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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 **119725** 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 **1933**

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 # **AG417401** EXP. DATE **06-22-2026**

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 **.102** TEST 2 **.101** TEST 3 **.101**

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 **1** (0-.04) **0** (.05-.09) **1** (.10-.14) **2** (.15-.19) **2** (OVER .19) **4**

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 **() 816-442-0558**

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 00297

Temp Date Time 21⁹/_{OL}

Air Blank:
10/16/24 19:33 .000
Calibration Check:
18 10/16/24 19:33 .102

Subject Name

test #1
Subject I.D.

Operator Name, I.D.

P.O. Lyles # 240189

Location

9701 Marston Park Dr

AS IV Serial no: 119725
Version no: 532C

TEST RECORD 00298

Temp Date Time 21⁹/_{OL}

Air Blank:
10/16/24 19:35 .000
Calibration Check:
18 10/16/24 19:35 .101

Subject Name

Test #2
Subject I.D.

Operator Name, I.D.

P.O. Lyles # 240189

Location

9701 Marston Park Dr

AS IV Serial no: 119725
Version no: 532C

TEST RECORD 00299

Temp Date Time 21⁹/_{OL}

Air Blank:
10/16/24 19:36 .000
Calibration Check:
19 10/16/24 19:36 .101

Subject Name

Test #3
Subject I.D.

Operator Name, I.D.

P.O. Lyles # 240189

Location

9701 Marston Park Dr

AS IV Serial no: 119725
Version no: 532C

TEST RECORD 00300

Temp Date Time 21⁹/_{OL}

VOID: RFI
12 10/16/24 19:38

Subject Name

Test #4 RFI
Subject I.D.

Operator Name, I.D.

P.O. Lyles # 240189

Location

9701 Marston 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 *M. De M...*
NUMBER 240189 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
EXPIRES 8/29/2026 *Dave I. ...*
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
MO 88-0771 (8-10) LAB 1 (8-10)



Certificate of Analysis

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

Lot # AG417401 Model 108

Test Date: 25-Jun-2024

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

Exp Date 22-Jun-2026 Cyl Type 108 Component Ethanol Nitrogen Certified Concentration 0.100 ± 2% BIA/C (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
EB0010265	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 Eric Lyles, CN=Eric Lyles, OU=State of Missouri, O=Missouri Department of Health and Senior Services, C=US

Approved for Release: *Eric Lyles*
Yusef Woods

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