



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 STATE PUBLIC HEALTH LABORATORY
ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED
 By Tracy Crews at 8:49 am, Jan 20, 2023

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 111760	NAME OF AGENCY Johnson County Sheriff's Office	DATE OF INSPECTION 01/19/2023
LOCATION OF INSTRUMENT (STREET AND CITY) 278 SW 871 Rd Centerview, Missouri 64019		TIME OF INSPECTION 11:01 pm

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>AG120101</u> EXP. DATE <u>07/20/2023</u>
<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)

<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 → .098	TEST 2 → .098	TEST 3 → .097
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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) 747-6469

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: 111760
Version no: 532B

AS IV Serial no: 111760
Version no: 532B

AS IV Serial no: 111760
Version no: 532B

TEST RECORD 00614

TEST RECORD 00615

TEST RECORD 00616

Temp Date Time ^{g/} 210L

Temp Date Time ^{g/} 210L

Temp Date Time ^{g/} 210L

Air Blank:
01/19/23 23:01 .000
Calibration Check:
21 01/19/23 23:01 .098

Air Blank:
01/19/23 23:02 .000
Calibration Check:
21 01/19/23 23:02 .098

Air Blank:
01/19/23 23:04 .000
Calibration Check:
22 01/19/23 23:04 .097

Subject Name

Subject Name

Subject Name

Test #1

Test #2

Test #3

Subject I.D.

Subject I.D.

Subject I.D.

Operator Name, I.D.

Operator Name, I.D.

Operator Name, I.D.

P. Schildknecht 210253

P. Schildknecht 210253

P. Schildknecht 210253

Location

Location

Location

JCSO

JCSO

JCSO

AS IV Serial no: 111760
Version no: 532B

AS IV Serial no: 111760
Version no: 532B

TEST RECORD 00617

TEST RECORD 00618

Temp Date Time ^{g/} 210L

Temp Date Time ^{g/} 210L

VOID: RFI
12 01/19/23 23:05

Air Blank:
01/19/23 23:06 .000
Subject Test: Auto
23 01/19/23 23:06 .000

Subject Name

Subject Name

RFI

SURLOT

Subject I.D.

Subject I.D.

Operator Name, I.D.

Operator Name, I.D.

P. Schildknecht 210253

P. Schildknecht 210253

Location

Location

JCSO

JCSO



Airgas USA LLC (LAB)
 3500 Bernard Street
 St. Louis, Mo. 63103
 Ph: (314) 533-3100
 Fax: (314) 533-7328

Certificate of Analysis

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

Test Date: 20-Jul-2021

Lot # AG120101 Model 108cacd

<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
20-Jul-2023	108	Ethanol Nitrogen	0.100 ± 2% BrAC (272 ppm) Balance

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

<u>RGM Serial No.</u>	<u>Concentration</u>	<u>RGM Serial No.</u>	<u>Concentration</u>
EB0010581	392.1 ppm	EB0010603	393.0 ppm
EB0010570	259.8 ppm	EB0010559	258.2 ppm
EB0010285	208.0 ppm	EB0010595	208.3 ppm
EB0010561	103.6 ppm	EB0010562	104.2 ppm
EB0010681	52.12 ppm	EB0010579	52.81 ppm

<u>CRM Serial No.</u>	<u>Concentration</u>	<u>CRM Serial No.</u>	<u>Concentration</u>
CC434668	800.0 ppm	0056649	390.1 ppm
CC234503	253.0 ppm	0056662	150.2 ppm

Analytical Method: NDIR

Digitally signed by Quality Control
 Date: 2021.07.21 19:22:57 -05:00
 Reason: Dry gas standard certification of analysis
 Location: Airgas USA LLC (Lab)

Approved for Release: _____

Rod Marsala

 Rod Marsala

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



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

MO 580-0771 (5-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)

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