

MISSOURI DEPARTMENT OF HEALTH AND SENIO STATE PUBLIC HEALTH LABORATORY

RECEIVED By Tracy Crews at 8:07 am, Aug 02, 2024

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #

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urn commissed		cohol Program, MO Depar		573-885-7	179
240089	4-8-26		1	ELEPHONE NUMBER	
II PERMIT NUMBER/E	XPIRATION DATE				ewlunzi
ATURE A	101			PRINT NAME	THE RESERVE OF THE PARTY OF THE
PECTING OFF	ICER	Market Market Late	Service Ro	Mr. Selling	
	, J J 11000332	· y).			
ablished limits	s and describe any altera Juse other side if necessa	tion or modification that wa	as made to restore	the instrument to oper	ate satisfactorily and within
FUSALS	/ (004)	(.0509)	(.1014) /	(.1519)	(OVER .19) /
	, 1	1		1	y .
O NOT INCLU	E SELF-ADMINISTERE	D TESTS)	HANGES SINCE	THE LAST MAINTEN	ANCE REPORT:
DICATE THE N	UMBER OF RREATH TE	STS IN THE FOLLOWING	DAMAGE CO.		
RFI DETECTO	OR OPERATING			•	
./02		TEST 2 ☞ ./0/		TEST 3 , /O/	
☐ 0.040% ST 1 🖝	STANDARD - MUST REA	AD BETWEEN 0.038% and	0.042% INCLUSIN	/E T	
0.080%	STANDARD - MUST REA	AD BETWEEN 0.095% and	0.105% INCLUSING	/E	
less. Check to	he box corresponding to t	he standard solution being	used. (PRINTOUT	ATTACHED)	ust nave a spread of .005 or
		STANDARD IS TO BE US			ust have a spread of .005 or
CALIBRATIO	N CHECK - (ONLY ONE	CTANDADD 10		SIM. MSI	EAP DATE _5-7-25
SIMULATOR	R TEMPERATURE (34°C	± 0.2°C) <u>34. 01</u> SI	M. SN MP37-	22 SIM NUCT	EVP DATE OF SE
	SUPPLIER _ Gubh		OT#23390	EXP. DATE/	0-17-25
				SED ETHANOL-GAS N	
	R SOLUTION				
	HOL ACCURACY STAN				
TIME AND	DATE DISPLAYING PRO	PERLY			
PRINTER	WORKING PROPERLY				
		1 (10°C - 40°C)			
	TURE OF ALCO SENSO				
	EADOUT (ALL ELEMEN				
where determin	ed.) Unmarked items mu	st be corrected before usir	g instrument.	ung within established i	imits. (Write in observed val
CHECKLIST: P	lace a mark in the box by	each item if found to be and	isfactory or if opposi	Since with the second second	2:33 pm imits. (Write in observed val
LOCATION OF INS	S. Franklin SV	Culm			E OF INSPECTION
	100286	NAME OF AGENCY	PN	DA	TE OF INSPECTION
	- ACI				

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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



Paula Nickelson **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:

10/27/2023

Date of Expiration: 10/27/2024

ENVIRONMENTAL CONDITIONS

The environmental conditions during testing are within the tolerances of DHSS BAP method 3.

VERIFICATION RESULTS

Simulator Average

NIST Average

Combined Uncertainty .02

34.01

34.01

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

ADJUSTMENT RESULTS

No adjustment was needed.

Date of testing:

5/7/2024

Certification Expiration:

5/7/2025

Simulator testing technician: M. BOND

Notes on Condition: none

Deviation(s) from method: none

DHSS BAP Scientist Approving:

BRIANNA MEDRANO

Certification No:

MP3872_572024

DHSS BAP Scientist Approving

Simulator Calibration Certification

Issued by Lab Manager, DHSS BAP Revision Date: 06/25/2022

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

DHSS BAP Document 3.6A Revision 2

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CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 23390 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on October 18, 2023, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1207% (w/vol) ethyl alcohol. The expiration date for this lot number is October 17, 2025 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 FN03072301 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



PERMIT

MICHAEL S. CENTUNZI

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and re 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 sec 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 4/8/2024

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

EXPIRES 4/8/2026

MO 580-0771 (6-10)

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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

INSTRUMENT OPERATOR CARD

The named carcholder is authorized to operate an evidential breeth elophol instrument for the determination of the alcoholic content in breeth form of ampired at its Milanouri.

Decretor CENTUNZI, MICHAEL Permit No 240089

Date Issued 4/8/2024 Date Expires 4/8/2026

