



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 06/02/2020
LOCATION OF INSTRUMENT (STREET AND CITY) 415 Elm Grove Lane Hazelwood		TIME OF INSPECTION 14:47 CDT

**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**

<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# AG905902
	EXP. DATE 02/28/2021
<input type="checkbox"/> SIMULATOR TEMP (34°C ±0.2°C)	SIMULATOR S/N
	SIMULATOR 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. 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 <sup>ST</sup> 0.100 g/210L	TEST 2 <sup>ST</sup> 0.100 g/210L	TEST 3 <sup>ST</sup> 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	21	.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).

BA MAINT. MAY 2020

**INSPECTING OFFICER**

SIGNATURE 	PRINT FULL NAME MONTICELLI, MICHAEL
TYPE II PERMIT NUMBER 280302	TELEPHONE NUMBER ( 314 ) 838-5000
EXPIRATION DATE 10/12/2020	

**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.

Airgas USA LLC (LAB)  
8000 Bernard Street  
St. Louis, Mo. 63109  
Ph: (314) 699-3100  
Fax: (314) 699-7928

## Certificate of Analysis

Customer Name  
Exclusive Supplier  
Intoximeters, Inc.  
2001 Craig Road  
St. Louis, Mo 63146

Test Date: 4-Mar-2019

Lot # AG005902 Model 1080ncd

<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
28-Feb-2021	108	Ethanol Nitrogen	0.100 ± 2% BIAO (272 ppm) Balance

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

<u>RGM Serial No.</u>	<u>Concentration</u>	<u>RGM Serial No.</u>	<u>Concentration</u>
EB0010661	392.1 ppm	EB0010663	392.0 ppm
EB0010670	269.8 ppm	EB0010669	268.2 ppm
EB0010296	208.0 ppm	EB0010696	208.3 ppm
EB0010661	103.6 ppm	EB0010662	104.2 ppm
EB0010661	62.12 ppm	EB0010679	62.81 ppm

<u>CRM Serial No.</u>	<u>Concentration</u>	<u>CRM Serial No.</u>	<u>Concentration</u>
CG43466	800.0 ppm	0056648	390.1 ppm
CG234802	263.0 ppm	0056662	160.2 ppm

Analytical Method: NDIR

Highly signed by quality control  
Date: 2019.03.04 16:16:22 -0800  
Location: Dry gas manifold condition of analysis  
Location: 1080ncd (1.0) (Lab)

Approved for Release:

  
Rod Marsala

ISO 17025:2005 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 03079	PRINTER SN 84.9324.152	DATE OF INSPECTION 06/02/2020
LOCATION OF INSTRUMENT (STREET AND CITY) 415 Elm Grove Lane / Hazelwood		TIME OF INSPECTION 2:40 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, Inc LOT # 19370 EXP. DATE 12/09/2021

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.1 SIMULATOR SN SD2742 SIMULATOR EXP DATE 07/09/2020

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  .104

TEST 2  .103

TEST 3  .103

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).

Maint. May 2020

Simulator Solution Bottle Number 104

Ribbon Changed

**INSPECTING OFFICER**

SIGNATURE

PRINT NAME  
Michael A. Monticelli

TYPE II PERMIT NUMBER/EXPIRATION DATE  
280302 / 10/12/2020

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

65 IV Serial no: 030791  
 Version no: 5323  
 TEST RECORD 00600  
 Temp Date Time 2:00  
 Air Blank: 06/02/20 15:00 .000  
 Calibration Check: 15 06/02/20 15:00 .099  
 Subject Name  
 TEST #1  
 Subject I.D.  
 Operator Name: I.D.  
 Location  
 HAZELWOOD BAT VAN

65 IV Serial no: 030791  
 Version no: 5323  
 TEST RECORD 00600  
 Temp Date Time 2:00  
 Air Blank: 06/02/20 15:11 .000  
 Calibration Check: 24 06/02/20 15:09 .100  
 Subject Name  
 TEST #2  
 Subject I.D.  
 Operator Name: I.D.  
 Location  
 HAZELWOOD BAT VAN

65 IV Serial no: 030791  
 Version no: 5323  
 TEST RECORD 00600  
 Temp Date Time 2:00  
 Air Blank: 06/02/20 15:11 .000  
 Calibration Check: 25 06/02/20 15:11 .100  
 Subject Name  
 TEST #3  
 Subject I.D.  
 Operator Name: I.D.  
 Location  
 HAZELWOOD BAT VAN

65 IV Serial no: 030791  
 Version no: 5323  
 TEST RECORD 00600  
 Temp Date Time 2:00  
 Air Blank: 06/02/20 15:14 .000  
 Calibration Check: 26 06/02/20 15:14 .000  
 Subject Name  
 TEST #4  
 Subject I.D.  
 Operator Name: I.D.  
 Location  
 HAZELWOOD BAT VAN

65 IV Serial no: 030791  
 Version no: 5323  
 TEST RECORD 00600  
 Temp Date Time 2:00  
 Air Blank: 06/02/20 15:14 .000  
 Calibration Check: 26 06/02/20 15:14 .000  
 Subject Name  
 TEST #5  
 Subject I.D.  
 Operator Name: I.D.  
 Location  
 HAZELWOOD BAT VAN



## GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

### CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 19370 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on December 10, 2019, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1199% (w/vol) ethyl alcohol. The expiration date for this lot number is December 9, 2021 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 FN04271602 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 870, Jefferson City, MO 64102-0870 Phone: 672-781-4400 FAX: 672-781-4010  
 RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2888 VOICE 1-800-735-2400  
 Randall W. Williams, MD, FACOG  
 Director



Michael L. Parson  
 Governor

# SIMULATOR CERTIFICATION REPORT

## SIMULATOR INFORMATION

Simulator Serial Number: SD2742 Manufacturer: Gask  
 Model Number: 10-4D  
 Agency: HAZELWOOD PD  
 Agency Address: 415 ELM GROVE LANE, HAZELWOOD, MO 63042

## NIST THERMOMETER INFORMATION

Serial Number: 17KMM00689 Bias: 0.00  
 Uncertainty: 0.02  
 Date of Certification: 12/11/2018 Date of Expiration: 12/11/2019

## 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>
34.08	33.97	.06

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

## ADJUSTMENT RESULTS

No adjustment was needed.

Date of testing: 7/9/2019  
 Certification Expiration: 7/9/2020  
 Simulator testing technician: M. BOND

Notes on Condition: none  
 Deviation(s) from method: none

DHSS BAP Scientist Approving: B. LUTMER  
 Certification No: SD2742\_792019

DHSS BAP Scientist Approving



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 806.111 through 806.115 RSMo.

DATE 10/12/2018

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 280302

EXPIRES 10/12/2020

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 2018-01-00

LAM (10-18)

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

**INSTRUMENT OPERATOR CARD**

The named operator is authorized to operate an instrument which is used to measure the alcohol content of the breath of the operator in the form of expired air in Missouri.

Operator **MONTICELLI, MICHAEL**  
Permit No **280302**  
Date Issued **10/12/2018** Date Expires **10/12/2020**