



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

**RECEIVED**  
 By Tracy Crews at 7:41 am, Nov 18, 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 111662	NAME OF AGENCY MSHP (MSC)	DATE OF INSPECTION 11/13/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 1200 S. Holden St. Warrensburg, MO		TIME OF INSPECTION 11:35 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 # AG311004 \_\_\_\_\_ EXP. DATE 04/20/2025 \_\_\_\_\_

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 • .097

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
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TYPE II PERMIT NUMBER/EXPIRATION DATE 230225 10/19/2025	TELEPHONE NUMBER (660) 543-4573
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**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: 111662  
Version no: 532B

TEST RECORD 00080

Temp Date Time <sup>✓</sup> 219L

Air Blank:  
11/12/24 11:35 .000  
Calibration Check:  
25 11/12/24 11:35 .007

Subject Name

Cal

Subject I.D.

Operator Name, I.D.

*[Signature]* 230225

Location

MSC

AS IV Serial no: 111662  
Version no: 532B

TEST RECORD 00081

Temp Date Time <sup>✓</sup> 219L

Air Blank:  
11/12/24 11:37 .000  
Calibration Check:  
25 11/12/24 11:37 .007

Subject Name

Test 1

Subject I.D.

Operator Name, I.D.

*[Signature]* 230225

Location

MSC

AS IV Serial no: 111662  
Version no: 532B

TEST RECORD 00082

Temp Date Time <sup>✓</sup> 219L

Air Blank:  
11/12/24 11:38 .000  
Calibration Check:  
25 11/12/24 11:38 .007

Subject Name

Test 2

Subject I.D.

Operator Name, I.D.

*[Signature]* 230225

Location

MSC

AS IV Serial no: 111662  
Version no: 532B

TEST RECORD 00083

Temp Date Time <sup>✓</sup> 219L

Air Blank:  
11/12/24 11:40 .000  
Calibration Check:  
25 11/12/24 11:40 .007

Subject Name

Test 3

Subject I.D.

Operator Name, I.D.

*[Signature]* 230225

Location

MSC

AS IV Serial no: 111662  
Version no: 532B

TEST RECORD 00084

Temp Date Time <sup>✓</sup> 219L

Air Blank:  
11/12/24 11:41 .000  
Calibration Check:  
25 11/12/24 11:41 .007

Subject Name

RFD

Subject I.D.

Operator Name, I.D.

*[Signature]* 230225

Location

MSC





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 10/19/2023

NUMBER 230225

EXPIRES 10/19/2025

*Laura G. Way*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*[Signature]*

, acting director

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 230225  
 Date Issued 10/19/2023 Date Expires 10/19/2025