



**CERTIFICATION PURSUANT TO CPLR 4518 OF RECORDS  
MAINTAINED IN THE REGULAR COURSE OF BUSINESS**

I, Steven J. Carluccio, Highway Safety Equipment Technical Supervisor, Office of Public Safety, New York State Division of Criminal Justice Services, 80 South Swan Street, Albany, New York 12210, having been duly designated and authorized by the Commissioner of the Division of Criminal Justice Services, do hereby certify and authenticate, as provided by subdivision c of Rule 4518 of the Civil Practice Law and Rules, that the document annexed hereto is an exact copy of an electronic record of the Office of Public Safety which is in my possession, custody and control. This record, once created, is stored in an electronic format that cannot thereafter be altered or modified.

I further certify that the original electronic record of inspection/maintenance/calibration of GUTH LABORATORIES, 12V500 SIMULATOR, serial number MP4757, performed on July 25, 2023 by Office of Public Safety employee Martin Schilling, of which the annexed is an exact copy, was made in the regular course of business of the New York State Division of Criminal Justice Services, Office of Public Safety, that such record was made at the time such inspection/ maintenance/calibration was performed or within a reasonable time thereafter, and further that it is the regular course of the Office of Public Safety's business to make such records at the time such inspection/maintenance /calibration is performed, or within a reasonable time thereafter, and to provide such instrument's records to the agency that requested them.

A handwritten signature in black ink that reads "Steven J. Carluccio".

Digitally signed under ESRA  
by Steven J. Carluccio  
on 08/02/2023 08:41 AM

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**Steven J. Carluccio  
Highway Safety Equipment Technical Supervisor  
Office of Public Safety**

**SIMULATOR  
RECORD OF INSPECTION / MAINTENANCE / CALIBRATION**

**Name of Submitting Agency: Warren County Sheriff's Office**

**Manufacturer: GUTH LABORATORIES**

**Model: 12V500**

**Serial Number: MP4757**

**Date: July 25, 2023**

<b>Breath Simulator Temperature</b>
34.01 degrees centigrade



**Division of Criminal  
Justice Services**

**I hereby certify that I have performed any necessary maintenance procedures and verified the calibration of GUTH LABORATORIES simulator model 12V500, serial number MP4757, and have determined that it is accurate.**

**I further certify that I made the entries in these records of inspection/maintenance/calibration at the time that such inspection/maintenance/calibration of the above identified simulator was performed, or within a reasonable time thereafter.**

A handwritten signature in black ink, appearing to read "Martin Schilling".

Digitally signed under ESRA  
by Martin Schilling  
on 07/25/2023 10:30 AM

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**Martin Schilling  
Highway Safety Equipment Technician  
Office of Public Safety**

**SIMULATOR  
RECORD OF INSPECTION / MAINTENANCE / CALIBRATION**

**Name of Submitting Agency: Warren County Sheriff's Office**

**Manufacturer: GUTH LABORATORIES**

**Model: 12V500**

**Serial Number: MP4757**

**Date: July 25, 2023**

**1. General appearance and condition of this device -----: OK**

**2. Check propeller rotation -----: OK**

**3. Check for air leaks -----: OK**

**4. Check for proper temperature -----: OK**

**5. Record any repairs made to this instrument and list services provided : VERIFIED  
CALIBRATION**



**Division of Criminal  
Justice Services**

A handwritten signature in black ink that reads "Martin Schilling".

Digitally signed under ESRA  
by Martin Schilling  
on 07/25/2023 10:30 AM

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**Martin Schilling  
Highway Safety Equipment Technician  
Office of Public Safety**

625 East Bunker Court  
Vernon Hills, Illinois 60061  
PH: 866-466-6225  
Fax: 847-327-2993  
www.innocalsolutions.com

*NIST Traceable*  
**Calibration Report**

REPORT NUMBER  
**1722185**

Reference Number: 136536200  
PO Number: SCARLUCCIO030823

NY State Div Of Criminal Justice Svcs  
80 South Swan Street  
Albany, NY 12210 United States

<b>Manufacturer:</b>	Alpha Technics	<b>Calibration Date</b>	03/28/2023
<b>Model Number:</b>	91-5443	<b>Calibration Due Date</b>	03/28/2024
<b>Description:</b>	Temperature, Thermometer	<b>Condition As Found:</b>	In Tolerance
<b>Asset Number:</b>	20BMM01712	<b>Condition As Left:</b>	In Tolerance, No adjustment
<b>Serial Number:</b>	20BMM01712		
<b>Procedure:</b>	DS Alpha Technics 5000 Series f/NY State DCJS		

**Remarks:**

NIST-traceable calibration performed on the unit referenced above in accordance with customer requirements, published specifications and the lab's standard operating procedures. No adjustments were made to the unit.

