



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

RECEIVED
 By Tracy Crews at 10:03 am, May 06, 2024

ORT #

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>911650</u>	NAME OF AGENCY <u>Bourbon PD</u>	DATE OF INSPECTION <u>5-2-24</u>
LOCATION OF INSTRUMENT (STREET AND CITY) <u>602 S. Franklin St Cuba</u>		TIME OF INSPECTION <u>11:49 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

SIMULATOR SOLUTION

COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER Budt LOT # 23390 EXP. DATE 10-17-25

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.01° SIM. SN MP3872 SIM. NIST EXP DATE 5-4-24

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>.101</u>	TEST 2 → <u>.101</u>	TEST 3 → <u>.101</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 Carlone

PRINT NAME
Michael Carlone

TYPE II PERMIT NUMBER/EXPIRATION DATE
240089/4-8-26

TELEPHONE NUMBER
(577) 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 00365

Temp Date Time 210L

Air Blank:

05/02/24 11:49 .000
Calibration Check:
05/02/24 11:49 .101

Subject Name

Blank

Subject I.D.

Test 1

Operator Name, I.D.

Cadamsi / 240089

Location

602 S. Franklin St

Cuba

AS IV Serial no: 111650
Version no: 532B

TEST RECORD 00366

Temp Date Time 210L

Air Blank:

05/02/24 11:51 .000
Calibration Check:
05/02/24 11:51 .101

Subject Name

Blank

Subject I.D.

Test 2

Operator Name, I.D.

Cadamsi / 240089

Location

602 S Franklin St

Cuba

AS IV Serial no: 111650
Version no: 532B

TEST RECORD 00367

Temp Date Time 210L

Air Blank:

05/02/24 11:52 .000
Calibration Check:
05/02/24 11:52 .101

Subject Name

Blank

Subject I.D.

Test 3

Operator Name, I.D.

Cadamsi / 240089

Location

602 S. Franklin St

Cuba

AS IV Serial no: 111650
Version no: 532B

TEST RECORD 00368

Temp Date Time 210L

Air Blank:

05/02/24 11:53
Calibration Check:
05/02/24 11:53 .101

Subject Name

Blank

Subject I.D.

RFI

Operator Name, I.D.

Cadamsi / 240089

Location

602 S. Franklin St

Cuba



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 4/8/2024

NUMBER 240089

EXPIRES 4/8/2026

Mike Masman

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Paula J. Nickelson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)

 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 240089
 Date issued 4/8/2024 Date Expires 4/8/2026





GUTH LABORATORIES, INC.

690 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 **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 $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$, 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 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.



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: 10/24/2022 **Date of Expiration:** 10/24/2023

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>
34.01	34.02	.03

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

ADJUSTMENT RESULTS

No adjustment was needed.

Date of testing: 5/4/2023
Certification Expiration: 5/4/2024
Simulator testing technician: R. SCHILDKNECHT

Notes on Condition: none

Deviation(s) from method: none

DHSS BAP Scientist Approving: BRIANNA MEDRANO
Certification No: MP3872_542023

X *Brianna Medrano*

DHSS BAP Scientist Approving