



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

**RECEIVED**  
 By Tracy Crews at 9:13 am, Oct 23, 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<br>111760   | NAME OF AGENCY<br>Johnson County S.O. | DATE OF INSPECTION<br>10/21/2023 |
| LOCATION OF INSTRUMENT (STREET AND CITY)<br>278 SW 781rd Centerview, MO 64019 |                                       | TIME OF INSPECTION<br>11:57 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 Intoximeters | LOT # AG310903 EXP. DATE 04/19/2025                                |
| <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 <input checked="" type="checkbox"/> .099 | TEST 2 <input checked="" type="checkbox"/> .099 | TEST 3 <input checked="" type="checkbox"/> .098 |
|---|---|---|

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).

**INSPECTING OFFICER**

|  |                                    |
|--|------------------------------------|
| SIGNATURE<br>  | PRINT NAME<br>Ryan Schildknecht    |
| TYPE II PERMIT NUMBER/EXPIRATION DATE<br>230225 10/19/2025 | TELEPHONE NUMBER<br>(660) 747-5138 |

**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

TEST RECORD 00706

Temp Date Time 210L

Air Blanks:  
10/21/23 11:57 .000  
Calibration Check:  
20 10/21/23 11:57 .099

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 111760  
Version no: 532B

TEST RECORD 00707

Temp Date Time 210L

Air Blanks:  
10/21/23 11:59 .000  
Calibration Check:  
21 10/21/23 11:59 .099

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 111760  
Version no: 532B

TEST RECORD 00708

Temp Date Time 210L

Air Blanks:  
10/21/23 12:00 .000  
Calibration Check:  
21 10/21/23 12:00 .098

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 111760  
Version no: 532B

TEST RECORD 00709

Temp Date Time 210L

VOID: RFI  
12 10/21/23 12:02

Subject Name

Subject I.D.

Operator Name, I.D.

Location



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-Apr-2023

**Lot #** AG310903 **Model** 108

|                                |                         |   |   |
|--------------------------------|-------------------------|---|---|
| <b>Exp Date</b><br>19-Apr-2025 | <b>Cyl. Type</b><br>108 | <b>Component</b><br>Ethanol<br>Nitrogen | <b>Certified Concentration</b><br>0.100 ± 2% BrAC (272 ppm) |
|--------------------------------|-------------------------|---|---|

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


| RGM Serial No. | Concentration | RGM Serial No. | Concentration |
|----------------|---------------|----------------|---------------|
| EB0010581      | 391.8 ppm     | EB0010603      | 392.5 ppm     |
| EB0010570      | 259.8 ppm     | EB0010559      | 258.9 ppm     |
| EB0010285      | 209.0 ppm     | EB0010562      | 104.2 ppm     |
| EB0010561      | 103.7 ppm     | EB0010579      | 52.94 ppm     |
| EB0010681      | 52.22 ppm     |                |               |

| CRM Serial No. | Concentration | CRM Serial No. | Concentration |
|----------------|---------------|----------------|---------------|
| CC727481       | 800.0 ppm     | CC727493       | 390.0 ppm     |
| CC727496       | 253.0 ppm     | CC727498       | 150.0 ppm     |

**Analytical Method:** NDIR

Digitally signed by:Quality Control  
Reason:Dry gas standard certification of analysis  
Location:Airgas USA LLC (Lab)  
Date:04.20.2023 19:24

Approved for Release:   
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



**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 10/19/2023

NUMBER 230225

EXPIRES 10/19/2025

MO 580-0771 (5-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

, acting director

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 230225  
Date Issued 10/19/2023 Date Expires 10/19/2025