



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 <b>111780</b>	NAME OF AGENCY <b>Kansas City Police Department</b>	DATE OF INSPECTION <b>11/14/2020</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>9701 MARION PARK DR, KANSAS CITY</b>		TIME OF INSPECTION <b>1805 Hours</b>

**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 <b>INTOXIMETERS</b>	LOT # <b>AG905605</b> EXP. DATE <b>02/25/2021</b>
<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	<b>.081</b>	TEST 2	<b>.081</b>	TEST 3	<b>.081</b>
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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	<b>0</b>	(0-.04)	<b>0</b>	(.05-.09)	<b>2</b>	(.10-.14)	<b>0</b>	(.15-.19)	<b>2</b>	(OVER .19)	<b>1</b>
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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.

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<b>INSPECTING OFFICER</b>	
SIGNATURE <i>P.O. [Signature]</i> 5396	PRINT NAME <b>Shawn Davis</b>
TYPE II PERMIT NUMBER/EXPIRATION DATE <b>290088 / 04/22/2021</b>	TELEPHONE NUMBER <b>( ) 816-234-5000</b>

**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 00324 s/  
Temp Date Time 210L

Air Blank:  
11/14/20 18:05 .000  
Calibration Check:  
18 11/14/20 18:05 .001

Subject Name  
Test #1  
Subject I.D.

Operator Name, I.D.  
Davis 290088  
Location

AS IV Serial no: 111780  
Version no: 532B

TEST RECORD 00325 s/  
Temp Date Time 210L

Air Blank:  
11/14/20 18:07 .000  
Calibration Check:  
19 11/14/20 18:07 .001

Subject Name  
Test #2  
Subject I.D.

Operator Name, I.D.  
Davis 290088  
Location

AS IV Serial no: 111780  
Version no: 532B

TEST RECORD 00326 s/  
Temp Date Time 210L

Air Blank:  
11/14/20 18:08 .000  
Calibration Check:  
21 11/14/20 18:08 .001

Subject Name  
Test #3  
Subject I.D.

Operator Name, I.D.  
Davis 290088  
Location

AS IV Serial no: 111780  
Version no: 532B

TEST RECORD 00327 s/  
Temp Date Time 210L

VOID: RFI  
12 11/14/20 18:10

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**

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 F.S.M.o.

DATE 4/22/2019  
NUMBER 290088  
EXPIRES 4/22/2021  
3-590-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*[Signature]*  
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES  
LAB-1 (08-10)



Airgas USA LLC (LAB)  
3500 Bernard Street  
St. Louis, Mo. 63103  
Ph: (314) 533-3100  
Fax: (314) 533-7328

**Certificate of Analysis**

Test Date: 26-Feb-2019

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

Lot # AG905605 Model 108cccd

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  
DN: cn=Quality Control, o=Airgas USA LLC  
Reason: Dry gas standard certification of analysis  
Location: Airgas USA LLC (Lab)*

Approved for Release:

*[Signature]*  
Rod Marsala

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

The named contributor is authorized to operate an alcohol breath alcohol analyzer in Missouri.

Operator: DAVIS, SHAWN  
Permit No: 290088  
Date Issued: 4/22/2019 Date Expires: 4/22/2021

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