



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 STATE PUBLIC HEALTH LABORATORY
CMI INTOXILYZER 8000 MAINTENANCE REPORT

RECEIVED
 BY: [unclear] DATE: 1/24/2020

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 80-006195	LOCATION OF INSTRUMENT CARTHAGE POLICE DEPT	DATE OF INSPECTION 01/24/2020	TIME OF INSPECTION 10:58
---------------------------------------	--	----------------------------------	-----------------------------

CALIBRATION CHECK RESULTS			CALIBRATION CHECK SUMMARY		
Test	g/210L	Time	STANDARD TYPE	STANDARD LOT #	STANDARD EXPIRATION DATE
Air Blank	0.000	11:03	DRY	AG907710	03/18/2021
Cal Check	0.100	11:03	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	11:04	N/A	N/A	N/A
Cal Check	0.099	11:04	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	11:05	0.100	INTOXIMETERS	
Cal Check	0.099	11:05	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	11:05	0.100		
Cal Check	0.099	11:05	CALIBRATION CHECK RESULT 2		
Air Blank	0.000	11:05	0.099		
Pass			CALIBRATION CHECK RESULT 3		
			0.099		
			MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .005 OR LESS)	
			1.0%	0.001	

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
			Test	g/210L	Time
Voltage/Current Test	Pass		-----		
RAM Test	Pass		Air Blank	0.000	11:06
EEPROM Checksum Test	Pass		Subject Test	RFI*	11:06
Real Time Clock Test	Pass		Air Blank	0.000	11:07
DSP Test	Pass		*RFI Detect		
Analytical Stability Test	Pass		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	1	0	0	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).
 JAN MAINTENANCE 2020

INSPECTING OFFICER		
SIGNATURE 	PRINT NAME HOLE, TREVOR	
TYPE II PERMIT NUMBER 290030	EXPIRATION DATE 02/08/2021	TELEPHONE NUMBER 417 237 7200



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: 20-Mar-2019

Lot # AG907710 **Model** 108cadd

Exp. Date

18-Mar-2021

Cyl. Type

108

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:

RGM Serial No.

EB0010581

EB0010570

EB0010285

EB0010561

EB0010681

Concentration

392.1 ppm

259.8 ppm

208.0 ppm

103.6 ppm

52.12 ppm

RGM Serial No.

EB0010603

EB0010559

EB0010595

EB0010562

EB0010579

Concentration

393.0 ppm

258.2 ppm

208.3 ppm

104.2 ppm

52.81 ppm

CRM Serial No.

CC434668

CC234503

Concentration

800.0 ppm

253.0 ppm

CRM Serial No.

0056649

0056662

Concentration

390.1 ppm

150.2 ppm

Analytical Method:

NDIR

Digitally signed by Quality Control
Date: 2019.03.20 11:13:55 -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
TREVOR HOLE

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 2/8/2019

NUMBER 290030

EXPIRES 2/8/2021

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

 **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 HOLE, TREVOR
Permit No 290030
Date Issued 2/8/2019 **Date Expires** 2/8/2021

