



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 <b>80-005849</b>	LOCATION OF INSTRUMENT <b>GRAIN VALLEY POLICE</b>	DATE OF INSPECTION <b>02/09/2020</b>	TIME OF INSPECTION <b>10:49</b>
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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	10:50	DRY	AG827002	09/27/2020
Cal Check	0.081	10:50	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	10:51	N/A	N/A	N/A
Cal Check	0.081	10:51	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	10:52	0.080	INTOXIMETERS	
Cal Check	0.081	10:52	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	10:52	0.081		
Cal Check	0.081	10:52	CALIBRATION CHECK RESULT 2		
Air Blank	0.000	10:53	0.081		
<b>Pass</b>			CALIBRATION CHECK RESULT 3		
			0.081		
			MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .005 OR LESS)	
			1.2%	0.000	

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
Voltage/Current Test	Pass		Test	g/210L	Time
RAM Test	Pass		Air Blank	RFI*	10:53
EEPROM Checksum Test	Pass		Air Blank	0.000	10:53
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	54	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).  
Time-Date changed.

<b>INSPECTING OFFICER</b>		
SIGNATURE	PRINT NAME	
	KYLE SOLE	
TYPE II PERMIT NUMBER 290210	EXPIRATION DATE 09/19/2021	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

Test Date: 2-Oct-2018

Intoximeters, Inc.  
2081 Craig Road  
St. Louis, Mo 63146

**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

KYLE R SOLE

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 577.044, RSMo and 306.111 through 306.119 RSMo.

DATE 9/19/2019

NUMBER 290210

EXPIRES 9/19/2021

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 5BR-0774 (6-10)

LAB-4 (PB-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 **SOLE, KYLE**  
Permit No **290210**  
Date Issued **9/19/2019** Date Expires **9/19/2021**