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

REPORT

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	NAME OF AGENCY	DATE OF INSPECTION
111650	Bourbon PD	5-30-24
LOCATION OF INSTRUMENT (STREET AND CITY)		**TIME OF INSPECTION**
602 S. Franklin St Cuba		1:25 pm

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.

- [X] DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)
- [X] TEMPERATURE OF ALCO SENSOR (10°C - 40°C)
- [X] PRINTER WORKING PROPERLY
- [X] TIME AND DATE DISPLAYING PROPERLY

BREATH ALCOHOL ACCURACY STANDARDS

- [X] SIMULATOR SOLUTION   [ ] COMPRESSED ETHANOL-GAS MIXTURE
- [X] STANDARD SUPPLIER Guck   LOT # 23390   EXP. DATE 10-17-25
- [X] SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.01   SIM. SN MP3872   SIM. NIST EXP DATE 5-7-25
- [X] 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)
  - [X] 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 ☞ .100	TEST 2 ☞ .100	TEST 3 ☞ .100

- [X] 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	(0-.04)	(.05-.09)	(.10-.14)	(.15-.19)	(OVER .19)
0	0	0	0	0	0

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	PRINT NAME
▸ Michael Certuri	Michael Certuri
TYPE II PERMIT NUMBER/EXPIRATION DATE	**TELEPHONE NUMBER**
240089 / 4-8-26	(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.

IO 580-1351 (5-19)   AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER
services provided on a nondiscriminatory basis   LAB-114

AS IV Serial no: 111650
Version no: 532B

TEST RECORD 00369

Temp Date Time 210L
9/

Air Blank:
05/30/24 13:25 .000
Calibration Check:
05/30/24 13:25 .100

Subject Name

Blank

Test 1

Operator Name, I.D.
Century / 240089
Location
602 S. Franklin St
Cuba

AS IV Serial no: 111650
Version no: 532B

TEST RECORD 00370

Temp Date Time 210L
9/

Air Blank:
05/30/24 13:26 .000
Calibration Check:
05/30/24 13:26 .100

Subject Name

Blank

Test 2

Operator Name, I.D.
Century / 240089
Location
602 S. Franklin St
Cuba

AS IV Serial no: 111650
Version no: 532B

TEST RECORD 00371

Temp Date Time 210L
9/

Air Blank:
05/30/24 13:29 .000
Calibration Check:
05/30/24 13:29 .100

Subject Name

Blank

Test 3

Operator Name, I.D.
Century / 240089
Location
602 S. Franklin St
Cuba

AS IV Serial no: 111650
Version no: 532B

TEST RECORD 00373

Temp Date Time 210L
9/

RFI
05/30/24 13:31

Subject Name

Blank

RFI

Operator Name, I.D.
Century / 240089
Location
602 S. Franklin St
Cuba

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.

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
34.01	34.01	.02

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

X *Brianna Medrano*

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

MO 580-0771 (6-10)

Mike Masson

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Paula I. Nicholson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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