



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

**RECEIVED**  
 By Tracy Crews at 3:20 pm, Mar 18, 2024

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 102473	NAME OF AGENCY Green County SO (MSC)	DATE OF INSPECTION 03/18/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 1200 S. Holden St. Warrensburg, MO 64093		TIME OF INSPECTION 9:51 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**

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER Intoximeter's	LOT # AG309501 EXP. DATE 04/05/2025
<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)
  - 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  .099	TEST 3  .098
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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 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: 102473  
Version no: 532B

TEST RECORD 02071

Temp Date Time 210L

Air Blank:  
03/18/24 09:51 .000  
Calibration Check:  
23 03/18/24 09:51 .097

Subject Name

Cal

Subject I.D.

Operator Name, I.D.

*P. Williams 230225*

Location

MSC

AS IV Serial no: 102473  
Version no: 532B

TEST RECORD 02072

Temp Date Time 210L

Air Blank:  
03/18/24 09:53 .000  
Calibration Check:  
24 03/18/24 09:53 .098

Subject Name

Test #1

Subject I.D.

Operator Name, I.D.

*P. Williams 230225*

Location

MSC

AS IV Serial no: 102473  
Version no: 532B

TEST RECORD 02073

Temp Date Time 210L

Air Blank:  
03/18/24 09:57 .000  
Calibration Check:  
25 03/18/24 09:57 .099

Subject Name

Test #2

Subject I.D.

Operator Name, I.D.

*P. Williams 230225*

Location

MSC

AS IV Serial no: 102473  
Version no: 532B

TEST RECORD 02074

Temp Date Time 210L

Air Blank:  
03/18/24 09:59 .000  
Calibration Check:  
26 03/18/24 09:59 .098

Subject Name

Test #3

Subject I.D.

Operator Name, I.D.

*P. Williams 230225*

Location

MSC

AS IV Serial no: 102473  
Version no: 532B

TEST RECORD 02075

Temp Date Time 210L

VOID: RFI  
12 03/18/24 10:00

Subject Name

RFI

Subject I.D.

Operator Name, I.D.

*P. Williams 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

*Laura G. Day*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*[Signature]*

, 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