



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

RECEIVED

By Tracy Crews at 9:54 am, Jun 16, 2023

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 <i>111650</i>	NAME OF AGENCY <i>Bourbon PD</i>	DATE OF INSPECTION <i>6-1-23</i>
LOCATION OF INSTRUMENT (STREET AND CITY) <i>423 N. Old Hwy 66 Bourbon</i>		TIME OF INSPECTION <i>1:21 pm</i>

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.

<input checked="" type="checkbox"/> DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)
<input checked="" type="checkbox"/> TEMPERATURE OF ALCO SENSOR (10°C - 40°C)
<input checked="" type="checkbox"/> PRINTER WORKING PROPERLY
<input checked="" type="checkbox"/> 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 <i>Guth</i>	LOT # <i>22080</i> EXP. DATE <i>3-7-24</i>
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <i>33.99</i>	SIM. SN <i>MP3573</i> SIM. NIST EXP DATE <i>8-16-23</i>

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)

<input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE
<input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE
<input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

TEST 1 <i>.101</i>	TEST 2 <i>.101</i>	TEST 3 <i>.101</i>
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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 <i>0</i>	(0-.04) <i>0</i>	(.05-.09) <i>0</i>	(.10-.14) <i>0</i>	(.15-.19) <i>0</i>	(OVER .19) <i>0</i>
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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 <i>Michael Pentone</i>	PRINT NAME <i>Michael Pentone</i>
TYPE II PERMIT NUMBER/EXPIRATION DATE <i>220115/4-29-24</i>	TELEPHONE NUMBER <i>(573) 732-4838</i>

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 00299

Temp Date Time 210L
g/

Air Blank:

06/01/23 13:21 .000

Calibration Check:
22 06/01/23 13:21 .101

Subject Name

Blank

Subject I.D.

Test 1

Operator Name, I.D.

Cowhale/220115

Location

423 N. Old Hwy 66

Burbon

AS IV Serial no: 111650
Version no: 532B

TEST RECORD 00300

Temp Date Time 210L
g/

Air Blank:

06/01/23 13:22 .000

Calibration Check:
22 06/01/23 13:22 .101

Subject Name

Blank

Subject I.D.

Test 2

Operator Name, I.D.

Cowhale/220115

Location

423 N. Old Hwy 66

Burbon

AS IV Serial no: 111650
Version no: 532B

TEST RECORD 00301

Temp Date Time 210L
g/

Air Blank:

06/01/23 13:24 .000

Calibration Check:
23 06/01/23 13:24 .101

Subject Name

Blank

Subject I.D.

Test 3

Operator Name, I.D.

Cowhale/220115

Location

423 N. Old Hwy 66

Burbon

AS IV Serial no: 111650
Version no: 532B

TEST RECORD 00302

Temp Date Time 210L
g/

VOID: RFI

12 06/01/23 13:26

Subject Name

Blank

Subject I.D.

RFI

Operator Name, I.D.

Cowhale/220115

Location

423 N. Old Hwy 66

Burbon



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 $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$, 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
BIOMEDICAL 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 type(s) of device(s):

ALCO-SENSOR IV WITH PRINTER

By this authorization of the Missouri Department of Health and Senior Services, the Missouri State Board of Health and Senior Services hereby certifies that the person named herein is qualified to perform the duties of a person in the above stated position, and that the person named herein is qualified to perform the duties of a person in the above stated position.

DATE: 4/29/2022

EXPIRES: 2/28/15

ISSUE: 4/29/2024

MISSOURI STATE BOARD OF HEALTH AND SENIOR SERVICES

COMMISSIONER OF HEALTH AND SENIOR SERVICES

DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-100-001

STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BIOMEDICAL PROGRAM

INSTRUMENT OPERATOR CARD

The named operator is authorized to operate or supervise the use of the instrument(s) listed below for the duration of the certificate unless a breach of any of the conditions is shown.

Operator: CENTUNZI, MICHAEL
Permit No: 220115
Issue Date: 4/29/2022 Exp. Date: 2/28/2015