



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 111655	NAME OF AGENCY Missouri Safety Center (Claycomo PD)	DATE OF INSPECTION 11/01/2022
LOCATION OF INSTRUMENT (STREET AND CITY) 1200 S. Holden St. Warrensburg, Missouri 64093		TIME OF INSPECTION 11:04 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 # AG117403 EXP. DATE 06/23/2023

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 .100	TEST 2 .100	TEST 3 .099
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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 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.



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: 23-Jun-2021

Lot # AG117403 **Model** 108cacc

Exp. Date

23-Jun-2023

Cyl. Type

108

Component

Ethanol

Nitrogen

Certified Concentration

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: 2021.06.24 11:40:09 -05:00
Reason: Dry gas standard certification of analysis
Location: Airgas USA LLC (Lab)

Approved for Release:

Rod Marsala

ISO 17025:2017 A2LA accredited. Certificate Number 3082.06

ISO 17034:2016 A2LA accredited. Certificate Number 3082.07

AS IV Serial no: 111655
Version no: 532B

TEST RECORD 01111

Temp Date Time 210L
g/

Air Blank:
11/01/22 11:24 .000
Calibration Check:
21 11/01/22 11:24 .100

Subject Name

Test #1

Subject I.D.

Operator Name, I.D.

P. Schildknecht 210253

Location

MSC

AS IV Serial no: 111655
Version no: 532B

TEST RECORD 01112

Temp Date Time 210L
g/

Air Blank:
11/01/22 11:25 .000
Calibration Check:
22 11/01/22 11:25 .100

Subject Name

Test #2

Subject I.D.

Operator Name, I.D.

P. Schildknecht 210253

Location

MSC

AS IV Serial no: 111655
Version no: 532B

TEST RECORD 01113

Temp Date Time 210L
g/

Air Blank:
11/01/22 11:27 .000
Calibration Check:
22 11/01/22 11:27 .099

Subject Name

Test #3

Subject I.D.

Operator Name, I.D.

P. Schildknecht 210253

Location

MSC

AS IV Serial no: 111655
Version no: 532B

TEST RECORD 01114

Temp Date Time 210L
g/

VOID: RFI
12 11/01/22 11:28

Subject Name

RFI

Subject I.D.

Operator Name, I.D.

P. Schildknecht 210253

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 11/12/2021

NUMBER 210253

EXPIRES 11/12/2023

Laura G. 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