



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  
 Gail Vasterling  
 Director



Jeremiah W. (Jay) Nixon  
 Governor

Missouri Department of Health and Senior Services Breath Alcohol Program

***SIMULATOR CALIBRATION REPORT***

This is to certify that the simulator listed below has been examined and tested using standards traceable to the National Institute of Standards and Technology (NIST) in accordance to the standards set by the Rules of Missouri Department of Health and Senior Services, 19 CSR 25-30.

**SIMULATOR INFORMATION**

Agency: DHSS  
 Serial Number: DR5787  
 Manufacturer: Guth  
 Model Number: 2100

**CALIBRATION RESULTS**

<u>Reference Temperature</u>	<u>Simulator Temperature</u>
34.01	34.0

This calibration was performed with NIST-Traceable Thermometer SN: 304454

This simulator was tested by: ERS

This testing was performed: 09/16/2015

This certification expires: 09/16/2016

Signature of certifying DHSS Scientist: 

Name of certifying DHSS Scientist: Ellen R. Strawsine



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**BREATH ALCOHOL SIMULATOR TEST WORKSHEET**

**Test Simulator Information**

Agency: DHSS  
 Email for COC: \_\_\_\_\_  
 Serial Number: DR5787  
 Manufacturer: Guth  
 Model Number: 2100

**NIST-Traceable Reference Thermometer Information**

Serial Number: 304454  
 Date of Certification: 11/05/2014  
 Date of Expiration: 11/05/2015

**Test Simulator Measurements**

Readings	Reference Thermometer	Test Simulator
1	34.01	34.0
2	34.02	34.0
3	34.02	34.0
4	34.01	34.0
5	34.01	34.0

Bias ( $\delta_T$ ): +0.01

Technician performing testing: Ellen Strawsine

I hereby certify that all data submitted within this form was collected in accordance with the DHSS Procedure for the Testing of Breath Alcohol Simulators and 19 CSR 25-30.051, Breath Analyzer Calibration and Accuracy Verification Standards.

Signature: [Signature] Date: 09/16/2015

Submit completed forms for simulator certification to DHSS Breath Alcohol Program by fax at (573) 840-9139 or by email at [brian.lutmer@health.mo.gov](mailto:brian.lutmer@health.mo.gov) or [breathalcohol@health.mo.gov](mailto:breathalcohol@health.mo.gov).

COPY OF LABEL PLACED ON SIMULATOR

This simulator has been calibrated according to DHSS specifications

SIMULATOR SERIAL NO.: **DR5787**  
 EXPIRATION DATE: **9/16/2016**  
 DATE OF CALIBRATION: **9/16/2015**  
 NIST REF. THERM. SERIAL NO.: **304454**  
 AVERAGE SIM. TEMP.: **34.01 C**  
 ANALYST INITIALS: **ERS**



[www.health.mo.gov](http://www.health.mo.gov)

Healthy Missourians for life.

The Missouri Department of Health and Senior Services will be the leader in promoting, protecting and partnering for health.

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER: Services provided on a nondiscriminatory basis.