



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 07/02/2020 |
|----------------------------|--|----------------------------------|

| | |
|--|---------------------------------|
| LOCATION OF INSTRUMENT (STREET AND CITY) 415 Elm Grove Lane Hazelwood | TIME OF INSPECTION 14:10 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)

- 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 0.100 g/210L | TEST 2 0.100 g/210L | TEST 3 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 JUNE 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)
3000 Bernard Street
St. Louis, Mo. 63103
Ph: (314) 538-3100
Fax: (314) 538-7320

Certificate of Analysis

Customer Name
Exclusive Supplier
Intoximeters, Inc.
2001 Grady Road
St. Louis, Mo 63148

Test Date: 4-Mar-2019

Lot # AG805802 Model 108mod

| Exp. Date | Cyl. Type | Component | Certified Concentration |
|-------------|-----------|----------------------|-------------------------------------|
| 28-Feb-2021 | 108 | Ethanol, Nitrogen | 0.100 ± 2% BAC (272 ppm) Balance |

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

| RGM Serial No. | Concentration | RGM Serial No. | Concentration |
|----------------|---------------|----------------|---------------|
| EB0010684 | 392.1 ppm | EB0010683 | 393.0 ppm |
| EB0010670 | 250.0 ppm | EB0010689 | 256.2 ppm |
| EB0010688 | 200.0 ppm | EB0010696 | 201.3 ppm |
| EB0010661 | 100.0 ppm | EB0010682 | 104.2 ppm |
| EB0010681 | 52.12 ppm | EB0010679 | 52.81 ppm |

| CRM Serial No. | Concentration | CRM Serial No. | Concentration |
|----------------|---------------|----------------|---------------|
| 0043468 | 300.0 ppm | 0056648 | 300.1 ppm |
| 00234802 | 250.0 ppm | 0056662 | 250.2 ppm |

Analytical Method: NDIR

Digitally signed by Quality Control
Date: 2019.03.04 16:21:22 -0500
Reason: I am the issuer of this certificate of analysis
American Airgas USA LLC (LAB)

Approved for Release by: _____

Rod Marsala
Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 3082.06
ISO 17034:2010 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 07/02/2020 |
|----------------------------|---------------------------|----------------------------------|

| | |
|--|-------------------------------|
| LOCATION OF INSTRUMENT (STREET AND CITY) 415 Elm Grove Lane / Hazelwood | TIME OF INSPECTION 2:10 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 ← .102 | TEST 2 ← .101 | TEST 3 ← .101 |
|---------------|---------------|---------------|

- 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).

Maint. June 2020
 Simulator Solution Bottle number 129

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

AS IV Serial no: 030791
Version no: 532B

TEST RECORD 00606

Temp Date Time 210L 9/
Air Blank: 07/02/20 14:21 .000
Calibration Check: 22 07/02/20 14:21 .102

Subject Name
TEST #1
Subject I.D.

Operator Name, I.D.,
MONTELLI 280302
Location
Hazelwood BAT Van

AS IV Serial no: 030791
Version no: 532B

TEST RECORD 00607

Temp Date Time 210L 9/
Air Blank: 07/02/20 14:23 .000
Calibration Check: 23 07/02/20 14:23 .101

Subject Name
TEST #2
Subject I.D.

Operator Name, I.D.,
MONTELLI 280302
Location
Hazelwood BAT Van

AS IV Serial no: 030791
Version no: 532B

TEST RECORD 00608

Temp Date Time 210L 9/
Air Blank: 07/02/20 14:25 .000
Calibration Check: 25 07/02/20 14:25 .101

Subject Name
TEST #3
Subject I.D.

Operator Name, I.D.,
MONTELLI 280302
Location
Hazelwood BAT Van

AS IV Serial no: 030791
Version no: 532B

TEST RECORD 00609

Temp Date Time 210L 9/
VOID: REI 12 07/02/20 14:26

Subject Name
TEST #4
Subject I.D.
RHE TEST

Operator Name, I.D.,
MONTELLI 280302
Location
Hazelwood BAT Van

AS IV Serial no: 030791
Version no: 532B

TEST RECORD 00610

Temp Date Time 210L 9/
Air Blank: 07/02/20 14:27 .000
Subject Test: Auto 26 07/02/20 14:27 .000

Subject Name
TEST #5
Subject I.D.
Blank TEST

Operator Name, I.D.,
MONTELLI 280302
Location
Hazelwood BAT Van



GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4811 • TELEPHONE: 717-664-6470

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 1770, Jefferson City, MO 64102-0170 Phone: 878-781-4400 FAX: 878-781-0010
 Missouri Department of Health and Senior Services, Division of Laboratory Services, 1000 North Lincoln, Jefferson City, MO 64102
 Ronald W. Williams, M.D., FACOG
 Director



Michael L. Parson
 Governor

SIMULATOR CERTIFICATION REPORT

SIMULATOR INFORMATION

Simulator Serial Number: 8D2742 Manufacturer: Guth
 Model Number: 10-4D
 Agency: HAZELWOOD PD
 Agency Address: 415 ELM GROVE LANE, HAZELWOOD, MO 63042

NIST THERMOMETER INFORMATION

Serial Number: 17KMM00689 Nominal: 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 DHSB RAP method 3.

VERIFICATION RESULTS

| Simulator Average | NIST Average | Combined Uncertainty |
|-------------------|--------------|----------------------|
| 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

DHSB RAP Scientist Approving: B. LUTMER
 Certification No: 8D2742_792019

X

DHSB RAP Director 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 506.111 through 506.115 RSMo.

DATE 10/12/2018

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 280302

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 10/12/2020

MO 686-0710-102

LAD-10-10

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

INSTRUMENT OPERATOR CARD

This holder is authorized to install, calibrate, inspect, maintain and repair breath alcohol analyzers for the determination of the alcoholic content in the expired air of persons in Missouri.

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