



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 097419	NAME OF AGENCY Oregon County SO (MSC)	DATE OF INSPECTION 05/23/2023
LOCATION OF INSTRUMENT (STREET AND CITY) 1200 S. Holden St Warrensburg, MO 64093		TIME OF INSPECTION 7:44 am

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.

<input checked="" type="checkbox"/> DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)
<input checked="" type="checkbox"/> TEMPERATURE OF ALCO SENSOR (10°C - 40°C)
<input checked="" type="checkbox"/> PRINTER WORKING PROPERLY
<input checked="" type="checkbox"/> 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 <u>Intoximeters</u>	LOT # <u>AG309501</u> EXP. DATE <u>04/05/2025</u>
<input type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C)	SIM. SN _____ SIM. NIST EXP DATE _____
<input checked="" type="checkbox"/> 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)	
<input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE	
<input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE	
<input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE	

TEST 1 • .099	TEST 2 • .099	TEST 3 • .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-.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).

INSPECTING OFFICER	
SIGNATURE 	PRINT NAME Ryan Schildknecht
TYPE II PERMIT NUMBER/EXPIRATION DATE 210253 11/12/2023	TELEPHONE NUMBER (660) 543-4573

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: 097419
Version no: 532B

TEST RECORD 00855

Temp Date Time 2101^{9/}

Air Blank:
05/23/23 07:44 .000
Calibration Check:
24 05/23/23 07:44 .099

Subject Name
Test #1
Subject I.D.

Operator Name, I.D.
Ryan Schildknecht 210253
Location
MSC

AS IV Serial no: 097419
Version no: 532B

TEST RECORD 00856

Temp Date Time 2101^{9/}

Air Blank:
05/23/23 07:46 .000
Calibration Check:
24 05/23/23 07:46 .099

Subject Name
Test #2
Subject I.D.

Operator Name, I.D.
Ryan Schildknecht 210253
Location
MSC

AS IV Serial no: 097419
Version no: 532B

TEST RECORD 00857

Temp Date Time 2101^{9/}

Air Blank:
05/23/23 07:48 .000
Calibration Check:
25 05/23/23 07:48 .099

Subject Name
Test #3
Subject I.D.

Operator Name, I.D.
Ryan Schildknecht 210253
Location
MSC

AS IV Serial no: 097419
Version no: 532B

TEST RECORD 00858

Temp Date Time 2101^{9/}

VOID: RFI
12 05/23/23 07:50

Subject Name
RFI
Subject I.D.

Operator Name, I.D.
Ryan Schildknecht 210253
Location
MSC



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

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PERMIT
TYPE II
RYAN SCHILDKNECHT

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

INTOX DMT, INTOXILYZER 8000, INTOX EC/IR II, ASIV W/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 11/12/2021

NUMBER 210253

EXPIRES 11/12/2023

Laura P. Day

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Donald S. Keenan

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)

MO 580-0771 (6-10)

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

INSTRUMENT OPERATOR CARD

The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.



Operator SCHILDKNECHT, RYAN
 Permit No 210253
 Date Issued 11/12/2021 Date Expires 11/12/2023

