



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY

RECEIVED

By Tracy Crews at 2:13 pm, Aug 28, 2024

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

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 119725	NAME OF AGENCY Kansas City Police Department	DATE OF INSPECTION 08/09/2024
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LOCATION OF INSTRUMENT (STREET AND CITY) 9701 MARION PARK DR, KANSAS CITY	TIME OF INSPECTION 2039
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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 .080	TEST 2 .079	TEST 3 .079
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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	4	(0-.04)	0	(.05-.09)	0	(.10-.14)	1	(.15-.19)	6	(OVER .19)	3
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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

230288 - 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: 119725
Version no: 532C

TEST RECORD 00231

Temp Date Time 210L^{g/}

Air Blank:
08/09/24 20:39 .000
Calibration Check:
23 08/09/24 20:39 .080

Subject Name

TEST 1

Subject I.D.

Operator Name, I.D.

Robinson 230228
Location

AS IV Serial no: 119725
Version no: 532C

TEST RECORD 00232

Temp Date Time 210L^{g/}

Air Blank:
08/09/24 20:41 .000
Calibration Check:
24 08/09/24 20:41 .079

Subject Name

TEST 2

Subject I.D.

Operator Name, I.D.

Robinson 230228
Location

AS IV Serial no: 119725
Version no: 532C

TEST RECORD 00233

Temp Date Time 210L^{g/}

Air Blank:
08/09/24 20:43 .000
Calibration Check:
25 08/09/24 20:43 .079

Subject Name

TEST 3

Subject I.D.

Operator Name, I.D.

Robinson 230228
Location

AS IV Serial no: 119725
Version no: 532C

TEST RECORD 00234

Temp Date Time 210L^{g/}

VOID: RFI
12 08/09/24 20:44

Subject Name

RFI TEST

Subject I.D.

Operator Name, I.D.

Robinson 230228
Location



DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



Airgas

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

Certificate of Analysis

Test Date: 5-Sep-2023

STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
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, INTOXLYZER 8000

for the determination of the alcohol content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 905.111 through 306.119 RSMo.

M. de Masson

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DATE 10/23/2023
NUMBER 230228

Dave T. Robinson
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB # 19-11

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 Nitrogen Certified Concentration 0.002 ± 0.002 BMAC (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	EB0010563	392.5 ppm
EB0010570	289.8 ppm	EB0010559	258.9 ppm
EB0010285	209.0 ppm	EB0010562	104.2 ppm
EB0010581	103.7 ppm	EB0010579	52.94 ppm
EB0010581	52.22 ppm		

CRM Serial No.	Concentration	CRM Serial No.	Concentration
CC727481	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
BREATH ALCOHOL PROGRAM
INSTRUMENT OPERATOR CARD

This permit card is authorized to operate an approved breath device in Missouri for the determination of the alcoholic content in breath from a device as described in 905.111 RSMo.

Operator: **ROBINSON, WADE**
Permit No: **230228**
Date Issued: **10/23/2023** Date Expires: **10/23/2026**

Permitting Agency Accredited by the Missouri Department of Health and Senior Services
Division of Public Health
October 27, 2022 18237

Approved for Release: *Yusef Woods*
Yusef Woods

ISO 17025:2017 A2LA accredited. Certificate Number 3082.06
ISO 17034:2016 A2LA accredited. Certificate Number 3002.07