



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 STATE PUBLIC HEALTH LABORATORY
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 111760	NAME OF AGENCY Johnson County Sheriff Department	DATE OF INSPECTION 12/19/2021
LOCATION OF INSTRUMENT (STREET AND CITY) 278 SW 871 Rd. Centerview, Missouri 64019		TIME OF INSPECTION 4:18 pm

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 # AG120101 EXP. DATE 07/20/2023

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 → .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	(0-.04)	0	(.05-.09)	0	(.10-.14)	0	(.15-.19)	0	(OVER .19)	0
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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).
 Updated time due to day light saving.

INSPECTING OFFICER SIGNATURE	PRINT NAME Ryan Schildknecht
TYPE II PERMIT NUMBER/EXPIRATION DATE 210253 11/12/2023	TELEPHONE NUMBER (660) 747-6469

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 00517

Temp Date Time ^{s/} 210L

Air Blank:
12/19/21 16:18 .000
Calibration Check:
23 12/19/21 16:18 .097

Subject Name
Test #1
Subject I.D.
Test #1
Operator Name, I.D.
Ryan Schildknecht 210253
Location
JCSO

AS IV Serial no: 111760
Version no: 532B

TEST RECORD 00518

Temp Date Time ^{s/} 210L

Air Blank:
12/19/21 16:19 .000
Calibration Check:
23 12/19/21 16:19 .097

Subject Name
Test #2
Subject I.D.
Test #2
Operator Name, I.D.
Ryan Schildknecht 210253
Location
JCSO

AS IV Serial no: 111760
Version no: 532B

TEST RECORD 00519

Temp Date Time ^{s/} 210L

Air Blank:
12/19/21 16:21 .000
Calibration Check:
24 12/19/21 16:21 .098

Subject Name
Test #3
Subject I.D.
Test #3
Operator Name, I.D.
Ryan Schildknecht 210253
Location
JCSO

AS IV Serial no: 111760
Version no: 532B

TEST RECORD 00520

Temp Date Time ^{s/} 210L

VOID: RFI
12 12/19/21 16:22

Subject Name
RFI
Subject I.D.
RFI
Operator Name, I.D.
Ryan Schildknecht 210253
Location
JCSO

AS IV Serial no: 111760
Version no: 532B

TEST RECORD 00521

Temp Date Time ^{s/} 210L

Air Blank:
12/19/21 16:23 .000
Subject Test: Auto
24 12/19/21 16:23 .000

Subject Name
Self test
Subject I.D.
Self test
Operator Name, I.D.
Ryan Schildknecht 210253
Location
JCSO



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

Laura A. Way

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 210253

EXPIRES 11/12/2023

Donald A. Kamm

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 210253
Date Issued 11/12/2021 Date Expires 11/12/2023