



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 07/01/2021
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LOCATION OF INSTRUMENT (STREET AND CITY) 415 Elm Grove Lane Hazelwood	TIME OF INSPECTION 10:50 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"/> 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.

- 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 0.099 g/210L	TEST 2 ST 0.099 g/210L	TEST 3 ST 0.099 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 MAINTENANCE

INSPECTING OFFICER	
SIGNATURE 	PRINT FULL NAME Jason Corson
TYPE II PERMIT NUMBER 210057	TELEPHONE NUMBER (314) 838-5000
EXPIRATION DATE 04/06/2023	

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

Exp. Date

29-Dec-2022

Cyl. Type

108

Component

Ethanol
Nitrogen

Certified Concentration

0.100 ± 2% BrAC (272 ppm)
Balance

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

RGM Serial No.

EB0010581

EB0010570

EB0010285

EB0010561

EB0010681

Concentration

392.1 ppm

259.8 ppm

208.0 ppm

103.6 ppm

52.12 ppm

RGM Serial No.

EB0010603

EB0010559

EB0010595

EB0010562

EB0010579

Concentration

393.0 ppm

258.2 ppm

208.3 ppm

104.2 ppm

52.81 ppm

CRM Serial No.

CC727481

CC727496

Concentration

800.0 ppm

253.0 ppm

CRM Serial No.

CC727493

CC727498

Concentration

390.0 ppm

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 03079	NAME OF AGENCY Hazelwood Police Department	DATE OF INSPECTION 07/01/2021
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LOCATION OF INSTRUMENT (STREET AND CITY) 415 Elm Grove Ln. / Hazelwood, MO 63042	TIME OF INSPECTION 11:28 am
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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 # 21080 EXP. DATE 03/08/2023

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 .103

TEST 2 .102

TEST 3 .102

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).

BA Maint. 7/1/2021
 Test #4 - Operator Error when conducting the RFI Test
 Simulator Solution Bottle Number 332

INSPECTING OFFICER

SIGNATURE 	PRINT NAME Jason Corson
TYPE II PERMIT NUMBER/EXPIRATION DATE 210057 / 4/6/2023	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 00689

Temp Date Time 210L
Air Blank: 07/01/21 11:00 .000
Calibration Check: 22 07/01/21 11:00 .103

Subject Name
Test # 1

Subject I.D.
Corson 417

Operator Name, I.D.
210057

Hazelwood Bat

Location
Van

AS IV Serial no: 030791
Version no: 532B

TEST RECORD 00690

Temp Date Time 210L
Air Blank: 07/01/21 11:04 .000
Calibration Check: 24 07/01/21 11:04 .102

Subject Name
Test # 2

Subject I.D.
Corson 417

Operator Name, I.D.
210057

Hazelwood Bat

Location
Van

AS IV Serial no: 030791
Version no: 532B

TEST RECORD 00691

Temp Date Time 210L
Air Blank: 07/01/21 11:07 .000
Calibration Check: 25 07/01/21 11:07 .102

Subject Name
Test # 3

Subject I.D.
Corson 210057

Operator Name, I.D.
210057

Hazelwood BAT

Location
Van

AS IV Serial no: 030791
Version no: 532B

TEST RECORD 00692

Temp Date Time 210L
Air Blank: 07/01/21 11:09 .000
Calibration Check: 25 07/01/21 11:09 .063

Subject Name
Test # 4

Subject I.D.
Corson 210057

Operator Name, I.D.
Operator Error

Hazelwood BAT

Location
Van

AS IV Serial no: 030791
Version no: 532B

TEST RECORD 00694

Temp Date Time 210L

Air Blank: 07/01/21 11:12 .000
Subject Test: Auto
26 07/01/21 11:12 .000

Subject Name
Test # 5

Subject I.D.
Corson 210057

Operator Name, I.D.
RFI Test

Location
Hazelwood BAT

Van

AS IV Serial no: 030791
Version no: 532B

TEST RECORD 00693

Temp Date Time 210L

VOID: RFI
12 07/01/21 11:10

Subject Name
Test # 6

Subject I.D.
Corson 210057

Operator Name, I.D.
Blank Test

Location
Hazelwood BAT

Van



GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • 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 878, Jefferson City, MO 65101-0870 Phone: 573-485-4400 FAX: 573-485-4010
 For a complete list of services and special initiatives, call 1-800-735-6000. VOICEMAIL: 1-800-735-6000
 Franklin W. Goetz, M.D., M.P.H. Director



Michael L. Petersen
 Governor

SIMULATOR CERTIFICATION REPORT

SIMULATOR INFORMATION

Simulator Serial Number: **802742** Manufacturer: **Guth**
 Model Number: **10-43**
 Agency: **HAZELWOOD MO**
 Agency Address: **415 ELM GROVE LANE, HAZELWOOD, MO 63042**

NIST THERMOMETER INFORMATION

Serial Number: **1915MM01307** Brand: **0.00**
 Uncertainty: **0.03**
 Date of Certification: **6/1/2020** Date of Expiration: **6/1/2021**

ENVIRONMENTAL CONDITIONS

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

VERIFICATION RESULTS

Simulator Accuracy	NIST Accuracy	Combined Uncertainty
34.00	33.05	.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 Conditions: none

Deviation(s) from method: none

DHEC BAP Method Approval: **B. LUTMER**
 Certification No: **802742_7152020**

[Handwritten signatures]

DHEC BAP Method Approval



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



PERMIT
TYPE II
JASON CORSON

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 4/6/2021

NUMBER 210057

EXPIRES 4/6/2023

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

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 CORSON, JASON
Permit No 210057
Date Issued 4/6/2021 **Date Expires** 4/6/2023

