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By Tracy Crews at 10:13 am, Mar 27, 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 097412	NAME OF AGENCY Kansas City Police Department	DATE OF INSPECTION 03/17/2021
LOCATION OF INSTRUMENT (STREET AND CITY) 9701 MARION PARK DR, KANSAS CITY		TIME OF INSPECTION 1800 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

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 ←	0.078	TEST 2 ←	0.078	TEST 3 ←	0.077
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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.

INSPECTING OFFICER	
SIGNATURE 	PRINT NAME PO Douglas 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.

AS IV Serial no: 697412
Version no: 532B

TEST RECORD 08289

Temp Date Time ⁹⁷ 216L

Air Blank:
03/17/21 18:01 .000
Calibration Check:
22 03/17/21 18:01 .079

Subject Name

Test # 1

Subject I.D.

Operator Name, I.D.

Davidson 5646

Location

290087 04/22/2021

AS IV Serial no: 697412
Version no: 532B

TEST RECORD 08290

Temp Date Time ⁹⁷ 216L

Air Blank:
03/17/21 18:02 .000
Calibration Check:
23 03/17/21 18:02 .078

Subject Name

Test # 2

Subject I.D.

Operator Name, I.D.

Davidson 5646

Location

290087 04/22/2021

AS IV Serial no: 697412
Version no: 532B

TEST RECORD 08292

Temp Date Time ⁹⁷ 216L

Air Blank:
03/17/21 18:05 .000
Calibration Check:
24 03/17/21 18:05 .077

Subject Name

Test # 3

Subject I.D.

Operator Name, I.D.

Davidson 5646

Location

290087 04/22/2021

AS IV Serial no: 697412
Version no: 532B

TEST RECORD 08293

Temp Date Time ⁹⁷ 216L

Air Blank:
03/17/21 18:00

Subject Name

RFI Test

Subject I.D.

Operator Name, I.D.

Davidson 5646

Location

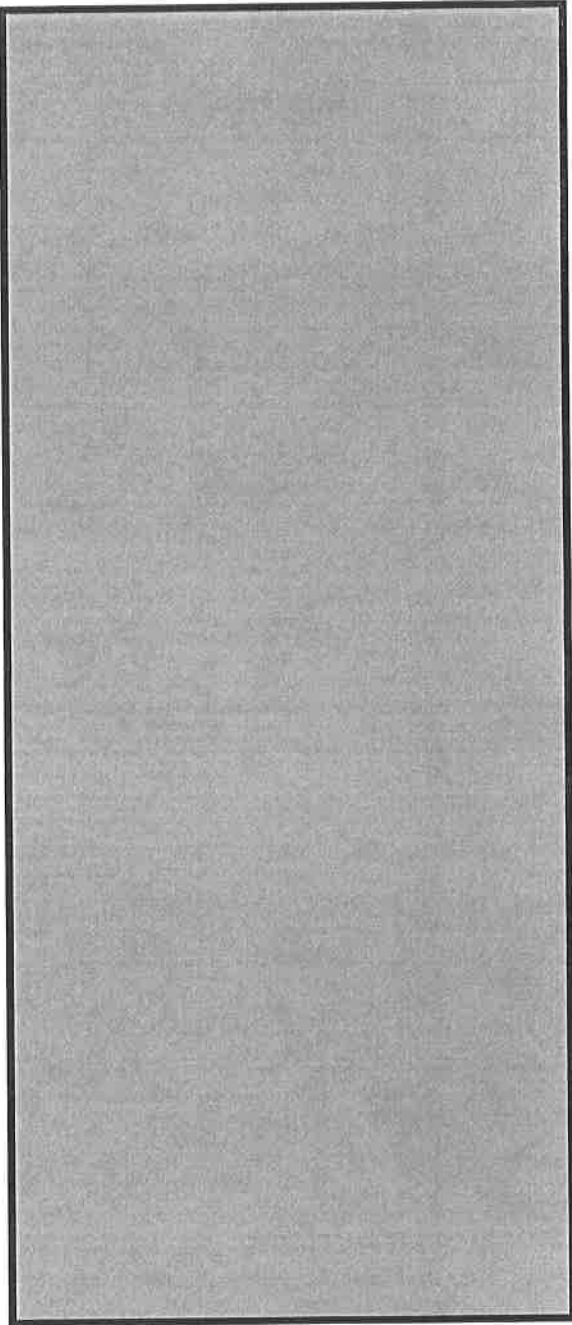
290087 04/22/2021

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	





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

PERMIT
TYPE II

DOUGLAS DAVIDSON

2

Airgas

Airgas USA LLC (LAB)
3500 Bernard Street
St. Louis, Mo. 63103
Ph: (314) 533-9100
Fax: (314) 533-7328

Certificate of Analysis

Test Date: 13-Apr-2020

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

Lot # AG010103 Model 108cacc

Exp. Date 10-Apr-2022
Cyl. Type 108
Component Ethanol
Nitrogen
Certified Concentration 0.092 ± 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
EB0010581	392.4 ppm	EB0010603	393.0 ppm
EB0010570	258.8 ppm	EB0010599	258.2 ppm
EB0010285	208.0 ppm	EB0010595	208.3 ppm
EB0010591	103.6 ppm	EB0010562	104.2 ppm
EB0010681	52.12 ppm	EB0010578	52.81 ppm
CRM Serial No.	Concentration	CRM Serial No.	Concentration
CC34568	800.0 ppm	0056549	390.1 ppm
CC234503	253.0 ppm	0056662	150.2 ppm

Analytical Method: NDIR

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

The instrument manufacturer's response to operate an evidential breath alcohol instrument for the relevant region of the state is contained in breath form or expired air instrument manual.

Operator: **DAVIDSON, DOUGLAS**
Permit No: **230087**
Date Issued: **4/22/2019** Date Expires: **4/22/2021**

FE 4/22/2019
WB87 290087
IR85 4/22/2021
3071 6-19

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
[Signature]
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
L-6-4 (8-10)

Quality Control by Quality Control
Date: 05/04/19 13:17:01 -5500
Patient Dry gas standard certification of analysis
Request: Aggas USA LLC (US)

Approved for Release:

[Signature]
Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 308209
ISO 17034:2016 A2LA accredited. Certificate Number 308207