

CERTIFICATION PURSUANT TO CPLR 4518 OF RECORDS MAINTAINED IN THE REGULAR COURSE OF BUSINESS

I, Steven J. Carluccio, Highway Safety Equipment Technical Supervisor, Office of Public Safety, New York State Division of Criminal Justice Services, 80 South Swan Street, Albany, New York 12210, having been duly designated and authorized by the Commissioner of the Division of Criminal Justice Services, do hereby certify and authenticate, as provided by subdivision c of Rule 4518 of the Civil Practice Law and Rules, that the document annexed hereto is an exact copy of an electronic record of the Office of Public Safety which is in my possession, custody and control. This record, once created, is stored in an electronic format that cannot thereafter be altered or modified.

I further certify that the original electronic record of inspection/maintenance/calibration of INTOXIMETERS INC., ALCO-SENSOR FST SCREENER, serial number 040950, performed on June 08, 2022 by Office of Public Safety employee Joseph Iavarone, of which the annexed is an exact copy, was made in the regular course of business of the New York State Division of Criminal Justice Services, Office of Public Safety, that such record was made at the time such inspection/maintenance/calibration was performed or within a reasonable time thereafter, and further that it is the regular course of the Office of Public Safety's business to make such records at the time such inspection/maintenance/calibration is performed, or within a reasonable time thereafter, and to provide such instrument's records to the agency that requested them.

Steven J. Carluccio

Digitally signed under ESRA by Steven J. Carluccio on 06/16/2022 11:59 AM

Steven J. Carluccio Highway Safety Equipment Technical Supervisor Office of Public Safety

BREATH SCREENING DEVICE RECORD OF INSPECTION / MAINTENANCE / CALIBRATION

Name of Submitting Agency: Cuba Town Police Department

Manufacturer: INTOXIMETERS INC.

Model: ALCO-SENSOR FST

Serial Number: 040950 Date: June 08, 2022

Reference Solution Lot Number: 21200

Reference Solution Standard: 0.10% at 34.0 degrees centigrade

Test No	Test Result	Simulator Temperature	
1	0.100 %	34.00 degrees centigrade	
2	0.099 %	34.00 degrees centigrade	
3	0.097 %	34.00 degrees centigrade	
4	0.097 %	34.00 degrees centigrade	



I hereby certify that I have performed any necessary maintenance procedures and verified the calibration of INTOXIMETERS INC. screener model ALCO-SENSOR FST, serial number 040950, and have determined that it is accurate.

I further certify that I made the entries in these records of inspection/maintenance/calibration at the time that such inspection/maintenance/calibration of the above identified screener was performed, or within a reasonable time thereafter.

Digitally signed under ESRA by Joseph lavarone on 06/08/2022 03:03 PM

Joseph Iavarone Highway Safety Equipment Technician Office of Public Safety

BREATH SCREENING DEVICE RECORD OF INSPECTION / MAINTENANCE / CALIBRATION

Name of Submitting Agency: Cuba Town Police Department

Manufacturer: INTOXIMETERS INC.

Model: ALCO-SENSOR FST

Serial Number: 040950 Date: June 08, 2022

- 1. General appearance and condition of this device -----: OK
- 2. Check battery indicators -----: OK
- 3. Check zero flashing -----: OK
- 4. Record any repairs made to this instrument and list services provided: RE-ADJUSTED, **VERIFIED CALIBRATION**



Jaw Town Digitally signed under ESRA by Joseph lavarone on 06/08/2022 03:03 PM

Joseph Iavarone **Highway Safety Equipment Technician Office of Public Safety**

SERVICE AUTHORIZATION FORM Highway Safety Technology Unit

80 South Swan Street
Albany, NY 12210
Ph: 518-485-7636 / 518-402-0689

Fax: 518-457-6869

THIS FORM IS USED TO AUTHORIZE THE DIVISION OF CRIMINAL JUSTICE SERVICES TO PERFORM SERVICE ON THE INSTRUMENT IDENTIFIED. THIS AUTHORIZATION MUST ACCOMPANY EACH PIECE OF EQUIPMENT WHEN IT IS PRESENTED TO THE EQUIPMENT REPAIR CENTER FOR SERVICE. **PLEASE SIGN AND DATE FORM.**

S E C T I O N I – AGENCY INFORMATION				
Name of Agency		Today's Date		
Cuba Police Department		6/4/2022		
Address	City, State, ZIP	' • •		
15 Water street	Cuba, N.Y., 14			
Contact Person		Contact Telephone		
Frank Schostick		(716) 572-7055		
Contact Email		Best Way to Reach You During Appointment Period		
fschostick@cubapd.org		(716) 572-7055		
S E C T I O N I I - INSTRUMENT INFORMATION				
Instrument Manufacturer (Please Circle)				
NPAS DMT GUTH Applied Concepts (Stalker) Decatur (Genesis) Kustom (Eagle/Falcon) MPH Alco-Sensor Other:				
Model Number	Instrument Serial Number	-×		
Interimeter Alcosenson Pol	0409	50		
Antenna Serial Number (if applicable)	10	Type of maintenance (check appropriate)		
Antenna 1 / Antenna 2 /	11/4	Calibration Check Repair		
Brief Description of Malfunction				
	728			
List all parts, cables and/or accessories being submitted. Tuning forks must accompany all radar units (if applicable). (Please Circle)				
DMT/SIM:	Radar:			
DMT SIM Tubes	Control Unit Ante	enna(s) Antenna Cable(s)		
DWIT Tubes	Control Onit	omia(a)		
Keyboard Other:	Power Cord For	ks Other:_		
I acknowledge I am signing this Service Authorization Form as an act and deed of said agency, organization, or municipality, and that I am duly authorized to sign same for				
the uses and purposes mentioned herein. PLEASE SIGN AND DATE.	The second secon			
Signature		Date / L. /		
J.V. Adust		6 14/2022		
54 0.10 S DCJS USE ONLY				
		100		
Initial Test: 9, 10, % 34.00 °C	Test 1: <u>9</u>	· 100 % 34.00 °C		
Ref Std Lot # 2/200 0.10 %	Test 2: 0	.099 % 34.00 °C		
	Test 3: <u>Q</u>	G97 0/ 3/1 00		
R P -003, USTED				
7. 0031.0	Test 4: _0	.097 % 39.00 °C		