



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 02/22/2023 |
|----------------------------|--|----------------------------------|

| | |
|--|---------------------------------|
| LOCATION OF INSTRUMENT (STREET AND CITY) 415 Elm Grove Lane Hazelwood | TIME OF INSPECTION 07:25 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# AG231902 | EXP. DATE 11/15/2024 |
|--|---------------|----------------------|

| | | |
|---|---------|--------------------|
| <input type="checkbox"/> 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 solution. All three tests must be within $\pm 5\%$ of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard solution 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 \approx 0.100 g/210L | TEST 2 \approx 0.100 g/210L | TEST 3 \approx 0.100 g/210L |
|-------------------------------|-------------------------------|-------------------------------|

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 | 1 | .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).

BA MAINT. FEB 2023

INSPECTING OFFICER

| | |
|---------------------------------|--|
| SIGNATURE | PRINT FULL NAME MONTICELLI, MICHAEL |
| TYPE 14 PERMIT NUMBER 220234 | EXPIRATION DATE 09/14/2024 |
| | TELEPHONE NUMBER (314) 838-5000 |

RETURN COMPLETED REPORT TO THE:

Breath Alcohol Program, Missouri Department of Health and Senior Services,
 by mail, fax, or e-mail



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: 17-Nov-2022

Lot # AG231902 **Model** 108

| | | | |
|--------------------------------|-------------------------|---|---|
| Exp Date 15-Nov-2024 | Cyl. Type 108 | Component Ethanol Nitrogen | Certified Concentration 0.100 ± 2% BrAC (272 ppm) |
|--------------------------------|-------------------------|---|---|


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

| RGM Serial No. | Concentration | RGM Serial No. | Concentration |
|----------------|---------------|----------------|---------------|
| EB0010581 | 391.8 ppm | EB0010603 | 392.5 ppm |
| EB0010570 | 259.8 ppm | EB0010559 | 258.9 ppm |
| EB0010285 | 209.0 ppm | EB0010562 | 104.2 ppm |
| EB0010561 | 103.7 ppm | EB0010579 | 52.94 ppm |
| EB0010681 | 52.22 ppm | | |

| CRM Serial No. | Concentration | CRM Serial No. | Concentration |
|----------------|---------------|----------------|---------------|
| CC727481 | 800.0 ppm | CC727493 | 390.0 ppm |
| CC727496 | 253.0 ppm | CC727498 | 150.0 ppm |

Analytical Method: NDIR

Digitally signed by:Quality Control
 Reason:Dry gas standard certification of analysis
 Location:Airgas USA LLC (Lab)
 Date:11.17.2022 20:17

Approved for Release: 
 Rod Marsala

ISO 17025:2017 A2LA accredited. Certificate Number 3082.06
ISO 17034:2016 A2LA accredited. Certificate Number 3082.07



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 03791 | NAME OF AGENCY Hazelwood Police Department | DATE OF INSPECTION 02/22/2023 |
| LOCATION OF INSTRUMENT (STREET AND CITY) 415 Elm Grove Lane / Hazelwood, Missouri 63042 | | TIME OF INSPECTION 7:15 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 Guth Laboratories LOT # 22080 EXP. DATE 03/07/2024

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIM. SN MP6029 SIM. NIST EXP DATE 07/11/2023

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 .101

TEST 2 .101

TEST 3 .100

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).

BA Maintenance February 2023
 Simulator Solution Bottle #661

INSPECTING OFFICER

SIGNATURE

PRINT NAME
Michael A. Monticelli

TYPE II PERMIT NUMBER/EXPIRATION DATE
220234 / 09/14/2024

TELEPHONE NUMBER
(314) 838-5000

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: 030791
Version no: 532B

TEST RECORD 00834

Temp Date Time 210L

Air Blank: 02/22/23 07:36 .000
Calibration Check: 22 02/22/23 07:36 .101

Subject Name
TEST # 1
Subject I.D.

Operator Name, I.D.
MONTRELL 220234

Location
HAZELWOOD BAT VAN

AS IV Serial no: 030791
Version no: 532B

TEST RECORD 00835

Temp Date Time 210L

Air Blank: 02/22/23 07:38 .000
Calibration Check: 23 02/22/23 07:38 .101

Subject Name
TEST # 2
Subject I.D.

