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By Carol Day at 2:48 pm, May 11, 2016

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	PRINTER SN	DATE OF INSPECTION
097435	096, 3580, 875	5-11-16
LOCATION OF INSTRUMENT (STREET AND CITY)		TIME OF INSPECTION
602 S. Franklin Cuba MO		11:10 Am

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.

- [x] DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)
- [x] TEMPERATURE OF ALCO SENSOR (10°C - 40°C)
- [x] PRINTER WORKING PROPERLY
- [x] TIME AND DATE DISPLAYING PROPERLY

BREATH ALCOHOL ACCURACY STANDARDS

- [x] SIMULATOR SOLUTION
- [ ] COMPRESSED ETHANOL-GAS MIXTURE

[x] STANDARD SUPPLIER Guth LOT # 16040 EXP. DATE 1-20-18

[x] SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34 SIMULATOR SN SD2758 SIMULATOR EXP DATE 4-27-17

[x] 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)

- [x] 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	TEST 2	TEST 3
.100	.100	.100

[x] 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-.04)	(.05-.09)	(.10-.14)	(.15-.19)	(OVER .19)
Ø	Ø	Ø	Ø	Ø	Ø

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).

INSPECTING OFFICER

SIGNATURE	PRINT NAME
[signature]	Michael Centanni
TYPE II PERMIT NUMBER/EXPIRATION DATE	TELEPHONE NUMBER
060213 / 5-3-18	573 885-7979

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office
2875 James Boulevard
Poplar Bluff, MO 63901

05/11/2016 12:36 5738851449 CUBA POLICE DEPT PAGE 03/04

AS IV Serial no: 097435
Version no: 532B

TEST RECORD 00171

Temp	Date	Time	210L
Air Blank:			
	05/11/16	11:09	.000
Calibration Check:			
25	05/11/16	11:09	.099

Subject Name
Blank
Subject I.D.
Calibration Check
Operator Name, I.D.
Centuori 352
Location
602 S. Franklin
Cuba

AS IV Serial no: 097435
Version no: 532B

TEST RECORD 00170

Temp	Date	Time	210L
Air Blank:			
	05/11/16	11:01	.000
Calibration:			
24	05/11/16	11:01	.100

Subject Name
Blank
Subject I.D.
Calibration
Operator Name, I.D.
Centuori 352
Location
602 S. Franklin
Cuba

AS IV Serial no: 097435
Version no: 532B

TEST RECORD 00172

Temp	Date	Time	210L
Air Blank:			
	05/11/16	11:10	.000
Calibration Check:			
25	05/11/16	11:10	.100

Subject Name
Blank
Subject I.D.
Test 1
Operator Name, I.D.
Centuori 352
Location
602 S. Franklin
Cuba

AS IV Serial no: 097435
Version no: 532B

TEST RECORD 00173

Temp	Date	Time	210L
Air Blank:			
	05/11/16	11:12	.000
Calibration Check:			
25	05/11/16	11:12	.100

Subject Name
Blank
Subject I.D.
Test 2
Operator Name, I.D.
Centuori 352
Location
602 S. Franklin
Cuba

AS IV Serial no: 097435
Version no: 532B

TEST RECORD 00174

Temp	Date	Time	210L
Air Blank:			
	05/11/16	11:14	.000
Calibration Check:			
26	05/11/16	11:14	.100

Subject Name
Blank
Subject I.D.
Test 3
Operator Name, I.D.
Centuori 352
Location
602 S. Franklin
Cuba

AS IV Serial no: 097435
Version no: 532B

TEST RECORD 00175

Temp	Date	Time	210L
VOID: RFI			
12	05/11/16	11:15	

Subject Name
Blank
Subject I.D.
RFI
Operator Name, I.D.
Centuori 352
Location
602 S. Franklin
Cuba

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

2

PERMIT
TYPE II

MICHAEL S CENTUNZI

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

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 5/3/2016

NUMBER 260213

EXPIRES 5/3/2018

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (8-10)

LAB-4 (RS-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 CENTUNZI, MICHAEL
Permit No 260213
Date Issued 5/3/2016 Date Expires 5/3/2018