



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  
 Gall 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: MP2223  
 Manufacturer: Guth  
 Model Number: 12V500

**CALIBRATION RESULTS**

<u>Reference Temperature</u>	<u>Simulator Temperature</u>
34.03	34.02

This calibration was performed with NIST-Traceable Thermometer SN: 307715

This simulator was tested by: JLC

This testing was performed: 08/04/15

This certification expires: 08/04/16

Signature of certifying DHSS Scientist: 

Name of certifying DHSS Scientist: Brian M. Lutmer



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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: MP2223  
 Manufacturer: GUTH  
 Model Number: 12V500

NIST-Traceable Reference Thermometer Information

Serial Number: 307715  
 Date of Certification: 08/19/14  
 Date of Expiration: 08/19/15

Test Simulator Measurements

Readings	Reference Thermometer	Test Simulator
1	34.03	34.02
2	34.03	34.02
3	34.03	34.02
4	34.03	34.02
5	34.03	34.02

COPY OF LABEL PLACED ON SIMULATOR

This simulator has been calibrated according to the IEC's specifications

REF ID FOR SERIAL NO: MP2223  
 EXPIRATION DATE: 08/19/15  
 LAB OF CALIBRATION: 08/19/15  
 NIST REF. CERTIFICATION NO.: 307715  
 ACTUAL SER. NO.: 12V500  
 MANUFACTURER: GUTH

Bias ( $\delta_T$ ): \_\_\_\_\_

Technician performing testing: \_\_\_\_\_

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 C.S.R. 25-30.051, Breath Analyzer Calibration and Accuracy Verification Standards.

Signature: [Signature] Date: 8-4-15

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

[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.