



ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED

By Tracy Crews at 3:19 pm, Oct 11, 2024

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 002005	NAME OF AGENCY Kansas City Police Department	DATE OF INSPECTION 09-28-2024
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LOCATION OF INSTRUMENT (STREET AND CITY) 9701 MARION PARK DR, KANSAS CITY	TIME OF INSPECTION 0750
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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 # AG417407 EXP. DATE 06-22-2026

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	0.101	TEST 2	0.101	TEST 3	0.098
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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

[Signature] # 50201

PRINT NAME

Wood, Justin

TYPE II PERMIT NUMBER/EXPIRATION DATE

230311: 12-11-2025

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 IU Serial no: 002005
Version no: 532B

TEST RECORD - REPRINT

TEST RECORD 00742

Temp Date Time 210L 9/

Air Blank: 09/28/24 07:50 .000
Subject Test: Man
-21 09/28/24 07:50 .101

TEST 1

Location

J Wood S3201

230311

12-11-25

9701 Marion
Park Drive

AS IU Serial no: 002005
Version no: 532B

TEST RECORD 00743

Temp Date Time 210L 9/

Air Blank: 09/28/24 07:58 .000
Subject Test: Man
23 09/28/24 07:58 .101

TEST 2

Subject I.D.

J Wood S3201

Operator Name, I.D.
230311

Location
12-11-25

9701 Marion Park
Drive

AS IU Serial no: 002005
Version no: 532B

TEST RECORD 00744

Temp Date Time 210L 9/

Air Blank: 09/28/24 08:02 .000
Subject Test: Man
23 09/28/24 08:02 .098

TEST 3

Subject I.D.

J Wood S3201

Operator Name, I.D.
Location
230 311 12-11-25

9701 Marion Park Dr

AS IU Serial no: 002005
Version no: 532B

TEST RECORD 00745

Temp Date Time 210L 9/

VOID: RFI
12 09/28/24 08:05

Subject Name
RFI

Subject I.D.

Operator Name, I.D.

Location



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

2

PERMIT
TYPE II
JUSTIN WOOD

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

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 12/11/2023

Mike Masaru

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 230311

Dave L. Richardson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 12/11/2025

MO 585 0771 (6 10)

LAJ 4 (010 10)

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

Test Date: 25-Jun-2024

Certificate of Analysis

Lot # AG417401 Model 108

Airgas

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

Exp Date 22-Jun-2026
Cyl. Type 108
Component Ethanol Nitrogen
Certified Concentration 0.100 ± 2% BrAC (272 ppm)

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

RGM Serial No.	Concentration	RGM Serial No.	Concentration
EB0010581	391.8 ppm	EB0010603	392.5 ppm
EB0010570	259.8 ppm	EB0010559	258.9 ppm
EB0010285	209.0 ppm	EB0010562	104.2 ppm
EB0010561	103.7 ppm	EB0010579	52.94 ppm
EB0010681	52.22 ppm		

CRM Serial No.	Concentration	CRM Serial No.	Concentration
CC727481	799.4 ppm	CC727493	389.8 ppm
CC727496	253.4 ppm	CC727498	150.2 ppm

Analytical Method: NDIR

Digitally signed by Quality Control
Laboratory, DN: cn=Quality Control,
ou=LAB, o=Airgas USA LLC, email=
qc@airgas.com, c=US

Justin Woods

Approved for Release: Justin Woods
Yusef Woods

ISO 17025:2017 A2LA accredited. Certificate Number 3082.06
ISO 17034:2016 A2LA accredited. Certificate Number 3082.07