

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

RECEIVED

By Tracy Crews at 3:28 pm, May 06, 2022

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

Complete this report in duplicate at the time Send copy to Department of Health and Seni	of the regular monthly p or Services; retain origin	reventative mainten al in department file	ance check, and when	ever instrument is repaired.				
ALCO SENSOR IV SN	NAME OF AGENCY		DATE	DF INSPECTION				
111650	Bouchen Pil	ce Deparlm	1	24-22				
LOCATION OF INSTRUMENT (STREET AND CITY)	170-0-1501	or orparim		F INSPECTION				
355 E. Pine SI Bourbon				7:09 pin				
CHECKLIST: Place a mark in the box by each	item if found to be satisf	actory or if operating	within established limi	ts (Write in observed values				
where determined.) Unmarked items must be	corrected before using	instrument.	The second results of	io. (************************************				
DIGITAL READOUT (ALL ELEMENTS C								
TEMPERATURE OF ALCO SENSOR (1	0°C - 40°C)							
PRINTER WORKING PROPERLY			*****					
TIME AND DATE DISPLAYING PROPERLY								
BREATH ALCOHOL ACCURACY STANDAR	RDS							
SIMULATOR SOLUTION	COMPRESSED ETHANOL-GAS MIXTURE							
STANDARD SUPPLIER	LC	T# 21080	EXP. DATE 3 ·	-8-23				
SIMULATOR TEMPERATURE (34°C ± 0	.2°C) <u>37.99 </u>	1. SN <u>MP 3573</u>	SIM. NIST E	XP DATE _ 8-5-22				
Run three tests using a standard solution less. Check the box corresponding to the 0.100% STANDARD - MUST READ 0.080% STANDARD - MUST READ 0.040% STANDARD - MUST READ	standard solution being BETWEEN 0.095% and BETWEEN 0.076% and	used. (PRINTOUT A 0.105% INCLUSIVE 0.084% INCLUSIVE	ATTACHED) = =	st have a spread of .005 or				
TEST 1 . 101	TEST 2 · 101	,	TEST 3 INT	o/				
RFI DETECTOR OPERATING		7500	171100					
INDICATE THE NUMBER OF BREATH TEST (DO NOT INCLUDE SELF-ADMINISTERED)	TS IN THE FOLLOWING TESTS)	RANGES SINCE	THE LAST MAINTENA	NCE REPORT:				
REFUSALS Ø (004)	1 /	(.1014)	(.1519)	(OVER .19)				
List any new parts and describe any alteratic established limits (use other side if necessary	n or modification that wa	as made to restore	the instrument to oper	ate satisfactorily and within				
INSPECTING OFFICER		To dead (element) dado. Por Santal S. Labrar Sant						
SIGNATURE			PRINT NAME	o .				
TYPE II PERMIT NUMBER/EXPIRATION DATE			Michael (endunzi				
220115 / 4-29-24		i	TELEPHONE NUMBER					
			(573) 732-48					
Return completed report to the: Breath Ak by mail, fa	cohol Program, MO Depa ax, or email.	artment of Health an	d Senior Services, So	utheast District Office				

Bourbon	Contine 1220115 Location 355 E. Pine 51	Cerator Name, I.D.	Subject Name Blan 12	Air Blank: 05/04/22 19:09 .000 Calibration Check: 18 05/04/22 19:09 .101	TEST RECORD 00209 9/ Temp Date Time 218L	AS IV Serial not 111650 Version not 532B
Bourbon	Location 255 E.P.he SI	Test 2 Operator Name, I.D. Century / 22015	Subject Name Slan K Subject I.D.	Air Blank: 05/04/22 19:11 .000 Calibration Check: 19 05/04/22 19:11 .101	TEST RECORD 00210 s/ Temp Date Time 2101	AS IV Serial no: 111650 Version no: 532B
Bourbert	Location Som E. Par St	Operator Name: I.D.	Subject Name **Blank** Subject I.D.	Air Blank: 65/04/22 19:13 .000 Calibration Check: 19 05/04/22 19:13 .101	TEST RECORD 90211 Temp Date Time 2101	AS IV Serial no: 111650 Version no: 532B
hourbon	Location 335 E. Pine SI	Operator Name: I.D.	Subject Name **Ban !! Subject I.D.	Temp Date Time 218L UOID: RFI 12 05/04/22 19:14	Version no: 532B TEST RECORD 80212	68 IU Serial po: 111659



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. Laura & Day DATE 4/29/2022

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY NUMBER 220115 Daven J. Michelson EXPIRES 4/29/2024 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 586-0771 (C-10) LAB-4 (R0-10)





CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 21080 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on March 10, 2021, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1214% (w/vol) ethyl alcohol. The expiration date for this lot number is March 8, 2023 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 FN03052002 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.