

AS IU Serial no: 108392
Version no: 532B

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TEST RECORD 00817

TEST RECORD 00818

TEST RECORD 00819

Temp	Date	Time	s/	210L

Temp	Date	Time	s/	210L

Temp	Date	Time	s/	210L

Air Blank:
12/31/22 02:44 .000
Calibration Check:
22 12/31/22 02:44 .100

Air Blank:
12/31/22 02:45 .000
Calibration Check:
22 12/31/22 02:45 .100

Air Blank:
12/31/22 02:47 .000
Calibration Check:
23 12/31/22 02:47 .099

Subject Name

Subject Name

Subject Name

TEST 1

TEST 2

TEST 3

Subject I.D.

Subject I.D.

Subject I.D.

220110

220110

220110

Operator Name, I.D.

Operator Name, I.D.

Operator Name, I.D.

R PHILLIPS 408

R PHILLIPS 408

R PHILLIPS 408

Location

Location

Location

BOOKING ROOM

BOOKING ROOM

BOOKING ROOM

AS IU Serial no: 108392
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TEST RECORD 00820

TEST RECORD 00821

Temp	Date	Time	s/	210L

Temp	Date	Time	s/	210L

VOID: RFI
12 12/31/22 02:48

Air Blank:
12/31/22 02:50 .000
Subject Test: Auto
24 12/31/22 02:50 .000

Subject Name

Subject Name

RFI TEST

ZERO TEST

Subject I.D.

Subject I.D.

220110

220110

Operator Name, I.D.

Operator Name, I.D.

R PHILLIPS 408

R PHILLIPS 408

Location

Location

BOOKING ROOM

BOOKING ROOM



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



Paula Nickelson
 Acting Director

Michael L. Parson
 Governor

SIMULATOR CERTIFICATION REPORT

SIMULATOR INFORMATION

Simulator Serial Number: MP4952 **Manufacturer:** Guth
Model Number: 12V500
Agency: COTTLEVILLE PD
Agency Address: 5377 STATE HIGHWAY N, COTTLEVILLE, MO 63304

NIST THERMOMETER INFORMATION

Serial Number: 17KMM00690 **Bias:** 0.01
Uncertainty: 0.02
Date of Certification: 11/10/2021 **Date of Expiration:** 11/10/2022

ENVIRONMENTAL CONDITIONS

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

VERIFICATION RESULTS

<u>Simulator Average</u>	<u>NIST Average</u>	<u>Combined Uncertainty</u>
33.99	34.00	.03

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

ADJUSTMENT RESULTS

No adjustment was needed.

Date of testing: 7/12/2022
Certification Expiration: 7/12/2023
Simulator testing technician: M. BOND

Notes on Condition: none

Deviation(s) from method: none

DHSS BAP Scientist Approving: BRIANNA MEDRANO
Certification No: MP4952_7122022

X *Brianna Medrano*

DHSS BAP Scientist Approving

Simulator Calibration Certification
 Issued by Lab Manager, DHSS BAP
 Revision Date: 06/25/2022

Breath Alcohol Program
 1903 Northwood Drive, Suite 4
 Poplar Bluff, MO 63901

DHSS BAP Document 3.6A
 Revision 2
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**GUTH LABORATORIES, INC.**

690 NORTH 67th STREET • HARRISBURG, PA 17111-4811 • TELEPHONE: 717-584-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **22310** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **August 16, 2022**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1205%** (w/vol) ethyl alcohol. The expiration date for this lot number is **August 11, 2024** at 11:59 PM.

When used in a calibrated Simulator, operating at $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$, this solution will give a breath alcohol analysis instrument reading of **0.100 g/210L** \pm 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 FN03052002 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 4/14/2022

NUMBER 220110

EXPIRES 4/14/2024

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 680-0771 (6-10)

LAB-4 (R6-10)

 **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 **220110**
Date Issued **4/14/2022** Date Expires **4/14/2024**

