



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

Richard W. Moore
Acting Director



Michael L. Parson
Governor

SIMULATOR CERTIFICATION REPORT

SIMULATOR INFORMATION

Simulator Serial Number: SD1853 **Manufacturer:** Guth
Model Number: 10-4D
Agency: BOONE COUNTY SD
Agency Address: 2121 COUNTY DRIVE, COLUMBIA, MO 65202

NIST THERMOMETER INFORMATION

Serial Number: 17KMM00690 **Bias:** 0.01
Uncertainty: 0.02
Date of Certification: 11/10/2021 **Date of Expiration:** 11/10/2022

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>
34.00	34.02	.05

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

ADJUSTMENT RESULTS

No adjustment was needed.

Date of testing: 1/27/2022
Certification Expiration: 1/27/2023
Simulator testing technician: R. SCHILDKNECHT

Notes on Condition: none

Deviation(s) from method: none

DHSS BAP Scientist Approving: BRIANNA MEDRANO

Certification No: SD1853_1272022

X *Brianna Medrano*

DHSS BAP Scientist Approving



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