



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

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 03/04/2016 |
|-----------------------------|---------------------------|----------------------------------|

| | |
|---|-------------------------------|
| LOCATION OF INSTRUMENT (STREET AND CITY) Hazelwood Police Department BAT Van | TIME OF INSPECTION 1:39 pm |
|---|-------------------------------|

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 .100

TEST 2 .100

TEST 3 .099

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 |
|----------|---|---------|---|-----------|---|-----------|---|-----------|---|------------|---|

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).

No alterations or modifications have been made.

INSPECTING OFFICER

SIGNATURE

PRINT NAME
Norman D. Mars

TYPE II PERMIT NUMBER/EXPIRATION DATE
250243 / 11-06-2017

TELEPHONE NUMBER
(314) 838-5000

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 00159 %
Temp Date Time 210L

Air Blank: 12 03/04/16 13:43
Calibration Check: RFI

Subject Name
MAINT. REPORT
Subject I.D.

NORMAN MAES 273
Operator Name, I.D.
HAZEWOOD PD
Location
BAT VAN

250243, 11-6-17

AS IV Serial no: 030791
Version no: 532B

TEST RECORD 00158 %
Temp Date Time 210L

Air Blank: 03/04/16 13:42 .000
Calibration Check: 23 03/04/16 13:42 .099

Subject Name
MAINT. REPORT
Subject I.D.

NORMAN MAES 273
Operator Name, I.D.
HAZEWOOD PD
Location
BAT VAN

250243, 11-6-17

AS IV Serial no: 030791
Version no: 532B

TEST RECORD 00157 %
Temp Date Time 210L

Air Blank: 03/04/16 13:40 .000
Calibration Check: 22 03/04/16 13:40 .100

Subject Name
MAINT. REPORT
Subject I.D.

NORMAN MAES 273
Operator Name, I.D.
HAZEWOOD PD
Location
BAT VAN

250243, 11-6-17

AS IV Serial no: 030791
Version no: 532B

TEST RECORD 00156 %
Temp Date Time 210L

Air Blank: 03/04/16 13:39 .000
Calibration Check: 21 03/04/16 13:39 .100

Subject Name
MAINT. REPORT
Subject I.D.

NORMAN MAES 273
Operator Name, I.D.
HAZEWOOD P.D.
Location
BAT VAN

250243, 11-6-17



GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-584-5470

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 0.1209% (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°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of 0.100 g/210L +/- 3%.

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 Cerilliant Reference Standard lot number FN08051301 whose values are traceable to NIST.

All balances are calibrated annually by an outside agency using NIST traceable weights. Calibration verification 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
 Gall 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 | HAZELWOOD PD |
| Simulator Model: | <input type="checkbox"/> 2100 <input checked="" type="checkbox"/> 10-4D <input type="checkbox"/> 12V500 | Simulator Serial #: | SD 2742 | |
| Thermometer serial #: | 093752 | Email address: | MAILED IN TO US | |
| Thermometer certification date: | 09/8/15 | Agency property #: | <input checked="" type="checkbox"/> none | |
| Thermometer expiration date: | 09/8/16 | Thermometer reading: | Simulator reading: | |
| 1 st check time: | 11:22 | 33.96 | 34.0 | |
| 2 nd check time: | 11:24 | 33.97 | 34.0 | |
| 3 rd check time: | 11:26 | 33.96 | 34.0 | |
| 4 th check time: | 11:28 | 33.96 | 34.0 | |
| 5 th check time: | 11:30 | 33.96 | 34.0 | |
| Average readings: | | | 34.0 | |
| Bias calculation: | -0.04 | TECHNICIAN INITIALS: | RWV | |

This form meets or exceeds the requirements of the Missouri Department of Health breath alcohol program.

- 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:

This simulator is operating within DHSS breath alcohol specifications (10/23-20/01).



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



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 03/04/2016 |
|----------------------------|--|----------------------------------|

| | |
|--|---------------------------------|
| LOCATION OF INSTRUMENT (STREET AND CITY) 415 Elm Grove Lane Hazelwood | TIME OF INSPECTION 11:23 CST |
|--|---------------------------------|

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"/> DIAGNOSTIC RECORD | |
| <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 | |

| | | |
|--|--|----------------------|
| BREATH ANALYZER ACCURACY STANDARDS | | |
| <input type="checkbox"/> SIMULATOR SOLUTION | <input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE | |
| <input checked="" type="checkbox"/> STANDARD SUPPLIER Intoximeters | LOT# AG527202 | EXP. DATE 09/29/2017 |
| <input type="checkbox"/> SIMULATOR TEMP (34°C ±0.2°C) | SIMULATOR S/N | SIMULATOR EXP DATE |

| | |
|---|--|
| <input checked="" type="checkbox"/> 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. 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 0.099 g/210L | TEST 3 0.099 g/210L |
|---------------------|---------------------|---------------------|

| | | | | | | | | | | | |
|---|---|-------|---|---------|---|---------|---|---------|---|----------|---|
| INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: | | | | | | | | | | | |
| REFUSALS | 1 | 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).

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

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

| <u>Exp. Date</u> | <u>Cyl. Type</u> | <u>Component</u> | <u>Certified Concentration</u> |
|------------------|------------------|---------------------|--------------------------------------|
| 29-Sep-2017 | 108 | Ethanol Nitrogen | 0.100 ± 2% BrAC (272 ppm) Balance |

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

| <u>Serial No.</u> | <u>Concentration</u> | <u>Serial No.</u> | <u>Concentration</u> |
|-------------------|----------------------|-------------------|----------------------|
| EB0010581 | 391.8 ppm | EB0010603 | 392.5 ppm |
| EB0010570 | 259.8 ppm | EB0010559 | 258.9 ppm |
| EB0010285 | 209.0 ppm | EB0010595 | 208.9 ppm |
| EB0010561 | 103.7 ppm | EB0010562 | 104.9 ppm |
| EB0010681 | 52.22 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

2

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

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