

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

RECEIVED

REPOR1

By Tracy Crews at 9:16 am, Jul 09, 2024

STATE PUBLIC HEALTH LABORATORY ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

Send copy to Department of He	NAME	OF AGENCY			DATE OF INSPECTION
111650		Bourbon PD			7-3-24 TIME OF INSPECTION
OCATION OF INSTRUMENT (STREET	AND CITY)				35 3:58 pm
602 S. Frankliv HECKLIST: Place a mark in the	hov by each item if fou	ind to be satisfacto	ry or if operat	ing within establi	ished limits. (Write in observed vi
here determined.) Unmarked it	ems must be corrected	before using instr	ument.		
DIGITAL READOUT (ALL EL					
TEMPERATURE OF ALCO	SENSOR (10°C - 40°C))			
PRINTER WORKING PROP	ERLY				
TIME AND DATE DISPLAYIN					
REATH ALCOHOL ACCURACY	STANDARDS		-		
SIMULATOR SOLUTION			COMPRESS	ED ETHANOL-G	SAS MIXTURE
STANDARD SUPPLIER	Swith	LOT # _	23390	EXP. DATE	10-17-25
SIMULATOR TEMPERATURE		0/ SIM. SN	MP387	2 SIM I	NIST EXP DATE 5-7-25
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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.



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 Page 1 of 1



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES **BREATH ALCOHOL PROGRAM**



PERMIT TYPE II

MICHAEL S. CENTUNZI

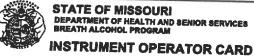
is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

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.

DATE4/8/2024	Mile Massur
NUMBER 240089	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
EXPIRES 4/8/2026	Daven I. nichelson
O 580-0771 (6-10)	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)



e named cardholder is authorized to operate an evidential breath alcohol trument for the determination of the alcoholic content in breath form of expired a

Operator

CENTUNZI, MICHAEL

Permit No 240089

Date Expires 4/8/2026

