



**RECEIVED**  
By Tracy Crews at 12:48 pm, Oct 06, 2023

**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 119726	NAME OF AGENCY Chesterfield PD	DATE OF INSPECTION 10/06/2023
LOCATION OF INSTRUMENT (STREET AND CITY) 1200 S Holden St		TIME OF INSPECTION 9:45 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 _____

**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"/> .096	TEST 2 <input checked="" type="checkbox"/> .096	TEST 3 <input checked="" type="checkbox"/> .096
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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).  
Calibrated instrument by using wet solution

<b>INSPECTING OFFICER</b>	
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: 119726  
Version no: 532C

TEST RECORD 00033

Temp Date Time 210L<sup>g/</sup>

Air Blank:  
10/06/23 09:44 .000

Calibration Check:  
24 10/06/23 09:44 .100

Subject Name

Calibration wet  
Subject I.D.

Operator Name, I.D.

Schildknecht 210253  
Location

MSC

AS IV Serial no: 119726  
Version no: 532C

TEST RECORD 00034

Temp Date Time 210L<sup>g/</sup>

Air Blank:  
10/06/23 09:45 .000

Calibration Check:  
25 10/06/23 09:45 .096

Subject Name

Test 1  
Subject I.D.

Operator Name, I.D.

Schildknecht 210253  
Location

MSC

AS IV Serial no: 119726  
Version no: 532C

TEST RECORD 00035

Temp Date Time 210L<sup>g/</sup>

Air Blank:  
10/06/23 09:47 .000

Calibration Check:  
25 10/06/23 09:47 .096

Subject Name

Test 2  
Subject I.D.

Operator Name, I.D.

Schildknecht 210253  
Location

MSC

AS IV Serial no: 119726  
Version no: 532C

TEST RECORD 00036

Temp Date Time 210L<sup>g/</sup>

Air Blank:  
10/06/23 09:48 .000

Calibration Check:  
26 10/06/23 09:48 .096

Subject Name

Test #3  
Subject I.D.

Operator Name, I.D.

Schildknecht 210253  
Location

MSC

AS IV Serial no: 119726  
Version no: 532C

TEST RECORD 00037

Temp Date Time 210L<sup>g/</sup>

VOID: RFI  
12 10/06/23 09:49

Subject Name

RFI  
Subject I.D.

Operator Name, I.D.

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 G. Day*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Donna A. Korman*

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