



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
STATE PUBLIC HEALTH LABORATORY  
**ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT**

**RECEIVED**  
By Tracy Crews at 8:22 am, Jun 23, 2023

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<br><b>097412</b> | NAME OF AGENCY<br><b>Kansas City Police Department</b> | DATE OF INSPECTION<br><b>06/13/2023</b> |
|------------------------------------|--|---|

|   |   |
|---|---|
| LOCATION OF INSTRUMENT (STREET AND CITY)<br><b>9701 MARION PARK DR, KANSAS CITY</b> | TIME OF INSPECTION<br><b>0005 hours</b> |
|---|---|

**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 <b>0.080</b> | TEST 2 <b>0.079</b> | TEST 3 <b>0.078</b> |
|---------------------|---------------------|---------------------|

- 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>8</b> | (0-.04) <b>0</b> | (.05-.09) <b>2</b> | (.10-.14) | (.15-.19) <b>3</b> | (OVER .19) <b>10</b> |
|-------------------|------------------|--------------------|-----------|--------------------|----------------------|

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.

|   |   |
|---|---|
| <b>INSPECTING OFFICER</b>   |   |
| SIGNATURE<br>   | PRINT NAME<br><b>Douglas Davidson</b>       |
| TYPE II PERMIT NUMBER/EXPIRATION DATE<br><b>230065 04/06/2025</b> | TELEPHONE NUMBER<br><b>( ) 816-234-5000</b> |

**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 00818

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

Air Blank:  
06/14/23 00:06 .000  
Calibration Check:  
21 06/14/23 00:06 .000

Subject Name

Test # 1

Subject I.D.

Operator Name, I.D.

Davidson 5646

Location

230065 04/06/2023

AS IV Serial no: 097412  
Version no: 532B

TEST RECORD 00819

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

Air Blank:  
06/14/23 00:08 .000  
Calibration Check:  
22 06/14/23 00:08 .079

Subject Name

Test # 2

Subject I.D.

Operator Name, I.D.

Davidson 5646

Location

230065 04/06/2023

AS IV Serial no: 097412  
Version no: 532B

TEST RECORD 00820

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

Air Blank:  
06/14/23 00:09 .000  
Calibration Check:  
23 06/14/23 00:09 .078

Subject Name

Test # 3

Subject I.D.

Operator Name, I.D.

Davidson 5646

Location

230065 04/06/2023

AS IV Serial no: 097412  
Version no: 532B

TEST RECORD 00821

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

VOID: RFI  
12 06/14/23 00:11

Subject Name

RFI Test

Subject I.D.

Operator Name, I.D.

Davidson 5646

Location

230065 04/06/2023



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

**Certificate of Analysis**

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

Test Date: 29-Nov-2021

Lot # AG132803 Model 108

Exp Date 24-Nov-2023  
Cyl. Type 108  
Component Ethanol  
Nitrogen

Certified Concentration  
0.082 ± 0.002 BrAC (223 ppm)

Certification Traceable to N.I.S.T. CRM 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     | EB0010559      | 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     | 0056662        | 150.2 ppm     |

Analytical Method: NDIR

Directly traced to Quality Control  
Intoximeters, Inc. (LAB)  
Intoximeters, Inc. (LAB)  
Date: 11/29/2021 7:51:42

Approved for Release: Rod Marsala  
Rod Marsala

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

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

**PERMIT  
TYPE II**

**DOUGLAS D. 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 4/6/2023  
NUMBER 230065  
EXPIRES 4/6/2025  
LAB-186-10

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

STATE OF MISSOURI  
DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BREATH ALCOHOL PROGRAM  
**INSTRUMENT OPERATOR CARD**

The named operator is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content of breath for use of law enforcement in Missouri.

Operator: **DAVIDSON DOUGLAS**  
Permit No: **230065**  
Date Issued: **4/6/2023** Date Expires: **4/6/2025**