



ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED

By Tracy Crews at 9:32 am, Dec 08, 2023

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 11/20/23
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LOCATION OF INSTRUMENT (STREET AND CITY) 9701 MARION PARK DR, KANSAS CITY	TIME OF INSPECTION 0130
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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	.083	TEST 2	.082	TEST 3	.081
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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-.04) 1	(.05-.09) 0	(.10-.14) 2	(.15-.19) 2	(OVER .19) 9
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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 <i>P.O. Infranca</i>	PRINT NAME P.O. Infranca 5670
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TYPE II PERMIT NUMBER/EXPIRATION DATE 230118 06/07/2025	TELEPHONE NUMBER () 816-382-5897
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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 01166
Temp Date Time 210L

Air Blank: 11/20/23 01:22 .000
Calibration Check: 20 11/20/23 01:22 .083

Subject Name
Test 1
Subject I.D.

Infrans 230118
Operator Name, I.D.

Location
KCPD Traffic

AS IV Serial no: 094804
Version no: 532B

TEST RECORD 01167
Temp Date Time 210L

Air Blank: 11/20/23 01:25 .000
Calibration Check: 21 11/20/23 01:25 .082

Subject Name
Test 2
Subject I.D.

Infrans 230118
Operator Name, I.D.

Location
KCPD Traffic

AS IV Serial no: 094804
Version no: 532B

TEST RECORD 01168
Temp Date Time 210L

Air Blank: 11/20/23 01:27 .000
Calibration Check: 21 11/20/23 01:27 .081

Subject Name
Test 3
Subject I.D.

Infrans 230118
Operator Name, I.D.

Location
KCPD Traffic

AS IV Serial no: 094804
Version no: 532B

TEST RECORD 01169
Temp Date Time 210L

VOID: RFI
12 11/20/23 01:30

Subject Name
RFI
Subject I.D.

Infrans 230118
Operator Name, I.D.

Location
KCPD Traffic

