



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT #7

RECEIVED

By Tracy Crews at 12:03 pm, Aug 09, 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 111776	NAME OF AGENCY Kansas City Police Department	DATE OF INSPECTION 07-25-20204
LOCATION OF INSTRUMENT (STREET AND CITY) 9701 MARION PARK DR, KANSAS CITY		TIME OF INSPECTION 1901

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 STANDARD

RECEIVED

By Tracy Crews at 12:03 pm, Aug 09, 2024

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 ←	.078	TEST 2 ←	.078	TEST 3 ←	.078
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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)	(.05-.09)	(.10-.14)	(.15-.19)	(OVER .19)
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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 **Frank DeMarco**

TYPE II PERMIT NUMBER/EXPIRATION DATE **240076 04-02-2026**

TELEPHONE NUMBER () **816-766-5068**

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: 111776
Version no: 532B

TEST RECORD 00537

Temp Date Time ^{s/} 210L

Air Blank:
07/25/24 19:01 .000
Calibration Check:
26 07/25/24 19:01 .078

Subject Name

Test 1

Subject I.D.

Operator Name, I.D.

DeMarco 240076

Location

AS IV Serial no: 111776
Version no: 532B

TEST RECORD 00538

Temp Date Time ^{s/} 210L

Air Blank:
07/25/24 19:04 .000
Calibration Check:
27 07/25/24 19:04 .078

Subject Name

Test 2

Subject I.D.

Operator Name, I.D.

DeMarco 240076

Location

AS IV Serial no: 111776
Version no: 532B

TEST RECORD 00539

Temp Date Time ^{s/} 210L

Air Blank:
07/25/24 19:06 .000
Calibration Check:
27 07/25/24 19:06 .078

Subject Name

Test 3

Subject I.D.

Operator Name, I.D.

DeMarco 240076

Location

AS IV Serial no: 111776
Version no: 532B

TEST RECORD 00540 ^{s/}

Temp Date Time 210L

VOID: RFI
12 07/25/24 19:08

Subject Name

RFI

Subject I.D.

Operator Name, I.D.

DeMarco 240076

Location



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

PERMIT
TYPE II
FRANK DEMARCO



is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform fluid service and repairs, and operate the following breathalyzer(s):

ALCO-SENSOR IV WITH PRINTER, INTOXILYZER 8000

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 585.111 through 585.119 RSMo.

DATE 4/22/24 *M. De Marco*
DIRECTOR OF STATE FIELD HEALTH LABORATORY

NUMBER 240026 *David J. Roberts*
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 4/27/24 *David J. Roberts*
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES



Certificate of Analysis

Test Date: 5-Sep-2023

Customer Name
Exclusive Supplier
Innovations, Inc.
2000 N. Grand
St. Louis, Mo 63146

Lot # AG324501 Model 108

Exp Date Z-Sp-2025 Cyl Type 108 Component Etanol Certified Concentration 0.002 ± 0.002 BRAC (23 ppm)

Analysis Method: NDIR

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

RGM Serial No.	Concentration	CRM Serial No.	Concentration
EB0010581	391.4 ppm	EB0010613	392.5 ppm
EB0010582	208.9 ppm	EB0010629	208.9 ppm
EB0010583	208.9 ppm	EB0010675	158.0 ppm
EB0010584	103.7 ppm		
EB0010681	52.22 ppm		

CRM Serial No.	Concentration	CRM Serial No.	Concentration
CC727481	860.0 ppm	CC727481	391.4 ppm
CC727486	253.0 ppm	CC727486	158.0 ppm



Approved for Release: *David Woods*
David Woods

ISO 17025:2017 A2L Accredited, Certificate Number: 3082.06
ISO 17034:2016 A2L Accredited, Certificate Number: 3082.07