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By Tracy Crews at 7:35 am, Sep 06, 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 **111633** NAME OF AGENCY **Kansas City Police Department** DATE OF INSPECTION **08/19/2023**

LOCATION OF INSTRUMENT (STREET AND CITY) **9701 MARION PARK DR, KANSAS CITY** TIME OF INSPECTION **1732**

**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 **.078** TEST 2 **.079** TEST 3 **.079**

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

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 II PERMIT NUMBER/EXPIRATION DATE **230065 04/06/2025** TELEPHONE NUMBER **( ) 8162345000**

**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 00493

Temp	Date	Time	g/ 210L
------	------	------	------------

Air Blank:  
08/19/23 17:32 .000  
Calibration Check:  
24 08/19/23 17:32 .078

Subject Name

Test # 1

Subject I.D.

Operator Name, I.D.

Davidson 5686

Location

230065 08/06/2025

AS IV Serial no: 111633  
Version no: 532B

TEST RECORD 00494

Temp	Date	Time	g/ 210L
------	------	------	------------

Air Blank:  
08/19/23 17:34 .000  
Calibration Check:  
24 08/19/23 17:34 .079

Subject Name

Test # 2

Subject I.D.

Operator Name, I.D.

Davidson 5686

Location

230065 08/06/2025

AS IV Serial no: 111633  
Version no: 532B

TEST RECORD 00495

Temp	Date	Time	g/ 210L
------	------	------	------------

Air Blank:  
08/19/23 17:35 .000  
Calibration Check:  
25 08/19/23 17:35 .079

Subject Name

Test # 3

Subject I.D.

Operator Name, I.D.

Davidson 5686

Location

230065 08/06/2025

AS IV Serial no: 111633  
Version no: 532B

TEST RECORD 00496

Temp	Date	Time	g/ 210L
------	------	------	------------

VOID: RFI  
12 08/19/23 17:37

Subject Name

RFI Test

Subject I.D.

Operator Name, I.D.

Davidson 5686

Location

230065 08/06/2025

# Airgas

Airgas USA, LLC (LAW)  
3501 Barnett Street  
St. Louis, Mo. 63109  
Ph: (314) 539-3100  
Fax: (314) 539-1228

## Certificate of Analysis

Test Date: 29-Nov-2021

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

Lot # AG132803 Model 108

Exp Date  
24-Nov-2023

Cyl. Type  
108

Component  
Ethanol  
Nitrogen

Certified Concentration  
0.082 ± 0.002 3rAC (23 ppm)

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	EB0010503	393.0 ppm
EB0010570	259.8 ppm	EB0010539	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

This certificate is not valid unless accompanied by the instrument calibration or analysis report.

Approved for Release:

*Rod Mersala*  
Rod Mersala

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

**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):

**AICO-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.

*M. de M...*  
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Douglas D. Davidson*  
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

DATE 4/6/2023  
NUMBERS 230065  
EXPIRES 4/6/2025  
LIC 389.971-6-181

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

**INSTRUMENT OPERATOR CARD**

This instrument is authorized to operate and individual health services are provided only when used in accordance with the instructions and procedures provided by the manufacturer. The instrument is not to be used for any other purpose.

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