



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
STATE PUBLIC HEALTH LABORATORY  
BREATH ALCOHOL PROGRAM

**INTOX DMT MAINTENANCE REPORT**

**RECEIVED**

By Tracy Crews at 3:49 pm, Jun 10, 2022

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35 days).  
Complete this report whenever the instrument is serviced or repaired and whenever it is placed into service.  
Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

INTOX DMT SN <b>500224</b>	NAME OF AGENCY <b>Johnson County Sheriff's Office</b>	DATE OF INSPECTION <b>06/09/2022</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>278 SW 871 rd Centerview, MO</b>		TIME OF INSPECTION <b>18:51:48</b>

CHECKLIST: Place a mark in the box by each item if found to be satisfactory or is operating within established limits. (Write in observed values where determined). Unmarked items must be corrected before using instrument.

**DIAGNOSTIC RECORD**

DATE AND TIME <u>06/09/2022 18:51:50</u>	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTER 1
<input checked="" type="checkbox"/> SAMPLE CHAMBER <u>48.8°C</u>	<input checked="" type="checkbox"/> FILTER 2
<input checked="" type="checkbox"/> BREATH TUBE <u>44.3°C</u>	<input checked="" type="checkbox"/> FILTER 3
<input checked="" type="checkbox"/> PUMP	<input checked="" type="checkbox"/> INTERNAL STANDARD

**BREATH ANALYZER ACCURACY STANDARDS**

<input type="checkbox"/> SIMULATOR STANDARD	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
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<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>INTOXIMETERS</u>	LOT # <u>AG130104</u>	EXP. DATE <u>10/28/2023</u>
<input type="checkbox"/> SIMULATOR TEMP (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. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard being used.

0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE

0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE

0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

TEST 1: <b>0.100</b>	TEST 2: <b>0.100</b>	TEST 3: <b>0.100</b>
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**PERFORM R.F.I. TEST**

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:

REFUSALS: <b>0</b>	0-.04: <b>5</b>	.05-.09: <b>0</b>	.10-.14: <b>2</b>	.15-.19: <b>0</b>	OVER .19: <b>0</b>
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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)

June maintenance

**INSPECTING OFFICER**

SIGNATURE 	PRINT FULL NAME <b>RYAN SCHILDKNECHT</b>
TYPE II PERMIT NUMBER <b>210253</b>	EXPIRATION DATE <b>11/12/2023</b>
	TELEPHONE NUMBER <b>660-747-6469</b>

RETURN COMPLETED REPORT TO THE Breath Alcohol Program, Missouri Department of Health and Senior Services by mail, fax, or email

AS IV Serial no: 111760  
Version no: 532B

TEST RECORD 00564

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

Air Blank:  
06/09/22 18:55 .000  
Calibration Check:  
20 06/09/22 18:55 .098

Subject Name

Test#1  
Subject I.D.

Operator Name, I.D.

Ryan Schicknecht 210253  
Location  
JCSO

AS IV Serial no: 111760  
Version no: 532B

TEST RECORD 00565

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

Air Blank:  
06/09/22 18:56 .000  
Calibration Check:  
20 06/09/22 18:56 .098

Subject Name

Test#2  
Subject I.D.

Operator Name, I.D.

Ryan Schicknecht 210253  
Location  
JCSO

AS IV Serial no: 111760  
Version no: 532B

TEST RECORD 00566

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

Air Blank:  
06/09/22 18:58 .000  
Calibration Check:  
21 06/09/22 18:58 .097

Subject Name

Test#3  
Subject I.D.

Operator Name, I.D.

Ryan Schicknecht 210253  
Location  
JCSO

AS IV Serial no: 111760  
Version no: 532B

TEST RECORD 00567

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

VOID: RFI  
12 06/09/22 18:59

Subject Name

RFF  
Subject I.D.

Operator Name, I.D.

Ryan Schicknecht 210253  
Location  
JCSO

AS IV Serial no: 111760  
Version no: 532B

TEST RECORD 00568

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

Air Blank:  
06/09/22 19:00 .000  
Subject Test: Auto  
22 06/09/22 19:00 .000

Subject Name

Self test  
Subject I.D.

Operator Name, I.D.

Ryan Schicknecht 210253  
Location  
JCSO



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-Jul-2021

**Lot # AG120101 Model 108cadd**

<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
20-Jul-2023	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: 2021.07.21 19:22:57 -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**



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

MO 580-0771 (6-10)

*Laura G. Wray*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Donald A. Kamm*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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