

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



Michael L. Parson Governor

# **SIMULATOR CERTIFICATION REPORT**

#### SIMULATOR INFORMATION

Simulator Serial Number: SD2095

Randall W. Williams, MD, FACOG

Director

Manufacturer: Guth

Model Number: 10-4D

Agency: MISSOURI SAFETY CENTER

11/6/2020

Agency Address: 1200 SOUTH HOLDEN ST, WARRENSBURG, MO 64093

#### NIST THERMOMETER INFORMATION

Serial Number:

17KMM00690 Bias:

Uncertainty: 0.02

Date of Certification:

**Date of Expiration:** 11/6/2021

0.00

### **ENVIRONMENTAL CONDITIONS**

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

#### **VERIFICATION RESULTS**

Simulator Average 34.00 NIST Average 34.02

<u>Combined Uncertainty</u> .04

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

## ADJUSTMENT RESULTS

No adjustment was needed.

Date of testing:1/19/2021Certification Expiration:1/19/2022Simulator testing technician:M. BOND

Notes on Condition: none

Deviation(s) from method: none

**DHSS BAP Scientist Approving:** 

**Certification No:** 

B. LUTMER

SD2095\_1192021

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DHSS BAP Scientist Approving

Simulator Calibration Certification Issued by Lab Manager, DHSS BAP Revision Date: 05/16/2018 Breath Alcohol Program 1903 Northwood Drive, Suite 4 Poplar Bluff, MO 63901 DHSS BAP Document 3.6A Revision 1 Page 1 of 1