



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 119736	NAME OF AGENCY Lawrence County (MSC)	DATE OF INSPECTION 07/24/2023
LOCATION OF INSTRUMENT (STREET AND CITY) 1200 S. Holden St Warrensburg, MO 64093		TIME OF INSPECTION 7:53 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.

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 # AG306501 _____ EXP. DATE 04/05/2025 _____

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 • .097

TEST 2 • .097

TEST 3 • .097

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 	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: 119736
Version no: 532C

TEST RECORD 00051

Temp Date Time ^{g/} 210L

Air Blank:
07/24/23 07:53 .000
Calibration Check:
23 07/24/23 07:53 .097

Subject Name

Cal
Subject I.D.

Operator Name, I.D.

Schildknecht 210253
Location

MSC

AS IV Serial no: 119736
Version no: 532C

TEST RECORD 00052

Temp Date Time ^{g/} 210L

Air Blank:
07/24/23 07:54 .000
Calibration Check:
24 07/24/23 07:54 .097

Subject Name

Test #1
Subject I.D.

Operator Name, I.D.

Schildknecht 210253
Location

MSC

AS IV Serial no: 119736
Version no: 532C

TEST RECORD 00053

Temp Date Time ^{g/} 210L

Air Blank:
07/24/23 07:56 .000
Calibration Check:
25 07/24/23 07:56 .097

Subject Name

Test #2
Subject I.D.

Operator Name, I.D.

Schildknecht 210253
Location

MSC

AS IV Serial no: 119736
Version no: 532C

TEST RECORD 00054

Temp Date Time ^{g/} 210L

Air Blank:
07/24/23 07:57 .000
Calibration Check:
25 07/24/23 07:57 .097

Subject Name

Test #3
Subject I.D.

Operator Name, I.D.

Schildknecht 210253
Location

MSC

AS IV Serial no: 119736
Version no: 532C

TEST RECORD 00055

Temp Date Time ^{g/} 210L

VOID: RFI
12 07/24/23 07:59

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

2

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 (6-10)

Laura P. Day

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Donald A. Korman

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

