



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 03/30/2021
----------------------------	--	----------------------------------

LOCATION OF INSTRUMENT (STREET AND CITY) 415 Elm Grove Lane Hazelwood	TIME OF INSPECTION 10:39 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# AG036401 EXP. DATE 12/29/2022
<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.

<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 0.099 g/210L	TEST 2 0.099 g/210L	TEST 3 0.099 g/210L
---------------------	---------------------	---------------------

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:

REFUSALS	0	0-.04	35	.05-.09	0	.10-.14	0	.15-.19	1	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).

MARCH MAINTENANCE 2021

INSPECTING OFFICER	
SIGNATURE 	PRINT FULL NAME SCHNURBUSCH, SCOTT
TYPE 11 PERMIT NUMBER 290220	TELEPHONE NUMBER (314) 838-5000
EXPIRATION DATE 09/25/2021	

RETURN COMPLETED REPORT TO THE:
 Breath Alcohol Program, Missouri Department of Health and Senior Services,
 by mail, fax, or e-mail



Airgas USA LLC (LAB)
 3500 Bernard Street
 St. Louis, Mo. 63103
 Ph: (314) 533-3100
 Fax: (314) 533-7328

Certificate of Analysis

Customer Name
Exclusive Supplier
 Intoximeters, Inc.
 2081 Craig Road
 St. Louis, Mo 63146

Test Date: 4-Jan-2021

Lot # AG036401 Model 108cacc

<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
29-Dec-2022	108	Ethanol Nitrogen	0.100 ± 2% BrAC (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>
EB0010581	392.1 ppm	EB0010603	393.0 ppm
EB0010570	259.8 ppm	EB0010559	258.2 ppm
EB0010285	208.0 ppm	EB0010595	208.3 ppm
EB0010561	103.6 ppm	EB0010562	104.2 ppm
EB0010681	52.12 ppm	EB0010579	52.81 ppm

<u>CRM Serial No.</u>	<u>Concentration</u>	<u>CRM Serial No.</u>	<u>Concentration</u>
CC727481	800.0 ppm	CC727493	390.0 ppm
CC727496	253.0 ppm	CC727498	150.0 ppm

Analytical Method: NDIR

Digitally signed by Quality Control
 Date: 2021.01.05 14:47:12 -06:00
 Reason: Dry gas standard certification of analysis
 Location: Airgas USA LLC (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 030791	NAME OF AGENCY Hazelwood Police Department	DATE OF INSPECTION 03/30/2021
-----------------------------	---	----------------------------------

LOCATION OF INSTRUMENT (STREET AND CITY) 415 Elm Grove Lane Hazelwood, MO 63042	TIME OF INSPECTION 10:45 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

SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER Guth Laboratories LOT # 19370 EXP. DATE 12/09/2021

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.1 SIM. SN SD2742 SIM. NIST EXP DATE 06/01/2021

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 .103

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)
----------	---	---------	---	-----------	---	-----------	---	-----------	---	------------

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).

Changed time due to daylight savings time. BA Maitenance 03/2021
 Simulator Solution 767

INSPECTING OFFICER

SIGNATURE

PRINT NAME
Sgt. Scott Schnurbusch DSN 419

TYPE II PERMIT NUMBER/EXPIRATION DATE
290220 09/25/2021

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.



Missouri Department of Health and Senior Services
 P.O. Box 170, Jefferson City, MO 64503-0170 Phone: 573-753-4400 FAX: 573-753-6016
 Relay Missouri for Hearing and Speech Impaired: 1-800-735-2241 Voice: 1-800-735-2241
 Brenton W. Williams, M.D., M.P.H. Director



Michael L. Parson
 Governor

SIMULATOR CERTIFICATION REPORT

SIMULATOR INFORMATION

Simulator Serial Number: **SD2742** Manufacturer: **Gall**
 Model Number: **18-43**
 Agency: **HAZELWOOD PD**
 Agency Address: **415 HLM GROVE LANE, HAZELWOOD, MO 63042**

NIST THERMOMETER INFORMATION

Serial Number: **1913A001307** Brand: **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 DHSB BAP method 3.

VERIFICATION RESULTS

Simulator Accuracy	NIST Accuracy	Combined Uncertainty
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. LUTMEIK**

Notes on Condition: none

Revisions to BAP method none

DHSB BAP Analyst Approval: **B. LUTMEIK**
 Certification No: **SD2742_7152020**

(Handwritten signatures and initials)

DHSB BAP Analyst Approval



GUTH LABORATORIES, INC.

500 NORTH 6TH STREET • HARRISBURG, PA 17111-6517 • TELEPHONE: 717-564-8470

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 94°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.

AS IU Serial no: 030791
Version no: 532B

TEST RECORD 00672
Temp Date Time 210L
s/

Air Blank:
03/30/21 10:46 .000
Calibration Check:
22 03/30/21 10:46 .103

Subject Name
Test #1
Subject I.D.
Schnurbusch

Operator Name, I.D.
290220

Location
Hazelwood BATHVn

AS IU Serial no: 030791
Version no: 532B

TEST RECORD 00673
Temp Date Time 210L
s/

Air Blank:
03/30/21 10:48 .000
Calibration Check:
22 03/30/21 10:48 .103

Subject Name
Test #2
Subject I.D.
Schnurbusch

Operator Name, I.D.
290220

Location
Hazelwood BATHVn

AS IU Serial no: 030791
Version no: 532B

TEST RECORD 00674
Temp Date Time 210L
s/

Air Blank:
03/30/21 10:50 .000
Calibration Check:
23 03/30/21 10:50 .103

Subject Name
Test #3
Subject I.D.
Schnurbusch

Operator Name, I.D.
290220

Location
Hazelwood BATHVn

AS IU Serial no: 030791
Version no: 532B

TEST RECORD 00675
Temp Date Time 210L
s/

NOTE: REI
12 03/30/21 10:52

Subject Name
RFI Test

Subject I.D.
Schnurbusch

Operator Name, I.D.
290220

Location
Hazelwood BATHVn

AS IU Serial no: 030791
Version no: 532B

TEST RECORD 00676
Temp Date Time 210L
s/

Air Blank:
03/30/21 10:53 .000
Subject Test: Auto
24 03/30/21 10:53 .000

Subject Name
Blank Test
Subject I.D.
Schnurbusch

Operator Name, I.D.
290220

Location
Hazelwood BATHVn



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

2

**PERMIT
TYPE II**

SCOTT M SCHNURBUSCH

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 9/25/2019

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 290220

EXPIRES 9/25/2021

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 680-0771 (9-10)

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 SCHNURBUSCH, SCOTT
Permit No 290220
Date Issued 9/25/2019 Date Expires 9/25/2021