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: MP2469
Manufacturer: Guth
Model Number: 12V500

CALIBRATION RESULTS

Reference Temperature	Simulator Temperature
34.02	34.00

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

This simulator was tested by: JLC

This testing was performed: 06/26/2015

Signature of certifying DHSS Scientist:

Name of certifying DHSS Scientist: Brian M. Lutmer

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CD05571

Missouri Department of Health and Senior Services Breath Alcohol Program

BREATH ALCOHOL SIMULATOR TEST WORKSHEET

Test Simulator Information

Agency Missouri State Highway Patrol
Email for COC jimmy.cleveland@mshp.dps.mo.gov
Serial Number: MP2469
Tracking Number: ——
Manufacturer: GUTH
Model Number: 12V500

BAP 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	34.02	34.00
2	34.02	34.00
3	34.02	34.00
4	34.02	34.00
5	34.02	34.00

Bias (δ_T): _____

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 25-30.061 Breath Analyzer Calibration and Accuracy Verification Standards.

Signature: [signature] **Date:** 6/26/15

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.