



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 06/02/2021 |
| LOCATION OF INSTRUMENT (STREET AND CITY) 415 Elm Grove Lane / Hazelwood, Missouri 63042 | | TIME OF INSPECTION 6:00 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

| | |
|--|--|
| <input checked="" type="checkbox"/> SIMULATOR SOLUTION | <input type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE |
| <input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Guth Laboratories, Inc</u> | LOT # <u>21080</u> EXP. DATE <u>03/08/2023</u> |
| <input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>34.1</u> | SIM. SN <u>SD2742</u> SIM. NIST EXP DATE <u>07/15/2021</u> |

- 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 .100 | 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).

BA Maint. May 2021
 Simulator Solution Bottle Number 404

INSPECTING OFFICER

| | |
|--|-------------------------------------|
| SIGNATURE | PRINT NAME Michael A. Monticelli |
| TYPE II PERMIT NUMBER/EXPIRATION DATE 200263 / 10/08/2022 | 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 00684 s/
Temp Date Time 210L

Air Blank: 06/02/21 06:11 .000
Calibration Check: 21 06/02/21 06:11 .100

Subject Name
TEST #1
Subject I.D.

MONTELLI 200263
Operator Name, I.D.
HAZELWOOD BAT VAN
Location

AS IV Serial no: 030791
Version no: 532B

TEST RECORD 00685 s/
Temp Date Time 210L

Air Blank: 06/02/21 06:28 .000
Calibration Check: 23 06/02/21 06:28 .101

Subject Name
TEST #2
Subject I.D.

MONTELLI 200263
Operator Name, I.D.
HAZELWOOD BAT VAN
Location

AS IV Serial no: 030791
Version no: 532B

TEST RECORD 00686 s/
Temp Date Time 210L

Air Blank: 06/02/21 06:30 .000
Calibration Check: 23 06/02/21 06:30 .101

Subject Name
TEST #3
Subject I.D.

MONTELLI 200263
Operator Name, I.D.
HAZELWOOD BAT VAN
Location

AS IV Serial no: 030791
Version no: 532B

TEST RECORD 00687 s/
Temp Date Time 210L

VOID: RFI 12 06/02/21 06:32

Subject Name
TEST #4
Subject I.D.

RFI TEST
Operator Name, I.D.
HAZELWOOD BAT VAN
Location

AS IV Serial no: 030791
Version no: 532B

TEST RECORD 00688 s/
Temp Date Time 210L

Air Blank: 06/02/21 06:33 .000
Subject Test: Auto 23 06/02/21 06:33 .000

Subject Name
TEST #5
Subject I.D.

BLANK TEST
Operator Name, I.D.
MONTELLI 200263
Location
HAZELWOOD BAT VAN



GUTH LABORATORIES, INC.

690 NORTH 67th STREET • HARRISBURG, PA 17111-4611 • TELEPHONE: 717-564-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **21080** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **March 10, 2021**, 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 8, 2023** at 11:59 PM.

When used in a calibrated Simulator, operating at $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$, this solution will give a breath alcohol analysis instrument reading of **0.100 g/210L \pm 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 FN03052002 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 173, Jefferson City, MO 64503-0173 Phone (573) 221-2400 FAX (573) 221-2410
 800 MY MISSOURI for hearing and speech impaired: 1-800-735-2001, Voice 1-800-780-2400
 Ronald W. Williams, MD, FACOG
 Governor



Michael L. Parson
 Governor

SIMULATOR CERTIFICATION REPORT

SIMULATOR INFORMATION

Simulator Serial Number: 6028742 Manufacturer: Galt
 Model Number: 10-83
 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: 6/1/2024

ENVIRONMENTAL CONDITIONS

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

VERIFICATION RESULTS

| Simulator Average | NIST Average | Combined Uncertainty |
|-------------------|--------------|----------------------|
| 34.00 | 33.95 | .11 |

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

ADJUSTMENT RESULTS

No adjustment was needed.

Date of testing: 7/14/2020
 Certification Expiration: 7/13/2024
 Simulator testing technician: B. LUTMER

Notes on Condition: none

Deviation(s) from method: none

DESS BAP Release Approval: B. LUTMER
 Certification No: 6028742_7/13/2020

X

DESS BAP Release Approval



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 10/8/2020

NUMBER 200263

EXPIRES 10/8/2022

MO 580-0771 (5-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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 200263
 Date Issued 10/8/2020 Date Expires 10/8/2022

