



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>111650</u>	NAME OF AGENCY <u>Bourbon PD</u>	DATE OF INSPECTION <u>12-2-22</u>
LOCATION OF INSTRUMENT (STREET AND CITY) <u>355 E Pine St Bourbon</u>		TIME OF INSPECTION <u>4:56 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 Cuth LOT # 22080 EXP. DATE 3-24

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 33.98° SIM. SN MP3873 SIM. NIST EXP DATE 8-16-23

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>.102</u>	TEST 2 <u>.102</u>	TEST 3 <u>.102</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>0</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
Michael Centurini

PRINT NAME
Michael Centurini

TYPE II PERMIT NUMBER/EXPIRATION DATE
22015 / 4-29-22

TELEPHONE NUMBER
(573) 732-4838

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: 111650
Version no: 532B

TEST RECORD 00267

Temp Date Time 210L 9/
Air Blank: 12/02/22 16:56 .000
Calibration Check: 21 12/02/22 16:56 .102

Subject Name

Blank 1c

Subject I.D.

Test 1

Operator Name, I.D.

Centurisi / 220115

Location

355 E Pine St

Bourbon

AS IV Serial no: 111650
Version no: 532B

TEST RECORD 00268

Temp Date Time 210L 9/
Air Blank: 12/02/22 16:59 .000
Calibration Check: 21 12/02/22 16:59 .102

Subject Name

Blank 1c

Subject I.D.

Test 2

Operator Name, I.D.

Centurisi / 220115

Location

355 E Pine St

Bourbon

AS IV Serial no: 111650
Version no: 532B

TEST RECORD 00269

Temp Date Time 210L 9/
Air Blank: 12/02/22 16:59 .000
Calibration Check: 22 12/02/22 16:59 .102

Subject Name

Blank 1c

Subject I.D.

Test 3

Operator Name, I.D.

Centurisi / 220115

Location

355 E. Pine St

Bourbon

AS IV Serial no: 111650
Version no: 532B

TEST RECORD 00270

Temp Date Time 210L 9/
VOID: RFI 12 12/02/22 17:00

Subject Name

Blank 1c

Subject I.D.

RFT

Operator Name, I.D.

Centurisi / 220115

Location

355 E Pine St

Bourbon



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 508.111 through 508.119 RSMo.

DATE: 4/29/2022

NUMBER 220115

EXPIRES 4/29/2024

MS 180-0771 (1-18)

Laura P. Day

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Paula J. Nielsen

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-1 (R1-D)

STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM

INSTRUMENT OPERATOR CARD

The named operator is authorized to operate an authorized breath alcohol instrument for the determination of the alcoholic content in breath from of expired air in Missouri.

Operator: CENTUNZI, MICHAEL
Permit No: 220115
Date Issued: 4/29/2022 Date Expires: 4/29/2024



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 **22080** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **March 9, 2022**, 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 7, 2024** 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.