

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

Manufacturer: Guth

Simulator Serial Number: DR5384

2100

CABOOL PD

Model Number: Agency:

Agency Address: 510 CEDAR ST, CABOOL, MO 65689

NIST THERMOMETER INFORMATION

Serial Number:	19BMM01307	Bias:	0.00
Uncertainty:	0.02		
Date of Certification:	5/13/2022	Date of Expirat	tion: 5/13/2023

ENVIRONMENTAL CONDITIONS

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

VERIFICATION RESULTS

Simulator Average

<u>NIST Average</u>

Combined Uncertainty

34.00

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

.06

ADJUSTMENT RESULTS

No adjustment was needed.

Date of testing:	10/13/2022
Certification Expiration:	10/13/2023
Simulator testing technician:	B. LUTMER

Notes on Condition: none

Deviation(s) from method: none

DHSS BAP Scientist Approving:

BRIANNA MEDRANO DR5384 10132022

Silaw Mahra

DHSS BAP Scientist Approving

Certification No:

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 Page 1 of 1