



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 <u>100286</u>	NAME OF AGENCY <u>Cuba PD</u>	DATE OF INSPECTION <u>12-1-2020</u>
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LOCATION OF INSTRUMENT (STREET AND CITY) <u>602 S. Franklin Cuba</u>	TIME OF INSPECTION <u>8:22 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>Guth</u>	LOT # <u>20190</u> EXP. DATE <u>4-6-22</u>
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>34</u>	SIM. SN <u>MP 3872</u> SIM. NIST EXP DATE <u>5-7-2021</u>

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 <u>.100</u>	TEST 2 <u>.100</u>	TEST 3 <u>.100</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).

calibrated instrument

INSPECTING OFFICER	
SIGNATURE <u>Michael Centurioni</u>	PRINT NAME <u>Michael Centurioni</u>
TYPE II PERMIT NUMBER/EXPIRATION DATE <u>200163 / 5-4-2022</u>	TELEPHONE NUMBER <u>(573) 885-7979</u>

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

AS IV Serial no: 100286
Version no: 5328

TEST RECORD 00912 ^{s/}

Temp Date Time 210L

Air Blank: 12/01/20 20:22 .000
Calibration Check: 22 12/01/20 20:22 .100

Subject Name Blank

Subject I.D. Test 1

Operator Name, I.D. Condoluzi / 200163

Location 602 S. Franklin

Cuba

AS IV Serial no: 100286
Version no: 5328

TEST RECORD 00913 ^{s/}

Temp Date Time 210L

Air Blank: 12/01/20 20:24 .000
Calibration Check: 23 12/01/20 20:24 .100

Subject Name Blank

Subject I.D. Test 2

Operator Name, I.D. Condoluzi / 200163

Location 602 S. Franklin

Cuba

AS IV Serial no: 100286
Version no: 5328

TEST RECORD 00914 ^{s/}

Temp Date Time 210L

Air Blank: 12/01/20 20:27 .000
Calibration Check: 23 12/01/20 20:27 .100

Subject Name Blank

Subject I.D. Test 3

Operator Name, I.D. Condoluzi / 200163

Location 602 S. Franklin

Cuba

AS IV Serial no: 100286
Version no: 5328

TEST RECORD 00915 ^{s/}

Temp Date Time 210L

VOID: RFI 12 12/01/20 20:28

Subject Name Blank

Subject I.D. REF

Operator Name, I.D. Condoluzi / 200163

Location 602 S. Franklin

Cuba

**GUTH LABORATORIES, INC.**

590 NORTH 6TH STREET • HARRISBURG, PA 17111-4911 • TELEPHONE: 717-664-6470

CERTIFICATE OF ANALYSIS**Certified Alcohol Reference Solution for Simulator**

Random Samples of Lot Number **20190** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **April 8, 2020**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1206%** (w/vol) ethyl alcohol. The expiration date for this lot number is **April 6, 2022** 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 FN02271802 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

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 5/4/2020

NUMBER 200163

EXPIRES 5/4/2022

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-3771 (8-10)

L4B-4 (1/8-10)



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: 200163
Date Issued 5/4/2020 Date Expires 5/4/2022



