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By Tracy Crews at 8:39 am, Apr 03, 2023



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 **097412** NAME OF AGENCY **Kansas City Police Department** DATE OF INSPECTION **03/14/2023**

LOCATION OF INSTRUMENT (STREET AND CITY) **9701 MARION PARK DR, KANSAS CITY** TIME OF INSPECTION **2340 hours**

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 # **AG132803** EXP. DATE **11/24/2023**

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 **0.083** TEST 2 **0.082** TEST 3 **0.082**

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 **11** (0-.04) **1** (.05-.09) **4** (.10-.14) **1** (.15-.19) **1** (OVER .19) **5**

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 **Douglas Davidson**

TYPE ID PERMIT NUMBER/EXPIRATION DATE **210058 04/06/2023** TELEPHONE NUMBER **816-234-5000**

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: 097412
Version no: 532B

TEST RECORD 00761

Temp Date Time ^{a/} 210L

Air Blank:
03/14/23 22:51 .000
Calibration Check:
19 03/14/23 22:51 .083

Subject Name

Test # 1

Subject I.D.

Operator Name, I.D.

Davidson 5646

Location

210058 04/06/2023

AS IV Serial no: 097412
Version no: 532B

TEST RECORD 00762

Temp Date Time ^{a/} 210L

Air Blank:
03/14/23 22:53 .000
Calibration Check:
20 03/14/23 22:53 .082

Subject Name

Test # 2

Subject I.D.

Operator Name, I.D.

Davidson 5646

Location

210058 04/06/2023

AS IV Serial no: 097412
Version no: 532B

TEST RECORD 00763

Temp Date Time ^{a/} 210L

Air Blank:
03/14/23 22:55 .000
Calibration Check:
21 03/14/23 22:55 .082

Subject Name

Test # 3

Subject I.D.

Operator Name, I.D.

Davidson 5646

Location

210058 04/06/2023

AS IV Serial no: 097412
Version no: 532B

TEST RECORD 00764

Temp Date Time ^{a/} 210L

VOID: RFI
12 03/14/23 22:57

Subject Name

RFI Test

Subject I.D.

Operator Name, I.D.

Davidson 5646

Location

210058 04/06/2023



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



PERMIT
TYPE II
DOUGLAS DAVIDSON

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 4/6/2021
NUMBER 210058
EXPIRES 4/6/2023
MO 96-9771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
W. A. Davidson
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
Date: 09-16-10



Airgas

Certificate of Analysis

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

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

Lot # AG132803 Model 108

Exp Date 24-Nov-2023 Cyl. Type 108 Component Ethanol Certified Concentration 0.082 ± 0.002 BAC (223 ppm)
Nitrogen

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

RGM Serial No.	Concentration	RGM Serial No.	Concentration
EB0010581	392.1 ppm	EB0010603	393.0 ppm
EB0010570	259.8 ppm	EB0010599	258.2 ppm
EB0010285	208.0 ppm	EB0010595	208.3 ppm
EB0010561	103.6 ppm	EB0010562	104.2 ppm
EB0010681	52.12 ppm	EB0010579	52.81 ppm

CRM Serial No.	Concentration	CRM Serial No.	Concentration
CC434668	800.0 ppm	0056649	390.1 ppm
CC234503	253.0 ppm	0056652	150.2 ppm

Analytical Method: NDIR

Quality Control
Laboratory (St. Louis, MO)
08/13/2021 15:26

Approved for Release: Rod Marsala
Rod Marsala

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