

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: SD3317

Manufacturer: Guth

Model Number: 10-4D

Agency: ST JOHN PD

Agency Address: 8944 ST CHARLES PARK ROAD, ST JOHN, MO 63114

0.02

11/6/2020

#### NIST THERMOMETER INFORMATION

Serial Number:

Robert J. Knodell

Acting Director

17KMM00690 Bias:

0.00

Uncertainty:

Date of Certification:

Date of Expiration: 11/6/2021

## **ENVIRONMENTAL CONDITIONS**

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

### **VERIFICATION RESULTS**

Simulator Average 34.00 NIST Average 34.00 Combined Uncertainty .02

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

# ADJUSTMENT RESULTS

No adjustment was needed.

Date of testing:7/14/2021Certification Expiration:7/14/2022Simulator testing technician:D. DEBOARD

Notes on Condition: none

Deviation(s) from method: none

**DHSS BAP Scientist Approving:** 

**Certification No:** 

B. LUTMER SD3317 7142021

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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