



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 STATE PUBLIC HEALTH LABORATORY
ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED

By Tracy Crews at 11:00 am, Apr 06, 2024

REPORT

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 <i>100286</i>	NAME OF AGENCY <i>Cuba PD</i>	DATE OF INSPECTION <i>4-2-24</i>
LOCATION OF INSTRUMENT (STREET AND CITY) <i>602 S. Franklin St, Cuba</i>		TIME OF INSPECTION <i>10:48 am</i>

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* LOT # *22430* EXP. DATE *11-30-24*

SIMULATOR TEMPERATURE (34°C ± 0.2°C) *34°* SIM. SN *MP3872* SIM. NIST EXP DATE *5-4-24*

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 *.103* TEST 2 *.103* TEST 3 *.103*

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) *1*

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 *Michael Centurzi*

PRINT NAME *Michael Centurzi*

TYPE II PERMIT NUMBER/EXPIRATION DATE *220115/4-29-24*

TELEPHONE NUMBER *(573) 885-7979*

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office by mail, fax, or email.

AS 10 Serial no: 180286
Version no: 532B

TEST RECORD 01299 ^{5/}
Temp Date Time 210L

Air Blank
04/02/24 10:48 .000
Calibration Check:
21 04/02/24 10:48 .103

Subject Name

Blank

Subject I.D.

Operator Name, I.D.

Centuri/22015

Location

602 S. Franklin St

Cuba

AS 10 Serial no: 180286
Version no: 532B

TEST RECORD 01300 ^{5/}
Temp Date Time 210L

Air Blank
04/02/24 10:50 .000
Calibration Check:
21 04/02/24 10:50 .103

Subject Name

Blank

Subject I.D.

Operator Name, I.D.

Centuri/22015

Location

602 S. Franklin St

Cuba

AS 10 Serial no: 180286
Version no: 532B

TEST RECORD 01301 ^{5/}
Temp Date Time 210L

Air Blank
04/02/24 10:52 .000
Calibration Check:
21 04/02/24 10:52 .103

Subject Name

Blank

Subject I.D.

Operator Name, I.D.

Centuri/22015

Location

602 S. Franklin St

Cuba

AS 10 Serial no: 180286
Version no: 532B

TEST RECORD 01302 ^{5/}
Temp Date Time 210L

Air Blank
04/02/24 10:53
Calibration Check:
21 04/02/24 10:53

Subject Name

Blank

Subject I.D.

Operator Name, I.D.

Centuri/22015

Location

602 S. Franklin St

Cuba



GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-584-5470

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 $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$, this solution will give a breath alcohol analysis instrument reading of **0.100 g/210L \pm 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.



Paula Nickelson
 Acting Director

Michael L. Parson
 Governor

SIMULATOR CERTIFICATION REPORT

SIMULATOR INFORMATION

Simulator Serial Number: MP3872 **Manufacturer:** Guth
Model Number: 12V500
Agency: CUBA PD
Agency Address: 602 S FRANKLIN, CUBA, MO 65453

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

<u>Simulator Average</u>	<u>NIST Average</u>	<u>Combined Uncertainty</u>
34.01	34.02	.03

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

ADJUSTMENT RESULTS

No adjustment was needed.

Date of testing: 5/4/2023
Certification Expiration: 5/4/2024
Simulator testing technician: R. SCHILDKNECHT

Notes on Condition: none
Deviation(s) from method: none

DHSS BAP Scientist Approving: BRIANNA MEDRANO
Certification No: MP3872_542023

X *Brianna Medrano*

DHSS BAP Scientist Approving



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 4/29/2022

F. Anna G. Nay
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 220115

Paula J. Nielsen
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 4/29/2024

LAB-1 (11-10)

MO 680-8771 (6-10)

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 **220115**
Date Issued **4/29/2022** Date Expires **4/29/2024**

