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By Tracy Crews at 8:52 am, May 13, 2024



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 **111780** NAME OF AGENCY **Kansas City Police Department** DATE OF INSPECTION **05/02/2024**

LOCATION OF INSTRUMENT (STREET AND CITY) **9701 MARION PARK DR, KANSAS CITY** TIME OF INSPECTION **1824**

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 **.081** TEST 2 **.081** TEST 3 **.081**

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)

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: 111780
Version no: 532B

TEST RECORD 00941

Temp Date Time ^{a/} 210L

Air Blank:
05/02/24 18:24 .000
Calibration Check:
21 05/02/24 18:24 .081

Subject Name
Test 1
Subject I.D.

Operator Name, I.D.
DeMarco 240076
Location

AS IV Serial no: 111780
Version no: 532B

TEST RECORD 00942

Temp Date Time ^{a/} 210L

Air Blank:
05/02/24 18:26 .000
Calibration Check:
21 05/02/24 18:26 .081

Subject Name
Test 2
Subject I.D.

Operator Name, I.D.
DeMarco 240076
Location

AS IV Serial no: 111780
Version no: 532B

TEST RECORD 00943

Temp Date Time ^{a/} 210L

Air Blank:
05/02/24 18:28 .000
Calibration Check:
22 05/02/24 18:28 .081

Subject Name
Test 3
Subject I.D.

Operator Name, I.D.
DeMarco 240076
Location

AS IV Serial no: 111780
Version no: 532B

TEST RECORD 00944

Temp Date Time ^{a/} 210L

VOID: RFI
12 05/02/24 18:30

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 operations, train instructors, inspect, calibrate, perform field services and repairs, and operate the following breath analyzer(s):

ALCO-SENSOR IV WITH PRINTER, INTOXLYZER 8000

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.050 through 577.041, RSMo and 306.111 through 306.119, RSMo.

DATE 4/2/2024
NUMBER 440076
EXPIRES 4/2/2026
MO 362876 4-24

Mike Mason
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

David J. Nielsen
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 362876 4-24



Airgas

Airgas USA LLC (LAB)
3500 Bernard Street
St. Louis, Mo. 63103
Tel: (314) 333-7100
Fax: (314) 333-7326

Certificate of Analysis

Test Date: 5-Sep-2023

Customer Name
E. J. Janssen, Inc.
2081 Craig Road
St. Louis, Mo. 63146

Lot # AG324501 Model 108

Exp. Date 2-Sep-2025
Cyl. Type 108
Component Ethanol
Nitrogen
Certified Concentration 0.002 ± 0.002 ERAC (23 ppm)

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

RGM Serial No.	Concentration	RGM Serial No.	Concentration
EB0010570	35.8 ppm	EB0010573	302.5 ppm
EB0010285	253.0 ppm	EB0010552	104.2 ppm
EB0010581	103.7 ppm	EB0010579	52.94 ppm
EB0010681	52.22 ppm		

CRM Serial No.	Concentration	CRM Serial No.	Concentration
CC727481	800.0 ppm	CC727493	350.0 ppm
CC727496	253.0 ppm	CC727498	150.0 ppm

Analytical Method: NDIR



Yup! Woods

Approved for Release: Yup! Woods
Yup! Woods

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