



**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 246820, 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.

A handwritten signature in black ink that reads "Steven J. Carluccio".

Digitally signed under ESRA
by Steven J. Carluccio
on 06/16/2022 12:00 PM

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: 246820

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	0.103 %	34.02 degrees centigrade
2	0.101 %	34.02 degrees centigrade
3	0.100 %	34.01 degrees centigrade
4	0.100 %	34.00 degrees centigrade



**Division of Criminal
Justice Services**

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 246820, 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.

A handwritten signature in black ink that reads "Joe Iavarone".

Digitally signed under ESRA
by Joseph Iavarone
on 06/08/2022 03:06 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: 246820

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 : VERIFIED
CALIBRATION**



**Division of Criminal
Justice Services**

A handwritten signature in cursive script that reads "Joe Iavarone".

Digitally signed under ESRA
by Joseph Iavarone
on 06/08/2022 03:06 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.**

SECTION I - AGENCY INFORMATION

Name of Agency Cuba Police Department		Today's Date 6/4/2022
Address 15 Water street		City, State, ZIP Cuba, N.Y., 14727
Contact Person Frank Schostick		Contact Telephone (716) 572-7055
Contact Email fschostick@cubapd.org		Best Way to Reach You During Appointment Period (716) 572-7055

SECTION II - INSTRUMENT INFORMATION

Instrument Manufacturer (Please Circle) NPAS DMT GUTH Applied Concepts (Stalker) Decatur (Genesis) Kustom (Eagle/Falcon) MPH Alco-Sensor Other:		
Model Number Entoximeters Alco sensor FST		Instrument Serial Number 246820
Antenna Serial Number (if applicable) Antenna 1 -- N/A / Antenna 2 -- N/A		Type of maintenance (check appropriate) <input checked="" type="checkbox"/> Calibration Check <input type="checkbox"/> Repair
Brief Description of Malfunction 		
List all parts, cables and/or accessories being submitted. Tuning forks must accompany all radar units (if applicable). (Please Circle)		
DMT/SIM: DMT SIM Tubes Keyboard Other:		Radar: Control Unit Antenna(s) Antenna Cable(s) Power Cord Forks Other:
<i>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.</i>		
Signature 		Date 6/4/2022

DCJS USE ONLY

Initial Test: <u>0.103</u> % <u>34.02</u> °C	Test 1: <u>0.103</u> % <u>34.02</u> °C
Ref Std Lot # <u>21200</u> <u>0.10</u> %	Test 2: <u>0.101</u> % <u>34.02</u> °C
	Test 3: <u>0.100</u> % <u>34.01</u> °C
	Test 4: <u>0.100</u> % <u>34.00</u> °C