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By Tracy Crews at 9:33 am, Jan 23, 2024



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 80-005852	LOCATION OF INSTRUMENT JOPLIN POLICE DEPT	DATE OF INSPECTION 01/16/2024	TIME OF INSPECTION 18:02
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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	18:03	DRY	AG318003	06/29/2025
Cal Check	0.103	18:03	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	18:04	N/A	N/A	N/A
Cal Check	0.103	18:04	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	18:05	0.100	INTOXIMETERS	
Cal Check	0.102	18:05	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	18:06	0.103		
Pass			CALIBRATION CHECK RESULT 2		
			0.103		
			CALIBRATION CHECK RESULT 3		
			0.102		
			MAXIMUM DEVIATION (MUST BE WITHIN 6%)	SPREAD (MUST BE .005 OR LESS)	
			3.0%	0.001	

DIAGNOSTIC TEST RESULTS		RFI TEST RESULTS		
Test	Result	Test	g/210L	Time
Voltage/Current Test	Pass	Air Blank	RFI*	18:06
RAM Test	Pass	Air Blank	0.000	18:06
EEPROM Checksum Test	Pass	*RFI Detect		
Real Time Clock Test	Pass	Pass		
DSP Test	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	5	2	3	4		

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).
Time-Date changed.

INSPECTING OFFICER	
SIGNATURE 	PRINT NAME KENNETH ANDERSEN
TYPE II PERMIT NUMBER 230317	EXPIRATION DATE 12/21/2025
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: 29-Jun-2023

Lot # AG318003 **Model** 55

Exp Date 29-Jun-2025	Cyl. Type 55	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: 06.29.2023 17:57

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**

KENNETH ANDERSEN

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 12/21/2023

NUMBER 230317

EXPIRES 12/21/2025

Mike Mason

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Paula J. Nielson

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 ANDERSEN, KENNETH
 Permit No 230317
 Date Issued 12/21/2023 Date Expires 12/21/2025

