



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 80-005829	LOCATION OF INSTRUMENT JASPER CO. SHERIFF	DATE OF INSPECTION 07/08/2020	TIME OF INSPECTION 10:28
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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	10:30	DRY	AG827002	09/27/2020
Cal Check	0.077	10:31	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	10:31	N/A	N/A	N/A
Cal Check	0.078	10:31	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	10:32	0.080	INTOXIMETERS	
Cal Check	0.078	10:32	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	10:32	0.077		
Cal Check	0.078	10:32	CALIBRATION CHECK RESULT 2		
Air Blank	0.000	10:33	0.078		
<b>Pass</b>			CALIBRATION CHECK RESULT 3		
			0.078		
			MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .005 OR LESS)	
			3.7%	0.001	

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
			Test	g/210L	Time
Voltage/Current Test	Pass		Air Blank	0.000	10:33
RAM Test	Pass		Subject Test	RFI*	10:33
EEPROM Checksum Test	Pass		Air Blank	0.000	10:34
Real Time Clock Test	Pass		*RFI Detect		
DSP Test	Pass		<b>Pass</b>		
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	21	2	3	3	5	

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 <i>Sgt. Chris Calvin #349</i>	PRINT NAME CHRISTOPHER CALVIN	
TYPE II PERMIT NUMBER 200084	EXPIRATION DATE 02/11/2022	TELEPHONE NUMBER 417-358-8177



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: 2-Oct-2018

**Lot # AG827002 Model 108cadd**

Exp. Date

27-Sep-2020

Cyl. Type

108

Component

Ethanol  
Nitrogen

Certified Concentration

0.080 ± 0.002 BtAC (208 ppm)  
Balance

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

Serial No.

EB0010581

Concentration

392.1 ppm

Serial No.

EB0010603

Concentration

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

Analytical Method:

NDIR

Digitally signed by Quality Control  
Date: 2018.10.03 10:02:04 -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



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

2

**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 2/11/2020

NUMBER 200084

EXPIRES 2/11/2022

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

 **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 200084  
 Date Issued 2/11/2020 Date Expires 2/11/2022

