



Missouri Department of Health and Senior Services
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RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2966 VOICE 1-800-735-2466
Randall W. Williams, MD, FACOG
Director



Michael L. Parson
Governor

SIMULATOR CERTIFICATION REPORT

SIMULATOR INFORMATION

Simulator Serial Number: MP4952 Manufacturer: Guth
Model Number: 12V500
Agency: COTTLEVILLE PD
Agency Address: 5490 FIFTH STREET, COTTLEVILLE, MO 63304

NIST THERMOMETER INFORMATION

Serial Number: 17KMM00689 Bias: 0.00
Uncertainty: 0.02
Date of Certification: 1/23/2020 Date of Expiration: 1/23/2021

ENVIRONMENTAL CONDITIONS

The environmental conditions during testing are within the tolerances of DHSS BAP method 3.

VERIFICATION RESULTS

Table with 3 columns: Simulator Average (33.99), NIST Average (34.00), Combined Uncertainty (.03)

The combined uncertainty is calculated with a k=2 value.

ADJUSTMENT RESULTS

No adjustment was needed.

Date of testing: 7/14/2020
Certification Expiration: 7/14/2021
Simulator testing technician: D. DEBOARD

Notes on Condition: none

Deviation(s) from method: none

DHSS BAP Scientist Approving: B. LUTMER
Certification No: MP4952_7142020

Handwritten signature of Brian Lutmer

DHSS BAP Scientist Approving

AS IV Serial no: 108392
Version no: 532B

TEST RECORD 00678

Temp Date Time 210L

Air Blank:
09/30/20 17:54 .000
Calibration Check:
23 09/30/20 17:54 .099

Subject Name
TEST 1
Subject I.D.

200079
Operator Name, I.D.
R PHILLIPS 468
Location
BOOKING ROOM

AS IV Serial no: 108392
Version no: 532B

TEST RECORD 00680

Temp Date Time 210L

Air Blank:
09/30/20 17:57 .000
Calibration Check:
24 09/30/20 17:57 .098

Subject Name
TEST 2
Subject I.D.

200079
Operator Name, I.D.
R PHILLIPS 468
Location
BOOKING ROOM

AS IV Serial no: 108392
Version no: 532B

TEST RECORD 00681

Temp Date Time 210L

Air Blank:
09/30/20 17:59 .000
Calibration Check:
25 09/30/20 17:59 .098

Subject Name
TEST 3
Subject I.D.

200079
Operator Name, I.D.
R PHILLIPS 468
Location
BOOKING ROOM

AS IV Serial no: 108392
Version no: 532B

TEST RECORD 00682

Temp Date Time 210L

VOID: RFI
12 09/30/20 18:00

Subject Name
RFI TEST
Subject I.D.

200079
Operator Name, I.D.
R PHILLIPS
Location
BOOKING ROOM

AS IV Serial no: 108392
Version no: 532B

TEST RECORD 00683

Temp Date Time 210L

Air Blank:
09/30/20 18:02 .000
Subject Test: Auto
25 09/30/20 18:02 .000

Subject Name
ZERO TEST
Subject I.D.

200079
Operator Name, I.D.
R PHILLIPS
Location
BOOKING ROOM

AS IV Serial no: 108392
Version no: 532B

TEST RECORD 00679

Temp Date Time 210L

Air Blank:
09/30/20 17:55 .000
Subject Test: Auto
23 09/30/20 17:55 .098

Subject Name
ZERO TEST
Subject I.D.

200079
Operator Name, I.D.
R PHILLIPS 468
Location
BOOKING ROOM

**GUTH LABORATORIES, INC.**

580 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 19370 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on December 10, 2019, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1199% (w/vol) ethyl alcohol. The expiration date for this lot number is December 9, 2021 at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of 0.100 g/210L +/- 3%.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President
GUTH LABORATORIES, INC.

NIST Traceability:

Testing was conducted using Cerilliant Reference Standard lot number FN04271602 whose values are traceable to NIST.

All balances are calibrated annually by an outside agency using NIST traceable weights. Calibration verification is done prior to each use utilizing NIST traceable weights.



STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



PERMIT
TYPE II

RICHARD PHILLIPS

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

ALCO-SENSOR IV WITH PRINTER

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 2/6/2020

NUMBER 200079

EXPIRES 2/6/2022

MO 680-0771 (8-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (RB-10)

STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM

INSTRUMENT OPERATOR CARD

The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.

Operator PHILLIPS, RICHARD
Permit No 200079
Date Issued 2/6/2020 Date Expires 2/6/2022