



RECEIVED
By Brian Lutmer at 1:40 pm, Mar 17, 2025

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 119731	NAME OF AGENCY California PD (MSC)	DATE OF INSPECTION 03/12/2025
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LOCATION OF INSTRUMENT (STREET AND CITY) 1200 S. Holden St. Warrensburg, MO 64093	TIME OF INSPECTION 11:42 am
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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 <u>Intoximeters</u>	LOT # <u>AG311004</u> EXP. DATE <u>04/20/2025</u>
<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 • .096	TEST 2 • .096	TEST 3 • .095
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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: 119731
Version no: 532C

TEST RECORD 00330

Temp Date Time ^{a/} 210L

Air Blank:
03/12/25 11:42 .000
Calibration Check:
22 03/12/25 11:42 .096

Subject Name

Test 1

Subject I.D.

Operator Name, I.D.

[Signature]

Location

MSC

AS IV Serial no: 119731
Version no: 532C

TEST RECORD 00331

Temp Date Time ^{a/} 210L

Air Blank:
03/12/25 11:44 .000
Calibration Check:
22 03/12/25 11:44 .096

Subject Name

Test 2

Subject I.D.

Operator Name, I.D.

[Signature]

Location

MSC

AS IV Serial no: 119731
Version no: 532C

TEST RECORD 00332

Temp Date Time ^{a/} 210L

Air Blank:
03/12/25 11:46 .000
Calibration Check:
23 03/12/25 11:46 .095

Subject Name

Test 3

Subject I.D.

Operator Name, I.D.

[Signature]

Location

MSC

AS IV Serial no: 119731
Version no: 532C

TEST RECORD 00333

Temp Date Time ^{a/} 210L

VOID: RFI
12 03/12/25 11:47

Subject Name

RFI

Subject I.D.

Operator Name, I.D.

[Signature]

Location

MSC

AS IV Serial no: 119731
Version no: 532C

TEST RECORD 00334

Temp Date Time ^{a/} 210L

Air Blank:
03/12/25 11:49 .000
Standard Test: Auto
24 03/12/25 11:49 .000

Subject Name

Self test

Subject I.D.

Operator Name, I.D.

[Signature]

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 Q. 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

