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By Tracy Crews at 1:41 pm, Oct 14, 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 10/05/2021
LOCATION OF INSTRUMENT (STREET AND CITY) 9701 MARION PARK DR, KANSAS CITY		TIME OF INSPECTION 0005 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

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> 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	0.080	TEST 2	0.080	TEST 3	0.079
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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 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 IV Serial no: 097412
Version no: 532B

TEST RECORD 00453

Temp Date Time ^{s/} 210L

Air Blank:
10/05/21 00:06 .000
Calibration Check:
20 10/05/21 00:06 .080

Subject Name
Test # 1
Subject I.D.

Operator Name, I.D.
Davidson 5646
Location
210058 04/06/2023

AS IV Serial no: 097412
Version no: 532B

TEST RECORD 00454

Temp Date Time ^{s/} 210L

Air Blank:
10/05/21 00:08 .000
Calibration Check:
21 10/05/21 00:08 .080

Subject Name
Test # 2
Subject I.D.

Operator Name, I.D.
Davidson 5646
Location
210058 04/06/2023

AS IV Serial no: 097412
Version no: 532B

TEST RECORD 00455

Temp Date Time ^{s/} 210L

Air Blank:
10/05/21 00:10 .000
Calibration Check:
22 10/05/21 00:10 .079

Subject Name
Test # 3
Subject I.D.

Operator Name, I.D.
Davidson 5646
Location
210058 04/06/2023

AS IV Serial no: 097412
Version no: 532B

TEST RECORD 00456

Temp Date Time ^{s/} 210L

VOID: RFI
12 10/05/21 00:11

Subject Name
Test RFI
Subject I.D.

Operator Name, I.D.
Davidson 5646
Location
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 install 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 902.111 through 902.119 RSMo.

DATE 4/12/2021 *W. Davidson*
 NUMBER 210058 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
 EXPIRES 4/6/2023 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
 MO 90271 (p.10) L&E-16-2019



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

Certificate of Analysis

Customer Name
Exclusive Supplier
Inoximetry, Inc.
2091 Craig Road
St. Louis, Mo 63146

Lot # AG010103 Model 108caod

Test Date: 13-Apr-2020

Expi. Date
10-Apr-2022

Cyl. Type
108

Component
Ethanol
Nitrogen

Certified Concentration
0.082 ± 0.002 B1AC (23 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	EB0010593	393.0 ppm
EB0010570	259.8 ppm	EB0010559	258.2 ppm
EB0010285	208.0 ppm	EB0010595	205.3 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
CC434668	800.0 ppm	0056549	350.1 ppm
CC234503	253.0 ppm	0056682	150.2 ppm

Analytical Method: NDIR

Quality checked by Quality Control
Date: 05/20/21 11:12:07
Released by: 133 signed and certification of analysis
Released by: 133M 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 3092.07