

**RECEIVED**

By Tracy Crews at 10:56 am, Jun 14, 2021



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 80-005835		LOCATION OF INSTRUMENT IPD BAT VAN STATION1		DATE OF INSPECTION 06/10/2021		TIME OF INSPECTION 13:28	
<b>CALIBRATION CHECK RESULTS</b>				<b>CALIBRATION CHECK SUMMARY</b>			
Test	g/210L	Time		STANDARD TYPE DRY	STANDARD LOT # AG928002	STANDARD EXPIRATION DATE 10/07/2021	
Air Blank	0.000	13:30		SIM TEMPERATURE N/A	SIM SERIAL NUMBER N/A	SIM CERTIFICATE EXPIRATION N/A	
Cal Check	0.080	13:30		STANDARD VALUE 0.080	STANDARD SUPPLIER INTOXIMETERS, INC		
Air Blank	0.000	13:31		CALIBRATION CHECK RESULT 1 0.080			
Cal Check	0.080	13:31		CALIBRATION CHECK RESULT 2 0.080			
Air Blank	0.000	13:31		CALIBRATION CHECK RESULT 3 0.080			
Cal Check	0.080	13:32		MAXIMUM DEVIATION (MUST BE WITHIN 5%) 0.0%		SPREAD (MUST BE .005 OR LESS) 0.000	
Air Blank	0.000	13:32		<b>Pass</b>			
<b>DIAGNOSTIC TEST RESULTS</b>				<b>RFI TEST RESULTS</b>			
Voltage/Current Test	Pass	Pass		Test	g/210L	Time	
RAM Test	Pass	Pass		Air Blank	0.000	13:33	
EEPROM Checksum Test	Pass	Pass		Subject Test	RFI*	13:33	
Real Time Clock Test	Pass	Pass		Air Blank	0.000	13:33	
DSP Test	Pass	Pass		*RFI Detect			
Analytical Stability Test	Pass	Pass		<b>Pass</b>			
Modem Test	Pass	Pass					
Temperature Regulation Test	Pass	Pass					
<b>Pass</b>							
<b>NUMBER OF REFUSALS AND SUBJECT BREATH TESTS IN EACH RANGE SINCE LAST MAINTENANCE REPORT</b>							
REFUSALS	.00-.04	.05-.09	.10-.14	.15-.19	OVER .19		
0	0	0	0	0	0	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). INSTRUMENT OPERATED WITHIN STATE STANDARDS							
<b>INSPECTING OFFICER</b>							
SIGNATURE 				PRINT NAME RON BALTZER			
TYPE II PERMIT NUMBER 290150		EXPIRATION DATE 07/17/2021			TELEPHONE NUMBER 816-325-7300		



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: 7-Oct-2019

**Lot # AG928002 Model 108caccd**

<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
7-Oct-2021	108	Ethanol	0.080 ± 0.002 BrAC (208 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: 2019.10.07 16:34:11 -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**  
**RON BALTZER**

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 7/17/2019

NUMBER 290150

EXPIRES 7/17/2021

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (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 **BALTZER, RON**  
Permit No **290150**  
Date Issued **7/17/2019**    Date Expires **7/17/2021**

