



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
STATE PUBLIC HEALTH LABORATORY

**ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT**

**RECEIVED**

By Tracy Crews at 8:50 am, Mar 31, 2025

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 <b>111633</b>	NAME OF AGENCY <b>Kansas City Police Department</b>	DATE OF INSPECTION <b>03/29/2025</b>
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LOCATION OF INSTRUMENT (STREET AND CITY) <b>9701 MARION PARK DR, KANSAS CITY</b>	TIME OF INSPECTION <b>2057</b>
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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 # 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	<b>.103</b>	TEST 2	<b>.103</b>	TEST 3	<b>.102</b>
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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	<b>1</b>	(0-.04)	<b>0</b>	(.05-.09)	<b>2</b>	(.10-.14)	<b>3</b>	(.15-.19)	<b>1</b>	(OVER .19)	<b>3</b>
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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 <b>Wade Robinson</b>
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TYPE II PERMIT NUMBER/EXPIRATION DATE <b>230228 - 10/23/2025</b>	TELEPHONE NUMBER <b>( ) 816-482-8141</b>
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**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: 111633  
Version no: 532B

TEST RECORD 00822

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

Air Blank:  
03/29/25 20:57 .000  
Calibration Check:  
15 03/29/25 20:57 .103

Subject Name

TEST 1

Subject I.D.

Operator Name, I.D.

Robinson 230228

Location

AS IV Serial no: 111633  
Version no: 532B

TEST RECORD 00823

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

Air Blank:  
03/29/25 20:58 .000  
Calibration Check:  
16 03/29/25 20:58 .103

Subject Name

TEST 2

Subject I.D.

Operator Name, I.D.

Robinson 230228

Location

AS IV Serial no: 111633  
Version no: 532B

TEST RECORD 00824

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

Air Blank:  
03/29/25 21:00 .000  
Calibration Check:  
18 03/29/25 21:00 .102

Subject Name

TEST 3

Subject I.D.

Operator Name, I.D.

Robinson 230228

Location

AS IV Serial no: 111633  
Version no: 532B

TEST RECORD 00825

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

VOID: RFI  
12 03/29/25 21:03

Subject Name

RFI

Subject I.D.

Operator Name, I.D.

Robinson 230228

Location



Aligas USA LLC (LAB)  
 3500 Bernard Street  
 St. Louis, Mo. 63103  
 Ph: (314) 633-3100  
 Fax: (314) 633-7328

Certificate of Analysis

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

Test Date: 25-Jun-2024

Lot # AG417401 Model 108

Exp Date	Cyl. Type	Component	Certified Concentration
22-Jun-2026	108	Ethanol Nitrogen	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
EB0010531	391.8 ppm	EB0010503	392.5 ppm
EB0010570	258.8 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.	Concentration	CRM Serial No.	Concentration
CC727481	799.4 ppm	CC727493	389.0 ppm
CC727496	253.4 ppm	CC727498	150.2 ppm

Analytical Method: NDIR

Digitally signed by Yusuf Woods  
 Reason: My gas showing certification of analysis  
 Location: Aligas USA LLC (Lab)  
 Date: 2024.06.25 16:03

Approved for Release: \_\_\_\_\_

*Yusuf Woods*

Yusuf Woods

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

MO 516-0771 (8-10)

*Mike Mason*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Thomas F. Robinson*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (05-10)

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

**INSTRUMENT OPERATOR CARD**

The permit cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in less than one hour of expired air in Missouri.

Operator: **ROBINSON, WADE**  
 Permit No: **230228**  
 Date Issued: **10/23/2023** Date Expires: **10/23/2025**