



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 STATE PUBLIC HEALTH LABORATORY
CMI INTOXILYZER 8000 MAINTENANCE REPORT

RECEIVED
 07/19/2024 09:17:00 AM

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 80-005846	LOCATION OF INSTRUMENT IPD BATVAN STATION 2	DATE OF INSPECTION 01/19/2024	TIME OF INSPECTION 15:40
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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	15:44	DRY	AG306503	03/06/2025
Cal Check	0.101	15:45	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	15:45	N/A	N/A	N/A
Cal Check	0.100	15:46	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	15:46	0.100	INTOXIMETERS, INC	
Cal Check	0.102	15:46	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	15:47	0.101		
Pass			CALIBRATION CHECK RESULT 2		
			0.100		
			CALIBRATION CHECK RESULT 3		
			0.102		
			MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .005 OR LESS)	
			2.0%	0.002	

DIAGNOSTIC TEST RESULTS		RFI TEST RESULTS		
Test	Result	Test	g/210L	Time
Voltage/Current Test	Pass	Air Blank	0.000	15:47
RAM Test	Pass	Subject Test	RFI*	15:48
EEPROM Checksum Test	Pass	Air Blank	0.000	15:48
Real Time Clock Test	Pass	*RFI Detect		
DSP Test	Pass	Pass		
Analytical Stability Test	Pass			
Modem Test	Pass			
Temperature Regulation Test	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	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).

INSTRUMENT OPERATED WITHIN STATE STANDARDS

INSPECTING OFFICER		
SIGNATURE <i>Ron Baltzer #1460</i>	PRINT NAME RON BALTZER	
TYPE II PERMIT NUMBER 230132	EXPIRATION DATE 07/06/2025	TELEPHONE NUMBER 816-325-7300



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-Jun-2021

Lot # AG117305 Model 108cadc

<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
22-Jun-2023	108	Ethanol Nitrogen	0.080 ± 0.002 BrAC (208 ppm) Balance

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

<u>RGM Serial No.</u>	<u>Concentration</u>	<u>RGM Serial No.</u>	<u>Concentration</u>
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

<u>CRM Serial No.</u>	<u>Concentration</u>	<u>CRM Serial No.</u>	<u>Concentration</u>
CC434668	800.0 ppm	0056649	390.1 ppm
CC234503	253.0 ppm	0056662	150.2 ppm

Analytical Method: NDIR

Digitally signed by Quality Control
 Date: 2021.06.24 18:10:42 -05:00
 Reason: Dry gas standard certification of analysis
 Location: Airgas USA LLC (Lab)

Approved for Release: _____

Rod Marsala

 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

2

PERMIT
TYPE II
RON BALTZER

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 7/16/2021

NUMBER 210144

EXPIRES 7/16/2023

Laura Q. Wasy


DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Rob Kuehl

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 530-0771 (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 BALTZER, RON
 Permit No 210144
 Date Issued 7/16/2021 Date Expires 7/16/2023

