



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 11/19/2020	TIME OF INSPECTION 17:33
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CALIBRATION CHECK RESULTS			CALIBRATION CHECK SUMMARY		
Test	g/210L	Time	STANDARD TYPE DRY	STANDARD LOT # AG019902	STANDARD EXPIRATION DATE 07/17/2022
Air Blank	0.000	17:38	SIM TEMPERATURE N/A	SIM SERIAL NUMBER N/A	SIM CERTIFICATE EXPIRATION N/A
Cal Check	0.080	17:38	STANDARD VALUE 0.080	STANDARD SUPPLIER INTOXIMETERS	
Air Blank	0.000	17:39	CALIBRATION CHECK RESULT 1 0.080		
Cal Check	0.081	17:39	CALIBRATION CHECK RESULT 2 0.081		
Air Blank	0.000	17:39	CALIBRATION CHECK RESULT 3 0.081		
Cal Check	0.081	17:40	MAXIMUM DEVIATION (MUST BE WITHIN 5%) 1.2%		
Air Blank	0.000	17:40	SPREAD (MUST BE .005 OR LESS) 0.001		

Pass

DIAGNOSTIC TEST RESULTS		RFI TEST RESULTS		
Voltage/Current Test	Pass	Test	g/210L	Time
RAM Test	Pass	Air Blank	RFI*	17:41
EEPROM Checksum Test	Pass	Air Blank	0.000	17:41
Real Time Clock Test	Pass	*RFI Detect		
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	1	2

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).
NONE

INSPECTING OFFICER

SIGNATURE <i>[Signature]</i> #2053	PRINT NAME K SOLE, Ofc. #2053
TYPE II PERMIT NUMBER 290210	EXPIRATION DATE 09/19/2021
	TELEPHONE NUMBER 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 108cacc

<u>Exp. Date</u> 17-Jul-2022	<u>Cyl. Type</u> 108	<u>Component</u> Ethanol Nitrogen	<u>Certified Concentration</u> 0.080 ± 0.002 BrAC (208 ppm) Balance
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Certification Traceable to N.I.S.T. RGM and to CRM Ethanol Standards:

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

Analytical Method: NDIR

Digitally signed by Quality Control
Date: 2020.07.22 16:48:30 -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 690-0771 (8-10)

LKB-4 (RE-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**