



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 10/01/2021
LOCATION OF INSTRUMENT (STREET AND CITY) 415 Elm Grove Lane Hazelwood		TIME OF INSPECTION 13:22 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.

**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 <sup>u</sup> 0.099 g/210L	TEST 2 <sup>u</sup> 0.099 g/210L	TEST 3 <sup>u</sup> 0.099 g/210L
----------------------------------	----------------------------------	----------------------------------

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

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

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

**INSPECTING OFFICER**

SIGNATURE <i>PO [Signature]</i>	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



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 10/01/2021
----------------------------	---	----------------------------------

LOCATION OF INSTRUMENT (STREET AND CITY) 415 Elm Grove Ln. / Hazelwood, MO 63042	TIME OF INSPECTION 2:07 pm
---	-------------------------------

**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>34.0</u>	SIM. SN <u>MP6029</u> SIM. NIST EXP DATE <u>07/19/2022</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 <input checked="" type="checkbox"/> .104	TEST 2 <input checked="" type="checkbox"/> .104	TEST 3 <input checked="" type="checkbox"/> .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)	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. 10/1/2021  
 Simulator Solution Bottle Number 738

<b>INSPECTING OFFICER</b>	
SIGNATURE <i>PO / in 417</i>	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 00719

Temp Date Time 210L  
s/

Air Blank:  
10/01/21 13:46 .000  
Calibration Check:  
21 10/01/21 13:46 .104

Subject Name

Test # 1

Subject I.D.

Corson 210057

Operator Name, I.D.

Hazelwood BAT

Location

Van

AS IV Serial no: 030791  
Version no: 532B

TEST RECORD 00720

Temp Date Time 210L  
s/

Air Blank:  
10/01/21 13:48 .000  
Calibration Check:  
22 10/01/21 13:48 .104

Subject Name

Test # 2

Subject I.D.

Corson 210057

Operator Name, I.D.

Hazelwood BAT

Location

Van

AS IV Serial no: 030791  
Version no: 532B

TEST RECORD 00721

Temp Date Time 210L  
s/

Air Blank:  
10/01/21 13:49 .000  
Calibration Check:  
23 10/01/21 13:49 .103

Subject Name

Test # 3

Subject I.D.

Corson 210057

Operator Name, I.D.

Hazelwood BAT

Location

Van

AS IV Serial no: 030791  
Version no: 532B

TEST RECORD 00722

Temp Date Time 210L  
s/

Air Blank:  
10/01/21 13:49 .000  
Calibration Check:  
23 10/01/21 13:49 .103

Subject Name

Test # 4

Subject I.D.

Corson 210057

Operator Name, I.D.

Printer Error

Location

Corson 210057

AS IV Serial no: 030791  
Version no: 532B

TEST RECORD 00723

Temp Date Time 210L  
s/

Air Blank:  
10/01/21 13:53 .000  
Subject Test: Auto  
25 10/01/21 13:53 .000

Subject Name

Test # 5

Subject I.D.

Corson 210057

Operator Name, I.D.

Blank Test

Location

Hazelwood BAT

Van

AS IV Serial no: 030791  
Version no: 532B

TEST RECORD 00724

Temp Date Time 210L  
s/

VOID: RFI  
12 10/01/21 13:54

Subject Name

Test # 6

Subject I.D.

Corson 210057

Operator Name, I.D.

RFI 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 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010  
RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2966 VOICE 1-800-735-2466

**Robert J. Knodell**  
Acting Director



**Michael L. Parson**  
Governor

# SIMULATOR CERTIFICATION REPORT

## SIMULATOR INFORMATION

**Simulator Serial Number:** MP6029      **Manufacturer:** Guth  
**Model Number:** 12V500  
**Agency:** HAZELWOOD PD  
**Agency Address:** 415 ELM GROVE LANE, HAZELWOOD, MO 63042

## NIST THERMOMETER INFORMATION

**Serial Number:** 17KMM00690      **Bias:** 0.00  
**Uncertainty:** 0.02  
**Date of Certification:** 11/6/2020      **Date of Expiration:** 11/6/2021

## 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	34.01	.03

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

## ADJUSTMENT RESULTS

No adjustment was needed.

**Date of testing:** 7/19/2021  
**Certification Expiration:** 7/19/2022  
**Simulator testing technician:** D. DEBOARD

**Notes on Condition:** none

**Deviation(s) from method:** none

**DHSS BAP Scientist Approving:** B. LUTMER  
**Certification No:** MP6029\_7192021

X 

DHSS BAP Scientist Approving



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

2

**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

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 210057

EXPIRES 4/6/2023

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