



**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 MP4832, performed on July 25, 2023 by Office of Public Safety employee **Jonathan Mascolo**, 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 08:40 AM

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: MP4832

Date: July 25, 2023

| |
|-------------------------------------|
| Breath Simulator Temperature |
| 34.03 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 MP4832, 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 that reads "Jonathan Mascolo".

Digitally signed under ESRA
by Jonathan Mascolo
on 07/25/2023 12:43 PM

**Jonathan Mascolo
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: MP4832

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 cursive script that reads "Jonathan Mascolo".

Digitally signed under ESRA
by Jonathan Mascolo
on 07/25/2023 12:43 PM

**Jonathan Mascolo
Highway Safety Equipment Technician
Office of Public Safety**

NIST Traceable
Calibration Report

REPORT NUMBER

1729415

Reference Number: 142177100

PO Number: SCARLUCCI0052423

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

Manufacturer: Ertco
Model Number: 4400
Description: Temperature, Dig thermometer w/probe
Asset Number: 39808
Serial Number: 307443
Procedure: DS Eutechnics 4400-EP642

Calibration Date: 06/09/2023
Calibration Due Date: 06/09/2024
Condition As Found: In Tolerance
Condition As Left: In Tolerance, No adjustment

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 |
|-------------|-------------------|--------------|-------------------------------------|------------|-----------|
| CP144944 | Fluke Corporation | 1523 | Temperature, Indicator | 6/23/2022 | 6/30/2023 |
| CP54452 | Hart Scientific | 5615-12 | Temperature, Platinum RTD 12" Probe | 12/19/2022 | 6/30/2023 |

Calibration Data

| Function Tested | Nominal / Reference Value | Measured Value | OOT | Calibration Tolerance <i>g: = Guard Banding Applied</i> | TUR | EMU |
|----------------------|---------------------------|----------------|-----|--|--------|------------|
| Temperature Accuracy | -15.000 °C | | | | | |
| As Found & As Left | -15.000 | -14.96 | | -15.050 to -14.950 °C | 1.4:1 | ± 0.036 °C |
| | 0.000 °C | | | | | |
| As Found & As Left | 0.000 | 0.01 | | -0.030 to 0.030 °C | 0.90:1 | ± 0.033 °C |
| | 75.000 °C | | | | | |
| As Found & As Left | 75.000 | 75.00 | | 74.970 to 75.030 °C | 0.83:1 | ± 0.036 °C |
| | 125.000 °C | | | | | |
| As Found & As Left | 125.000 | 125.02 | | 124.950 to 125.050 °C | 1.3:1 | ± 0.039 °C |

Temperature: 24 °C
Humidity: 32 %RH
Rpt. No.: 1729415

| Calibration Performed By: | | Quality Reviewer: | |
|---------------------------|-------------|-------------------|----------|
| Arnel Bautista | Metrologist | Jeff Ziegler | 6/9/2023 |
| 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, 10CFR90, 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.

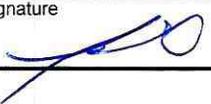
SERVICE AUTHORIZATION FORM
Highway Safety Technology Unit
80 South Swan Street
Albany, NY 12210
Ph: 518-485-7636 / 518-402-0689
Fax: 518-457-6869

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"/> GUTH Applied Concepts(Stalker) Decatur(Genesis) Kustom(Eagle/Falcon) MPH Alco-Sensor Other: | | |
| Model Number <i>12K500</i> | Instrument Serial Number <i>MP4834 *MP4832</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 <input type="checkbox"/> SIM <input checked="" type="checkbox"/> <i>(i)*</i> Keyboard <input type="checkbox"/> Other: <i>(i)* Power cable (i)* Communication cable</i> | Radar: Control Unit <input type="checkbox"/> Antenna(s) <input type="checkbox"/> Antenna Cable(s) <input type="checkbox"/> Power Cord <input type="checkbox"/> Forks <input type="checkbox"/> Other: <input type="checkbox"/> | |
| 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. PLEASE SIGN AND DATE. | | |
| Signature  | Date <i>07/25/2023</i> | |

DCJS USE ONLY

| | | |
|---|--|--|
| Export °C <u>34.01</u> <u>34.01</u> <u>34.01</u> | Digital °C <u>34.03</u> <u>34.03</u> <u>34.03</u> | Thermometer: <u>307443</u> Calibration Due: <u>6/9/24</u> Air Leak Test: <u>OK</u> Propeller Rotation: <u>OK</u> |
| | | <i>* @ 7-25-2023</i> |