

RECEIVED

By Tracy Crews at 9:04 am, Mar 06, 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<br>80-005848 | LOCATION OF INSTRUMENT<br>JCSO SATELLITE | DATE OF INSPECTION<br>03/01/2023 | TIME OF INSPECTION<br>21:29 |
|---------------------------------------|--|----------------------------------|-----------------------------|

| CALIBRATION CHECK RESULTS |        |       | CALIBRATION CHECK SUMMARY             |                               |                            |
|---------------------------|--------|-------|---------------------------------------|-------------------------------|----------------------------|
| Test                      | g/210L | Time  | STANDARD TYPE                         | STANDARD LOT #                | STANDARD EXPIRATION DATE   |
| Air Blank                 | 0.000  | 21:31 | DRY                                   | AG128602                      | 10/13/2023                 |
| Cal Check                 | 0.080  | 21:31 | SIM TEMPERATURE                       | SIM SERIAL NUMBER             | SIM CERTIFICATE EXPIRATION |
| Air Blank                 | 0.000  | 21:32 | N/A                                   | N/A                           | N/A                        |
| Cal Check                 | 0.079  | 21:32 | STANDARD VALUE                        | STANDARD SUPPLIER             |                            |
| Air Blank                 | 0.000  | 21:32 | 0.080                                 | INTOXIMETERS                  |                            |
| Cal Check                 | 0.081  | 21:33 | CALIBRATION CHECK RESULT 1            |                               |                            |
| Air Blank                 | 0.000  | 21:33 | 0.080                                 |                               |                            |
| Cal Check                 | 0.081  | 21:33 | CALIBRATION CHECK RESULT 2            |                               |                            |
| Air Blank                 | 0.000  | 21:33 | 0.079                                 |                               |                            |
| Cal Check                 | 0.081  | 21:33 | CALIBRATION CHECK RESULT 3            |                               |                            |
| Air Blank                 | 0.000  | 21:33 | 0.081                                 |                               |                            |
| <b>Pass</b>               |        |       | MAXIMUM DEVIATION (MUST BE WITHIN 5%) | SPREAD (MUST BE .005 OR LESS) |                            |
|                           |        |       | 1.2%                                  | 0.002                         |                            |

| DIAGNOSTIC TEST RESULTS     |      |  | RFI TEST RESULTS |        |       |
|-----------------------------|------|--|------------------|--------|-------|
|                             |      |  | Test             | g/210L | Time  |
| Voltage/Current Test        | Pass |  | Air Blank        | 0.000  | 21:34 |
| RAM Test                    | Pass |  | Subject Test     | RFI*   | 21:34 |
| EEPROM Checksum Test        | Pass |  | Air Blank        | 0.000  | 21:34 |
| 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   | 1       | 1       | 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).

|                                 |                                  |                                |
|---------------------------------|----------------------------------|--------------------------------|
| <b>INSPECTING OFFICER</b>       |                                  |                                |
| SIGNATURE<br><i>SCA. Calvin</i> | PRINT NAME<br>CHRISTOPHER CALVIN |                                |
| TYPE II PERMIT NUMBER<br>220052 | EXPIRATION DATE<br>02/19/2024    | TELEPHONE NUMBER<br>4173588177 |



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:** 13-Oct-2021

**Lot #** AG128602 **Model** 108

|                                |                         |   |  |
|--------------------------------|-------------------------|---|--|
| <b>Exp Date</b><br>13-Oct-2023 | <b>Cyl. Type</b><br>108 | <b>Component</b><br>Ethanol<br>Nitrogen | <b>Certified Concentration</b><br>0.080 ± 0.002 BrAC (208 ppm) |
|--------------------------------|-------------------------|---|--|

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

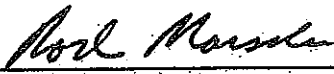
| RGM Serial No. | Concentration | RGM Serial No. | Concentration |
|----------------|---------------|----------------|---------------|
| EB0010581      | 392.1 ppm     | EB0010603      | 393.0 ppm     |
| EB0010570      | 259.8 ppm     | EB0010559      | 258.2 ppm     |
| EB0010285      | 208.0 ppm     | EB0010595      | 208.3 ppm     |
| EB0010561      | 103.6 ppm     | EB0010562      | 104.2 ppm     |
| EB0010681      | 52.12 ppm     | EB0010579      | 52.81 ppm     |

| CRM Serial No. | Concentration | CRM Serial No. | Concentration |
|----------------|---------------|----------------|---------------|
| CC434668       | 800.0 ppm     | 0056649        | 390.1 ppm     |
| CC234503       | 253.0 ppm     | 0056662        | 150.2 ppm     |

**Analytical Method:** NDIR

Digitally signed by:Quality Control  
 Reason:Dry gas standard certification of analysis  
 Location:Airgas USA LLC (Lab)  
 Date:10.13.2021 19:10

Approved for Release:   
 Rod Marsala

**ISO 17025:2017 A2LA accredited. Certificate Number 3082.06**  
**ISO 17034:2016 A2LA accredited. Certificate Number 3082.07**



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



**PERMIT  
 TYPE II**

**CHRISTOPHER CALVIN**

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 2/19/2022

NUMBER 220052

EXPIRES 2/19/2024

*Laura E. Way*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Christopher Calvin*

acting director  
 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB 4 (16-10)

 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 CALVIN, CHRISTOPHER  
 Permit No 220052  
 Date Issued 2/19/2022 Date Expires 2/19/2024

