



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

RECEIVED
 By Tracy Crews at 9:46 am, Nov 10, 2020

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 MO PD** DATE OF INSPECTION **10/29/2020**

LOCATION OF INSTRUMENT (STREET AND CITY) **9701 Marion Park Drive, Kansas City MO 64137** TIME OF INSPECTION **02:10**

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 # AG905605 EXP. DATE 02/25/2021

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 **0.080** TEST 2 **0.080** TEST 3 **0.078**

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

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).

INSPECTING OFFICER

SIGNATURE *[Signature]* **5666**

PRINT NAME **Davidson 5646**

TYPE II PERMIT NUMBER/EXPIRATION DATE **290087 04/22/2021**

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.

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
**BLOOD ALCOHOL TEST REPORT - ALCO-SENSOR IV
 WITH PRINTER**

Case Number: _____

FORM #8

SUBJECT'S NAME	DATE OF TEST
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OPERATIONAL CHECKLIST: ALCO-SENSOR IV WITH PRINTER

ALCO-SENSOR SERIAL NO. 097412	LOCATION OF INSTRUMENT
TIME OBSERVATION PERIOD STARTED	TIME OF TEST

- 1. Examination of mouth conducted. If any substance is observed or indicated to be present, the substance observed or indicated must be removed prior to starting the 15 minute observation period.
- 2. Subject observed for at least 15 minutes by PO Davidson #5646
No smoking, oral intake or vomiting during this time; if vomiting occurs, start over with 15 minute observation period.
- 3. Make sure printer is connected to Alco-Sensor IV.
- 4. Turn printer on.
- 5. Insert mouthpiece into Alco-Sensor IV.
- 6. Observe temperature display, make sure temperature reading is between 10°C and 40°C.
- 7. When "TEST" is displayed on Alco-Sensor IV, take subject breath sample.
- 8. When "SET" is displayed on Alco-Sensor IV, press SET button.
- 9. When printer has completed printing test result, tear off tape and fill in subject and officer information.
- 10. Press red button to eject mouthpiece.
- 11. Attach printout to this report.

