



AS IV Serial no: 100291  
Version no: 532B

TEST RECORD 00678

Temp Date Time 210L<sup>s/</sup>

Air Blank:  
05/18/23 10:40 .000  
Calibration Check:  
24 05/18/23 10:40 .095

Subject Name

TEST #1

Subject I.D.

ELLISON

Operator Name, I.D.

#230026

Location

WILLOW SPRINGS PD

AS IV Serial no: 100291  
Version no: 532B

TEST RECORD 00679

Temp Date Time 210L<sup>s/</sup>

Air Blank:  
05/18/23 10:44 .000  
Calibration Check:  
25 05/18/23 10:44 .095

Subject Name

TEST #2

Subject I.D.

ELLISON

Operator Name, I.D.

#230026

Location

WILLOW SPRINGS PD

AS IV Serial no: 100291  
Version no: 532B

TEST RECORD 00680

Temp Date Time 210L<sup>s/</sup>

Air Blank:  
05/18/23 10:47 .000  
Calibration Check:  
25 05/18/23 10:47 .095

Subject Name

TEST #3

Subject I.D.

ELLISON

Operator Name, I.D.

#230026

Location

WILLOW SPRINGS PD

AS IV Serial no: 100291  
Version no: 532B

TEST RECORD 00681

Temp Date Time 210L<sup>s/</sup>

VOID: RFI  
12 05/18/23 10:49

Subject Name

RFI

Subject I.D.

ELLISON

Operator Name, I.D.

#230026

Location

WILLOW SPRINGS PD



Paula Nickelson
Acting Director

Michael L. Parson
Governor

SIMULATOR CERTIFICATION REPORT

SIMULATOR INFORMATION

Simulator Serial Number: MP5539 Manufacturer: Guth
Model Number: 12V500
Agency: WILLOW SPRINGS PD
Agency Address: 700 W MAIN ST, PO BOX 190, WILLOW SPRINGS, MO 65793

NIST THERMOMETER INFORMATION

Serial Number: 17KMM00690 Bias: 0.00
Uncertainty: 0.02
Date of Certification: 10/24/2022 Date of Expiration: 10/24/2023

ENVIRONMENTAL CONDITIONS

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

VERIFICATION RESULTS

Table with 3 columns: Simulator Average (34.00), NIST Average (34.00), Combined Uncertainty (.02)

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

ADJUSTMENT RESULTS

No adjustment was needed.

Date of testing: 2/7/2023
Certification Expiration: 2/7/2024
Simulator testing technician: R. SCHILDKNECHT

Notes on Condition: none

Deviation(s) from method: none

DHSS BAP Scientist Approving: BRIANNA MEDRANO
Certification No: MP5539\_272023

X Brianna Medrano (signature)

DHSS BAP Scientist Approving



**GUTH LABORATORIES, INC.**

590 NORTH 67th STREET • HARRISBURG, PA 17111-4811 • TELEPHONE: 717-564-5470

## CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **22430** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **December 1, 2022**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1216%** (w/vol) ethyl alcohol. The expiration date for this lot number is **November 30, 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

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**PERMIT**  
**TYPE II**  
**WES ELLISON**

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, INTOX DMT**

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 2/14/2023

*Mike Masoma*  
 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 230026

*David J. Nickelson*  
 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 2/14/2025

 **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 ELLISON, WES  
 Permit No 230026  
 Date Issued 2/14/2023 Date Expires 2/14/2025

