



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

RECEIVED
BY: [unclear] Date: 03/02/2020

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 03/02/2020	TIME OF INSPECTION 09:13
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CALIBRATION CHECK RESULTS			CALIBRATION CHECK SUMMARY		
Test	g/210L	Time	STANDARD TYPE DRY	STANDARD LOT # AG907710	STANDARD EXPIRATION DATE 03/18/2021
-----	-----	-----	SIM TEMPERATURE N/A	SIM SERIAL NUMBER N/A	SIM CERTIFICATE EXPIRATION N/A
Air Blank	0.000	09:16	STANDARD VALUE 0.100	STANDARD SUPPLIER INTOXIMETERS	
Cal Check	0.099	09:16	CALIBRATION CHECK RESULT 1 0.099		
Air Blank	0.000	09:17	CALIBRATION CHECK RESULT 2 0.098		
Cal Check	0.098	09:17	CALIBRATION CHECK RESULT 3 0.099		
Air Blank	0.000	09:18	MAXIMUM DEVIATION (MUST BE WITHIN 5%) 2.0%		
Cal Check	0.099	09:18	SPREAD (MUST BE .005 OR LESS) 0.001		
Air Blank	0.000	09:18			

Pass

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
Voltage/Current Test	Pass		Test	g/210L	Time
RAM Test	Pass		-----	-----	-----
EEPROM Checksum Test	Pass		Air Blank	0.000	09:19
Real Time Clock Test	Pass		Subject Test	RFI*	09:19
DSP Test	Pass		Air Blank	0.000	09:20
Analytical Stability Test	Pass		*RFI Detect		
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	2	1	0	2	3		

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).

FEB 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 108caccd

<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
18-Mar-2021	108	Ethanol	0.100 ± 2% BrAC (260 ppm)
		Nitrogen	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: 2019.03.20 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