



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 11/03/2021
LOCATION OF INSTRUMENT (STREET AND CITY) 415 Elm Grove Lane Hazelwood		TIME OF INSPECTION 14:53 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**

SIMULATOR SOLUTION       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      0.099 g/210L	TEST 2      0.099 g/210L	TEST 3      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      65	.05-.09      0	.10-.14      1	.15-.19      2	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. OCT/2021

**INSPECTING OFFICER**

SIGNATURE 	PRINT FULL NAME MONTICELLI, MICHAEL
TYPE II PERMIT NUMBER 200263	TELEPHONE NUMBER ( 314 ) 838-5000
EXPIRATION DATE 10/08/2022	

**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 11/03/2021
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LOCATION OF INSTRUMENT (STREET AND CITY) 415 Elm Grove Lane / Hazelwood, Missouri 63042	TIME OF INSPECTION 2:45 pm
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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) 34.0 SIM. SN MP6029 SIM. NIST EXP DATE 07/19/2022

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 • .105

TEST 2 • .104

TEST 3 • .104

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. Oct/2021  
 Simulator Solution Bottle #272.

**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 00730

Temp Date Time 210L

Air Blank:  
11/03/21 15:06 .000  
Subject Test: Auto  
24 11/03/21 15:06 .000

Subject Name

TEST #6

Subject I.D.

BLANK TEST

Operator Name, I.D.

MONTWELL 200263

Location

HAZELWOOD BAY VAN

AS IV Serial no: 030791  
Version no: 532B

TEST RECORD 00725

Temp Date Time 210L

Air Blank:  
11/03/21 14:58 .000  
Calibration Check:  
18 11/03/21 14:58 .105

Subject Name

TEST #1

Subject I.D.

MONTWELL 200263

Operator Name, I.D.

HAZELWOOD BAY VAN

Location

AS IV Serial no: 030791  
Version no: 532B

TEST RECORD 00726

Temp Date Time 210L

Air Blank:  
11/03/21 15:09 .000  
Calibration Check:  
19 11/03/21 15:09 .104

Subject Name

TEST #2

Subject I.D.

MONTWELL 200263

Operator Name, I.D.

HAZELWOOD BAY VAN

Location

AS IV Serial no: 030791  
Version no: 532B

TEST RECORD 00727

Temp Date Time 210L

Air Blank:  
11/03/21 15:02 .000  
Calibration Check:  
21 11/03/21 15:02 .104

Subject Name

TEST #3

Subject I.D.

MONTWELL 200263

Operator Name, I.D.

HAZELWOOD BAY VAN

Location

AS IV Serial no: 030791  
Version no: 532B

TEST RECORD 00728

Temp Date Time 210L

VOID: RFI  
12 11/03/21 15:03

Subject Name

TEST #4

Subject I.D.

RFI

Operator Name, I.D.

MONTWELL 200263

Location

HAZELWOOD BAY VAN

AS IV Serial no: 030791  
Version no: 532B

TEST RECORD 00729

Temp Date Time 210L

VOID: RFI  
12 11/03/21 15:04

Subject Name

TEST #5

Subject I.D.

RFI

Operator Name, I.D.

MONTWELL 200263

Location

HAZELWOOD BAY VAN



## GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-594-5470

### 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°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 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: 573-751-8010  
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**

**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

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 200263

EXPIRES 10/8/2022

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 680-0771 (8-10)

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 MONTICELLI, MICHAEL  
 Permit No 200263  
 Date Issued 10/8/2020 Date Expires 10/8/2022

