



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 10/27/2022 |
| LOCATION OF INSTRUMENT (STREET AND CITY) 415 Elm Grove Lane Hazelwood | | TIME OF INSPECTION 10:04 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 \approx 0.099 g/210L | TEST 2 \approx 0.099 g/210L | TEST 3 \approx 0.099 g/210L |
|-------------------------------|-------------------------------|-------------------------------|

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

| | | | | | | | | | | | |
|----------|---|-------|----|---------|---|---------|---|---------|---|----------|---|
| REFUSALS | 0 | 0-.04 | 21 | .05-.09 | 0 | .10-.14 | 1 | .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).

MONTHLY MAINTENANCE

INSPECTING OFFICER

| | |
|---------------------------------|---------------------------------------|
| SIGNATURE <i>[Signature]</i> | PRINT FULL NAME SCHNURBUSCH, SCOTT |
| TYPE 11 PERMIT NUMBER 210222 | TELEPHONE NUMBER (314) 838-5000 |
| EXPIRATION DATE 09/28/2023 | |

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

AS IV Serial no: 030791
Version no: 532B

TEST RECORD 00814 %/
Temp Date Time 210L

Air Blank: 10/27/22 12:50 .000
Calibration Check: 23 10/27/22 12:50 .100

Subject Name

Test #1

Subject I.D.

Sgt. Schaubert 411

Operator Name, I.D.

21022

Location

HPD BATVAN

AS IV Serial no: 030791
Version no: 532B

TEST RECORD 00815 %/
Temp Date Time 210L

Air Blank: 10/27/22 12:52 .000
Calibration Check: 23 10/27/22 12:52 .100

Subject Name

Test #2

Subject I.D.

Sgt. Schaubert 411

Operator Name, I.D.

21022

Location

HPD BATVAN

AS IV Serial no: 030791
Version no: 532B

TEST RECORD 00816 %/
Temp Date Time 210L

Air Blank: 10/27/22 12:54 .000
Calibration Check: 24 10/27/22 12:54 .099

Subject Name

Test #3

Subject I.D.

Sgt. Schaubert 419

Operator Name, I.D.

21022

Location

HPD BATVAN

AS IV Serial no: 030791
Version no: 532B

TEST RECORD 00817 %/
Temp Date Time 210L

VOID: RFI
12 10/27/22 12:55

Subject Name

RFI Test

Subject I.D.

Sgt. Schaubert 419

Operator Name, I.D.

21022

Location

HPD BATVAN

AS IV Serial no: 030791
Version no: 532B

TEST RECORD 00818 %/
Temp Date Time 210L

Air Blank: 10/27/22 12:57 .000
Subject Test: Auto
25 10/27/22 12:57 .000

Subject Name

Blank Test

Subject I.D.

Sgt. Schaubert 419

Operator Name, I.D.

21022

Location

HPD BATVAN



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 | Cyl. Type | Component | Certified Concentration |
| 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: 2021.01.06 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
 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



Paula Nickelson
 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: 0.01
 Uncertainty: 0.02
 Date of Certification: 11/10/2021 Date of Expiration: 11/10/2022

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: 7/11/2022
 Certification Expiration: 7/11/2023
 Simulator testing technician: M. BOND

Notes on Condition: none

Deviation(s) from method: none

DHSS BAP Scientist Approving: BRIANNA MEDRANO
 Certification No: MP6029_7112022

X *Brianna Medrano*

DHSS BAP Scientist Approving

Simulator Calibration Certification
 Issued by Lab Manager, DHSS BAP
 Revision Date: 06/25/2022

Breath Alcohol Program
 1903 Northwood Drive, Suite 4
 Poplar Bluff, MO 63901

DHSS BAP Document 3.6A
 Revision 2
 Page 1 of 1



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 9/28/2021

Laura P. Way

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 210222

Donald A. Ramsey

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 9/28/2023

MO 680-0771 (6-10)

LAB-4 (RB-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 210222
 Date Issued 9/28/2021 Date Expires 9/28/2023

