



AS IV Serial no: 107979  
Version no: 532B

TEST RECORD 00338

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
06/11/16 16:06 .000  
Calibration:  
25 06/11/16 16:06 .100

Subject Name

MAINT

Subject I.D.

Operator Name, I.D.

NEIL K. JOHNSON #1112

Location

174 WASHINGTON ST.

WARSAW, MO.

AS IV Serial no: 107979  
Version no: 532B

TEST RECORD 00339

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
06/11/16 16:08 .000  
Calibration Check:  
26 06/11/16 16:08 .099

Subject Name

MAINT

Subject I.D.

Operator Name, I.D.

NEIL K. JOHNSON #1112

Location

174 WASHINGTON ST.

WARSAW, MO.

AS IV Serial no: 107979  
Version no: 532B

TEST RECORD 00340

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
06/11/16 16:10 .000  
Calibration Check:  
26 06/11/16 16:10 .099

Subject Name

MAINT

Subject I.D.

Operator Name, I.D.

NEIL K. JOHNSON #1112

Location

174 WASHINGTON ST.

WARSAW, MO.

AS IV Serial no: 107979  
Version no: 532B

TEST RECORD 00341

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
06/11/16 16:12 .000  
Calibration Check:  
27 06/11/16 16:12 .099

Subject Name

MAINT

Subject I.D.

Operator Name, I.D.

NEIL K. JOHNSON #1112

Location

174 WASHINGTON ST.

WARSAW, MO.

AS IV Serial no: 107979  
Version no: 532B

TEST RECORD 00342

Temp Date Time <sup>s/</sup> 210L

VOID: RFI  
12 06/11/16 16:13

Subject Name

MAINT

Subject I.D.

Operator Name, I.D.

NEIL K. JOHNSON #1112

Location

174 WASHINGTON ST.

WARSAW, MO.



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



**Peter Lyskowski**  
 Director

**Jeremiah W. (Jay) Nixon**  
 Governor

# SIMULATOR CERTIFICATION REPORT

## SIMULATOR INFORMATION

**Simulator Serial Number:** MP2203      **Manufacturer:** Guth  
**Model Number:** 12V500  
**Agency:** MSHP (GHQ)  
**Agency Address:** 1510 E ELM ST, JEFFERSON CITY, MO 65101

## NIST THERMOMETER INFORMATION

**Serial Number:** 306168      **Bias:** 0.00  
**Uncertainty:** 0.02  
**Date of Certification:** 8/13/2015      **Date of Expiration:** 8/13/2016

## 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>
33.99	34.00	0.03

The combined uncertainty is calculated with a k=2 value.

## ADJUSTMENT RESULTS

No adjustment was needed.

**Date of testing:** 4/5/2016  
**Certification Expiration:** 4/5/2017  
**Simulator testing technician:** J CLEVELAND

**Notes on Condition:** none

**Deviation(s) from method:** none

**DHSS BAP Scientist Approving:** ELLEN STRAWSINE

**Certification No:** MP2203\_452016

X

DHSS BAP Scientist Approving

RepCo Marketing Inc.

FOR USE WITH THE STATE OF MISSOURI BREATH ALCOHOL PROGRAM

CERTIFICATE OF ANALYSIS

MANUFACTURER AND SUPPLIER: RepCo Marketing, Inc.
LOT NUMBER: 15001
EXPIRATION DATE: May 20, 2017 at 11:59 p.m.

RepCo Marketing, Inc. certifies the following:

RepCo Marketing, Inc. manufactured, tested and supplied Lot Number 15001 of Alcohol Certified Solution for simulators. Random samples of said lot number were analyzed by an independent laboratory utilizing a gas chromatograph and found to contain .1206 gms/dl +/-0.03 gms/dl wt/vol ethanol (95% Confidence).

The alcohol and distilled water used in the solution were found to be free of any interfering substance.

This solution will produce a vapor alcohol value of .100 +/-3% gms/210L breath when heated to 34 Degree Celsius +/-0.2 Degree Celsius in a simulator (95% Confidence).

The date of manufacture for this lot number is May 21, 2015
The expiration date for this lot number is May 20, 2017 at 11:59 p.m.

This document is a true representation of the original Certificate of Analysis.

Cecil B. Ganser, President
RepCo Marketing, Inc.



STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM

PERMIT
TYPE II

NEIL K JOHNSON



is hereby authorized to perform the following operations, with the following conditions, subject to the following terms and conditions, and comply with the following conditions:

DATAMASTER, INTOX DMT, ALCO-SENSOR IV W/PRINTER

For the duration of the permit, the permittee shall maintain a sample of the permittee's breath alcohol solution in a sealed container at the address of the permittee, ready for use at any time. Permit issued under the provisions of section 57.020 through 57.024, RSMo, and 320.010 through 320.015, RSMo.

DATE: 5/23/2015

NUMBER: 201513

EXPIRES: 5/20/2017

Signature: Cecil B. Ganser
Signature: Neil K. Johnson