



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

RECEIVED

By Tracy Crews at 12:22 pm, Aug 30, 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 30799	NAME OF AGENCY Sweet Springs (MSC)	DATE OF INSPECTION 08/21/2024
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LOCATION OF INSTRUMENT (STREET AND CITY) 1200 S. Holden St. Warrensburg, MO 64093	TIME OF INSPECTION 4:05 pm
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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 .097	TEST 2 .098	TEST 3 .097
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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: 030799
Version no: 532B

TEST RECORD 00340

Temp Date Time ^{s/} 210L

Air Blank:
08/21/24 16:05 .000
Calibration Check:
25 08/21/24 16:05 .097

Subject Name
Cal
Subject I.D.

Operator Name, I.D.

[Signature]
Location
MSC

AS IV Serial no: 030799
Version no: 532B

TEST RECORD 00341

Temp Date Time ^{s/} 210L

Air Blank:
08/21/24 16:07 .000
Calibration Check:
26 08/21/24 16:07 .097

Subject Name
Test 1
Subject I.D.

Operator Name, I.D.

[Signature]
Location
MSC

AS IV Serial no: 030799
Version no: 532B

TEST RECORD 00342

Temp Date Time ^{s/} 210L

Air Blank:
08/21/24 16:09 .000
Calibration Check:
26 08/21/24 16:09 .098

Subject Name
Test 2
Subject I.D.

Operator Name, I.D.

[Signature]
Location
MSC

AS IV Serial no: 030799
Version no: 532B

TEST RECORD 00343

Temp Date Time ^{s/} 210L

Air Blank:
08/21/24 16:11 .000
Calibration Check:
26 08/21/24 16:11 .097

Subject Name
~~Test 3~~ Test 3
Subject I.D.

Operator Name, I.D.

[Signature]
Location
MSC

AS IV Serial no: 030799
Version no: 532B

TEST RECORD 00344

Temp Date Time ^{s/} 210L

VOID: RFI
12 08/21/24 16:13

Subject Name
RFI
Subject I.D.

Operator Name, I.D.

[Signature]
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: 5-Apr-2023

Lot # AG309501 **Model** 108

Exp Date	Cyl. Type	Component	Certified Concentration
5-Apr-2025	108	Ethanol Nitrogen	0.100 ± 2% BrAC (272 ppm)

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

RGM Serial No.	Concentration	RGM Serial No.	Concentration
EB0010581	391.8 ppm	EB0010603	392.5 ppm
EB0010570	259.8 ppm	EB0010559	258.9 ppm
EB0010285	209.0 ppm	EB0010562	104.2 ppm
EB0010561	103.7 ppm	EB0010579	52.94 ppm
EB0010681	52.22 ppm		

CRM Serial No.	Concentration	CRM Serial No.	Concentration
CC727481	300.0 ppm	CC727493	390.0 ppm
CC727496	253.0 ppm	CC727498	150.0 ppm

Analytical Method: NDIR

Digitally signed by:Quality Control
 Reason:Dry gas standard certification of analysis
 Location:Airgas USA LLC (Lab)
 Date:04.05.2023 17:34

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 10/19/2023

NUMBER 230225

EXPIRES 10/19/2025

Laura P. Wray

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

[Signature]

, acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 590-0771 (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