



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: MISSOURI STATE HIGHWAY PATROL  
 Serial Number: MP2151  
 Manufacturer: Guth  
 Model Number: 12V500

**CALIBRATION RESULTS**

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

This calibration was performed with  
 NIST-Traceable Thermometer SN: 306168

This simulator was tested by: JLC

This testing was performed: 10/19/2015

This certification expires: 10/19/2016

Signature of certifying DHSS Scientist: 

Name of certifying DHSS Scientist: Ellen Strawsine



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**BREATH ALCOHOL SIMULATOR TEST WORKSHEET**

**Test Simulator Information**

Agency: Missouri State Highway Patrol  
 Email for COC: Jimmy.cleveland@mshp.dps.mo.gov  
 Serial Number: MP2151  
 Manufacturer: Guth  
 Model Number: 12V500

**NIST-Traceable Reference Thermometer Information**

Serial Number: 306168  
 Date of Certification: 08/13/2015  
 Date of Expiration: 08/13/2016

**Test Simulator Measurements**

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

Bias ( $\delta_T$ ): 0

Technician performing testing: Jimmy L. Cleveland

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: 10-19-15

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 affected according to the following information:

Serial Number: MP2151  
 Expiration Date: 10-19-16  
 Date of Certification: 08-13-15  
 NIST ID: 306168  
 Affected by: 08/13/2016  
 Affected by: 08/13/2016  
 Affected by: 08/13/2016

[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.