



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 094804	NAME OF AGENCY Kansas City Police Department	DATE OF INSPECTION 07/16/2023
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LOCATION OF INSTRUMENT (STREET AND CITY) 9701 MARION PARK DR, KANSAS CITY	TIME OF INSPECTION 2205
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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 # AG132803 EXP. DATE 11/24/2023
- 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 ←	0.078	TEST 2 ←	0.079	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	(0-.04)	0	(.05-.09)	0	(.10-.14)	0	(.15-.19)	0	(OVER .19)	0
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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 Wade Robinson
TYPE II PERMIT NUMBER/EXPIRATION DATE 210266 - 11/18/2023	TELEPHONE NUMBER () 816-482-8141

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: 094804
Version no: 532B

TEST RECORD 01048

Temp Date Time ^{g/} 210L

Air Blank:
07/16/23 22:05 .000
Calibration Check:
26 07/16/23 22:05 .078

Subject Name

TEST 1

Subject I.D.

Operator Name, I.D.

Robinson 210266

Location

AS IV Serial no: 094804
Version no: 532B

TEST RECORD 01049

Temp Date Time ^{g/} 210L

Air Blank:
07/16/23 22:07 .000
Calibration Check:
27 07/16/23 22:07 .079

Subject Name

TEST 2

Subject I.D.

Operator Name, I.D.

Robinson 210266

Location

AS IV Serial no: 094804
Version no: 532B

TEST RECORD 01050

Temp Date Time ^{g/} 210L

Air Blank:
07/16/23 22:09 .000
Calibration Check:
27 07/16/23 22:09 .079

Subject Name

TEST 3

Subject I.D.

Operator Name, I.D.

Robinson 210266

Location

AS IV Serial no: 094804
Version no: 532B

TEST RECORD 01051

Temp Date Time ^{g/} 210L

VOID: RFI
12 07/16/23 22:11

Subject Name

RFI Test

Subject I.D.

Operator Name, I.D.

Robinson 210266

Location

