



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 111638	NAME OF AGENCY Missouri Safety Center	DATE OF INSPECTION 05/02/2022
LOCATION OF INSTRUMENT (STREET AND CITY) 1200 S. Holden St. Warrensburg, Missouri 64093		TIME OF INSPECTION 10:49 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 # AG014102 EXP. DATE 05/20/2022

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 ← .096

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).

Adjusted time on instrument and calibrated instrument to .097 with dry gas.

**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: 111638  
Version no: 532B

TEST RECORD 00046

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

Air Blank:  
05/02/22 10:49 .000  
Calibration Check:  
23 05/02/22 10:49 .097

Subject Name

Calibration

Subject I.D.

Operator Name, I.D.

Ryan Schildknecht 210253

Location

MSC

AS IV Serial no: 111638  
Version no: 532B

TEST RECORD 00047

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

Air Blank:  
05/02/22 10:50 .000  
Calibration Check:  
23 05/02/22 10:50 .097

Subject Name

Test #1

Subject I.D.

Operator Name, I.D.

Ryan Schildknecht 210253

Location

MSC

AS IV Serial no: 111638  
Version no: 532B

TEST RECORD 00048

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

Air Blank:  
05/02/22 10:51 .000  
Calibration Check:  
24 05/02/22 10:51 .097

Subject Name

Test #2

Subject I.D.

Operator Name, I.D.

Ryan Schildknecht 210253

Location

AS IV  
Ver 5

AS IV Serial no: 111638  
Version no: 532B

TEST RECORD 00050

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

VOID: RFI  
12 05/02/22 10:55

Subject Name

RFI

Subject I.D.

Operator Name, I.D.

Ryan Schildknecht 210253

Location

MSC

AS IV Serial no: 111638  
Version no: 532B

TEST RECORD 00049

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

Air Blank:  
05/02/22 10:53 .000  
Calibration Check:  
24 05/02/22 10:53 .096

Subject Name

Test #3

Subject I.D.

Operator Name, I.D.

Ryan Schildknecht 210253

Location

MSC





Airgas USA LLC (LAB)  
3500 Bernard Street  
St. Louis, Mo. 63103  
Ph: (314) 533-3100  
Fax: (314) 533-7328

## Certificate of Analysis

Customer Name  
Exclusive Supplier  
Intoximeters, Inc.  
2081 Craig Road  
St. Louis, Mo 63146

Test Date: 20-May-2020

**Lot #** AG014102 **Model** 108cacc

<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
20-May-2022	108	Ethanol Nitrogen	0.100 ± 2% BrAC (272 ppm) Balance

Certification Traceable to N.I.S.T. RGM and to CRM Ethanol Standards:

<u>RGM Serial No.</u>	<u>Concentration</u>	<u>RGM Serial No.</u>	<u>Concentration</u>
EB0010581	392.1 ppm	EB0010603	393.0 ppm
EB0010570	259.8 ppm	EB0010559	258.2 ppm
EB0010285	208.0 ppm	EB0010595	208.3 ppm
EB0010561	103.6 ppm	EB0010562	104.2 ppm
EB0010681	52.12 ppm	EB0010579	52.81 ppm

  

<u>CRM Serial No.</u>	<u>Concentration</u>	<u>CRM Serial No.</u>	<u>Concentration</u>
CC434668	800.0 ppm	0056649	390.1 ppm
CC234503	253.0 ppm	0056662	150.2 ppm

Analytical Method: NDIR

Digitally signed by Quality Control  
Date: 2020.05.20 19:51:54 -05:00  
Reason: Dry gas standard certification of analysis  
Location: Airgas USA LLC (Lab)

Approved for Release: \_\_\_\_\_

Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 3082.06  
ISO 17034:2016 A2LA accredited. Certificate Number 3082.07



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 P. Day*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Donald A. Kauffman*

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