**Standards Used**

Standard ID	Manufacturer	Model Number	Description	Cal Date	Due Date
CP106957	Hart Scientific	5699	Temperature, Probe, SPRT	3/19/2021	4/30/2023
CP32033	Hart Scientific	5628	Temperature, Probe	5/24/2021	3/31/2023
CP32034	Hart Scientific	5628	Temperature, Probe	11/16/2021	5/31/2023
CP50205	Hart Scientific	5628	Temperature, Probe	3/16/2022	9/30/2023
CP50219	Hart Scientific	1590	Temperature, Super Thermometer	3/10/2021	3/31/2023

**Calibration Data**

Function Tested	Nominal / Reference Value	Measured Value	OOT	Calibration Tolerance <i>g: = Guard Banding Applied</i>	TUR	EMU
Temperature	-15.000 °C					
As Found & As Left	-15.000	-14.99		-15.050 to -14.950 °C	4.3:1	± 0.012 °C
	0.000 °C					
As Found & As Left	0.000	0.00		-0.030 to 0.030 °C	4.1:1	± 0.0074 °C
	75.000 °C					
As Found & As Left	75.000	75.00		74.970 to 75.030 °C	2.7:1	± 0.011 °C
	125.000 °C					
As Found & As Left	125.000	124.96		124.950 to 125.050 °C	3.9:1	± 0.013 °C

Temperature: 23 °C  
Humidity: 37 %RH  
Rpt. No.: 1722185

Calibration Performed By:		Quality Reviewer:	
Mary Paschen	Metrologist	Jeff Ziegler	3/28/2023
Name	Title	Name	Date

*This report may not be reproduced, except in full, without written permission of Innocal. The results stated in this report relate only to the items tested or calibrated. Measurements reported herein are traceable to SI units via national standards maintained by NIST and were performed in compliance with MIL-STD-45662A, ANSI/NCCL Z540-1-1994, 10CFR50, Appendix B, ISO 9002-94, and ISO 17025:2017. Conformance based on Simple Acceptance as a Decision Rule. The estimated measurement uncertainty (EMU), if reported on this certificate, is being reported at a confidence level of 95% or K=2 unless otherwise noted in the remarks section.*

**SERVICE AUTHORIZATION FORM**  
**Highway Safety Technology Unit**  
**80 South Swan Street**  
**Albany, NY 12210**  
**Ph: 518-485-7636 / 518-402-0689**  
**Fax: 518-457-6869**

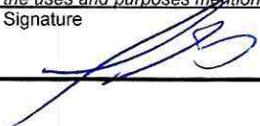
*MyJ*  
*7/25/23*

THIS FORM IS USED TO AUTHORIZE THE DIVISION OF CRIMINAL JUSTICE SERVICES TO PERFORM SERVICE ON THE INSTRUMENT IDENTIFIED. THIS AUTHORIZATION MUST ACCOMPANY EACH PIECE OF EQUIPMENT WHEN IT IS PRESENTED TO THE EQUIPMENT REPAIR CENTER FOR SERVICE. **PLEASE SIGN AND DATE FORM.**

**SECTION I - AGENCY INFORMATION**

Name of Agency <i>Warren County Sheriff's Office</i>		Today's Date <i>07/25/2023</i>
Address <i>1400 State Rt 9</i>	City, State, ZIP <i>Lake George NY 12845</i>	
Contact Person	Contact Telephone	
Contact Email	Best Way to Reach You During Appointment Period	

**SECTION II - INSTRUMENT INFORMATION**

Instrument Manufacturer (Please Circle) NPAS DMT <input checked="" type="radio"/> <b>GUTH</b> Applied Concepts(Stalker) Decatur(Genesis) Kustom(Eagle/Falcon) MPH Alco-Sensor Other:		
Model Number <i>12V500</i>	Instrument Serial Number <i>MP4757</i>	
Antenna Serial Number (if applicable) Antenna 1 -- / Antenna 2 --	Type of maintenance (check appropriate) <input type="checkbox"/> Calibration Check <input type="checkbox"/> Repair	
Brief Description of Malfunction		
List all parts, cables and/or accessories being submitted. Tuning forks must accompany all radar units (if applicable). (Please Circle)		
DMT/SIM: DMT                      SIM                      Tubes Keyboard                Other:	Radar: Control Unit            Antenna(s)            Antenna Cable(s) Power Cord            Forks                    Other:	
I acknowledge I am signing this Service Authorization Form as an act and deed of said agency, organization, or municipality, and that I am duly authorized to sign same for the uses and purposes mentioned herein. <b>PLEASE SIGN AND DATE.</b>		
Signature 	Date <i>07/25/2023</i>	

**DCJS USE ONLY**

Export °C <u>34.00</u>	Digital °C <u>34.01</u>	Thermometer: <u>20BMM01713</u>
<u>34.00</u>	<u>34.01</u>	Calibration Due: <u>3-28-24</u>
<u>34.00</u>	<u>34.01</u>	Air Leak Test: <u>OK</u> Propeller Rotation: <u>OK</u>