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AS IU Serial no: 111660  
Version no: 532B

Last Calibration:  
11/25/19 15:36 .100

Test Results:  
00713 Subject Test: Auto  
17 01/25/23 17:52 .000  
01.9 Lit. 04.5 Sec.  
00714 Calibration Check:  
18 01/25/23 17:55 .099  
00.0 Lit. 00.0 Sec.  
00715 Calibration Check:  
19 01/25/23 17:56 .100  
00.0 Lit. 00.0 Sec.  
00716 Calibration Check:  
19 01/25/23 17:58 .100  
00.0 Lit. 00.0 Sec.  
00717 VOID: RFI  
12 01/25/23 17:59  
00.0 Lit. 00.0 Sec.

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AS IV Serial no: 111660  
Version no: 532B

TEST RECORD 00713

Temp	Date	Time	s/ 210L
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Air Blank:  
01/25/23 17:52 .000  
Subject Test: Auto  
17 01/25/23 17:52 .000

Subject Name

BLANK TEST

Subject I.D.

MONTHLY MAINT.

Operator Name, I.D.

M. SLETTEN - 220261

Location

FREDERICKTOWN PD

AS IV Serial no: 111660  
Version no: 532B

TEST RECORD 00714

Temp	Date	Time	s/ 210L
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Air Blank:  
01/25/23 17:55 .000  
Calibration Check:  
18 01/25/23 17:55 .099

Subject Name

SAMPLE TEST #1

Subject I.D.

MONTHLY MAINT.

Operator Name, I.D.

M. SLETTEN - 220261

Location

FREDERICKTOWN PD

AS IV Serial no: 111660  
Version no: 532B

TEST RECORD 00715

Temp	Date	Time	s/ 210L
------	------	------	------------

Air Blank:  
01/25/23 17:56 .000  
Calibration Check:  
19 01/25/23 17:56 .100

Subject Name

SAMPLE TEST #2

Subject I.D.

MONTHLY MAINT.

Operator Name, I.D.

M. SLETTEN - 220261

Location

FREDERICKTOWN PD

AS IV Serial no: 111660  
Version no: 532B

TEST RECORD 00716

Temp	Date	Time	s/ 210L
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Air Blank:  
01/25/23 17:58 .000  
Calibration Check:  
19 01/25/23 17:58 .100

Subject Name

SAMPLE TEST #3

Subject I.D.

MONTHLY MAINT.

Operator Name, I.D.

M. SLETTEN - 220261

Location

FREDERICKTOWN PD

AS IV Serial no: 111660  
Version no: 532B

TEST RECORD 00717

Temp	Date	Time	s/ 210L
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VOID: RFI  
12 01/25/23 17:59

Subject Name

RFI CHECK

Subject I.D.

MONTHLY MAINT.

Operator Name, I.D.

M. SLETTEN - 220261

Location

FREDERICKTOWN PD





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 1-800-735-2955 VOICE 1-800-735-2466

Richard W. Moore  
 Acting Director



Michael L. Parson  
 Governor

# SIMULATOR CERTIFICATION REPORT

## SIMULATOR INFORMATION

Simulator Serial Number: MP2936      Manufacturer: Guth  
 Model Number: 12V500  
 Agency: FREDERICKTOWN PD  
 Agency Address: 120 W MAIN ST, FREDERICKTOWN, MO 63645

## NIST THERMOMETER INFORMATION

Serial Number: 17KMM00690      Bias: 0.01  
 Uncertainty: 0.02  
 Date of Certification: 11/10/2021      Date of Expiration: 11/10/2022

## 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>
34.00	34.01	.03

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

## ADJUSTMENT RESULTS

No adjustment was needed.

Date of testing: 1/27/2022  
 Certification Expiration: 1/27/2023  
 Simulator testing technician: R. SCHILDKNECHT

Notes on Condition: none

Deviation(s) from method: none

DHSS BAP Scientist Approving: BRIANNA MEDRANO

Certification No: MP2936\_1272022

DHSS BAP Scientist Approving



**GUTH LABORATORIES, INC.**

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

## CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **22430** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **December 1, 2022**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1216%** (w/vol) ethyl alcohol. The expiration date for this lot number is **November 30, 2024** at 11:59 PM.

When used in a calibrated Simulator, operating at  $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$ , this solution will give a breath alcohol analysis instrument reading of **0.100 g/210L  $\pm$  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.*



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

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**PERMIT  
 TYPE II**

**MICHAEL D. SLETTEN**

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.

DATE 11/17/2022

NUMBER 220261

EXPIRES 11/17/2024

MO 580-0771 (6-10)

*Mike Mason*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Dave J. Nicholson*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R5-10)

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

**INSTRUMENT OPERATOR CARD**

*The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.*

Operator SLETTEN, MICHAEL  
 Permit No 220261  
 Date Issued 11/17/2022 Date Expires 11/17/2024

