

RECEIVED

By Stephen Wilson at 8:55 am, Aug 13, 2020



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 80-005828		LOCATION OF INSTRUMENT WEBB CITY P. D.		DATE OF INSPECTION 08/12/2020		TIME OF INSPECTION 17:28	
CALIBRATION CHECK RESULTS				CALIBRATION CHECK SUMMARY			
Test	g/210L	Time	STANDARD TYPE	STANDARD LOT #	STANDARD EXPIRATION DATE		
			DRY	AG907710	03/18/2021		
			SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION		
			N/A	N/A	N/A		
			STANDARD VALUE	STANDARD SUPPLIER			
			0.100	INTOXIMETERS			
			CALIBRATION CHECK RESULT 1				
			0.099				
CALIBRATION CHECK RESULT 2			0.099				
CALIBRATION CHECK RESULT 3			0.099				
MAXIMUM DEVIATION (MUST BE WITHIN 5%)			SPREAD (MUST BE .005 OR LESS)				
1.0%			0.000				
DIAGNOSTIC TEST RESULTS				RFI TEST RESULTS			
Voltage/Current Test		Pass	Test	g/210L	Time		
RAM Test		Pass					
EEPROM Checksum Test		Pass					
Real Time Clock Test		Pass					
DSP Test		Pass					
Analytical Stability Test		Pass					
Modem Test		Pass					
Temperature Regulation Test		Pass					
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	2	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).							
TIME AND DATE CORRECTED, MSC CONDUCTED UPDATE, DID NEW MAINTENANCE TO							
TIME AND DATE CORRECTED, MSC CONDUCTED UPDATE, DID NEW MAINTENANCE TO							
PLACE BACK INTO SERVICE.							
INSPECTING OFFICER							
SIGNATURE 				PRINT NAME CHRISTOPHER SHONK			
TYPE & PERMIT NUMBER 290143		EXPIRATION DATE 06/27/2021		TELEPHONE NUMBER 4176731911			

MO 580-2901 (5-10)

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER
services provided on a nondiscriminatory basis

LAB-167



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: 20-Mar-2019

Lot # AG907710 Model 108cadd

Exp. Date

18-Mar-2021

Cyl. Type

108

Component

Ethanol

Nitrogen

Certified Concentration

0.100 ± 2% BrAC (260 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: 2019.03.20 11:13:55 -05:00
Reason: Dry gas standard certification of analysis
Location: Airgas USA LLC (Lab)

Approved for Release:


Rod Marsala

ISO 17025:2005 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
CHRISTOPHER SHONK

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, ALCO-SENSOR IV 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 6/27/2019

NUMBER 290143

EXPIRES 6/27/2021

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MOI 565.0771 (5-10)

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 from expired air in Missouri.

Operator SHONK, CHRISTOPHER
Permit No 290143
Date Issued 6/27/2019 Date Expires 6/27/2021