

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

Apcedx,						
Complete this report in d Send copy to Departmen	nt of Health and Seni			e.		
ALCO SENSOR IV SN 097	412	NAME OF AGENCY	Kansas City Police	Department	DATE OF IN	02/18/2021
LOCATION OF INSTRUMENT (9701 MARION PARK D	•				TIME OF IN	on the section of the
CHECKLIST: Place a ma where determined.) Unm					·	
✓ DIGITAL READOUT			<u>S.</u>			
☑ TEMPERATURE OF	ALCO SENSOR (10)°C - 40°C)				
✓ PRINTER WORKING	3 PROPERLY					
✓ TIME AND DATE DIS	SPLAYING PROPEF	RLY				W
BREATH ALCOHOL AC	CURACY STANDAR	IDS				
\square SIMULATOR SOLUT	· ION		☑ COMPRESSE	ED ETHANOL-GA	AS MIXTU	RE
☑ STANDARD SUPPLI	STANDARD SUPPLIER INTOXIMETERS LOT # AG0101			03 _{EXP. DATE} 04/10/2022		
	ERATURE (34°C ± 0.	.2°C) S	IM. SN	SIM. N	IIST EXP [DATE
✓ 0.080% STANDA☐ 0.040% STANDA	ARD - MUST READ ARD - MUST READ	BETWEEN 0.095% ar BETWEEN 0.076% ar BETWEEN 0.038% ar FEST 2 ☞	nd 0.084% INCLUSIV	E		0.079
☑ RFI DETECTOR OPE						
INDICATE THE NUMBER (DO NOT INCLUDE SEL	R OF BREATH TEST		NG RANGES SINCE	THE LAST MAIN	NTENANC	E REPORT:
REFUSALS	(004)	(.0509)	(.1014)	(.1519)	((OVER .19)
List any new parts and destablished limits (use off Instrument meets	ner side if necessary).		the instrument to	o operate	satisfactorily and within
INSPECTING OFFICER						
SIGNATURE	A)	Sldb		PRINT NAME PO [Douglas	Davidson #5646
TYPE II PERMIT NUMBER/EXP)RATIO	ON DATE 290087	/ 04/22/2021		TELEPHONE NUMBER	816-2	34-5000
Return completed repor		cohol Program, MO De ax, or email.	partment of Health ar	nd Senior Service	es, Southe	east District Office

. Terrial met 197412 - Herrial 5777

97

111 - 21**8L**

190087 ox/22/201

AS IV Serial no: 097412 Version no: 5828

TEST ENGRE 80242

Temp Date

Air Blanka

2191

02/18/21 00:15 .000 Calibration Check: 23 02/18/21 00:15 .079

290087 04/24/2011

Test H 2

48 JV Seria) no: 097412 ersjan mai 5825

Time 21**8**L

RFI tes

290087 04/22/2021

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

BLOOD ALCOHOL TEST REPORT - ALCO-SENSOR IV

WITH PRINTER	FORM #8				
SUBJECT'S NAME	DATE	OF TEST			
OPERATIONAL CHECKLIST: A	LCO-SENSOR IV WITH	I PRINTER			
ALCO-SENSOR SERIAL NO. 097412	LOCATION OF INS	LOCATION OF INSTRUMENT			
TIME OBSERVATION PERIOD STARTED	TIME OF TEST	TIME OF TEST			
be present, the substanc starting the 15 minute obs 2 Subject observed for at least	e observed or indicate ervation period. st 15 minutes byPurious this time	ce is observed or indicated to d must be removed prior to Davidson #5646			
3. Make sure printer is connected.	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 complete and officer information.					
☑ 10. Press red button to eject m ☑ 11. Attach printout to this repor					
CERTIFICATION BY OPERATOR	8	BAC			
As set forth in the rules promulgate related to the determination of bloo 1. There was no deviation fror	od alcohol by breath an	alysis, I certify that:			
2. To the best of my knowledg	e the instrument was fu	nctioning properly.			
3. I am authorized to operate t	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			

LAB. 108

MO 580-1213 (5-19)

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER services provided on a nondiscriminatory basis

Case Number: _____



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, d 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.

TE 4/22/2019	win
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
WBER 290087	
그리 회장에 지어 생물 사람이 살아갔다.	A Ulle
'IRES 4/22/2021	Tour of the contract of the co
	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
3-0771 (6-10)	LAB-4 (R6-10)





Airgas USALLC (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: 13-Apr-2020

Lot # AG010103 Model 108cacd

Exp. Date 10-Apr-2022 Cvl. Type

Component Ethanol Nitrogen Certified Concentration 0.082 ± 0.002 BrAC (223 ppm)

Rala

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

RGM Serial N	lo.	Concentratio
EB0010581	Τ	392.1 ppm
EB0010570		259.8 ppm
EB0010285		208.0 ppm
EB0010561		: 103.6 ppm
EB0010681		52.12 ppm

 RGM Serial No.
 Concentration

 EB0010603
 393.0 ppm

 EB0010559
 258.2 ppm

 EB0010559
 208.3 ppm

 EB0010562
 104.2 ppm

 EB0010579
 52.81 ppm

 CRM Serial No.
 Concentration

	٠.		
CRM Serial N	0.	. '	Co
CC434668			∷ 80
CC234503		•	25

Concentration 800.0 ppm 253.0 ppm CRM Serial No 0056649 0056662

Concentration 390.1 ppm 150.2 ppm

Analytical Method:

NDIR '

Digitally signed by Quality Control Date: 2020.04.14 13:17:01-05:00 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

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