



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: MP2311
 Manufacturer: Guth
 Model Number: 12V500

CALIBRATION RESULTS

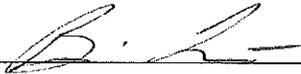
<u>Reference Temperature</u>	<u>Simulator Temperature</u>
34.00	34.00

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

This simulator was tested by: JLC

This testing was performed: 07/20/15

This certification expires: 07/20/16

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: MP2311
 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	34.00	34.00
2	34.00	34.00
3	34.00	34.00
4	34.00	34.00
5	34.00	34.00

COPY OF LABEL PLACED ON SIMULATOR

This simulator has been calibrated according to the DHSS specifications.

SIMULATOR SERIAL NO.: MP2311
 EXPIRATION DATE: 7-20-16
 DATE OF CALIBRATION: 7-16-15
 NIST REF. THERM. SERIAL NO.: 307715
 APPROVING TECH.: AVC
 ANALYST INITIALS: AVC

Bias (δ_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: 7-20-15

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