



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 MO PD	DATE OF INSPECTION 12/05/2020
LOCATION OF INSTRUMENT (STREET AND CITY) 9701 Marion Park Drive, Kansas City MO 64137		TIME OF INSPECTION 1623

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	0.079	TEST 2	0.079	TEST 3	0.079
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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-.04)	(.05-.09)	(.10-.14)	(.15-.19)	(OVER .19)
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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).

INSPECTING OFFICER

SIGNATURE

PRINT NAME **PO Davidson 5646**

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

TELEPHONE NUMBER **816-234-5000**

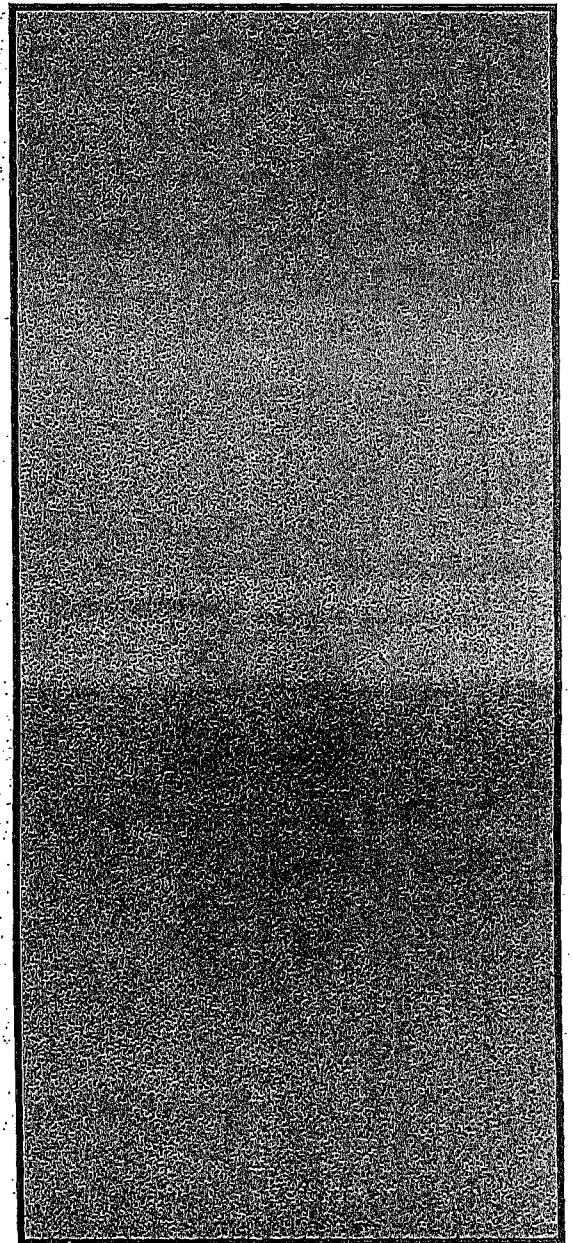
Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office by mail, fax, or email.

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
OPERATIONAL CHECKLIST: ALCO-SENSOR IV WITH PRINTER		
ALCO-SENSOR SERIAL NO. 097412	LOCATION OF INSTRUMENT	
TIME OBSERVATION PERIOD STARTED	TIME OF TEST	
<input checked="" type="checkbox"/> 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. <input checked="" type="checkbox"/> 2. Subject observed for at least 15 minutes by <u>PO Davidson #5646</u> No smoking, oral intake or vomiting during this time; if vomiting occurs, start over with 15 minute observation period. <input checked="" type="checkbox"/> 3. Make sure printer is connected to Alco-Sensor IV. <input checked="" type="checkbox"/> 4. Turn printer on. <input checked="" type="checkbox"/> 5. Insert mouthpiece into Alco-Sensor IV. <input checked="" type="checkbox"/> 6. Observe temperature display, make sure temperature reading is between 10°C and 40°C. <input checked="" type="checkbox"/> 7. When "TEST" is displayed on Alco-Sensor IV, take subject breath sample. <input checked="" type="checkbox"/> 8. When "SET" is displayed on Alco-Sensor IV, press SET button. <input checked="" type="checkbox"/> 9. When printer has completed printing test result, tear off tape and fill in subject and officer information. <input checked="" type="checkbox"/> 10. Press red button to eject mouthpiece. <input checked="" type="checkbox"/> 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: <input checked="" type="checkbox"/> 1. There was no deviation from the procedure approved by the department. <input checked="" type="checkbox"/> 2. To the best of my knowledge the instrument was functioning properly. <input checked="" type="checkbox"/> 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 98228

Date Time 2'6L

Air Blank
12/05/20 16:17 .803
Calibration Check:
15 12/05/20 16:17 .875

Subject Name
Test # 1
Subject I.D.

Operator Name, I.D.
Davidson 5646
290087 04/22/2021

AS IV Serial no: 897412
Version no: 532B

TEST RECORD 98221

Date Time 2'6L

Air Blank
12/05/20 16:19 .806
Calibration Check:
15 12/05/20 16:19 .875

Subject Name
Test # 2
Subject I.D.

Operator Name, I.D.
Davidson 5646
290087 04/22/2021

AS IV Serial no: 897412
Version no: 532B

TEST RECORD 98222

Date Time 2'6L

Air Blank
12/05/20 16:22 .803
Calibration Check:
15 12/05/20 16:22 .875

Subject Name
Test # 3
Subject I.D.

Operator Name, I.D.
Davidson 5646
290087 04/22/2021

AS IV Serial no: 897412
Version no: 532B

TEST RECORD 98223

Date Time 2'6L

Air Blank
12/05/20 16:24

Subject Name
RFI Test
Subject I.D.

Operator Name, I.D.
Davidson 5646
290087 04/22/2021



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



PERMIT
TYPE II
DOUGLAS DAVIDSON

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 208.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

ISSUE DATE 4/22/2019

VEHICLE IDENTIFICATION NUMBER 290087

PERMIT NUMBER 4/22/2021

LAB-4 (R-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
LAB-4 (R-10)

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

INSTRUMENT OPERATOR CARD

The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.

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



Airgas USA LLC (LAB)
3500 Bernard Street
St. Louis, Mo: 63103
Ph: (314) 633-3100
Fax: (314) 633-7328

Certificate of Analysis

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

Test Date: 13-Apr-2020

Lot # AG010103 **Model** 108cadd

<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
10-Apr-2022	108	Ethanol	0.082 ± 0.002 BrAC (223 ppm)
		Nitrogen	Balance

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

<u>RGM Serial No.</u>	<u>Concentration</u>	<u>RGM Serial No.</u>	<u>Concentration</u>
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

<u>CRM Serial No.</u>	<u>Concentration</u>	<u>CRM Serial No.</u>	<u>Concentration</u>
CC434668	800.0 ppm	0056649	390.1 ppm
CC234503	253.0 ppm	0056662	150.2 ppm

Analytical Method: NDIR

Digitally signed by Quality Control
Date: 2020.04.14 13:17:01 -0500
Reason: Dry gas standard certification of analysis
Location: Airgas USA LLC (Lab)

Approved for Release:

Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 3082.06
ISO 17034:2016 A2LA accredited. Certificate Number 3082.07