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By Tracy Crews at 7:11 am, Nov 10, 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 **111780** NAME OF AGENCY **Kansas City Police Department** DATE OF INSPECTION **10/16/2024**

LOCATION OF INSTRUMENT (STREET AND CITY) **9701 MARION PARK DR, KANSAS CITY** TIME OF INSPECTION **1940**

**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 **.100** TEST 2 **.100** TEST 3 **.099**

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) **0** (.10-.14) **0** (.15-.19) **1** (OVER .19) **0**

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

*P. O. Crews #50045 10/16/2024*

PRINT NAME

**Eric Lyles**

TYPE II PERMIT NUMBER/EXPIRATION DATE

**240189- 08/29/2026**

TELEPHONE NUMBER

**( ) 816-716-4241**

**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 00975

Temp Date Time <sup>a/</sup> 210L

Air Blank:  
10/16/24 19:40 .000  
Calibration Check:  
21 10/16/24 19:40 .100

Subject Name

Test #1

Subject I.D.

Operator Name, I.D.

P.O. Lyles #240189

Location

9701 Marmon Park Dr

AS IV Serial no: 111780  
Version no: 532B

TEST RECORD 00976

Temp Date Time <sup>a/</sup> 210L

Air Blank:  
10/16/24 19:42 .000  
Calibration Check:  
22 10/16/24 19:42 .100

Subject Name

Test #2

Subject I.D.

Operator Name, I.D.

P.O. Lyles #240189

Location

9701 Marmon Park Dr

AS IV Serial no: 111780  
Version no: 532B

TEST RECORD 00977

Temp Date Time <sup>a/</sup> 210L

Air Blank:  
10/16/24 19:44 .000  
Calibration Check:  
23 10/16/24 19:44 .099

Subject Name

Test #3

Subject I.D.

Operator Name, I.D.

P.O. Lyles #240189

Location

9701 Marmon Park Dr

AS IV Serial no: 111780  
Version no: 532B

TEST RECORD 00978

Temp Date Time <sup>a/</sup> 210L

VOID: RFI  
12 10/16/24 19:46

Subject Name

Test #4 RFI

Subject I.D.

Operator Name, I.D.

P.O. Lyles #240189

Location

9701 Marmon Park Dr



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



**PERMIT**  
**TYPE II**  
**ERIC LYLES**

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 8/29/2024 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY  
NUMBER 240189  
EXPIRES 8/29/2026 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES  
MOL 98-9719

*M. De Morgan*

*Dave I. Richards*



**Airgas**

**Certificate of Analysis**

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

Airgas USA LLC (LAE)  
3500 Bernard Street  
St. Louis, Mo, 63103  
Ph: (314) 535-3100  
Fac: (314) 535-7328

Lot # AG417401 Model 108

Test Date: 25-Jun-2024

Exp Date 22-Jun-2026 Cyl. Type 108 Component Ethanol Nitrogen Certified Concentration 0.100 ± 2% BAC (272 ppm)

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

RGM Serial No.	Concentration	RGM Serial No.	Concentration
EB0010561	3918 ppm	EB0010603	392.5 ppm
EB0010570	2598 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		

Analytical Method: NDIR

Digitally signed by Yusef Woods  
DN: cn=Yusef Woods, o=Airgas USA LLC (LAE),  
email=yusef@airgas.com, c=US

Approved for Release:

Yusef Woods

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