



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

REPORT #2

Complete this report in duplicate at the time of the regular monthly preventive check, and whenever instrument is repaired. Send one copy to Department of Health and Senior Services, and re-
RECEIVED
By Carol Day at 10:47 am, Dec 14, 2015

INSTRUMENT SERIAL NUMBER 80-005828	LOCATION OF INSTRUMENT WEBB CITY P. D.	DATE OF INSPECTION 12/02/2015	TIME OF INSPECTION 04:34
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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	04:35	DRY	AG525302	09/10/2017
Cal Check	0.100	04:35	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	04:36	N/A	N/A	N/A
Cal Check	0.100	04:36	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	04:37	0.100	INTOXIMETERS	
Cal Check	0.100	04:37	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	04:38	0.100		
Pass			CALIBRATION CHECK RESULT 2		
			0.100		
			CALIBRATION CHECK RESULT 3		
			0.100		
			MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .005 OR LESS)	
			0.0%	0.000	

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
Test	Result	Time	Test	g/210L	Time
Voltage/Current Test	Pass		Air Blank	0.000	04:38
RAM Test	Pass		Subject Test	RFI*	04:39
EEPROM Checksum Test	Pass		Air Blank	0.000	04:39
Real Time Clock Test	Pass		*RFI Detect		
DSP Test	Pass		Pass		
Analytical Stability Test	Pass				
Modem Test	Pass				
Temperature Regulation Test	Pass				
Pass					

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	1	0	2	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 CHRISTOPHER SHONK		
TYPE / PERMIT NUMBER 250170	EXPIRATION DATE 07/23/2017	TELEPHONE NUMBER 4176731911	



Airgas USA LLC (LAB)
 3500 Bernard Street
 St. Louis, Mo 63103
 Ph (314) 533-3100
 Fax (314) 533-7328

Certificate of Analysis

Customer Name
 Exclusive Supplier
 Intoximeters, Inc.
 2081 Craig Road
 St. Louis, Mo 63146

Test Date: 14-Sep-2015

Lot # AG525302 Model 108caccd

<u>Exp. Date</u> 10-Sep-2017	<u>Cyl. Type</u> 108	<u>Component</u> Ethanol Nitrogen	<u>Certified Concentration</u> 0 100 ± 2% BrAC (260 ppm) Balance
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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: 2015.09.14 14:32:23 -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



STATE OF MISSOURI
 DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BREATH ALCOHOL PROGRAM

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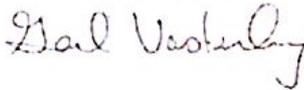
PERMIT
TYPE II
CHRISTOPHER SHONK

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

INTOX DMT, INTOXILYZER 8000, ALCO-SENSOR IV W/PRINTER

for the determination of the alcoholic content of blood from a sample of expired air Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo

DATE 7/23/2015
 NUMBER 250170
 EXPIRES 7/23/2017


 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

D 500-0771 (9-10)

LAB-4 (95-10)

 STATE OF MISSOURI
 DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BREATH ALCOHOL PROGRAM

INSTRUMENT OPERATOR CARD

The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.



Operator SHONK, CHRISTOPHER
 Permit No 250170
 Date Issued 7/23/2015 Date Expires 7/23/2017