

## MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

### ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

MDICCERT									
Complete this report in duplicate at the time of the Send copy to Department of Health and Senior S									
ALCO SENSOR IV SN 119725	NAME OF AGENCY Kansas	s City Police [	Department	DATE OF I	NSPECTIC	<sup>DN</sup> 11/15/2024			
LOCATION OF INSTRUMENT (STREET AND CITY) 9701 MARION PARK DR, KANSAS CITY						<sup>N</sup> 1835			
CHECKLIST: Place a mark in the box by each iter	n if found to be satisfactor	y or if operating v	vithin establish	ed limits.	(Write in	observed values			
where determined.) Unmarked items must be cor									
☑ DIGITAL READOUT (ALL ELEMENTS OPER	RATIONAL)								
✓ TEMPERATURE OF ALCO SENSOR (10°C - 40°C)									
PRINTER WORKING PROPERLY									
✓ TIME AND DATE DISPLAYING PROPERLY									
BREATH ALCOHOL ACCURACY STANDARDS	Samuel No. United Sections of the control of the co				PRICE OF STREET, STREET, ST				
☐ SIMULATOR SOLUTION									
☑ STANDARD SUPPLIER INTOXIMETER	LOT#	AG417401	EXP. DATE	06-22	2-2026	6			
☐ SIMULATOR TEMPERATURE (34°C ± 0.2°C	S) SIM. SN		SIM. N	IIST EXP	DATE_				
Run three tests using a standard solution. All less. Check the box corresponding to the state of	ndard solution being used FWEEN 0.095% and 0.10 FWEEN 0.076% and 0.08	I. (PRINTOUT AT 15% INCLUSIVE 14% INCLUSIVE		nd must	have a s	spread of .005 or			
TEST 1 <b>☞</b> .104 TES	т2 ☞ .10	2	TEST 3 🖝		.10	2			
☑ RFI DETECTOR OPERATING									
INDICATE THE NUMBER OF BREATH TESTS I (DO NOT INCLUDE SELF-ADMINISTERED TES		NGES SINCE T	HE LAST MAII	NTENAN	CE REP	ORT:			
REFUSALS 1 (004) 1 (	0509) 1 (.10-	.14) 3	(.1519)	5	(OVER	.19) 6			
List any new parts and describe any alteration o established limits (use other side if necessary).	r modification that was m	ade to restore th	ne instrument t	o operate	e satisfa	ctorily and within			
Instrument meets all DOHSS standa	rds and quidelines								
- Instrument meete an Berree standa	rao ana galaomiloo.			***************************************					
INSPECTING OFFICER									
SIGNATURE P.O. Carrier	#50045	F	RINT NAME ER	IC L	YLE	S			
TYPE II PERMIT NUMBER/EXPIRATION DATE 240189-	08/29/2026	T (	ELEPHONE NUMBER	816	-442	-0558			
Return completed report to the: Breath Alcoholour by mail, fax.		ent of Health and	d Senior Servic	es, South	neast Dis	strict Office			

AS IV Serial no: 119725 Version no: 532C

TEST RECORD 00318

Subject Name
(25) # (
Subject I.D.

Operator Name, 1.D.

YUS \$70189

Location

9701 Maron Puk Dr

AS IV Serial no: 119725 Version no: 532C

TEST RECORD 00319

Temp Date Time 210L

Air Blank:
 11/15/24 18:37 .000

Calibration Check:
 15 11/15/24 18:37 .102

Subject Name

+15+ #2 Subject 1.D.

Operator Name, I.D.

Lyus & 240189

Location

9701 Mann Pink Dr

AS IV Serial no: 119725 Version no: 532C

TEST RECORD 00320

Temp Date Time 210L Air Blank: 11/15/24 18:39 .000 Calibration Check: 16 11/15/24 18:39 .102

Subject Name

1est # 3
Subject | D.

Operator Name, I.D.
Lyks #740189
Location
9701 Moran Pork Dr

AS IV Serial no: 119725 Version no: 532C

TEST RECORD 00321

Temp Date Time 210L VOID: RFI 12 11/15/24 18:40

Subject Name

Test Hy RFI Subject 1.D.

Operator Name, I.D.

Location

9701 Moram Pak Dr



# STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



# 

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

ERIC LYLES

# 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.

MO 580-0771 (6-10)		جرمات 8/20/2026 حل	NUMBER 240189		8/20/2024
LAB-4 (R6-10)	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES	foundated. Thebelson	) , , ,	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY	Mike Massan





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

# Certificate of Analysis

Test Date: 25-Jun-2024

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

Lot # AG417401 Model 108

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

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

(10)		$\tilde{\epsilon}$					
CC727481 CC727496	ORIN Spring	EB0010561	EB0010285	EB0010570	EB0010581	RGM Serial No.	Celtilication maceable to
799.4 ppm 253.4 ppm	Concentration	103./ ppm 52.22 ppm	209.0 ppm	259.8 ppm	391,8 ppm	Concentration	Cel Illication Haceable to Nivo: Now and to CVM Ethallot oralidaras:
CC727493 CC727498	CRM Serial No.	ER001.007.8	EB0010562	EB0010559	EB0010603	RGM Serial No.	rai ra.
389.8 ppm 150.2 ppm	Concentration	111dd +6.7C	104.2 ppm	258.9 ppm	392.5 ppm	Concentration	

Analytical Method: NDIR

Conjumy system by Automy Control Reason:Dry gas standard certification of and Location:Airgas USA LLC (Lab) Date:06.29.2024 15:09

Approved for Release:

Yusef Woods

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