



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>111776</b>	NAME OF AGENCY <b>Kansas City Police Department</b>	DATE OF INSPECTION <b>09/10/2021</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>9701 MARION PARK DR, KANSAS CITY</b>		TIME OF INSPECTION <b>1901 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>.078</b>	TEST 2	<b>.078</b>	TEST 3	<b>.079</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>0</b>	(0-.04)	<b>0</b>	(.05-.09)	<b>0</b>	(.10-.14)	<b>2</b>	(.15-.19)	<b>2</b>	(OVER .19)	<b>1</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 *P.O. [Signature] 5396*

PRINT NAME **Shawn Davis**

TYPE II PERMIT NUMBER/EXPIRATION DATE **210059 / 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: 111776  
Version no: 532B

TEST RECORD 00256

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

Air Blank:  
09/10/21 19:01 .000  
Calibration Check:  
23 09/10/21 19:01 .078

Subject Name

Test #1

Subject I.D.

Operator Name, I.D.

Davis 210059  
Location

AS IV Serial no: 111776  
Version no: 532B

TEST RECORD 00257

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

Air Blank:  
09/10/21 19:03 .000  
Calibration Check:  
23 09/10/21 19:03 .078

Subject Name

Test #2

Subject I.D.

Operator Name, I.D.

Davis 210059  
Location

AS IV Serial no: 111776  
Version no: 532B

TEST RECORD 00258

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

Air Blank:  
09/10/21 19:04 .000  
Calibration Check:  
25 09/10/21 19:04 .079

Subject Name

Test #3

Subject I.D.

Operator Name, I.D.

Davis 210059  
Location

AS IV Serial no: 111776  
Version no: 532B

TEST RECORD 00259

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

VOID: RFI  
12 09/10/21 19:05

Subject Name

RFI Test

Subject I.D.

Operator Name, I.D.

Davis 210059  
Location



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



**PERMIT  
TYPE II**

**SHAWN E. DAVIS**

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 210059  
EXPIRES 4/6/2023

MO 88-0771 (6-10)

*Shawn E. Davis*  
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Shawn E. Davis*  
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES



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

**Certificate of Analysis**

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

Test Date: 13-Apr-2020

Lot # AG010103 Model 108cacd

Exp. Date 10-Apr-2022  
Cyl. Type 108  
Component Ethanol  
Nitrogen  
Certified Concentration  
0.082 ± 0.002 BtAC (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	EB0010562	104.2 ppm
EB0010681	52.12 ppm	EB0010579	52.81 ppm
CRM Serial No.	Concentration	CRM Serial No.	Concentration
CC434668	800.0 ppm	0056649	390.1 ppm
CC234503	253.0 ppm	0056662	150.2 ppm

Analytical Method: NDIR

Digitally signed by Quality Control  
Date: 2020.04.14 13:17:01 -0500  
Reason: I am the issuer of this certification of analysis  
Location: Airgas USA LLC (Lab)

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

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

**INSTRUMENT OPERATOR CARD**

The named contributor is authorized to operate an enclosed breath alcohol instrument for the determination of the alcoholic content in breath from a subject of legal age.

Operator: DAVIS, SHAWN  
Permit No: 210059  
Date Issued: 4/6/2021  
Date Expires: 4/6/2023