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By Carol Day at 3:59 pm, Jul 05, 2016



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 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 80-005853	LOCATION OF INSTRUMENT JOPLIN POLICE DEPT.	DATE OF INSPECTION 06/29/2016	TIME OF INSPECTION 17:37
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CALIBRATION CHECK RESULTS			CALIBRATION CHECK SUMMARY		
Test	g/210L	Time	STANDARD TYPE	STANDARD LOT #	STANDARD EXPIRATION DATE
---	---	---	DRY	AG609604	12/05/2017
Air Blank	0.000	17:39	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Cal Check	0.100	17:40	N/A	N/A	N/A
Air Blank	0.000	17:40	STANDARD VALUE	STANDARD SUPPLIER	
Cal Check	0.099	17:41	0.100	INTOXIMETERS, INC	
Air Blank	0.000	17:41	CALIBRATION CHECK RESULT 1		
Cal Check	0.099	17:42	0.100		
Air Blank	0.000	17:42	CALIBRATION CHECK RESULT 2		
Cal Check	0.099	17:42	0.099		
Air Blank	0.000	17:42	CALIBRATION CHECK RESULT 3		
Pass			MAXIMUM DEVIATION (MUST BE WITHIN 5%)		SPREAD (MUST BE .005 OR LESS)
			1.0%		0.001

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
Test	Result	Time	Test	g/210L	Time
Voltage/Current Test	Pass		---	---	---
RAM Test	Pass		Air Blank	RFI*	17:43
EEPROM Checksum Test	Pass		Air Blank	0.000	17:43
Real Time Clock Test	Pass		*RFI Detect		
DSP Test	Pass		Pass		
Analytical Stability Test	Pass		Pass		
Modem Test	Pass		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	
1	22	0	5	2	2	

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 JARED SWANN
TYPE II PERMIT NUMBER 260219	EXPIRATION DATE 05/05/2018
TELEPHONE NUMBER 4176233131	



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: 5-Apr-2016

Lot # AG609604 Model 30cacc

<u>Exp. Date</u> 5-Dec-2017	<u>Cyl. Type</u> 30	<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> EB0010581	<u>Concentration</u> 391.8 ppm	<u>Serial No.</u> EB0010603	<u>Concentration</u> 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: 2016.04.05 17:21:06 -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**

JARED S SWANN

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

ALCO-SENSOR IV WITH PRINTER, INTOXILYZER 8000

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 5/5/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 260219

EXPIRES 5/5/2018

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO:580-0771 (6-10)

LAB-4 (R6-10)

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 SWANN, JARED
 Permit No 260219
 Date Issued 5/5/2016 Date Expires 5/5/2018