

AS IV Serial no: 120502
Version no: 532C

TEST RECORD 00130
g/

Temp Date Time 210L
VOID: RFI
12 03/08/25 11:00

Subject Name
Zack Swindle

Subject I.D.
230181 8/17/25

Operator Name, I.D.
WINONA RANIER STAPTON

Location
8925 STATE HWY 19

WINONA MO 65588

AS IV Serial no: 120502
Version no: 532C

TEST RECORD 00129
g/

Temp Date Time 210L
Air Blank:
03/08/25 10:59 .000
Calibration Check:
19 03/08/25 10:59 .098

Subject Name
Zack Swindle

Subject I.D.
230181 8/17/25

Operator Name, I.D.
WINONA RANIER STAPTON

Location
8925 STATE HWY 19

WINONA MO 65584

AS IV Serial no: 120502
Version no: 532C

TEST RECORD 00128
g/

Temp Date Time 210L
Air Blank:
03/08/25 10:58 .000
Calibration Check:
19 03/08/25 10:58 .098

Subject Name
Zack Swindle

Subject I.D.
230181 8/17/25

Operator Name, I.D.
WINONA RANIER STAPTON

Location
8925 STATE HWY 19

WINONA MO 65588

AS IV Serial no: 120502
Version no: 532C

TEST RECORD 00127
g/

Temp Date Time 210L
Air Blank:
03/08/25 10:56 .000
Calibration Check:
18 03/08/25 10:56 .099

Subject Name
Zack Swindle

Subject I.D.
230181 8/17/25

Operator Name, I.D.
WINONA RANIER STAPTON

Location
8925 STATE HWY 19

WINONA MO 65589



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
Director

Michael L. Parson
Governor

SIMULATOR CERTIFICATION REPORT

SIMULATOR INFORMATION

Simulator Serial Number: MP7615 **Manufacturer:** Guth
Model Number: 12V500
Agency: NATIONAL PARK SERVICE
Agency Address: 404 WATERCROSS, VAN BUREN, MO 63965

NIST THERMOMETER INFORMATION

Serial Number: 20KMM02022 **Bias:** 0.00
Uncertainty: 0.02
Date of Certification: 8/15/2024 **Date of Expiration:** 8/15/2025

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: 10/24/2024
Certification Expiration: 10/24/2025
Simulator testing technician: B. LUTMER

Notes on Condition: none

Deviation(s) from method: none

DHSS BAP Scientist Approving: BRIANNA MEDRANO
Certification No: MP7615_10242024

X *Brianna Medrano*

DHSS BAP Scientist Approving



GUTH LABORATORIES, INC.

590 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 **23180** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **May 18, 2023**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1220%** (w/vol) ethyl alcohol. The expiration date for this lot number is **May 17, 2025** 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 FN11172002 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
ZACHARY SWINDLE

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 8/17/2023

NUMBER 230181

EXPIRES 8/17/2025

Mike Massman

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Paula J. Nickelson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES



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 SWINDLE, ZACHARY
 Permit No 230181
 Date Issued 8/17/2023 Date Expires 8/17/2025

