizer breathalyzer instrument for the collection of the alcoholic content of expired air in Missouri.

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