



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 102468 | NAME OF AGENCY MO Department of Natural Resources | DATE OF INSPECTION 03/11/2024 |
| LOCATION OF INSTRUMENT (STREET AND CITY) 1200 S. Holden St. Warrensburg, MO | | TIME OF INSPECTION 9:01 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 # AG309501 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 ➔ .098 | 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 230225 10/19/2025 | 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: 102468
Version no: 532B

TEST RECORD 00497

Temp Date Time 210L

Air Blank:
03/11/24 09:01 .000
Calibration:
23 03/11/24 09:01 .097

Subject Name

Ca

Subject I.D.

Operator Name, I.D.

R. Schildknecht 230225

Location

MSC

AS IV Serial no: 102468
Version no: 532B

TEST RECORD 00498

Temp Date Time 210L

Air Blank:
03/11/24 09:02 .000
Calibration Check:
24 03/11/24 09:02 .098

Subject Name

Test 1

Subject I.D.

Operator Name, I.D.

R. Schildknecht 230225

Location

MSC

AS IV Serial no: 102468
Version no: 532B

TEST RECORD 00499

Temp Date Time 210L

Air Blank:
03/11/24 09:04 .000
Calibration Check:
25 03/11/24 09:04 .097

Subject Name

Test 2

Subject I.D.

Operator Name, I.D.

R. Schildknecht 230225

Location

MSC

AS IV Serial no: 102468
Version no: 532B

TEST RECORD 00500

Temp Date Time 210L

Air Blank:
03/11/24 09:06 .000
Calibration Check:
25 03/11/24 09:06 .097

Subject Name

Test 3

Subject I.D.

Operator Name, I.D.

R. Schildknecht 230225

Location

MSC

AS IV Serial no: 102468
Version no: 532B

TEST RECORD 00501

Temp Date Time 210L

VOID: RFI
12 03/11/24 09:07

Subject Name

RFI

Subject I.D.

Operator Name, I.D.

R. Schildknecht 230225

Location

MSC



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

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

, acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

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