



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 09/03/2020
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LOCATION OF INSTRUMENT (STREET AND CITY) 415 Elm Grove Lane Hazelwood	TIME OF INSPECTION 13:08 CDT
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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"/> ET 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 $\pm 5\%$ 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
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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
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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. AUGUST 2020

INSPECTING OFFICER	
SIGNATURE [Signed Copy on file] <i>[Signature]</i> 297	PRINT FULL NAME MONTICELLI, MICHAEL
TYPE II PERMIT NUMBER 280302	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

Airgas ITALIA (AIE)
4800 Barnhill Street
St. Louis, MO 63104
Ph (314) 888-3100
Fax (314) 888-7920

Certificate of Analysis

Customer Name
Exclusive Supplier
Inoximetec, Inc.
2001 Circle Road
St. Louis, Mo 63148

Test Date: 4-10-2010

Lot #: AG005002 Model 108000

Exp. Date 23-Feb-2011	Gas Type N ₂	Concentration Purity 99.999%	Required Concentration 0.100 ± 0.1% N ₂ (1000 ppm) Reference
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Concentration Tolerable to N.I.S.T. 1583K and to ASTM Material Standard

GCMS Serial No.	Concentration	GCMS Serial No.	Concentration
830010001	300.1 ppm	830010002	300.0 ppm
830010002	200.0 ppm	830010003	200.0 ppm
830010003	200.0 ppm	830010004	100.0 ppm
830010004	100.0 ppm	830010005	100.0 ppm
830010005	60.00 ppm	830010006	60.00 ppm

GCMS Serial No.	Concentration	GCMS Serial No.	Concentration
830010007	300.1 ppm	830010008	300.1 ppm
830010008	200.0 ppm	830010009	100.0 ppm

Analytical Method: NDIR

Intended for use by the user only.
This certificate is valid only for the
purpose of the analysis.
Version 20081101 (1.1)

APPROVED FOR RELEASE

[Signature]
Paul Marzella

ISO 17025:2005 A2L Accredited. Certificate Number 3002.00
ISO 17024:2010 A2L Accredited. Certificate Number 3002.07



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	NAME OF AGENCY Hazelwood Police Department	DATE OF INSPECTION 09/03/2020
LOCATION OF INSTRUMENT (STREET AND CITY) 415 Elm Grove Lane / Hazelwood		TIME OF INSPECTION 2:00pm

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 SIM. SN SD2742 SIM. NIST EXP DATE 07/15/2021

- 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
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- 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. AUGUST 2020

SIMULATOR SOLUTION BOTTLE NUMBER 770.

INSPECTING OFFICER	
SIGNATURE <i>Michael A. Monticelli</i>	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 by mail, fax, or email.

AS IV Serial no: 030791
Version no: 532B

TEST RECORD 00618

Temp Date Time 210L %/
Air Blank: 09/03/20 14:15 .000
Calibration Check: 22 09/03/20 14:15 .104

Subject Name

TEST #1

Subject I.D.

Operator Name, I.D.

MONTELLI 280302

Location

HAZELWOOD BAY VAN

AS IV Serial no: 030791
Version no: 532B

TEST RECORD 00619

Temp Date Time 210L %/
Air Blank: 09/03/20 14:17 .000
Calibration Check: 23 09/03/20 14:17 .103

Subject Name

TEST #2

Subject I.D.

Operator Name, I.D.

MONTELLI 280302

Location

HAZELWOOD BAY VAN

AS IV Serial no: 030791
Version no: 532B

TEST RECORD 00620

Temp Date Time 210L %/
Air Blank: 09/03/20 14:19 .000
Calibration Check: 24 09/03/20 14:19 .103

Subject Name

TEST #3

Subject I.D.

Operator Name, I.D.

MONTELLI 280302

Location

HAZELWOOD BAY VAN

AS IV Serial no: 030791
Version no: 532B

TEST RECORD 00621

Temp Date Time 210L %/
Air Blank: 09/03/20 14:20 .000
VOID: RPI

Subject Name

TEST #4

Subject I.D.

Operator Name, I.D.

MONTELLI 280302

Location

HAZELWOOD BAY VAN

AS IV Serial no: 030791
Version no: 532B

TEST RECORD 00622

Temp Date Time 210L %/
Air Blank: 09/03/20 14:22 .000
Subject Test: Auto

Subject Name

TEST #5

Subject I.D.

Operator Name, I.D.

MONTELLI 280302

Location

HAZELWOOD BAY VAN

RPI TEST

Blank TEST



GUTH LABORATORIES, INC.

500 NORTH 5TH STREET • HARRISBURG, PA 17111-0011 • TELEPHONE: 717-504-8470

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 570, Jefferson City, MO 66102-0570 Phone: 573-751-6400 FAX: 573-751-6010
 RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2988 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

DHSS BAP Scientist Approving



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



PERMIT
TYPE II

MICHAEL A MONTICELLI

is hereby authorized to install and supervise operators, take instructions, inspect, maintain, perform field services and repairs, and operate the following equipment:

ALCO-SENSOR IV WITH PRINTER, INTOX EC/IR II

for the installation of the alcohol sensors of blood from a sample of expired air breath taken under the provisions of sections 577.001 through 577.007, 578.001 through 578.004, 579.001 through 579.004, 580.110 through 580.115 RSMo.

DATE 10/12/2016

[Signature]
DIRECTOR OF BREATH ALCOHOL PROGRAMS

NUMBER 260002

[Signature]
DIRECTOR OF COMMUNITY AND SENIOR SERVICES

EXPIRES 10/12/2017

MO 68-2740-10

LAW 68-10

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

INSTALLMENT OPERATOR CARD

My name and title are authorized to operate an alcohol breathalyzer under the provisions of sections 577.001 through 577.007, 578.001 through 578.004, 579.001 through 579.004, 580.110 through 580.115 RSMo.

NAME: **MONTICELLI, MICHAEL**
TITLE: **INSTALLMENT OPERATOR**
EXPIRES: **10/12/2017**