



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 12/07/2021
LOCATION OF INSTRUMENT (STREET AND CITY) 9701 MARION PARK DR, KANSAS CITY		TIME OF INSPECTION 0110

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	0.084	TEST 2	0.083	TEST 3	0.083
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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	(0-.04)	0	(.05-.09)	0	(.10-.14)	1	(.15-.19)	3	(OVER .19)	1
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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**

TYPE II PERMIT NUMBER/EXPIRATION DATE **290058 / 04/06/2023**

TELEPHONE NUMBER **() 816-234-5000**

Return completed report to: 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 00481

Temp Date Time ^{s/} 210L

Air Blank:
12/07/21 01:14 .000
Calibration Check:
15 12/07/21 01:14 .084

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 00482

Temp Date Time ^{s/} 210L

Air Blank:
12/07/21 01:16 .000
Calibration Check:
17 12/07/21 01:16 .083

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 00483

Temp Date Time ^{s/} 210L

Air Blank:
12/07/21 01:18 .000
Calibration Check:
19 12/07/21 01:18 .083

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 00484

Temp Date Time ^{s/} 210L

VOID: RFI
12 12/07/21 01:20

Subject Name

RFI 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

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DOUGLAS DAVIDSON

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 302.111 through 302.119 RSMo.

DATE 4/6/2021
NUMBER 210058
EXPIRES 4/6/2023
NO. 18-071 (9-18)

W. Davidson
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
[Signature]
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
INSTRUMENT OPERATOR CARD

The named operator is authorized to operate the indicated breath alcohol analyzer in accordance with the provisions of sections 577.020 through 577.041, RSMo and 302.111 through 302.119 RSMo. This instrument operator card is valid for the period of time indicated below.

Operator: **DAVIDSON, DOUGLAS**
Instrument: **INTOXILYZER 8000**
Date Issued: **4/6/2021** Date Expires: **4/6/2023**

Airgas

Airgas USA, LLC (L46)
3500 Bernard Street
St. Louis, Mo. 63103
Ph: (314) 533-3100
Fax: (314) 533-7328

Certificate of Analysis

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

Test Date: 13-Apr-2020

Lot # AG010103 Model 1080ac0

Exp. Date
10-Apr-2022

Cyl. Type
108

Component
Ethanol
Nitrogen

Certified Concentration
0.082 ± 0.002 BRAC (223 ppm)
Balance

Certification Traceable to N.I.S.T. RGM and to CRM Ethanol Standards:

RGM Serial No.	Concentration	CRM Serial No.	Concentration
EB0010381	392.1 ppm	EB0010303	393.0 ppm
EB0010370	259.8 ppm	EB0010539	258.2 ppm
EB0010285	208.0 ppm	EB0010595	208.3 ppm
EB0010581	103.6 ppm	EB0010562	104.2 ppm
EB0010881	52.12 ppm	EB0010579	52.81 ppm

CRM Serial No.
CC434668
CC234503

Concentration
800.0 ppm
253.0 ppm

CRM Serial No.
0036849
0056682

Concentration
330.1 ppm
150.2 ppm

Analytical Method: NDIR

Quality Control by Quality Control
Date: 2020.04.14 13:17:01 -48:20
Lab: 2020.04.14 13:17:01 -48:20
Filename: NDIR_VRM.L (L46)

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