STATE PUBLIC HEALTH LABORATORY
CMI INTOXILYZER 8000 MAINTEN

RECEIVED
By Carol Day at 2:24 pm, Jun 09, 2016

REPORT #2

Complete this report in duplicate at the time of the regular monthly preventive maintenance check, and whenever instrument is repaired. Send one copy to Department of Health and Senior Services, and retain one copy in department file

INSTRUMENT SERIAL NUMBER	LOCATION OF INSTRUMENT	DATE OF INSPECTION	TIME OF INSPECTION
80-005828	WEBB CITY P. D.	06/03/2016	15:59

CALIBRATION CHECK RESULTS

Test	g/210L	Time
Air Blank	0.000	16:01
Cal Check	0.099	16:01
Air Blank	0.000	16:02
Cal Check	0.100	16:02
Air Blank	0.000	16:02
Cal Check	0.099	16:03
Air Blank	0.000	16:03

Pass

CALIBRATION CHECK SUMMARY

STANDARD TYPE	STANDARD LOT #	STANDARD EXPIRATION DATE
DRY	AG525302	09/10/2017
SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
N/A	N/A	N/A
STANDARD VALUE	STANDARD SUPPLIER	
0.100	INTOXIMETERS	

CALIBRATION CHECK RESULT 1: 0.099

CALIBRATION CHECK RESULT 2: 0.100

CALIBRATION CHECK RESULT 3: 0.099

MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .005 OR LESS)
1.0%	0.001

DIAGNOSTIC TEST RESULTS

Voltage/Current Test	Pass
RAM Test	Pass
EEPROM Checksum Test	Pass
Real Time Clock Test	Pass
DSP Test	Pass
Analytical Stability Test	Pass
Modem Test	Pass
Temperature Regulation Test	Pass

Pass

RFI TEST RESULTS

Test	g/210L	Time
Air Blank	0.000	16:04
Subject Test	RFI*	16:04
Air Blank	0.000	16:05

*RFI Detect

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	0	1	1	1	1

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 OF PERMIT NUMBER: 250170

EXPIRATION DATE: 07/23/2017

TELEPHONE NUMBER: 4176731911

Airgas USA LLC (LAB)
3500
St L
Ph (314) 533-3100
Fax (314) 533-7328

RECEIVED
By Carol Day at 1:17 pm, Jun 09, 2016

Certificate of Analysis

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

Test Date: 14-Sep-2015

Lot # AG525302 Model 108cacd

Exp. Date	Cyl. Type	Component	Certified Concentration
10-Sep-2017	108	Ethanol	0 100 ± 2% BrAC (260 ppm)
		Nitrogen	Balance

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

Serial No.	Concentration	Serial No.	Concentration
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
Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 2989.01

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

2

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

MO 580-0771 (6-12)

LAB-4 (05-12)

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

INSTRUMENT OPERATOR CARD

The named cardholder is authorized to operate and [illegible] 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