

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

RECEIVED By Tracy Crews at 8:10 am, Sep 03, 2021

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

TRIAT											
Complete this report in dupli Send copy to Department of	icate at the time of Health and Senio	of the regular monthly or Services; retain or	y preventative mainte ginal in department fi	nance check, and le.	d whenever instrument is repaired.						
ALCO SENSOR IV SN		NAME OF AGENCY			DATE OF INSPECTION						
100286		Caba F	² D		8.29-21						
LOCATION OF INSTRUMENT (STR	EET AND CITY)			•	TIME OF INSPECTION 10:54 am						
GOZ Si Fran	Klin Cul	in .		M. S							
CHECKLIST: Place a mark in	the box by each	item if found to be sai	tisfactory or if operatin	g within establish	ed limits. (Write in observed values						
where determined.) Unmarke	ed items must be	corrected before usir	ig instrument.								
DIGITAL READOUT (AL	L ELEMENTS OF	PERATIONAL)									
TEMPERATURE OF AL	CO SENSOR (10	°C - 40°C)									
PRINTER WORKING PI	ROPERLY										
X TIME AND DATE DISPL											
BREATH ALCOHOL ACCUR	RACY STANDAR	DS									
SIMULATOR SOLUTION	4		COMPRESSI	SSED ETHANOL-GAS MIXTURE							
X STANDARD SUPPLIER	Guth		LOT# 21080	EXP. DATE	3-8-23						
SIMULATOR TEMPERA	.TURE (34°C ± 0.	2°C) 34° s	SIM. SN MP 387	SIM. N	NIST EXP DATE 5.14-22						
less. Check the box corre	esponding to the s D - MUST READ I D - MUST READ I	standard solution beit BETWEEN 0.095% a BETWEEN 0.076% a	ng used. (PRINTOUT nd 0.105% INCLUSIV nd 0.084% INCLUSIV nd 0.042% INCLUSIV	ATTACHED) 'E 'E	and must have a spread of .005 or						
TEST 1 - ,101	Т	EST 2 - 101		TEST 3 ♥ ,10/							
RFI DETECTOR OPERA	TING										
INDICATE THE NUMBER OF	F BREATH TEST	S IN THE FOLLOWI (ESTS)	1	1							
	.04)	(.0509)	(.1014)	(.1519)	/ (OVER .19) /						
List any new parts and descretablished limits (use other	ribe any alteration side if necessary)	n or modification that	was made to restore	the instrument t	o operate satisfactorily and within						
INSPECTING OFFICER SIGNATURE	TOK (LET FE)	A MARKET THE REAL PROPERTY.		PRINT NAME							
) A LI	5_			Michael	Centure						
TYPE II PERMIT NUMBER/EXPIRATION D	ATE			TELEPHONE NUMBER	3						
200163/5-4-20				(573) 885- 7979							
Return completed report to	the: Breath Alc	ohol Program, MO Dox, or email.	epartment of Health a	nd Senior Servic	es, Southeast District Office						

AS IV Serial no: 180286
Version no: 532B

IEST RECORD 00983

Iemp Date Time 2100
Air Blank:
08/29/21 10:54 .008
Calibration Check:
20 08/29/21 10:54 .180
Subject Name
Subject I.D.
Subject I.D.
Carlin
Corly 20063

Location
Coulum 20063

Coulum 20063

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TEST RECORD 00984
TEST RECORD 00984
Temp Date Time 2101
Temp Date Time 2101
Temp Date Time 2101
Slank:
Calibration Check:
21 08/29/21 10:57 .000
Subject I.D.
Subject I.D.
Subject I.D.
Derator Name, I.D.
Canduni 220163
Location
608 S Familia

TEST RECORD 00985
Version no: 100286
Version no: 5328

TEST RECORD 00985
Air Blank:
08/29/21 10:59 .000
Calibration Check:
2: 08/29/21 10:59 .101
Subject Name
Subject I.D.
Fas S

Decation
Carlus: Raol63
Location

AS IV Serial no: 180286
Version no: 532B
Version no: 532B
Version no: 532B
Version no: 532B
Version RECORD 00986
Version Name
Version N



CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 21080 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on March 10, 2021, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1214% (w/vol) ethyl alcohol. The expiration date for this lot number is March 8, 2023 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.



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

Robert J. Knodell Acting Director

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:

11/6/2020

Date of Expiration:

11/6/2021

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

34.02

.04

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

ADJUSTMENT RESULTS

No adjustment was needed.

Date of testing:

5/14/2021

Certification Expiration:

5/14/2022

Simulator testing technician: D. DEBOARD

Notes on Condition: none

Deviation(s) from method: none

DHSS BAP Scientist Approving:

B. LUTMER

Certification No:

MP3872_5142021

DHSS BAP Scientist Approving

Simulator Calibration Certification Issued by Lab Manager, DHSS BAP Revision Date: 05/16/2018

Breath Alcohol Program 1903 Northwood Drive, Suite 4 Poplar Bluff, MO 63901

DHSS BAP Document 3.6A Revision 1 Page 1 of 1



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES BREATH ALCOHOL PROGRAM



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.

DATE5/4/2020	We in Se							
DAIE	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY							
NUMBER 200163	N. C. a. and all the state of t							
EXPIRES 5/4/2022	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES							
NO 590,0773 (5.10)	1/84 (R8-10)							

STATE OF MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BREATH ALCOHOL PROGRAM INSTRUMENT OPERATOR CARD

Operator CENTUNZI, MICHAEL Permit No 200163 Date Issued 5/4/2020 Date Expir

Date Expires 5/4/2022



BREATH ALCOHOL TESTING LOG

													13-17-51	0-11-2		- Pato
														Colley	1.13afone	0L:
													Constance 352	Wilkerson	Arresting officer	
													Company 32	10:0	Testing officer	
													1881	result	BrAC	
													18/ Z/VV		Comments	