



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 <b>111633</b>	NAME OF AGENCY <b>Kansas City Police Department</b>	DATE OF INSPECTION <b>07/30/2024</b>
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LOCATION OF INSTRUMENT (STREET AND CITY) <b>9701 MARION PARK DR, KANSAS CITY</b>	TIME OF INSPECTION <b>2046</b>
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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 # AG324501 EXP. DATE 09/02/2025

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	<b>.079</b>	TEST 2	<b>.079</b>	TEST 3	<b>.079</b>
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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	<b>3</b>	(0-.04)	<b>0</b>	(.05-.09)	<b>1</b>	(.10-.14)	<b>7</b>	(.15-.19)	<b>0</b>	(OVER .19)	<b>3</b>
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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 <b>Wade Robinson</b>
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TYPE II PERMIT NUMBER/EXPIRATION DATE <b>230228 - 10/23/2025</b>	TELEPHONE NUMBER <b>( ) 816-482-8141</b>
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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: 111633  
Version no: 532B

TEST RECORD 00701

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
07/30/24 20:46 .000  
Calibration Check:  
33 07/30/24 20:46 .079

Subject Name

TEST 1

Subject I.D.

Operator Name, I.D.

Robinson 230228  
Location

AS IV Serial no: 111633  
Version no: 532B

TEST RECORD 00703

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
07/30/24 20:49 .000  
Calibration Check:  
33 07/30/24 20:49 .079

Subject Name

TEST 3

Subject I.D.

Operator Name, I.D.

Robinson 230228  
Location

AS IV Serial no: 111633  
Version no: 532B

TEST RECORD 00702

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
07/30/24 20:47 .000  
Calibration Check:  
33 07/30/24 20:47 .079

Subject Name

TEST 2

Subject I.D.

Operator Name, I.D.

Robinson 230228  
Location

AS IV Serial no: 111633  
Version no: 532B

TEST RECORD 00704

Temp Date Time <sup>s/</sup> 210L

VOID: RFI  
12 07/30/24 20:50

Subject Name

RFI TEST

Subject I.D.

Operator Name, I.D.

Robinson 230228  
Location

