



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 STATE PUBLIC HEALTH LABORATORY  
**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 <i>111650</i>	NAME OF AGENCY <i>Bourbon PD</i>	DATE OF INSPECTION <i>11-6-24</i>
LOCATION OF INSTRUMENT (STREET AND CITY) <i>602 S. Franklin St Cuba</i>		TIME OF INSPECTION <i>1:45 pm</i>

**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 *Guth* LOT # *23390* EXP. DATE *10-17-25*

SIMULATOR TEMPERATURE (34°C ± 0.2°C) *34°* SIM. SN *MP3872* SIM. NIST EXP DATE *5-7-25*

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 → <i>.100</i>	TEST 2 → <i>.100</i>	TEST 3 → <i>.099</i>
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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 <i>0</i>	(0-.04) <i>0</i>	(.05-.09) <i>0</i>	(.10-.14) <i>0</i>	(.15-.19) <i>0</i>	(OVER .19) <i>0</i>
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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).

*Replaced Ink in Printer*

**INSPECTING OFFICER**

SIGNATURE <i>Michael Centune</i>	PRINT NAME <i>Michael Centune</i>
TYPE II PERMIT NUMBER/EXPIRATION DATE <i>240089 / 4-8-26</i>	TELEPHONE NUMBER <i>573-732-4838</i>

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office by mail, fax, or email.

AS 10 Serial no: 111650  
Version no: 532B

TEST RECORD 00402

Temp Date Time 210L

Blank: 1/06/24 13:45 .000  
Calibration Check: 1/06/24 13:45 .100

Blank

Test 1

Candiani / 240089

602 S. Franklin St

Cuba

AS 10 Serial no: 111650  
Version no: 532B

TEST RECORD 00403

Temp Date Time 210L

Blank: 1/06/24 13:46 .000  
Calibration Check: 1/06/24 13:46 .100

Blank

Test 2

Candiani / 240089

602 S. Franklin St

Cuba

AS 10 Serial no: 111650  
Version no: 532B

TEST RECORD 00404

Temp Date Time 210L

Blank: 1/06/24 13:48 .000  
Calibration Check: 1/06/24 13:48 .099

Blank

Test 3

Candiani / 240089

602 S. Franklin St

Cuba

AS 10 Serial no: 111650  
Version no: 532B

TEST RECORD 00407

Temp Date Time 210L

VOID! PF 12 11/06/24 13:55

Subject Name

Blank

Subject I.D.

PF

Operator Name: I.D.

Candiani / 240089

Location

602 S. Franklin St

Cuba



## 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 **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.*



**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.  
 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

<u>Simulator Average</u>	<u>NIST Average</u>	<u>Combined Uncertainty</u>
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  
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 ss  
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 Massa*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Paula J. Nielsen*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R)

**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**

