



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

**RECEIVED**

By Tracy Crews at 3:02 pm, Mar 15, 2022

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>3-9-22</u>
LOCATION OF INSTRUMENT (STREET AND CITY) <u>602 S. Franklin Cuba</u>		TIME OF INSPECTION <u>2:55 pm</u>

**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 # 21080 EXP. DATE 3-8-23

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34° SIM. SN MP3872 SIM. NIST EXP DATE 5-14-22

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 • .102

TEST 2 • .102

TEST 3 • .101

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) 0

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 Penlasec

PRINT NAME  
Michael Penlasec

TYPE II PERMIT NUMBER/EXPIRATION DATE  
200163/5-4-22

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 IV Serial no: 100286  
Version no: 532B

TEST RECORD 01033 97  
Temp Date Time 210L

Air Blank: 03/09/22 14:55 .080  
Calibration Check: 21 03/09/22 14:55 .102

Subject Name Blank  
Subject I.D. Test 1  
Operator Name, I.D. Cendurei/200/63  
Location 602 S. Franklin  
Cuba

AS IV Serial no: 100286  
Version no: 532B

TEST RECORD 01035 97  
Temp Date Time 210L

Air Blank: 03/09/22 14:58 .080  
Calibration Check: 22 03/09/22 14:58 .102

Subject Name Blank  
Subject I.D. Test 2  
Operator Name, I.D. Cendurei/200/63  
Location 602 S. Franklin  
Cuba

AS IV Serial no: 100286  
Version no: 532B

TEST RECORD 01036 97  
Temp Date Time 210L

Air Blank: 03/09/22 15:00 .080  
Calibration Check: 23 03/09/22 15:00 .101

Subject Name Blank  
Subject I.D. Test 3  
Operator Name, I.D. Cendurei/200/63  
Location 602 S. Franklin  
Cuba

AS IV Serial no: 100286  
Version no: 532B

TEST RECORD 01037 97  
Temp Date Time 210L

VOID: RFI  
12 03/09/22 15:02

Subject Name Blank  
Subject I.D. RFI  
Operator Name, I.D. Cendurei/200/63  
Location 602 S. Franklin  
Cuba



## GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-664-5470

### 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  $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$ , 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.*



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 5/4/2020

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 200163

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 5/4/2022

L48-1 (09-10)

MO 887-0771 (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 **200163**  
Date Issued **5/4/2020** Date Expires **5/4/2022**



**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 1-800-735-2866 VOICE 1-800-735-2466  
**Robert J. Knodell**  
 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: 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

<u>Simulator Average</u>	<u>NIST Average</u>	<u>Combined Uncertainty</u>
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

X *B. Lutmer*

DHSS BAP Scientist Approving