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By Tracy Crews at 9:30 am, Aug 16, 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 **08/06/2021**

LOCATION OF INSTRUMENT (STREET AND CITY) **9701 MARION PARK DR, KANSAS CITY** TIME OF INSPECTION **0353**

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 **0.078**

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 *[Signature]*

PRINT NAME **PO Douglas Davidson 5646**

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.

AS 10 Serial no: 897412
Version no: 532B

TEST RECORD 88488

Time Date Time 210L

Blank
08/06/21 08:53 .000
Calibration Check
23 08/06/21 08:53 .078

Subject Name

Test # 1

Subject I.D.

Operator Name, I.D.

Davidson 5646

Location

210058 04/06/2023

AS 10 Serial no: 897412
Version no: 532B

TEST RECORD 88481

Time Date Time 210L

Blank
08/06/21 08:56 .000
Calibration Check
25 08/06/21 08:56 .078

Subject Name

Test # 2

Subject I.D.

Operator Name, I.D.

Davidson 5646

Location

210058 04/06/2023

AS 10 Serial no: 897412
Version no: 532B

TEST RECORD 88482

Time Date Time 210L

Blank
08/06/21 08:58 .000
Calibration Check
21 08/06/21 08:58 .078

Subject Name

Test # 3

Subject I.D.

Operator Name, I.D.

Davidson 5646

Location

210058 04/06/2023

AS 10 Serial no: 897412
Version no: 532B

TEST RECORD 88485

Time Date Time 210L

Blank
08/06/21 08:59

Subject Name

RFI Test

Subject I.D.

Operator Name, I.D.

Davidson 5646

Location

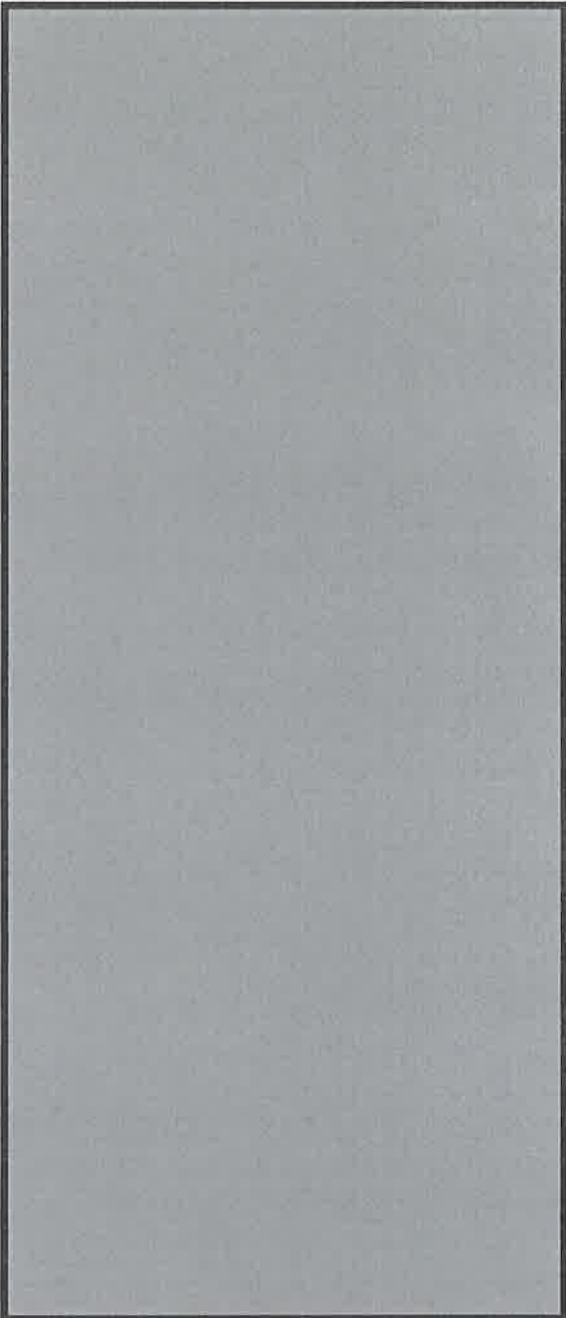
210058 04/06/2023

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. 210058	EXPIRATION DATE 04/06/2023
NAME OF OBSERVER PO Davidson #5646	OBSERVER PERMIT NO. 210058	EXPIRATION DATE 04/06/2023
WITNESS (IF ANY)	DATE	





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



DOUGLAS DAVIDSSON

**PERMIT
TYPE II**

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

Airgas.

Airgas USA LLC (L48)
3500 Bernard Street
St. Louis, Mo. 63103
Ph: (314) 533-3100
Fax: (314) 533-7328

Certificate of Analysis

Test Date: 13-Apr-2020

Lot # AG010103 Model 108c2cd

Exo. Date 10-Apr-2022 Cyl. Type 108 Component Ethanol Certified Concentration 0.082 ± 0.002 B1/AC (223 ppm)
Nitrogen Balance

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 RSMo.

DATE 4/6/2021
NUMBER 2110358
EXPIRES 4/6/2023
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
MSD 580-0771 (8-10) LSA 4984/01

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	EB0010582	393.0 ppm
EB0010570	253.8 ppm	EB0010589	258.2 ppm
EB0010285	206.0 ppm	EB0010595	208.3 ppm
EB0010561	103.6 ppm	EB0010582	104.2 ppm
EB0010581	52.12 ppm	EB0010579	52.81 ppm
CRM Serial No.	Concentration	CRM Serial No.	Concentration
CC434688	800.0 ppm	0056649	390.1 ppm
CC234503	233.0 ppm	0056662	150.2 ppm

Analytical Method: NDIR

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

INSTRUMENT OPERATOR CARD

The owner of this instrument is authorized to use this card as a permit for the determination of the alcoholic content of breath from a sample of expired air.

Operator: **DAVIDSSON, DOUGLAS**
Date Issued: 4/6/2021 Date Expires: 4/6/2023

Highly Qualified by Quality Control
Division 2022/04/13 13:10
Reason: Dry gas standard certificate of analysis
Location: MSB USA LLC (L48)

Approved for Release: *Rod Marsala*
Rod Marsala

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