



**RECEIVED**

By Ellen Strawsine at 10:42 am, Jan 07, 2016

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 030791	PRINTER SN 84.9324.152	DATE OF INSPECTION 01/05/2016
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LOCATION OF INSTRUMENT (STREET AND CITY) Hazelwood Police Department BAT Van	TIME OF INSPECTION 9:25 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**

SIMULATOR SOLUTION  COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER Guth Laboratories LOT # 14220 EXP. DATE 09/24/2016

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIMULATOR SN SD2742 SIMULATOR EXP DATE 11/09/2016

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 ← .099      TEST 2 ← .098      TEST 3 ← .098

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	(0-.04)	0	(.05-.09)	0	(.10-.14)	0	(.15-.19)	0	(OVER .19)	0
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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).

9 volt battery replaced prior to Maintenance Report, and accuracy check conducted. No other alterations or modifications were made. Simulator solution bottle number 897 was used.

**INSPECTING OFFICER**

SIGNATURE 	PRINT NAME Norman D. Mars, II
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TYPE II PERMIT NUMBER/EXPIRATION DATE 250243/11-06-2017	TELEPHONE NUMBER (314) 838-5000
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**Return completed report to the:** Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office  
2875 James Boulevard  
Poplar Bluff, MO 63901

AS IV Serial no: 030791  
Version no: 532B

TEST RECORD 00137

Temp Date Time 210L

Air Blank: 01/05/16 09:25 .000  
Calibration Check: 18 01/05/16 09:25 .099

Subject Name

BA MAINTENANCE

Subject I.D.

NORMAN MARS, 273

Operator Name, I.D.

HAZEWOOD P.D.

Location

BAT VAN

250243, 11-6-17

AS IV Serial no: 030791  
Version no: 532B

TEST RECORD 00138

Temp Date Time 210L

Air Blank: 01/05/16 09:26 .000  
Calibration Check: 19 01/05/16 09:26 .098

Subject Name

BA MAINTENANCE

Subject I.D.

NORMAN MARS, 273

Operator Name, I.D.

HAZEWOOD PD

Location

BAT VAN

250243, 11-6-17

AS IV Serial no: 030791  
Version no: 532B

TEST RECORD 00139

Temp Date Time 210L

Air Blank: 01/05/16 09:28 .000  
Calibration Check: 21 01/05/16 09:28 .098

Subject Name

BA MAINTENANCE

Subject I.D.

NORMAN MARS, 273

Operator Name, I.D.

HAZEWOOD PD

Location

BAT VAN

250243, 11-6-17

AS IV Serial no: 030791  
Version no: 532B

TEST RECORD 00140

Temp Date Time 210L

Air Blank: 01/05/16 09:29  
Calibration Check: 12 01/05/16 09:29

Subject Name

BA MAINTENANCE

Subject I.D.

NORMAN MARS, 273

Operator Name, I.D.

HAZEWOOD PD

Location

BAT VAN

250243, 11-6-17



**GUTH LABORATORIES, INC.**

960 NORTH 6TH STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-684-9470

## CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 14220 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **September 25, 2014**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1200%** (w/vol) ethyl alcohol. The expiration date for this lot number is **September 24, 2016** at 11:59 PM.

When used in a calibrated Simulator, operating at  $34^{\circ}\text{C} \pm 0.2^{\circ}\text{C}$ , this solution will give a breath alcohol analysis instrument reading of **0.100 g/210L**  $\pm 3\%$ .

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The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President  
GUTH LABORATORIES, INC.

*NIST Traceability:*

*Testing was conducted using Certified Reference Standard lot number 17000051301 whose values are traceable to NIST.*

*All balances are calibrated annually by an outside agency using NIST traceable weights. A calibration certification is done prior to each use utilizing NIST traceable weights.*



Missouri Department of Health and Senior Services  
P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010  
RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2966 VOICE 1-800-735-2466  
Gail Vasterling  
Director



Jeremiah W. (Jay) Nixon  
Governor

Missouri Department of Health and Senior Services Breath Alcohol Program

***SIMULATOR CALIBRATION REPORT***

This is to certify that the simulator listed below has been examined and tested using standards traceable to the National Institute of Standards and Technology (NIST) in accordance to the standards set by the Rules of Missouri Department of Health and Senior Services, 19 CSR 25-30.

**SIMULATOR INFORMATION**

Agency: HAZELWOOD PD  
Serial Number: SD2742  
Manufacturer: Guth  
Model Number: 10-4D

**CALIBRATION RESULTS**

<u>Reference Temperature</u>	<u>Simulator Temperature</u>
33.96	34.0

This calibration was performed with  
NIST-Traceable Thermometer SN: 093752

This simulator was tested by: RWW

This testing was performed: 11/09/2015

This certification expires: 11/09/2016

Signature of certifying DHSS  
Scientist: 

