



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
STATE PUBLIC HEALTH LABORATORY

**RECEIVED**

By Tracy Crews at 8:40 am, Apr 24, 2020

**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 80-005853	LOCATION OF INSTRUMENT JOPLIN POLICE DEPT.	DATE OF INSPECTION 04/19/2020	TIME OF INSPECTION 07:23
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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	07:25	DRY	AG901508	01/15/2021
Cal Check	0.099	07:26	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	07:26	N/A	N/A	N/A
Cal Check	0.100	07:27	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	07:27	0.100	INTOXIMETERS, INC	
Cal Check	0.100	07:27	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	07:27	0.099		
Cal Check	0.100	07:27	CALIBRATION CHECK RESULT 2		
Air Blank	0.000	07:28	0.100		
<b>Pass</b>			CALIBRATION CHECK RESULT 3		
			0.100		
			MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .005 OR LESS)	
			1.0%	0.001	

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
Test	Pass/Fail		Test	g/210L	Time
Voltage/Current Test	Pass		Air Blank	0.000	07:29
RAM Test	Pass		Subject Test	RFI*	07:29
EEPROM Checksum Test	Pass		Air Blank	0.000	07:29
Real Time Clock Test	Pass		*RFI Detect		
DSP Test	Pass				
Analytical Stability Test	Pass				
Modem Test	Pass				
Temperature Regulation Test	Pass				
<b>Pass</b>			<b>Pass</b>		

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	
1	0	0	1	0	1	

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 	PRINT NAME JARED SWANN	
TYPE II PERMIT NUMBER 200159	EXPIRATION DATE 04/17/2022	TELEPHONE NUMBER 4176233131



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:** 16-Jan-2019

**Lot # AG901508 Model 55cadd**

**Exp. Date**  
15-Jan-2021

**Cyl. Type**  
55

**Component**  
Ethanol  
Nitrogen

**Certified Concentration**  
0.100 ± 2% BrAC (260 ppm)  
Balance

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

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

<u>CRM Serial No.</u>	<u>Concentration</u>	<u>CRM Serial No.</u>	<u>Concentration</u>
CC434668	800.0 ppm	0056649	390.1 ppm
CC234503	253.0 ppm	0056662	150.2 ppm

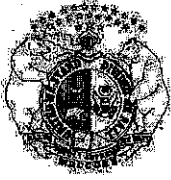
**Analytical Method:** NDIR

Digitally signed by Quality Control  
Date: 2019.01.16 13:40:00 -06:00  
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**

**JARED S SWANN**

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

**ALCO-SENSOR IV WITH PRINTER, 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 4/17/2020

NUMBER 200159

EXPIRES 4/17/2022

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO-589-0771 (6-10)

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 SWANN, JARED  
 Permit No 200159  
 Date Issued 4/17/2020 Date Expires 4/17/2022