



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 03/30/2022
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LOCATION OF INSTRUMENT (STREET AND CITY) 415 Elm Grove Lane Hazelwood	TIME OF INSPECTION 14:59 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.

**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 0.099 g/210L	TEST 2 0.100 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	2	.05-.09	0	.10-.14	1	.15-.19	0	OVER .19	1
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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, MARCH 2022

**INSPECTING OFFICER**

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

**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> 29-Dec-2022	<u>Cyl. Type</u> 108	<u>Component</u> Ethanol Nitrogen	<u>Certified Concentration</u> 0.100 ± 2% BrAC (272 ppm) Balance
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Certification Traceable to N.I.S.T. RGM and to CRM Ethanol Standards:

<u>RGM Serial No.</u> EB0010581 EB0010570 EB0010285 EB0010561 EB0010681	<u>Concentration</u> 392.1 ppm 259.8 ppm 208.0 ppm 103.6 ppm 52.12 ppm	<u>RGM Serial No.</u> EB0010603 EB0010559 EB0010595 EB0010562 EB0010579	<u>Concentration</u> 393.0 ppm 258.2 ppm 208.3 ppm 104.2 ppm 52.81 ppm
<u>CRM Serial No.</u> CC727481 CC727496	<u>Concentration</u> 800.0 ppm 253.0 ppm	<u>CRM Serial No.</u> CC727493 CC727498	<u>Concentration</u> 390.0 ppm 150.0 ppm

Analytical Method: NDIR

Digitally signed by Quality Control  
 Date: 2021.01.05 14:47:12 -08:00  
 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 03/30/2022
LOCATION OF INSTRUMENT (STREET AND CITY) 415 Elm Grove Lane / Hazelwood, Missouri 63042		TIME OF INSPECTION 2:15 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**

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 ← .105

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. March 2022

Simulator Solution Bottle Number 770

**INSPECTING OFFICER**

SIGNATURE 	PRINT NAME Michael A. Monticelli
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TYPE II PERMIT NUMBER/EXPIRATION DATE 200263 / 10/08/2022	TELEPHONE NUMBER (314) 838-5000
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**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 00761 ✓  
Temp Date Time 210L  
Air Blank:  
03/30/22 15:10 .000  
Subject Test: Auto  
24 03/30/22 15:10 .000  
Subject Name  
TEST # 5  
Subject I.D.  
Blank Test  
Operator Name, I.D.  
MONTMELLE 200263  
Location  
HAZELWOOD BAT VAN

AS IV Serial no: 030791  
Version no: 532B  
TEST RECORD 00760 ✓  
Temp Date Time 210L  
VOID: REF  
12 03/30/22 15:09  
Subject Name  
TEST # 4  
Subject I.D.  
REF TEST  
Operator Name, I.D.  
MONTMELLE 200263  
Location  
HAZELWOOD BAT VAN

AS IV Serial no: 030791  
Version no: 532B  
TEST RECORD 00759 ✓  
Temp Date Time 210L  
Air Blank:  
03/30/22 15:07 .000  
Calibration Check:  
23 03/30/22 15:07 .104  
Subject Name  
TEST # 3  
Subject I.D.  
Operator Name, I.D.  
MONTMELLE 200263  
Location  
HAZELWOOD BAT VAN

AS IV Serial no: 030791  
Version no: 532B  
TEST RECORD 00758 ✓  
Temp Date Time 210L  
Air Blank:  
03/30/22 15:06 .000  
Calibration Check:  
22 03/30/22 15:06 .105  
Subject Name  
TEST # 2  
Subject I.D.  
Operator Name, I.D.  
MONTMELLE 200263  
Location  
HAZELWOOD BAT VAN

AS IV Serial no: 030791  
Version no: 532B  
TEST RECORD 00757 ✓  
Temp Date Time 210L  
Air Blank:  
03/30/22 15:04 .000  
Calibration Check:  
22 03/30/22 15:04 .105  
Subject Name  
TEST # 1  
Subject I.D.  
Operator Name, I.D.  
MONTMELLE 200263  
Location  
HAZELWOOD BAT VAN



**GUTH LABORATORIES, INC.**

590 NORTH 67th STREET • HARRISBURG, PA 17111-4611 • TELEPHONE: 717-664-5470

### 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: 573-751-6010  
 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



**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 806.111 through 806.119 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-589 (Rev. 10-10)

LAB-4 (08/20)



**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