Operator Name, I.D.
MONTRELL 220234

Location
HAZELWOOD BAT VAN

AS IV Serial no: 030791
Version no: 532B

TEST RECORD 00836

Temp Date Time 210L

Air Blank: 02/22/23 07:40 .000
Calibration Check: 24 02/22/23 07:40 .100

Subject Name
TEST # 3
Subject I.D.

Operator Name, I.D.
MONTRELL 220234

Location
HAZELWOOD BAT VAN

AS IV Serial no: 030791
Version no: 532B

TEST RECORD 00837

Temp Date Time 210L

VOID: RFI
12 02/22/23 07:41

Subject Name
TEST # 4
Subject I.D.

Operator Name, I.D.
MONTRELL 220234

Location
HAZELWOOD BAT VAN

RFI TEST

AS IV Serial no: 030791
Version no: 532B

TEST RECORD 00838

Temp Date Time 210L

VOID: INSF SAMP
6 02/22/23 07:43

Subject Name
TEST # 5

Subject I.D.
INSF SAMP

Operator Name, I.D.
MONTRELL 220234

Location
HAZELWOOD BAT VAN

AS IV Serial no: 030791
Version no: 532B

TEST RECORD 00839

Temp Date Time 210L

Air Blank: 02/22/23 07:44 .000
Subject Test: Auto
25 02/22/23 07:44 .000

Subject Name
TEST # 6

Subject I.D.
BLANK TEST

Operator Name, I.D.
MONTRELL 220234

Location
HAZELWOOD BAT VAN



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 1-800-795-2466



Paula Nickelson
 Acting Director

Michael L. Parson
 Governor

SIMULATOR CERTIFICATION REPORT

SIMULATOR INFORMATION

Simulator Serial Number: MP6029 Manufacturer: Guth
 Model Number: 12V500
 Agency: HAZELWOOD PD
 Agency Address: 415 ELM GROVE LANE, HAZELWOOD, MO 63042

NIST THERMOMETER INFORMATION

Serial Number: 17KMM00690 Bias: 0.01
 Uncertainty: 0.02
 Date of Certification: 11/10/2021 Date of Expiration: 11/10/2022

ENVIRONMENTAL CONDITIONS

The environmental conditions during testing are within the tolerances of DHSS BAP method 3.

VERIFICATION RESULTS

| <u>Simulator Average</u> | <u>NIST Average</u> | <u>Combined Uncertainty</u> |
|--------------------------|---------------------|-----------------------------|
| 34.00 | 34.01 | .03 |

The combined uncertainty is calculated with a k=2 value.

ADJUSTMENT RESULTS

No adjustment was needed.

Date of testing: 7/11/2022

Certification Expiration: 7/11/2023

Simulator testing technician: M. BOND

Notes on Condition: none

Deviation(s) from method: none

DHSS BAP Scientist Approving: BRIANNA MEDRANO

Certification No: MP6029_7112022

X

DHSS BAP Scientist Approving

Simulator Calibration Certification
 issued by Lab Manager, DHSS BAP
 Revision Date: 06/25/2022

Breath Alcohol Program
 1903 Northwood Drive, Suite 4
 Poplar Bluff, MO 63901

DHSS BAP Document 3.6A
 Revision 2
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GUTH LABORATORIES, INC.

690 NORTH 97th STREET • HARRISBURG, PA 17114-4511 • TELEPHONE: 717-664-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 22080 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on March 9, 2022, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1214% (w/vol) ethyl alcohol. The expiration date for this lot number is March 7, 2024 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 Certified Reference Standard lot number RN03052002 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.*



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

2

**PERMIT
 TYPE II**

MICHAEL A. MONTICELLI

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 9/14/2022

NUMBER 220234

EXPIRES 9/14/2024

Mike Massman

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

David J. Nielson

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 MONTICELLI, MICHAEL
 Permit No 220234
 Date Issued 9/14/2022 Date Expires 9/14/2024

