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By Tracy Crews at 9:58 am, Mar 03, 2021



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>097412</b>	NAME OF AGENCY <b>Kansas City Police Department</b>	DATE OF INSPECTION <b>02/18/2021</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>9701 MARION PARK DR, KANSAS CITY</b>		TIME OF INSPECTION <b>0010 hrs</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**

- SIMULATOR SOLUTION  COMPRESSED ETHANOL-GAS MIXTURE
- STANDARD SUPPLIER INTOXIMETERS LOT # AG010103 EXP. DATE 04/10/2022
- 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>0.082</b>	TEST 2	<b>0.079</b>	TEST 3	<b>0.079</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	(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).

Instrument meets all DOHSS standards and guidelines.

<b>INSPECTING OFFICER</b>	
SIGNATURE 	PRINT NAME <b>PO Douglas Davidson #5646</b>
TYPE II PERMIT NUMBER/EXPIRATION DATE <b>290087 / 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.

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

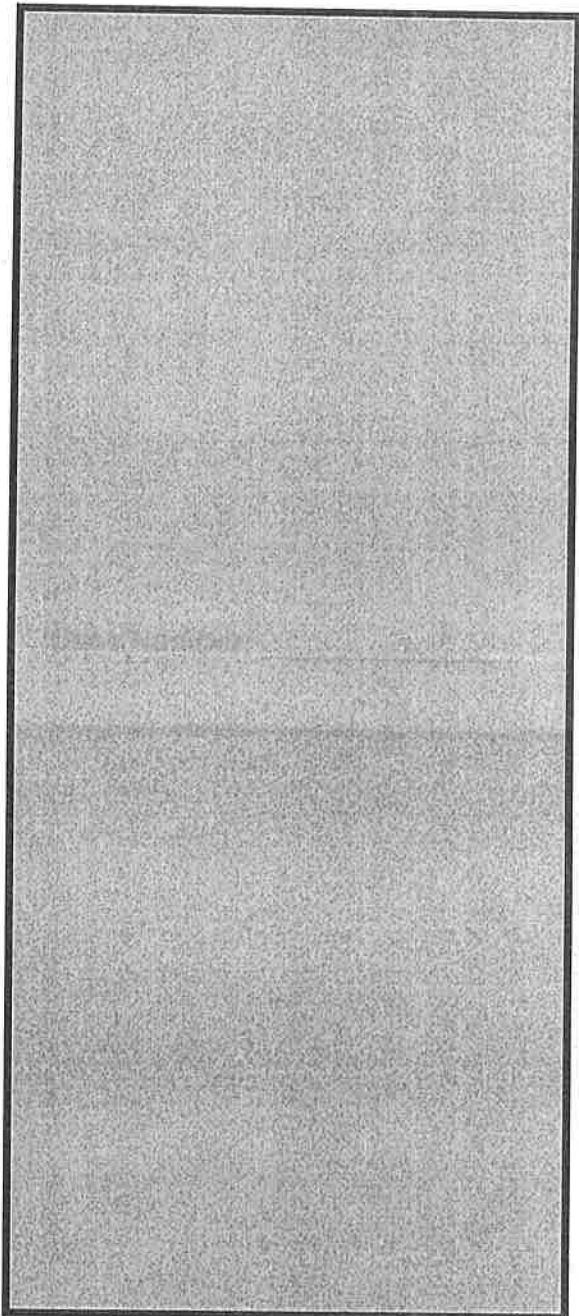
- 1. Examination of mouth conducted. If any substance is observed or indicated to be present, the substance observed or indicated must be removed prior to starting the 15 minute observation period.
- 2. Subject observed for at least 15 minutes by PO Davidson #5646  
No smoking, oral intake or vomiting 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.

<b>CERTIFICATION BY OPERATOR</b>	BAC
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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	OBSERVER PERMIT NO.	EXPIRATION DATE
WITNESS (IF ANY)	DATE	



Serial no: 897412  
Version no: 532B

TEST RECORD 00261  
Temp Date Time 210L  
02/18/21 08:15 .000  
02/18/21 08:15 .079

Test # 2  
Davidson 5646  
290087 04/22/2021

AS IV Serial no: 897412  
Version no: 532B

TEST RECORD 00262  
Temp Date Time 210L  
Air Blank:  
02/18/21 08:15 .000  
Calibration Check:  
23 02/18/21 08:15 .079

Subject Name  
Test # 3  
Subject I.D.  
Operator Name: I.D.  
Davidson 5646  
Location  
290087 04/22/2021

Serial no: 897412  
Version no: 532B

TEST RECORD 00260  
Temp Date Time 210L  
02/18/21 08:15 .000  
02/18/21 08:15 .092

Test # 1  
Davidson 5646  
290087 04/22/2021

AS IV Serial no: 897412  
Version no: 532B

TEST RECORD 00263  
Temp Date Time 210L  
02/18/21 08:15

Subject Name  
RF I test  
Subject I.D.  
Operator Name: I.D.  
Davidson 5646  
Location  
290087 04/22/2021



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

PERMIT  
TYPE II

DOUGLAS DAVIDSON

herby 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**

The determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 7.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

FE 4/22/2019

VBEN 2/9/087

YRES 4/22/2021

1/07/16-10

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*[Signature]*  
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LS-4 (9-11)



**Airgas**

Airgas USA, LLC (L49)  
3500 Bannard Street  
St. Louis, Mo. 63103  
Ph: (314) 533-3100  
Fax: (314) 533-7233

Certificate of Analysis

Test Date: 13-Apr-2020

Customer Name  
Exclusive Supplier  
Intoximeters, Inc.  
2001 Craig Road  
St. Louis, Mo. 63146

Lot # AG010103 Model 1080acd

Exp. Date 10-Apr-2022  
Cyl. Type 108

Component: Ethanol, Nitrogen  
Certified Concentration 0.082 ± 0.002 BAC (223 ppm)  
Balance

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

RGM Serial No.	Concentration	RGM Serial No.	Concentration
EB0070591	392.1 ppm	EB0010593	333.0 ppm
EB0070570	259.8 ppm	EB0010589	258.2 ppm
EB0070285	208.0 ppm	EB0070595	208.3 ppm
EB0070561	103.5 ppm	EB0010592	104.2 ppm
EB0070691	52.12 ppm	EB0010579	52.81 ppm
CRM Serial No. CC433668	800.0 ppm	CRM Serial No. 0056649	390.1 ppm
CC234503	253.0 ppm	0056662	150.2 ppm

Analytical Method: NDIR



Daily approved by Quality Control  
Date: 20200414 11:27:07 -4500  
Room: 1000  
Location: Agress (USE LLC) (6-3)

Approved for Release:

*[Signature]*  
Rod Marsala

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