



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>03/19/2020</b>	TIME OF INSPECTION <b>08:45</b>
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**CALIBRATION CHECK RESULTS**

Test	g/210L	Time
Air Blank	0.000	08:48
Cal Check	0.079	08:48
Air Blank	0.000	08:48
Cal Check	0.079	08:49
Air Blank	0.000	08:49
Cal Check	0.079	08:49
Air Blank	0.000	08:50

**Pass**

**CALIBRATION CHECK SUMMARY**

STANDARD TYPE <b>DRY</b>	STANDARD LOT # <b>AG827002</b>	STANDARD EXPIRATION DATE <b>09/27/2020</b>
SIM TEMPERATURE <b>N/A</b>	SIM SERIAL NUMBER <b>N/A</b>	SIM CERTIFICATE EXPIRATION <b>N/A</b>
STANDARD VALUE <b>0.080</b>	STANDARD SUPPLIER <b>INTOXIMETERS</b>	
CALIBRATION CHECK RESULT 1 <b>0.079</b>		
CALIBRATION CHECK RESULT 2 <b>0.079</b>		
CALIBRATION CHECK RESULT 3 <b>0.079</b>		
MAXIMUM DEVIATION (MUST BE WITHIN 5%) <b>1.2%</b>		SPREAD (MUST BE .006 OR LESS) <b>0.000</b>

**DIAGNOSTIC TEST RESULTS**

Voltage/Current Test	Pass
RAM Test	Pass
EEPROM Checksum Test	Pass
Real Time Clock Test	Pass
DSP Test	Pass
Analytical Stability Test	Pass
Modem Test	Pass
Temperature Regulation Test	Pass

**Pass**

**RFI TEST RESULTS**

Test	g/210L	Time
Air Blank	RFI*	08:50
Air Blank	0.000	08:51
*RFI Detect		

**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	58	0	0	1	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**

**INSPECTING OFFICER**

SIGNATURE  
*James W. Beale Sr.*

PRINT NAME  
**JAMES W. BEALE SR**

TYPE II PERMIT NUMBER  
**28057**

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

**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 580-0771 (8-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (FB-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**