

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

TATITOT	EC/TD	TT	MATNTENANCE	DEDODE
1 14 1 ( ) A	r.t. / I R		MAINIFINANCE.	REPURI

INTOX EC/IR II				REPORT #3
Complete this report at the time of				
days). Complete this report whenever				
into service. Retain the original a	nd send a copy with	in 15 days to the		ogram, DHSS.
12675	Hazelwood Police	Dont	DATE OF INSPECTION	
LOCATION OF INSTRUMENT (STREET AND CITY)		е рерс.	05/09/2024	
415 Elm Grove Lane Hazelwood			TIME OF INSPECTION	
CHECKLIST: Place a mark in the box	by each item if fou	nd to be active	19:09 CDT	
established limits. (Write in obser				
before using instrument.	ved varues where de	cermined). Onmail	ted items must be	corrected
X DIAGNOSTIC RECORD				
X BLANK CHECK		X CO2 CHECK		
X FC 1 TEMP		X FLOW CHECK		
X SRC TEMP		X FCB CHECK		
X DET TEMP			OT/	
		X CRC COMP CHE		
X BT TEMP		X CRC CAL CHECK		
X STD 2 TEMP		X PRINT TEST		
X ETH CHECK				
BREATH ANALYZER ACCURACY STANDA	RDS			
SIMULATOR SOLUTION		X COMPRESSED E	THANOL-GAS MIXTU	RE
X STANDARD SUPPLIER Intox:	imeters	LOT# AG231902	EXP.	DATE 11/15/2024
SIMULATOR TEMP (34°C ±0.2°C)	SIM. S	SN	SIM. NIST EXP	DATE
X CALIBRATION CHECK - (ONLY ONE	STANDARD IS TO B	E USED PER MAIN	TENANCE REPORT)	
Run three tests using a stand				of the standard
and must have a spread of .00	05 or less. Mark	the box correspo	onding to the st	andard solution being
used.		**		
X 0.10% STANDARD - MUST READ				
0.08% STANDARD - MUST READ	BETWEEN 0.076% AN	D 0.084% INCLUS	IVE	
0.04% STANDARD - MUST READ	BETWEEN 0.038% AN	D 0.042% INCLUS	IVE	
- Committee of the comm	The state of the s	1977		
TEST 1 0.100 g/210L	TEST 2 0.100		TEST 3 0.10	e St. Soulistie
INDICATE THE NUMBER OF BREATH T	ESTS IN THE FOLLO	WING RANGES SING	CE THE LAST MAIN	TENANCE REPORT:
REFUSALS 2 004 20	.0509 0	.1014 1	.1519 1	OVER .19 3
LIST ANY NEW PARTS AND DESCRIBE ANY ALTE SATISFACTORILY AND WITHIN ESTABLISHED LI	RATION OR MODIFICATION MITS (USE OTHER SIDE 1	THAT WAS MADE TO RE	ESTORE THE INSTRUMENT	TO OPERATE
		TO SERVICE MA		v
BA MAINTENENCE MAY 2024				
			3	
INCREMENT OFFICER				
INSPECTING OFFICER				
► Xh the 50	4	PRINT FULL NAME olmsted		
TYPE II PERMIT NUMBER EXPIRA	TION DATE	TELEPHONE NUMBER		
230237 10/3	1/2025	(314)838-5000	0	
RETURN COMPLETED REPORT TO	O THE.			
Breath Alcohol Program, Missouri Department of Health and Senior Services,				
by mail, fax, or e-mail				
by mair, tax, or e-mair				



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: 17-Nov-2022

Lot # AG231902 Model 108

Exp Date 15-Nov-2024 Cyl. Type

Component

**Certified Concentration** 

108

Ethanol Nitrogen 0.100 ± 2% BrAC (272 ppm)

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

RGM Serial No.	Concentration	RGM Serial No.	Concentration
EB0010581	391.8 ppm	EB0010603	392.5 ppm
EB0010570	259.8 ppm	EB0010559	258.9 ppm
EB0010285	209.0 ppm	EB0010562	104.2 ppm
EB0010561	103.7 ppm	EB0010579	52.94 ppm
EB0010681	52.22 ppm	== 4 3 24 943	эшэ . ррн.

CRM Serial No.

Concentration

CRM Serial No.

Concentration

CC727481 CC727496

800.0 ppm 253.0 ppm

CC727493 CC727498 390.0 ppm 150.0 ppm

Analytical Method: NDIR

Digitally signed by:Quality Control Reason:Dry gas standard certification of analysis Location:Airgas USA LLC (Lab) Date:11.17.2022 20:17

Approved for Release:

Rod Marsala

ISO 17025:2017 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



Michael L. Parson Governor

Paula Nickelson Acting Director

# 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:

10/24/2022

Date of Expiration: 10/24/2023

#### ENVIRONMENTAL CONDITIONS

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

### VERIFICATION RESULTS

Simulator Average

NIST Average

**Combined Uncertainty** 

34.00

34.00

.02

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

## ADJUSTMENT RESULTS

No adjustment was needed.

Date of testing:

7/10/2023

**Certification Expiration:** 

7/10/2024

Simulator testing technician: R. SCHILDKNECHT

Notes on Condition: none

Deviation(s) from method: none

**DHSS BAP Scientist Approving:** 

**BRIANNA MEDRANO** 

Certification No:

MP6029 7102023

**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



### CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 22430 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on December 1, 2022, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1216% (w/vol) ethyl alcohol. The expiration date for this lot number is November 30, 2024 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.



# STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



# PERMIT TYPE II

# DANIEL JOHNSTON

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

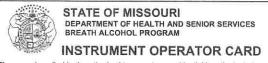
# ALCO-SENSOR IV WITH PRINTER, INTOX EC/IR II

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.

DATE10/31/2023	Mike Massure
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 230242	
EXPIRES 10/31/2025	Davis J. Nichelson
	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)



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 JOHNSTON, DANIEL

Permit No 230242

Date Issued 10/31/2023 Date Expires 10/31/2025

