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By Tracy Crews at 8:43 am, Jan 11, 2024



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 119725	NAME OF AGENCY Kansas City Police Department	DATE OF INSPECTION 01/03/2024
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LOCATION OF INSTRUMENT (STREET AND CITY) 9701 MARION PARK DR, KANSAS CITY	TIME OF INSPECTION 2330 hours
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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 # AG324501 EXP. DATE 09/02/2025

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 ← 0.082	TEST 2 ← 0.081	TEST 3 ← 0.080
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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	0	(0-.04)	0	(.05-.09)	0	(.10-.14)	1	(.15-.19)	1	(OVER .19)	0
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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 Douglas Davidson
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TYPE II PERMIT NUMBER/EXPIRATION DATE 230065 04/06/2025	TELEPHONE NUMBER () 816-234-5000
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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: 119725
Version no: 532C

TEST RECORD 00069

Temp Date Time 210L ^{9/}

Air Blank:
01/03/24 23:30 .000
Calibration Check:
21 01/03/24 23:30 .082

Subject Name

Test # 1
Subject I.D.

Operator Name, I.D.

Davidson Slotb
Location
230065 04/06/2025

AS IV Serial no: 119725
Version no: 532C

TEST RECORD 00070

Temp Date Time 210L ^{9/}

Air Blank:
01/03/24 23:32 .000
Calibration Check:
22 01/03/24 23:32 .081

Subject Name

Test # 2
Subject I.D.

Operator Name, I.D.

Davidson Slotb
Location
230065 04/06/2025

AS IV Serial no: 119725
Version no: 532C

TEST RECORD 00071

Temp Date Time 210L ^{9/}

Air Blank:
01/03/24 23:33 .000
Calibration Check:
23 01/03/24 23:33 .080

Subject Name

Test # 3
Subject I.D.

Operator Name, I.D.

Davidson Slotb
Location
230065 04/06/2025

AS IV Serial no: 119725
Version no: 532C

TEST RECORD 00072

Temp Date Time 210L ^{9/}

VOID: RF1
12 01/03/24 23:36

Subject Name

RFI Test
Subject I.D.

Operator Name, I.D.

Davidson Slotb
Location
230065 04/06/2025



Airgas USA LLC (LAB)
 3500 Bernard Street
 St. Louis, Mo, 63103
 Ph: (314) 533-3100
 Fax: (314) 533-3328

Certificate of Analysis

Test Date: 5-Sep-2023

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

Lot # AG324501 Model 108

Exp Date 2-Sep-2025 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	391.8 ppm	EB0010603	392.5 ppm
EB0010570	259.8 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
CC1727481	800.0 ppm	CC1727493	390.0 ppm
CC1727496	253.0 ppm	CC1727498	150.0 ppm

Analytical Method: NDIR

Digitally signed by Yusef Woods
 Reason: I am the signer of this document.
 DN: cn=Yusef Woods, o=Airgas

Approved for Release: Yusef Woods
 Yusef 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**

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 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
 NUMBER 230065
 EXPIRES 4/6/2025 David J. Davidson
 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
 MO 99-0771 (6/19) JLS-096-10

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

The owner/operator is authorized to operate an ethanol breath alcohol analyzer for the determination of blood alcohol content in breath samples of expired air.
 Operator: DAVIDSON, DOUGLAS
 Permit No: 230065
 Date Issued: 4/6/2023 Date Expires: 4/6/2025