



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 002005 | NAME OF AGENCY Kansas City Police Department | DATE OF INSPECTION 11-16-2024 |
| LOCATION OF INSTRUMENT (STREET AND CITY) 9701 MARION PARK DR, KANSAS CITY | | TIME OF INSPECTION 0620 |

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

| | |
|---------------------------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> SIMULATOR SOLUTION | <input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE |
| <input checked="" type="checkbox"/> STANDARD SUPPLIER INTOXIMETERS | LOT # AG417407 EXP. DATE 06-22-2026 |
| <input type="checkbox"/> 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 ← | 0.102 | TEST 2 ← | 0.102 | TEST 3 ← | 0.101 |
|----------|--------------|----------|--------------|----------|--------------|

- 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 |
|----------|----------|---------|----------|-----------|----------|-----------|----------|-----------|----------|------------|----------|

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 Wood, Justin |
| TYPE II PERMIT NUMBER/EXPIRATION DATE 230311: 12-11-2025 | TELEPHONE NUMBER () 816-234-5550 |

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: 002005
Version no: 532B

TEST RECORD 00750 s/
Temp Date Time 210L
Air Blank: 11/16/24 06:25 .000
Subject Test: Man
21 11/16/24 06:28

Subject Name
Test 3

Subject I.D.
J. Wood #5201

Operator Name, I.D.
230311 12-11-25

Location
9701 Marion Park

KCMB

AS IV Serial no: 002005
Version no: 532B

TEST RECORD 00749 s/
Temp Date Time 210L
Air Blank: 11/16/24 06:25 .000
Subject Test: Man
21 11/16/24 06:25 .101

Subject Name
Test 3

Subject I.D.
J. Wood #5201

Operator Name, I.D.
230311 12-11-25

Location
9701 Marion Park

KCMB

AS IV Serial no: 002005
Version no: 532B

TEST RECORD 00748 s/
Temp Date Time 210L
Air Blank: 11/16/24 06:23 .000
Subject Test: Man
21 11/16/24 06:23 .102

Subject Name
Test 2

Subject I.D.
J. Wood #5201

Operator Name, I.D.
230311 12-11-25

Location
9701 Marion Park

KCMB

AS IV Serial no: 002005
Version no: 532B

TEST RECORD 00747 s/
Temp Date Time 210L
Air Blank: 11/16/24 06:21 .000
Subject Test: Man
21 11/16/24 06:21 .102

Subject Name
Test 1

Subject I.D.
J. Wood #5201

Operator Name, I.D.
230311 12-11-25

Location
9701 Marion Park

KCMB



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

NUMBER 230311

EXPIRES 12/11/2025

Mike Mason

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Doreen F. Nicholson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO SEC 0771 (5-10)

LAD 4 (05-10)

Aligas USA LLC (LAB)
2500 Bernard Street
St. Louis, Mo, 63103
Ph: (314) 353-1100
Fax: (314) 353-7328

Test Date: 25-Jun-2024

Certificate of Analysis

Lot # AG417401 Model 10S

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

Exp. Date
22-Jun-2026

Cyl. Type
10S

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 |
|----------------|---------------|
| EB0010581 | 391.8 ppm |
| EB0010570 | 259.8 ppm |
| EB0010285 | 209.0 ppm |
| EB0010561 | 103.7 ppm |
| EB0010681 | 52.22 ppm |

| RGM Serial No. | Concentration |
|----------------|---------------|
| EB0010603 | 392.5 ppm |
| EB0010559 | 258.9 ppm |
| EB0010562 | 104.2 ppm |
| EB0010579 | 52.94 ppm |

| CRM Serial No. | Concentration |
|----------------|---------------|
| CC727481 | 799.4 ppm |
| CC727496 | 253.4 ppm |

| CRM Serial No. | Concentration |
|----------------|---------------|
| CC727493 | 369.8 ppm |
| CC727498 | 150.2 ppm |

Analytical Method: NDIR

Quality Control by Analytical Services
Laboratory, St. Louis, MO, USA
Date: 06/25/2024 12:08

Justin Woods

Approved for Release: _____
Justin Woods

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