



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

RECEIVED
 By Tracy Crews at 11:25 am, Feb 04, 2020

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 <u>100286</u>	PRINTER SN <u>093.3563.013</u>	DATE OF INSPECTION <u>2-3-2020</u>
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LOCATION OF INSTRUMENT (STREET AND CITY) <u>602 S. Franklin Cuba</u>	TIME OF INSPECTION <u>9:33 pm</u>
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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

<input checked="" type="checkbox"/> SIMULATOR SOLUTION	<input type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Cush</u>	LOT # <u>19070</u> EXP. DATE <u>2-25-21</u>

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34° SIMULATOR SN MP3872 SIMULATOR EXP DATE 4-18-20

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 mL <u>.100</u>	TEST 2 mL <u>.099</u>	TEST 3 mL <u>.099</u>
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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 <u>0</u>	(0-.04) <u>0</u>	(.05-.09) <u>0</u>	(.10-.14) <u>0</u>	(.15-.19) <u>0</u>	(OVER .19) <u>1</u>
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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).

INSPECTING OFFICER

SIGNATURE <u>[Signature]</u>	PRINT NAME <u>Michael Cantelmo</u>
TYPE II PERMIT NUMBER/EXPIRATION DATE <u>280179/5-7-2020</u>	TELEPHONE NUMBER <u>573-885-7779</u>

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

AS IV Serial no: 100286
Version no: 5328

TEST RECORD 00740
Temp Date Time 2:01

Air Blank:
02/03/20 21:33 .000
Calibration Check:
19 02/03/20 21:33 .100

Subject Name
Blank

Subject I.D.
Test 1

Operator Name, I.D.
Condunzi / 280179

Location
602 S. Franklin

Cuba

AS IV Serial no: 100286
Version no: 5328

TEST RECORD 00742
Temp Date Time 2:21

Air Blank:
02/03/20 21:37 .002
Calibration Check:
20 02/03/20 21:37 .300

Subject Name
Blank

Subject I.D.
Test 3

Operator Name, I.D.
Condunzi / 280179

Location
602 S. Franklin

Cuba

AS IV Serial no: 100286
Version no: 5328

TEST RECORD 00741
Temp Date Time 2:21

Air Blank:
02/03/20 21:35 .002
Calibration Check:
20 02/03/20 21:35 .000

Subject Name
Blank

Subject I.D.
Test 2

Operator Name, I.D.
Condunzi / 280179

Location
602 S. Franklin

Cuba

AS IV Serial no: 100286
Version no: 5328

TEST RECORD 00740
Temp Date Time 2:01

Air Blank:
02/03/20 21:33 .000
Calibration Check:
19 02/03/20 21:33 .100

Subject Name
Blank

Subject I.D.
Test 1

Operator Name, I.D.
Condunzi / 280179

Location
602 S. Franklin

Cuba



GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **19070** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **February 26, 2019**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1212%** (w/vol) ethyl alcohol. The expiration date for this lot number is **February 25, 2021** 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 FN04271602 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

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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.

EXPIRES 5/7/2018

PERMIT NUMBER 280179

PIRES 5/7/2020

590-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)

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: 280179
 Date Issued 5/7/2018 Date Expires 5/7/2020



Missouri Department of Health and Senior Services
 P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6910
 RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2666 VOICE 1-800-735-2466
 Randall W. Williams, MD, FACOG
 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: 17KMM00890 Bias: 0.00
 Uncertainty: 0.02
 Date of Certification: 1/31/2019 Date of Expiration: 1/31/2020

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: 4/18/2019
 Certification Expiration: 4/18/2020
 Simulator testing technician: S. GARY

Notes on Condition: none

Deviation(s) from method: none

DHSS BAP Scientist Approving: B. LUTMER

Certification No: MP3872_4182019

X

DHSS BAP Scientist Approving

