#### **RECEIVED**

By Tracy Crews at 7:56 am, Mar 05, 2025



#### MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

#### ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

Send copy to Department of Health ALCO SENSOR IV SN	NAME OF AGENCY			T-	
111650	0 1	0		DATE OF INSPECTION	N
LOCATION OF INSTRUMENT (STREET AND 602 S. Familian St	CITY)			TIME OF INSPECTION	
CHECKLIST: Place a mark in the box	by each item if found to be petiefeete	and an if an area!			
where determined.) Unmarked items	must be corrected before using insti	ıry or ir operatin <sub>i</sub> 'ument.	g within establish	ned limits. (Write in c	bserved va
DIGITAL READOUT (ALL ELEM					
TEMPERATURE OF ALCO SEN	SOR (10°C - 40°C)				
PRINTER WORKING PROPERL	Υ				
TIME AND DATE DISPLAYING P	ROPERLY				
BREATH ALCOHOL ACCURACY ST					
SIMULATOR SOLUTION	_				
,			DETHANOL-GA		
STANDARD SUPPLIER	udhLOT#	23390	EXP. DATE	10-17-25	
SIMULATOR TEMPERATURE (34	°C ± 0.2°C) 34° SIM. SN	MP 3872	SIM. NI	IST EXP DATE _	フーフベ
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AS IV Serial no: 111650 Version no: 532B

Air Blank: Temp Date Time 2101 TEST RECORD 00424

Calibration Check: 23 03/03/25 13:00 .100 03/03/25 13:00 .000

Subject Name Blan 1

Subject I.D.

7est 1

Operator Name, I.D.

Cowleme; 240089

602 S. Ranklin St

Location

AS IV Serial no: 111650 Version no: 532B

TEST RECORD 00425

Temp Date Time 2101

03/03/25 13:01 .000 Calibration Check: 23 03/03/25 13:01 .101 fiir Blank:

Subject Name

Blank

Subject I.D.

Operator Name, I.D.

Centures /240089

Location

602 S. Franklin St

AS IV Serial no: 111650 Version no: 532B

Air Blank: 03/03/25 13:02 .000 Temp Date Time 218L Calibration Check: 23 03/03/25 13:02 .100 TEST RECORD 00426

Subject Name

Blank

Subject I.D.

Operator Name, I.D. Test 3

Location Centunu / 2400 89

COS S. Fankin St

AS IV Serial no: 111650 Version no: 532B

UQID: RFI 12 03/03/25 13:03 Temp Date Time 218L TEST RECORD 00427

Subject Name

Blank

Subject I.D.

REI

Operator Name, I.D.

Cinhuna 240689

Location 602 S. Comblin St



#### 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 3-800-735-2956 VOICE 1-800-735-2466

Paula Nickelson **Acting Director** 

# 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:

Date of Certification:

17KMM00690

Bias:

0.00

Uncertainty:

0.02

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

**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

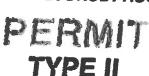
**DHSS BAP Document 3.6A** Revision 2

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#### STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



## MICHAEL S. CENTUNZI

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and n 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

### DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 240089

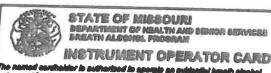
EXPIRES 4/8/2026

Have I. Melselen

MO 580-0771 (6-10)

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-I PE



in Missouri.

Charmine CENT (N/2) Missouri C.

Operator CENTUNZI, MICHAEL Permit No 240059

024 Delli Expires 49/202

