



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

**RECEIVED**

By Tracy Crews at 12:04 pm, Aug 06, 2024

REPORT #1

**INTOX DMT MAINTENANCE REPORT**

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 500027	NAME OF AGENCY Hillsboro Police Dept.	DATE OF INSPECTION 08/05/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 101 Main Street 63050		TIME OF INSPECTION 15:17:18

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>08/05/2024 15:17:20</u>	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTER 1
<input checked="" type="checkbox"/> SAMPLE CHAMBER <u>48.7°C</u>	<input checked="" type="checkbox"/> FILTER 2
<input checked="" type="checkbox"/> BREATH TUBE <u>48.1°C</u>	<input checked="" type="checkbox"/> FILTER 3
<input checked="" type="checkbox"/> PUMP	<input checked="" type="checkbox"/> INTERNAL STANDARD

BREATH ANALYZER ACCURACY STANDARDS

SIMULATOR STANDARD       COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER INTOXIMETERS      LOT # AG306503      EXP. DATE 03/06/2025

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: 0.097      TEST 2: 0.097      TEST 3: 0.097

PERFORM R.F.I. TEST

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

REFUSALS: 0	0-.04: 0	.05-.09: 0	.10-.14: 0	.15-.19: 0	OVER .19: 0
-------------	----------	------------	------------	------------	-------------

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 and lubricated filter wheel

**INSPECTING OFFICER**

SIGNATURE 	PRINT FULL NAME RYAN SCHILDKNECHT	
TYPE II PERMIT NUMBER 230225	EXPIRATION DATE 10/19/2025	TELEPHONE NUMBER 660-543-4573

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

CALIBRATION FACTORS

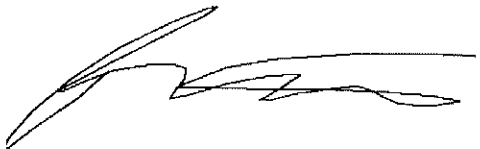
-----  
Hillsboro Police Dept.  
INTOX dmt: 500027  
-----

Date: 08/05/2024  
Time: 14:59:10

OPERATOR NAME:  
RYAN SCHILDKNECHT  
PERMIT NUMBER: 230225  
EXPIRATION DATE: 10/19/2025

LOT #: 23390  
SUPPLIER: GUTH  
EXPIRATION: 10/17/2025

Ca = 0.1000  
ADJ = 0.992968    0.800 <= ADJ < 1.200  
b1 = 0.0004    0.0000 <= b1 < 0.0040  
b2 = 0.0042    0.0010 <= b2 < 0.0100  
b3 = 0.0000    0.0000 <= b3 < 0.0040  
Xq = 0.0877    0.0500 <= Xq < 0.2500  
a21 = 1.183467    1.050 <= a21 < 1.300  
a31 = 0.449943    0.300 <= a31 < 0.800







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

2

**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 580-0771 (6-10)

LAB-4 (F6-10)

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