



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY

RECEIVED

By Tracy Crews at 7:53 am, Dec 04, 2023

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>Bowling PD</u>	DATE OF INSPECTION <u>12-1-23</u>
LOCATION OF INSTRUMENT (STREET AND CITY) <u>355 E. Pine St Bowling</u>		TIME OF INSPECTION <u>11:11 am</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

<input checked="" type="checkbox"/> SIMULATOR SOLUTION	<input type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Guth</u>	LOT # <u>22430</u> EXP. DATE <u>11-30-24</u>
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>32.99°</u>	SIM. SN <u>MP3573</u> SIM. NIST EXP DATE <u>8-8-24</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>.102</u>	TEST 2 <u>.102</u>	TEST 3 <u>.102</u>
--------------------	--------------------	--------------------

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>
-------------------	------------------	--------------------	--------------------	--------------------	---------------------

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 <u>Michael Condruz</u>	PRINT NAME <u>Michael Condruz</u>
TYPE II PERMIT NUMBER/EXPIRATION DATE <u>220115/4-29-24</u>	TELEPHONE NUMBER <u>(573) 732-4838</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: 111650
Version no: 532B

TEST RECORD 00339
9/

Temp Date Time 210L

Air Blank:
12/01/23 11:11 .000
Calibration Check:
21 12/01/23 11:11 .102

Subject Name

Blank
Subject I.D.

Toss 1
Operator Name, I.D.

Cantunoy / 2201K
Location

@355 E Pine St

Burton

AS IV Serial no: 111650
Version no: 532B

TEST RECORD 00340
9/

Temp Date Time 210L

Air Blank:
12/01/23 11:13 .000
Calibration Check:
21 12/01/23 11:13 .102

Subject Name

Blank
Subject I.D.

Toss 2
Operator Name, I.D.

Cantunoy / 2201K
Location

355 E Pine St

Burton

AS IV Serial no: 111650
Version no: 532B

TEST RECORD 00341
9/

Temp Date Time 210L

Air Blank:
12/01/23 11:15 .000
Calibration Check:
23 12/01/23 11:15 .102

Subject Name

Blank
Subject I.D.

Toss 3
Operator Name, I.D.

Cantunoy / 2201K
Location

355 E Pine St

Burton

AS IV Serial no: 111650
Version no: 532B

TEST RECORD 00342
9/

Temp Date Time 210L

VOID: RPI
12 12/01/23 11:16

Subject Name

Blank
Subject I.D.

RFT
Operator Name, I.D.

Cantunoy / 2201K
Location

355 E Pine St

Burton



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 **22430** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **December 1, 2022**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1216%** (w/vol) ethyl alcohol. The expiration date for this lot number is **November 30, 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.*



314 North Pearl Street • Albany, New York 12207 • 800-848-4983 • (518) 434-4546 • Fax (518) 434-0891

**CERTIFICATE OF ANALYSIS
ALCOHOL REFERENCE SOLUTION FOR SIMULATOR**

Lot No: 22430 Exp. Date: 11/30/2024

This Alcohol Reference for Simulator was received on 12/6/2022 and tested on a Gas Chromatograph by Jacob vanBeusichem according to the standard procedure Alcohol Reference Solution-1, and found to contain 0.1210 % \leq 0.00070 (wt/vol) Ethyl Alcohol. The Alcohol and water used in this solution were free of test interfering substances.

A contemporaneous record has been kept in the regular and normal course of business for the date of testing, material tested, test conducted, individuals conducting the testing and the results.

Laboratory Reference: 221206023 Rev01

QA Manager:

A handwritten signature in black ink, appearing to read "Chris Hess", is written over a horizontal line.

Christopher Hess

Laboratory Director:

A handwritten signature in black ink, appearing to read "Tara Daniels", is written over a horizontal line.

Tara Daniels

Report Date:

1/24/2023



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 306.110 RSMo.

DATE 1/29/2022

F. Ann G. Nag
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 220115

David J. Nielsen
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 1/29/2024

LS-1 (1-19)

LS-1 (1-19)

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

INSTRUMENT OPERATOR CARD

The use of any device is restricted to users who are authorized breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.

Operator: **CENTUNZI, MICHAEL**
Permit No: **220115**
DOB: **10/04/1962** Date Exp: **01/29/2024**

