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By Tracy Crews at 2:27 pm, Jan 28, 2022



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 MO PD** DATE OF INSPECTION **1/11/2022**

LOCATION OF INSTRUMENT (STREET AND CITY)
9701 Marion Park Drive, Kansas City MO 64137 TIME OF INSPECTION **2315**

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 ←	0.082	TEST 2 ←	0.080	TEST 3 ←	0.080
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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	1	(0-.04)	0	(.05-.09)	0	(.10-.14)	3	(.15-.19)	7	(OVER .19)	4
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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).

INSPECTING OFFICER

SIGNATURE 5646 PRINT NAME **PO 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 00503

Temp Date Time ^{s/} 210L

Air Blank:
01/11/22 23:28 .000
Calibration Check:
21 01/11/22 23:28 .082

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 00504

Temp Date Time ^{s/} 210L

Air Blank:
01/11/22 23:29 .000
Calibration Check:
21 01/11/22 23:29 .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 00505

Temp Date Time ^{s/} 210L

Air Blank:
01/11/22 23:31 .000
Calibration Check:
22 01/11/22 23:31 .080

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 00506

Temp Date Time ^{s/} 210L

VOID: RFI
12 01/11/22 23:33

Subject Name

RFI
Subject I.D.

Operator Name, I.D.

Davidson 5646
Location
210058 04/09/2023

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
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OPERATIONAL CHECKLIST: ALCO-SENSOR IV WITH PRINTER

ALCO-SENSOR SERIAL NO. 097412	LOCATION OF INSTRUMENT
TIME OBSERVATION PERIOD STARTED	TIME OF TEST

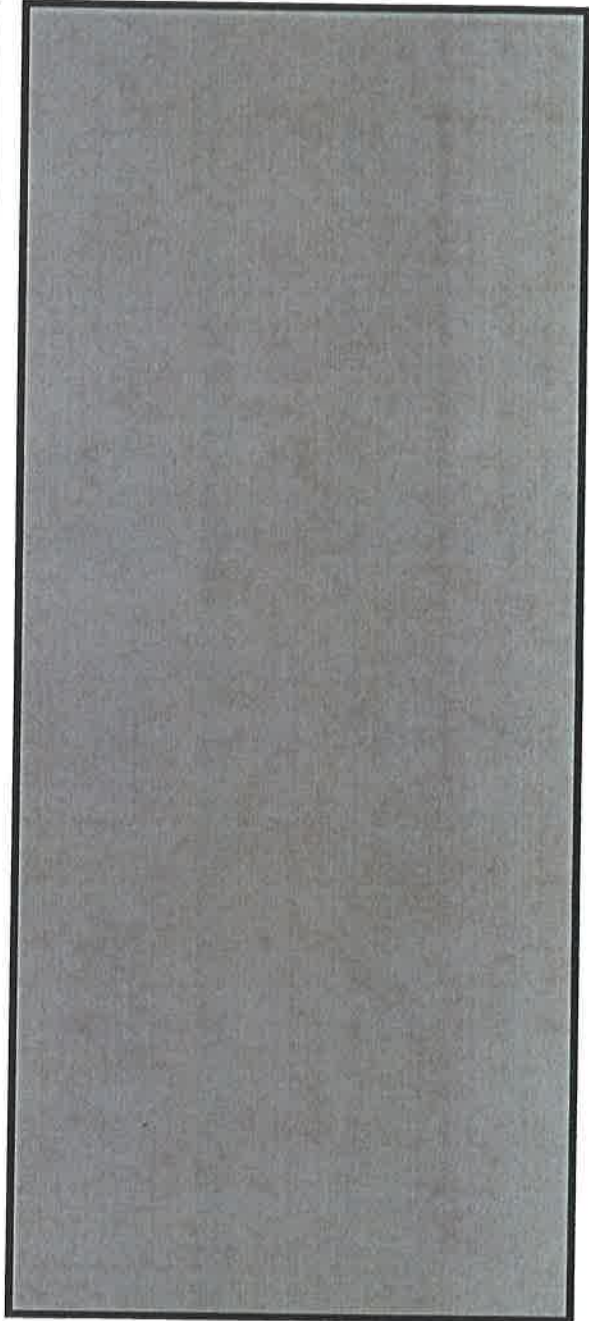
- 1. Examination of mouth conducted. If any substance is observed or indicated to be present, the substance observed or indicated must be removed prior to starting the 15 minute observation period.
- 2. Subject observed for at least 15 minutes by PO Davidson #5646.
No smoking, oral intake or vomiting during this time; if vomiting occurs, start over with 15 minute observation period.
- 3. Make sure printer is connected to Alco-Sensor IV.
- 4. Turn printer on.
- 5. Insert mouthpiece into Alco-Sensor IV.
- 6. Observe temperature display, make sure temperature reading is between 10°C and 40°C.
- 7. When "TEST" is displayed on Alco-Sensor IV, take subject breath sample.
- 8. When "SET" is displayed on Alco-Sensor IV, press SET button.
- 9. When printer has completed printing test result, tear off tape and fill in subject and officer information.
- 10. Press red button to eject mouthpiece.
- 11. Attach printout to this report.

CERTIFICATION BY OPERATOR	BAC
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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:

- 1. There was no deviation from the procedure approved by the department.
- 2. To the best of my knowledge the instrument was functioning properly.
- 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	OBSERVER PERMIT NO.	EXPIRATION DATE
WITNESS (IF ANY)	DATE	



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

2

PERMIT
TYPE II

DOUGLAS DAVIDSON

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 577.044, RSMo and 303.111 through 303.113 RSMo.

DATE 4/6/2021
NUMBER 2100-58
EXPIRES 4/5/2023
MO. 156971 16 161

W. S. ...
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
...
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
LSA (16-14)



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

Certificate of Analysis

Test Date: 19-Apr-2020

Customer Name
Evolutive Supplier
Instrument, Inc.
2081 Craig Road
St. Louis, Mo 63148

Lot # AG010103 Model 108ccad

Exp. Date
10-Apr-2022

Concentration
Ethanol
Nitrogen

Certified Concentration
0.082 ± 0.002 EtAC (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	382.7 ppm	EB0010003	383.0 ppm
EB0010570	258.8 ppm	EB0010559	258.2 ppm
EB0010285	205.0 ppm	EB0010595	206.3 ppm
EB0010561	103.6 ppm	EB0010582	104.2 ppm
EB0010681	52.12 ppm	EB0010579	52.81 ppm
CRM Serial No.	Concentration	CRM Serial No.	Concentration
CC434688	800.0 ppm	0487849	390.1 ppm
CC234503	253.0 ppm	0056862	130.2 ppm

Analytical Method: NDIR

Certified by Quality Control
Reference by external lab
Certificate of Analysis

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 operator is authorized to operate the instrument for the determination of the alcoholic content of blood from a sample of expired air.
Operator: **DAVIDSON, DOUGLAS**
Permit No.: **210058**
Date Issued: **4/6/2021**
Date Expires: **4/5/2023**