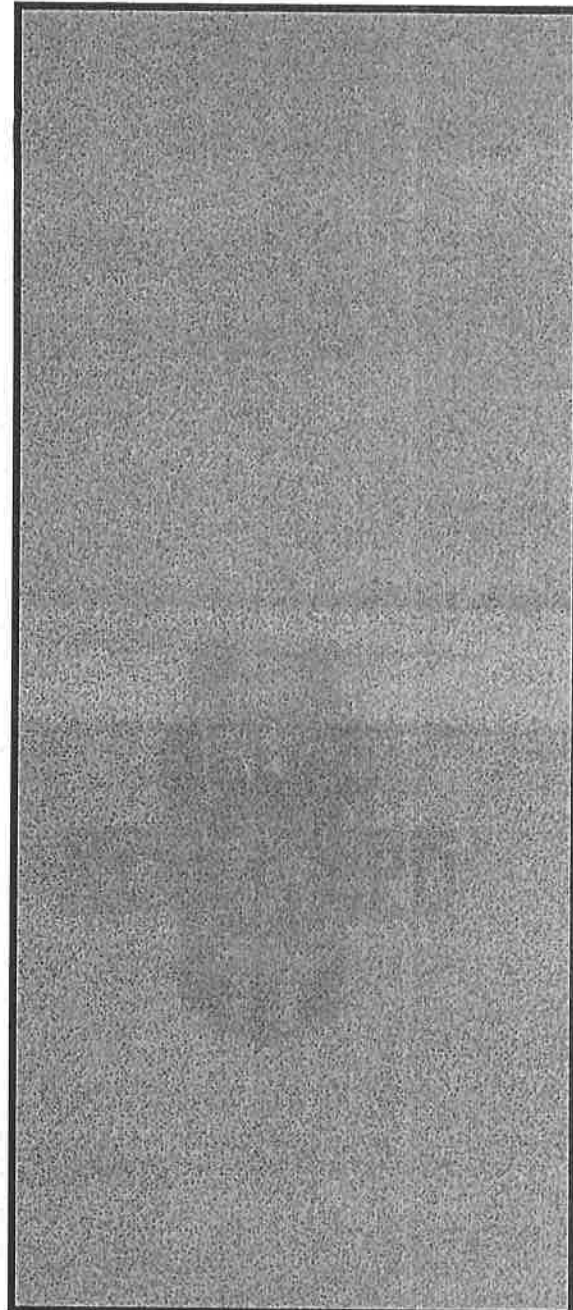
CERTIFICATION BY OPERATOR

BAC

As set forth in the rules promulgated by the Department of Health and Senior Services related to the determination of blood alcohol by breath analysis, I certify that:

- 1. There was no deviation from the procedure approved by the department.
- 2. To the best of my knowledge the instrument was functioning properly.
- 3. I am authorized to operate the instrument.

NAME OF OPERATOR PO Davidson #5646	PERMIT NO. 290087	EXPIRATION DATE 04/22/2021
NAME OF OBSERVER PO Davidson #5646	OBSERVER PERMIT NO. 290087	EXPIRATION DATE 04/22/2021
WITNESS (IF ANY)	DATE	



AS IV Serial no: 897412
Version no: 532B

TEST RECORD 88283

Temp Date Time 216L

Air Blank: 18/29/20 02:27 .988
Calibration Check: 21 18/29/20 02:27 .998

Subject Name
Test 1

Subject I.D.

Operator Name: S.G.

Davidson S646

Location

290087 04/22/2021

AS IV Serial no: 897412
Version no: 532B

TEST RECORD 88285

Temp Date Time 216L

Air Blank: 18/29/20 02:33 .988
Calibration Check: 21 18/29/20 02:33 .998

Subject Name
Test 2

Subject I.D.

Operator Name: S.G.

Davidson S646

Location

290087 04/22/2021

AS IV Serial no: 897412
Version no: 532B

TEST RECORD 88286

Temp Date Time 216L

Air Blank: 18/29/20 02:39 .988
Calibration Check: 21 18/29/20 02:39 .998

Subject Name
Test 3

Subject I.D.

Operator Name: S.G.

Davidson S646

Location

290087 04/22/2021

AS IV Serial no: 897412
Version no: 532B

TEST RECORD 88287

Temp Date Time 216L

Air Blank: 18 18/29/20 02:44 .988
Calibration Check: 21 18/29/20 02:44 .998

Subject Name
RFI Test

Subject I.D.

Operator Name: S.G.

Davidson S646

Location

290087 04/22/2021



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: 26-Feb-2019

Lot # AG905605 Model 108caod

Exp. Date	CM Type	Component	Certified Concentration
25-Feb-2021	108	Ethanol	0.082 ± 0.002 BrAG (223 ppm)
		Nitrogen	Balance

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	383.0 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	52.42 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	0056682	150.2 ppm

Analytical Method: NDIR

Digitally signed by Rod Marsala
Date: 2019.02.26 15:24:45 -0500
Reason: Dry gas standard certification of analysis
Location: Airgas USA LLC (Lab)

Approved for Release:

Rod Marsala
Rod Marsala

ISO 17025:2005 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 DAVIDSON

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repair and operate the following breath analyzer(s):

ALCO-SENSOR IV WITH PRINTER, INTOXLYZER 8000

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of section 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 4/22/2019

NUMBER 290087

EXPIRES 4/22/2021

LAB 558-8771 (6-10)

W. J. Davidson
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Douglas Davidson
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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

INSTRUMENT OPERATOR CARD

The trained evaluator is authorized to operate an alcohol breathalyzer instrument for the determination of the alcoholic content of breath from an individual in Missouri.

Operator: DAVIDSON, DOUGLAS
Permit No: 290087
Date Issued: 4/22/2019 Date Expires: 4/22/2021