

RECEIVED

By Tracy Crews at 10:47 am, May 12, 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 04/22/2021
LOCATION OF INSTRUMENT (STREET AND CITY) 9701 MARION PARK DR, KANSAS CITY		TIME OF INSPECTION 0249 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% INCLUSIVETEST 1 **0.081** TEST 2 **0.083** TEST 3 **0.084** 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)

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 **Douglas Davidson**TYPE II PERMIT NUMBER/EXPIRATION DATE **210058 / 04/06/2023**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.

9 IV Serial no: 897412
ersion no: 532B

TEST RECORD 00326

Time Date Time ^{a/} 216L

Blank
04/22/21 03:00 .000
ibration Check:
04/22/21 03:00 .001

ject Name
Test #1
ject I.D.

operator Name, I.D.
Davidson 5646
station
210058 04/06/2023

9 IV Serial no: 897412
ersion no: 532B

TEST RECORD 00327

Time Date Time ^{a/} 216L

Blank
04/22/21 03:03 .000
ibration Check:
04/22/21 03:03 .003

ject Name
Test #2
ject I.D.

operator Name, I.D.
Davidson 5646
station
210658 04/06/2023

9 IV Serial no: 897412
ersion no: 532B

TEST RECORD 00328

Time Date Time ^{a/} 216L

Blank
04/22/21 03:05 .000
ibration Check:
04/22/21 03:05 .004

ject Name
Test #3
ject I.D.

operator Name, I.D.
Davidson 5646
station
210058 04/06/2023

9 IV Serial no: 897412
ersion no: 532B

TEST RECORD 00329

Time Date Time ^{a/} 216L

Blank
04/22/21 03:07

ject Name
RFI Test
ject I.D.

operator Name, I.D.
Davidson 5646
station
210058 04/06/2023



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



**PERMIT
TYPE II**

DOUGLAS DAVIDSON

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, INTOXLYZER 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 RSMo.

DATE 4/6/2021 _____
 NUMBER 210058 _____
 EXPIRES 4/6/2023 _____
 MO 300 9771 (6/19)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
 LMSA (06-10)



Airgas USA LLC (LAb)
3500 Bernard Street
St. Louis, Mo. 63103
Ph: (314) 533-3100
Fax: (314) 533-7928

Certificate of Analysis

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

Test Date: 13-Apr-2020

Lot # AG010103 Model 108cacc

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
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	EB0010582	104.2 ppm
EB0010681	52.12 ppm	EB0010579	52.81 ppm
CRM Serial No. CC434668	800.0 ppm	CRM Serial No. 0056649	390.1 ppm
CC234503	253.0 ppm	0056662	150.2 ppm

Analytical Method: NDIR

Printed, signed by: Rod Marsala
 Date: 4/6/2021 10:57:07 -0500
 Reason: For 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