



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 STATE PUBLIC HEALTH LABORATORY  
**CMI INTOXILYZER 8000 MAINTENANCE REPORT**

RECEIVED 4/10/14 CD  
REPORT #2

Complete this report in duplicate at the time of the regular monthly preventive maintenance check, and repaired. Send one copy to Department of Health and Senior Services, and retain one copy in department. **REVIEWED** Per instrument is By Carol Day at 12:43 pm, Apr 25, 2014

INSTRUMENT SERIAL NUMBER 80-005854	LOCATION OF INSTRUMENT LIBERTY POLICE DEPT.	DATE OF INSPECTION 03/31/2014	TIME OF INSPECTION 07:47
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CALIBRATION CHECK RESULTS			CALIBRATION CHECK SUMMARY		
Test	g/210L	Time	STANDARD TYPE	STANDARD LOT #	STANDARD EXPIRATION DATE
Air Blank	0.000	07:49	DRY	AG319201	07/11/2015
Cal Check	0.101	07:50	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	07:50	N/A	N/A	N/A
Cal Check	0.101	07:50	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	07:51	0.100	INTOXIMETERS	
Cal Check	0.101	07:51	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	07:52	0.101		
Cal Check	0.101	07:51	CALIBRATION CHECK RESULT 2		
Air Blank	0.000	07:52	0.101		
<b>Pass</b>			CALIBRATION CHECK RESULT 3		
			0.101		
			MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .005 OR LESS)	
			1.0%	0.000	

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
Test	Pass/Fail		Test	g/210L	Time
Voltage/Current Test	Pass		Air Blank	0.000	07:52
RAM Test	Pass		Subject Test	RFI*	07:53
EEPROM Checksum Test	Pass		Air Blank	0.000	07:53
Real Time Clock Test	Pass		*RFI Detect		
DSP Test	Pass				
Analytical Stability Test	Pass				
Modem Test	Pass				
Temperature Regulation Test	Pass				
<b>Pass</b>			<b>Pass</b>		

NUMBER OF REFUSALS AND SUBJECT BREATH TESTS IN EACH RANGE SINCE LAST MAINTENANCE REPORT						
REFUSALS	.00-.04	.05-.09	.10-.14	.15-.19	OVER .19	
0	0	2	0	0	0	0

List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).

INSPECTING OFFICER		
SIGNATURE 	PRINT NAME JASON NORRIS	
TYPE II PERMIT NUMBER 230149	EXPIRATION DATE 08/01/2015	TELEPHONE NUMBER 8164394701



Airgas USA LLC (LAB)

3500 Bernard Street

St. Louis, Mo. 63103

Ph: (314) 533-3100

Fax: (314) 533-7328

## Certificate of Analysis

**Customer Name**

Intoximeters, Inc.  
2081 Craig Road  
St. Louis, Mo 63146

**Test Date:** 11-Jul-2013

**Lot #** AG319201

**Exp. Date**

11-Jul-2015

**Cyl. Type**

108

**Component**

Ethanol  
Nitrogen

**Certified Concentration**

0.100 ± 2% BrAC (260 ppm)  
Balance

**Certification Traceable to N.I.S.T. RGM Ethanol Standards:**

<u>Serial No.</u>	<u>Concentration</u>	<u>Serial No.</u>	<u>Concentration</u>
EB0010581	391.8 ppm	EB0010603	392.5 ppm
EB0010570	259.8 ppm	EB0010559	258.9 ppm
EB0010285	209.0 ppm	EB0010595	208.9 ppm
EB0010561	103.7 ppm	EB0010562	104.9 ppm
EB0010681	52.22 ppm	EB0010579	52.94 ppm

**Analytical Method:**

NDIR

Digitally signed by Quality Control  
Date: 2013.07.11 14:32:28 -05:00  
Reason: Dry gas standard certification of analysis  
Location: Airgas USA LLC (Lab)

**Analyst:**   
Rod Marsala

**ISO 17025:2005 A2LA accredited. Certificate Number 2989.01**