

**RECEIVED**

By Tracy Crews at 2:38 pm, Feb 03, 2023



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 80-002092	LOCATION OF INSTRUMENT KCI POLICE DEPT.	DATE OF INSPECTION 01/24/2023	TIME OF INSPECTION 13:15
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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	13:18	DRY	25721080A2	11/05/2023
Cal Check	0.080	13:18	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	13:19	N/A	N/A	N/A
Cal Check	0.081	13:19	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	13:19	0.080	CMI	
Cal Check	0.081	13:20	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	13:20	0.080		
Cal Check	0.081	13:20	CALIBRATION CHECK RESULT 2		
Air Blank	0.000	13:20	0.081		
Cal Check	0.081	13:20	CALIBRATION CHECK RESULT 3		
Air Blank	0.000	13:20	0.081		
<b>Pass</b>			MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .005 OR LESS)	
			1.2%	0.001	

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
Voltage/Current Test	Pass		Test	g/210L	Time
RAM Test	Pass		-----		
EEPROM Checksum Test	Pass		Air Blank	0.000	13:21
Real Time Clock Test	Pass		Subject Test	RFI*	13:21
DSP Test	Pass		Air Blank	0.000	13:22
Analytical Stability Test	Pass		*RFI Detect		
Modem Test	Pass		<b>Pass</b>		
Temperature Regulation Test	Pass		<b>Pass</b>		
<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	0	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).

N

**INSPECTING OFFICER**

SIGNATURE 	PRINT NAME ALAN H RANDOLPH JR
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TYPE II PERMIT NUMBER 220021	EXPIRATION DATE 01/24/2024	TELEPHONE NUMBER 8162344000
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# SIMULATOR CERTIFICATION REPORT

## SIMULATOR INFORMATION

**Simulator Serial Number:** MP2104      **Manufacturer:** Guth  
**Model Number:** 12V500  
**Agency:** AIRPORT PD  
**Agency Address:** #1 INTERNATIONAL, SOUTH KANSAS CITY, MO 64115

## NIST THERMOMETER INFORMATION

**Serial Number:** 17KMM00689      **Bias:** 0.00  
**Uncertainty:** 0.02  
**Date of Certification:** 12/15/2020      **Date of Expiration:** 12/15/2021

## ENVIRONMENTAL CONDITIONS

The environmental conditions during testing are within the tolerances of DHSS BAP method 3.

## VERIFICATION RESULTS

<u>Simulator Average</u>	<u>NIST Average</u>	<u>Combined Uncertainty</u>
33.99	33.99	.02

The combined uncertainty is calculated with a k=2 value.

## ADJUSTMENT RESULTS

No adjustment was needed.

**Date of testing:** 11/22/2021  
**Certification Expiration:** 11/22/2022  
**Simulator testing technician:** M. BOND

**Notes on Condition:** none

**Deviation(s) from method:** none

**DHSS BAP Scientist Approving:** BRIANNA MEDRANO

**Certification No:** MP2104\_11222021

X *Brianna Medrano*

DHSS BAP Scientist Approving



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



**PERMIT  
TYPE II**

**ALAN H RANDOLPH JR.**

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

**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 1/24/2022

NUMBER 220021

EXPIRES 1/24/2024

*Laura P. Way*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Donald A. Kamm*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 680-0771 (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 **RANDOLPH JR., ALAN**  
Permit No **220021**  
Date issued **1/24/2022** Date Expires **1/24/2024**

