



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 80-005849	LOCATION OF INSTRUMENT GRAIN VALLEY POLICE	DATE OF INSPECTION 01/10/2020	TIME OF INSPECTION 10:54
----------------------------------------------	------------------------------------------------------	-----------------------------------------	------------------------------------

CALIBRATION CHECK RESULTS			CALIBRATION CHECK SUMMARY		
Test	g/210L	Time	STANDARD TYPE	STANDARD LOT #	STANDARD EXPIRATION DATE
Air Blank	0.000	10:57	DRY	AG827002	09/27/2020
Cal Check	0.081	10:57	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	10:58	N/A	N/A	N/A
Cal Check	0.080	10:58	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	10:59	0.080	INTOXIMETERS	
Cal Check	0.080	10:59	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	10:59	0.081		
Pass			CALIBRATION CHECK RESULT 2		
			0.080		
			CALIBRATION CHECK RESULT 3		
			0.080		
			MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .006 OR LESS)	
			1.2%	0.001	

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
Test		Pass	Test	g/210L	Time
Voltage/Current Test		Pass	Air Blank	RFI*	11:00
RAM Test		Pass	Air Blank	0.000	11:00
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	2	0	1	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).
 MAINTENANCE 01/10/2020

INSPECTING OFFICER			
SIGNATURE <i>James W. Beale Sr</i>		PRINT NAME JAMES W. BEALE SR	
TYPE & PERMIT NUMBER 290157	EXPIRATION DATE 07/29/2021	TELEPHONE NUMBER 8168476250	



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 108cacd

<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
27-Sep-2020	108	Ethanol Nitrogen	0,080 ± 0.002 BrAC (208 ppm) Balance

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

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

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
Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 3082.06



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



PERMIT
TYPE II

JAMES W BEALE SR

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 7/29/2019

NUMBER 290157

EXPIRES 7/29/2021

MO 680-0771 (3-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R8-10)

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 **BEALE SR, JAMES**
Permit No **290157**
Date Issued **7/29/2019** Date Expires **7/29/2021**