



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 111780	NAME OF AGENCY Kansas City Police Department	DATE OF INSPECTION 09/12/2020
LOCATION OF INSTRUMENT (STREET AND CITY) 9701 MARION PARK DR, KANSAS CITY		TIME OF INSPECTION 1718 hours

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

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER INTOXIMETERS	LOT # AG905605 EXP. DATE 02/25/2021
<input type="checkbox"/> 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 .081	TEST 2 .081	TEST 3 .081
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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 1	(0-.04) 0	(.05-.09) 1	(.10-.14) 3	(.15-.19) 0	(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 Shawn Davis
TYPE II PERMIT NUMBER/EXPIRATION DATE 290088 / 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.

AS IV Serial no: 111780
Version no: 532B

TEST RECORD 00302

Temp	Date	Time	s/	210L
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Air Blank	09/12/20	17:18	.000	
Calibration Check	25	23/12/20	17:18	.081

Subject Name

Test # 1

Subject I.D.

Operator Name, I.D.

Davis 290088

Location

AS IV Serial no: 111780
Version no: 532B

TEST RECORD 00303

Temp	Date	Time	s/	210L
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Air Blank	09/12/20	17:19	.000	
Calibration Check	25	23/12/20	17:19	.081

Subject Name

Test # 2

Subject I.D.

Operator Name, I.D.

Davis 290088

Location

AS IV Serial no: 111780
Version no: 532B

TEST RECORD 00304

Temp	Date	Time	s/	210L
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Air Blank	09/12/20	17:21	.000	
Calibration Check	25	23/12/20	17:21	.091

Subject Name

Test # 3

Subject I.D.

Operator Name, I.D.

Davis 290088

Location

AS IV Serial no: 111780
Version no: 532B

TEST RECORD 00305

Temp	Date	Time	s/	210L
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VOID: 301
12 09/12/20 17:22

Subject Name

RFI Test

Subject I.D.

Operator Name, I.D.

Davis 290088

Location



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



**PERMIT
TYPE II**

SHAWN DAVIS

I hereby authorize 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

if the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 77.020 through 77.041, RSMo and 206.111 through 306.119 RSMo.

ATE 4/22/2019
NUMBER 290088
EXPIRES 4/22/2021
590-8771 (6-10)

Shawn Davis
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Shawn Davis
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
LDO-1 (6-10)

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: **DAVIS, SHAWN**
DOB: **01/15/1978**
Date Issued: **4/22/2019** Date Expires: **4/22/2021**



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 108caccd

Exp. Date	Cyl. Type	Component	Certified Concentration
25-Feb-2021	108	Ethanol	0.082 ± 0.002 BrAC (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	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**

Digitally signed by Quality-Control
Date: 2019.02.26 14:34:45 -0600
Reason: My gas chromatograph calibration 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