Name of certifying DHSS Scientist: Ellen Strawsine

# MISSOURI SAFETY CENTER SIMULATOR CHECK WORKSHEET



Date: 11/15	Time: 0900	Date Last Checked: 11/20/2014	Agency: <u>HAZELWOOD PD</u>
Simulator Model:	[ ] 2100 [X] 10-4D [ ] 12V500	Simulator Serial #:	<u>SD 2792</u>
Thermometer serial #:	<u>093752</u>	Email address:	<u>MAILED IN TO US</u>
Thermometer certification date:	<u>09/8/15</u>	Agency property #:	<u>none</u>
Thermometer expiration date:	<u>09/8/16</u>	Thermometer reading:	Simulator reading:
1 <sup>st</sup> check time:	<u>11:22</u>	<u>33.96</u>	<u>34.0</u>
2 <sup>nd</sup> check time:	<u>11:24</u>	<u>33.97</u>	<u>34.0</u>
3 <sup>rd</sup> check time:	<u>11:26</u>	<u>33.96</u>	<u>34.0</u>
4 <sup>th</sup> check time:	<u>11:28</u>	<u>33.96</u>	<u>34.0</u>
5 <sup>th</sup> check time:	<u>11:30</u>	<u>33.96</u>	<u>34.0</u>
Average readings:		<u>33.96</u>	
Bias calculation:		<u>-0.04</u>	
This form meets or exceeds the requirements of the Missouri Department of Health and Senior Services.			TECHNICIAN INITIALS: <u>RWW</u>

- Check "o" rings on quick-disconnects and replace as needed.
- Check simulator "o" ring and replace as needed.
- Check jar for breaks/cracks and replace as needed.

COMMENTS:

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This simulator is operating within DHSI's in-annex alcohol specifications (10228 23-30-001).

SIMULATOR SERIAL NO.: SD2742  
 EXPIRATION DATE: 11/09/2016  
 DATE OF CALIBRATION CHECK: 11/09/2015  
 NIST REF. THERM. SERIAL NO.: 093752  
 AVERAGE SIM. TEMP.: 33.96 C  
 ANALYST INITIALS: RWW



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

**INTOX EC/IR II MAINTENANCE REPORT**

REPORT #3

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 EC/IR II SN 12675	NAME OF AGENCY Hazelwood Police Dept.	DATE OF INSPECTION 01/05/2016
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LOCATION OF INSTRUMENT (STREET AND CITY) 415 Elm Grove Lane Hazelwood	TIME OF INSPECTION 09:01 CST
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**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.

<input checked="" type="checkbox"/> <b>DIAGNOSTIC RECORD</b>	
<input checked="" type="checkbox"/> BLANK CHECK	<input checked="" type="checkbox"/> CO2 CHECK
<input checked="" type="checkbox"/> FC 1 TEMP	<input checked="" type="checkbox"/> FLOW CHECK
<input checked="" type="checkbox"/> SRC TEMP	<input checked="" type="checkbox"/> FCB CHECK
<input checked="" type="checkbox"/> DET TEMP	<input checked="" type="checkbox"/> CRC COMP CHECK
<input checked="" type="checkbox"/> BT TEMP	<input checked="" type="checkbox"/> CRC CAL CHECK
<input checked="" type="checkbox"/> STD 2 TEMP	<input checked="" type="checkbox"/> PRINT TEST
<input checked="" type="checkbox"/> ETH CHECK	

<b>BREATH ANALYZER ACCURACY STANDARDS</b>		
<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE	
<input checked="" type="checkbox"/> STANDARD SUPPLIER Intoximeters	LOT# AG400803	EXP. DATE 01/08/2016
<input type="checkbox"/> SIMULATOR TEMP (34°C ±0.2°C)	SIMULATOR S/N	SIMULATOR EXP DATE

<input checked="" type="checkbox"/> <b>CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)</b>
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. Mark the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)
<input checked="" type="checkbox"/> 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE
<input type="checkbox"/> 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE
<input type="checkbox"/> 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

TEST 1 → 0.100 g/210L	TEST 2 → 0.100 g/210L	TEST 3 → 0.100 g/210L
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**INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:**

REFUSALS	0	0-.04	9	.05-.09	0	.10-.14	0	.15-.19	0	OVER .19	0
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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).

<b>INSPECTING OFFICER</b>	
SIGNATURE ▶ <i>Norman D. Mars II</i>	PRINT FULL NAME MARS II, NORMAN
TYPE II PERMIT NUMBER 250243	EXPIRATION DATE 11/06/2017
	TELEPHONE NUMBER ( 314 ) 838-5000

**RETURN COMPLETED REPORT TO THE:**  
 Breath Alcohol Program, Missouri Department of Health and Senior Services,  
 Southeast District Office, 2875 James Blvd, Poplar Bluff, MO 63901



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:** 29-Sep-2015

**Lot # AG527202 Model 108caccd**

**Exp. Date**

29-Sep-2017

**Cyl. Type**

108

**Component**

Ethanol  
Nitrogen

**Certified Concentration**

0.100 ± 2% BrAC (272 ppm)  
Balance

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

**Serial No.**

EB0010581

**Concentration**

391.8 ppm

EB0010570

259.8 ppm

EB0010285

209.0 ppm

EB0010561

103.7 ppm

EB0010681

52.22 ppm

**Serial No.**

EB0010603

**Concentration**

392.5 ppm

EB0010559

258.9 ppm

EB0010595

208.9 ppm

EB0010562

104.9 ppm

EB0010579

52.94 ppm

**Analytical Method:**

NDIR

Digitally signed by Quality Control  
Date: 2015.09.30 13:28:55 -05:00  
Reason: Dry gas standard certification of analysis  
Location: Airgas USA LLC (Lab)

**Analyst:**

Rod Marsala

**ISO 17025:2005 A2LA accredited. Certificate Number 2989.01**



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

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**PERMIT**  
**TYPE II**  
**NORMAN D MARS II**

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

**ALCO-SENSOR IV WITH PRINTER, INTOX EC/IR II**

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 11/6/2015

NUMBER 250243

EXPIRES 11/6/2017

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (P6-10)

**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 MARS II, NORMAN  
Permit No 250243  
Date Issued 11/6/2015 Date Expires 11/6/2017