



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 08/04/2020 |
|----------------------------|------------------------------------------|----------------------------------|

| | |
|--------------------------------------------------------------------------|---------------------------------|
| LOCATION OF INSTRUMENT (STREET AND CITY) 415 Elm Grove Lane Hazelwood | TIME OF INSPECTION 07:42 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.

| | |
|--------------------------------------------------------------|----------------------------------------------------|
| <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# AG905902 EXP. DATE 02/28/2021 |
| <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 ±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 ST 0.100 g/210L | TEST 2 ST 0.100 g/210L | TEST 3 ST 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 | 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 Maint July 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,
by mail, fax, or e-mail



Airgas (IRALL) (LAB)
 6400 Bernard Street
 St. Louis, Mo. 63104
 Ph: (314) 888-3400
 Fax: (314) 888-7820

Certificate of Analysis

Customer Name
 Facility Supplier
 Intexmetals, Inc.
 2001 Greig Road
 St. Louis, Mo 63148

Test Date: 4-Nov-2019

Lot # AC905002 Model 1080001

| Spec. Date | QTY. Type | Component | Certified Concentration |
|-------------|-----------|--------------------|----------------------------------|
| 23-Feb-2021 | 108 | Elemental Nitrogen | 0.100 ± 2% BAC (272 ppm) Balance |

Concentration Traceable to NIST, NIST, NIST and to CRM Ethanol Standard

| CRM Serial No. | Concentration | CRM Serial No. | Concentration |
|----------------|---------------|----------------|---------------|
| 630010664 | 382.1 ppm | 630010667 | 381.9 ppm |
| 630010670 | 288.0 ppm | 630010668 | 288.2 ppm |
| 630010678 | 208.0 ppm | 630010669 | 208.3 ppm |
| 630010661 | 108.0 ppm | 630010662 | 108.2 ppm |
| 630010684 | 68.12 ppm | 630010676 | 68.01 ppm |
| CRM Serial No. | Concentration | CRM Serial No. | Concentration |
| 006648 | 388.0 ppm | 006648 | 388.1 ppm |
| 006648 | 268.0 ppm | 006648 | 268.2 ppm |

Analytical Method: NDIR

Unauthorized by Quality Control
 Date: 2019-11-04 10:42:22
 Location: 071
 Analyst: AC9051001 (K. J. Kelly)

Approved for Release:

[Signature]
 Eric Marosini

ISO 17025:2005 A2LA accredited. Certificate Number 3012.00
 ISO 17024:2010 A2LA accredited. Certificate Number 3082.07



Missouri Department of Health and Senior Services

P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-8400 FAX: 573-751-6010
RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2966 VOICE 1-800-735-2466
Randall W. Williams, MD, FACOG
Director



Michael L. Parson
Governor

SIMULATOR CERTIFICATION REPORT

SIMULATOR INFORMATION

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

NIST THERMOMETER INFORMATION

Serial Number: 19BMM01307 **Bias:** 0.00
Uncertainty: 0.02
Date of Certification: 6/1/2020 **Date of Expiration:** 6/1/2021

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 | 33.95 | .11 |

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

ADJUSTMENT RESULTS

No adjustment was needed.

Date of testing: 7/15/2020
Certification Expiration: 7/15/2021
Simulator testing technician: B. LUTMER

Notes on Condition: none

Deviation(s) from method: none

DHSS BAP Scientist Approving: B. LUTMER
Certification No: SD2742_7152020

X *Brian Lutmer*

DHSS BAP Scientist Approving



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

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PERMIT
TYPE II

MICHAEL A MONTICELLI

is hereby authorized to maintain and supervise operators, train instructors, inspect, calibrate, perform field services 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 577.047, RSMo and 506.101 through 506.110 RSMo.

DATE 10/12/2018

NUMBER 280802

EXPIRES 10/12/2020

WD 06/27/14

Wm. [Signature]
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

[Signature]
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
L004 (10-16)

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

INSTRUMENT OPERATOR CARD

This card is required for the individual to operate an instrument that is checked and certified by the Missouri Department of Health and Senior Services as approved by the Department.

Operator: **MONTICELLI, MICHAEL**
License No: **280802**
Date Issued: **10/12/2018** Date Expires: **10/12/2020**

