



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

RECEIVED

By Tracy Crews at 10:47 am, Jan 05, 2021

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 80-005828	LOCATION OF INSTRUMENT WEBB CITY P. D.	DATE OF INSPECTION 01/02/2021	TIME OF INSPECTION 11:14
---------------------------------------	---	----------------------------------	-----------------------------

CALIBRATION CHECK RESULTS			CALIBRATION CHECK SUMMARY		
Test	g/210L	Time	STANDARD TYPE DRY	STANDARD LOT # AG907710	STANDARD EXPIRATION DATE 03/18/2021
Air Blank	0.000	11:16	SIM TEMPERATURE N/A	SIM SERIAL NUMBER N/A	SIM CERTIFICATE EXPIRATION N/A
Cal Check	0.100	11:16	STANDARD VALUE 0.100	STANDARD SUPPLIER INTOXIMETERS	
Air Blank	0.000	11:17	CALIBRATION CHECK RESULT 1 0.100		
Cal Check	0.100	11:17	CALIBRATION CHECK RESULT 2 0.100		
Air Blank	0.000	11:17	CALIBRATION CHECK RESULT 3 0.100		
Cal Check	0.100	11:18	MAXIMUM DEVIATION (MUST BE WITHIN 5%) 0.0%	SPREAD (MUST BE .005 OR LESS) 0.000	
Air Blank	0.000	11:18	Pass		

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
Voltage/Current Test	Pass		Test	g/210L	Time
RAM Test	Pass		Air Blank	0.000	11:19
EEPROM Checksum Test	Pass		Subject Test	RFI*	11:19
Real Time Clock Test	Pass		Air Blank	0.000	11:20
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	0	3	1	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 CHRISTOPHER SHONK	
TYPE II PERMIT NUMBER 290143	EXPIRATION DATE 06/27/2021	TELEPHONE NUMBER 4176731911



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

<u>Exp. Date</u> 18-Mar-2021	<u>Cyl. Type</u> 108	<u>Component</u> Ethanol Nitrogen	<u>Certified Concentration</u> 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: 2019.03.20 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

2

PERMIT
TYPE II
CHRISTOPHER SHONK

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

INTOX DMT, INTOXILYZER 8000, ALCO-SENSOR IV W/PRINTER

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 6/27/2019

NUMBER 290143

EXPIRES 6/27/2021

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MOI 565.0771 (5-10)

LAB 4 (R16 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 from expired air in Missouri.

Operator SHONK, CHRISTOPHER
 Permit No 290143
 Date Issued 6/27/2019 Date Expires 6/27/2021