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By Tracy Crews at 8:54 am, Nov 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 <b>097412</b>	NAME OF AGENCY <b>Kansas City Police Department</b>	DATE OF INSPECTION <b>11/09/2021</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>9701 MARION PARK DR, KANSAS CITY</b>		TIME OF INSPECTION <b>0044 hours</b>

**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	<b>0.080</b>	TEST 2	<b>0.080</b>	TEST 3	<b>0.080</b>
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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	<b>9</b>	(0-.04)	<b>1</b>	(.05-.09)	<b>0</b>	(.10-.14)	<b>3</b>	(.15-.19)	<b>5</b>	(OVER .19)	<b>2</b>
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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 00471

Temp Date Time <sup>3/</sup> 210L

Air Blank:  
11/09/21 00:44 .000  
Calibration Check:  
20 11/09/21 00:44 .000

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 00472

Temp Date Time <sup>3/</sup> 210L

Air Blank:  
11/09/21 00:49 .000  
Calibration Check:  
21 11/09/21 00:49 .000

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 00473

Temp Date Time <sup>3/</sup> 210L

Air Blank:  
11/09/21 00:50 .000  
Calibration Check:  
21 11/09/21 00:50 .000

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 00474

Temp Date Time <sup>3/</sup> 210L

VOID: RFI  
12 11/09/21 00:58

Subject Name

BFP test  
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



# Airgas.

Airgas USA LLC (L3)  
3500 Bernard Street  
St. Louis, Mo. 63103  
Ph: (314) 533-3100  
Fax: (314) 533-7328

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

### Certificate of Analysis

Test Date: 13-Apr-2020

Lot # AG010163 Model 108acod

Exp. Date  
10-Apr-2022

Cyl. Type  
108

Component  
Ethanol  
Nitrogen

Certified Concentration  
0.092 ± 0.002 B/FAC (23 ppm)  
Balance

**DOUGLAS DAYDSON**

**PERMIT**  
TYPE II

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 309.111 through 309.119 RSMo.

DATE 4/13/2021

NUMBERS 210053

EXPIRES 4/13/2022

NO. 194977 B-10

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

Use: field

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	EB0010303	393.0 ppm
EB0010570	259.8 ppm	EB0010539	258.2 ppm
EB0010285	208.0 ppm	EB0010585	208.3 ppm
EB0010581	103.6 ppm	EB0010582	104.2 ppm
EB0010581	52.12 ppm	EB0010578	52.81 ppm

CRM Serial No.	Concentration
CC434688	800.0 ppm
CC234503	233.0 ppm

CRM Serial No.	Concentration
0056649	390.1 ppm
0056862	150.2 ppm

Analytical Method: NDIR



Digitally signed by Douglas Davidson  
DN: cn=Douglas Davidson, o=State of Missouri  
Reason: I am approving the analysis of samples  
Date: 2021.04.13 11:21:45 -0500

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