



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 80-005848	LOCATION OF INSTRUMENT	DATE OF INSPECTION 11/08/2023	TIME OF INSPECTION 15:55
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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	15:57	DRY	AG208102	03/22/2024
Cal Check	0.098	15:58	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	15:58	N/A	N/A	N/A
Cal Check	0.098	15:58	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	15:59	0.100	INTOXIMETERS	
Cal Check	0.098	15:59	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	16:00	0.098		
Pass			CALIBRATION CHECK RESULT 2		
			0.098		
			CALIBRATION CHECK RESULT 3		
			0.098		
			MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .005 OR LESS)	
			2.0%	0.000	

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
Test	Result	Time	Test	g/210L	Time
Voltage/Current Test	Pass		Air Blank	0.000	16:00
RAM Test	Pass		Subject Test	RFI*	16:00
EEPROM Checksum Test	Pass		Air Blank	0.000	16:01
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	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).

INSPECTING OFFICER

SIGNATURE 	PRINT NAME RYAN SCHILDKNECHT
TYPE II PERMIT NUMBER 230225	EXPIRATION DATE 10/19/2025
TELEPHONE NUMBER 6605434573	



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: 23-Mar-2022

Lot # AG208102 **Model** 108

Exp Date 22-Mar-2024	Cyl. Type 108	Component Ethanol Nitrogen	Certified Concentration 0.100 ± 2% BrAC (260 ppm)
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Certification Traceable to N.I.S.T. RGM and to CRM Ethanol Standards:

RGM Serial No.	Concentration	RGM Serial No.	Concentration
EB0010581	391.8 ppm	EB0010603	392.5 ppm
EB0010570	259.8 ppm	EB0010559	258.9 ppm
EB0010285	209.0 ppm	EB0010562	104.2 ppm
EB0010561	103.7 ppm	EB0010579	52.94 ppm
EB0010681	52.22 ppm		

CRM Serial No.	Concentration	CRM Serial No.	Concentration
CC727481	800.0 ppm	CC727493	390.0 ppm
CC727496	253.0 ppm	CC727498	150.0 ppm

Analytical Method: NDIR

Digitally signed by:Quality Control
 Reason:Dry gas standard certification of analysis
 Location:Airgas USA LLC (Lab)
 Date:03.24.2022 19:57

Approved for Release: 
 Rod Marsala

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



SERVICE WORK ORDER

316 E 9th Street / Owensboro KY 42303 / USA
Phone: 866-835-0690 Fax: 270-685-6268

407715

DATE: 4/4/2023

Bill To:
University Of Central Mo
ATTN: ACCOUNTS PAYABLE
Administration Bldg 316
Warrensburg, MO 64093-5299
USA
Customer #: 640932
Phone: 660 543 4700
Fax: 660-543-4482

Ship To:
University Of Central Mo
1200 South Holden
Warrensburg MO 64093
USA
Phone: 660 543 4700
Fax: EMAIL INVOICE

MODEL #: 002480MO2

Serial Number: 80-005848

BILL CODE: Out of Warranty

EXTRA PARTS RCVD:
NEW BOX-620019 BH, KB, BATTERY, GAS BOX

DESCRIPTION OF PROBLEM
VOLTAGE ISSUES

WORK PERFORMED:
Replaced parts listed; 8151.23.00 software; calibrated and final tested

PARTS USED

Seq. No.	Part	Description	Quantity
100	650517	CERTIFICATE OF CALIBRATION	2.00 EA
110	441169	COVER DUST, 5/8in x 1/2in	1.00 EA
120	470145	CAP, PLASTIC, .251Dx.50LG, RED	3.00 EA
130	470154	CAP, PLSTC, .4061Dx.438-.562, RED	1.00 EA
140	470218	SEAL, TAMPER EVIDENT, SERVICE	1.00 EA
150	021288G01T	PWB ASSY, PWR DISTR, TESTED, 8000	2.00 IN
160	530030	TUBING, TYGON, .375IDx.562OD	1.00 EA
170	620019	FOAM, SET, I8000, LOCKING GAS	

LABOR / TESTING

Misc Code	Description	Hours
LABR	Service Repair Labor	0.50
LCAL	Service - Calibration Adjust	1.00
LFT	Service - Cal / Final Test	

Technician Name: Zack Robbins





SERVICE WORK ORDER

DATE: 8/17/2023

316 E 9th Street / Owensboro KY 42303 / USA
Phone: 866-835-0690 Fax: 270-685-6268

408070

Bill To:

University Of Central Mo
ATTN: ACCOUNTS PAYABLE
Administration Bldg 316
Warrensburg, MO 64093-5299
USA
Customer #: 640932
Phone: 660 543 4700
Fax: 660-543-4482

Ship To:

University Of Central Mo
1200 South Holden
Warrensburg MO 64093
USA
Phone: 660 543 4700
Fax: EMAIL INVOICE

MODEL #: 002480MO2

Serial Number: 80-005848

BILL CODE: 90 Day Service
Warranty

EXTRA PARTS RCVD:

BH, KB, BATTERY, GAS BOX

DESCRIPTION OF PROBLEM

READING 0.094 CONSISTENTLY WITH DRY GAS

WORK PERFORMED:

Replaced parts listed; 8151.23.00 software; calibrated and final tested

PARTS USED

Seq. No.	Part	Description	Quantity
100	650517	CERTIFICATE OF CALIBRATION	2.00 EA
110	441169	COVER DUST,5/8in x 1/2in	1.00 EA
120	470145	CAP,PLASTIC,.25IDx.50LG,RED	3.00 EA
130	470154	CAP,PLSTC,.406IDx.438-.562,RED	1.00 EA
140	470218	SEAL,TAMPER EVIDENT,SERVICE	1.00 EA
150	690040	BATTERY,3VOLT,LITHIUM,CR2032	1.00 EA
160	220286	IC,SMD,EEPROM,24C04,SOIC-8	1.00 EA

LABOR / TESTING

Misc Code	Description	Hours
LABR	Service Repair Labor	0.50
LCAL	Service - Calibration Adjust	1.00
LFT	Service - Cal / Final Test	

Technician Name: Zack Robbins

SRV4080700001





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



PERMIT
TYPE II
RYAN SCHILDKNECHT

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, INTOX EC/IR II, ASIV 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 10/19/2023

NUMBER 230225

EXPIRES 10/19/2025

Laura P. Day

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

[Signature]

, acting director

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 SCHILDKNECHT, RYAN
 Permit No 230225
 Date Issued 10/19/2023 Date Expires 10/19/2025