



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<br>80-005849 | LOCATION OF INSTRUMENT<br>GRAIN VALLEY POLICE | DATE OF INSPECTION<br>10/13/2020 | TIME OF INSPECTION<br>06:06 |
|---------------------------------------|---|----------------------------------|-----------------------------|

| CALIBRATION CHECK RESULTS |        |       | CALIBRATION CHECK SUMMARY             |                               |                            |
|---------------------------|--------|-------|---------------------------------------|-------------------------------|----------------------------|
| Test                      | g/210L | Time  | STANDARD TYPE                         | STANDARD LOT #                | STANDARD EXPIRATION DATE   |
| Air Blank                 | 0.000  | 06:11 | DRY                                   | AG019902                      | 07/17/2022                 |
| Cal Check                 | 0.079  | 06:11 | SIM TEMPERATURE                       | SIM SERIAL NUMBER             | SIM CERTIFICATE EXPIRATION |
| Air Blank                 | 0.000  | 06:12 | N/A                                   | N/A                           | N/A                        |
| Cal Check                 | 0.079  | 06:12 | STANDARD VALUE                        | STANDARD SUPPLIER             |                            |
| Air Blank                 | 0.000  | 06:12 | 0.080                                 | INTOXIMETERS                  |                            |
| Cal Check                 | 0.078  | 06:13 | CALIBRATION CHECK RESULT 1            |                               |                            |
| Air Blank                 | 0.000  | 06:13 | 0.079                                 |                               |                            |
| Cal Check                 | 0.078  | 06:13 | CALIBRATION CHECK RESULT 2            |                               |                            |
| Air Blank                 | 0.000  | 06:13 | 0.079                                 |                               |                            |
| <b>Pass</b>               |        |       | CALIBRATION CHECK RESULT 3            |                               |                            |
|                           |        |       | 0.078                                 |                               |                            |
|                           |        |       | MAXIMUM DEVIATION (MUST BE WITHIN 5%) | SPREAD (MUST BE .005 OR LESS) |                            |
|                           |        |       | 2.5%                                  | 0.001                         |                            |

| DIAGNOSTIC TEST RESULTS     |      |  | RFI TEST RESULTS |        |       |
|-----------------------------|------|--|------------------|--------|-------|
|                             |      |  | Test             | g/210L | Time  |
| Voltage/Current Test        | Pass |  | Air Blank        | RFI*   | 06:14 |
| RAM Test                    | Pass |  | Air Blank        | 0.000  | 06:14 |
| EEPROM Checksum Test        | Pass |  | *RFI Detect      |        |       |
| Real Time Clock Test        | Pass |  | <b>Pass</b>      |        |       |
| 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       | 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).

**INSPECTING OFFICER**

|               |                         |
|---------------|-------------------------|
| SIGNATURE<br> | PRINT NAME<br>KYLE SOLE |
|---------------|-------------------------|

|                                 |                               |                                  |
|---------------------------------|-------------------------------|----------------------------------|
| TYPE II PERMIT NUMBER<br>290210 | EXPIRATION DATE<br>09/19/2021 | TELEPHONE NUMBER<br>816-847-6250 |
|---------------------------------|-------------------------------|----------------------------------|



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:** 21-Jul-2020

**Lot # AG019902 Model 108cadd**

|  |                                |  |  |
|--|--------------------------------|--|--|
| <b><u>Exp. Date</u></b><br>17-Jul-2022 | <b><u>Cyl. Type</u></b><br>108 | <b><u>Component</u></b><br>Ethanol<br>Nitrogen | <b><u>Certified Concentration</u></b><br>0.080 ± 0.002 BrAC (208 ppm)<br>Balance |
|--|--------------------------------|--|--|

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

|   |  |   |  |
|---|--|---|--|
| <b><u>RGM Serial No.</u></b><br>EB0010581<br>EB0010570<br>EB0010285<br>EB0010561<br>EB0010681 | <b><u>Concentration</u></b><br>392.1 ppm<br>259.8 ppm<br>208.0 ppm<br>103.6 ppm<br>52.12 ppm | <b><u>RGM Serial No.</u></b><br>EB0010603<br>EB0010559<br>EB0010595<br>EB0010562<br>EB0010579 | <b><u>Concentration</u></b><br>393.0 ppm<br>258.2 ppm<br>208.3 ppm<br>104.2 ppm<br>52.81 ppm |
| <b><u>CRM Serial No.</u></b><br>CC434668<br>CC234503  | <b><u>Concentration</u></b><br>800.0 ppm<br>253.0 ppm  | <b><u>CRM Serial No.</u></b><br>0056649<br>0056662  | <b><u>Concentration</u></b><br>390.1 ppm<br>150.2 ppm  |

**Analytical Method:** NDIR

Digitally signed by Quality Control  
Date: 2020.07.22 18:48:30 -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.



**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 577.041, 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 583-0771 (5-10)

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 **SOLE, KYLE**  
Permit No **290210**  
Date issued **9/19/2019** Date Expires **9/19/2021**