



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 80-005846	LOCATION OF INSTRUMENT IPD BATVAN STATION 2	DATE OF INSPECTION 08/12/2021	TIME OF INSPECTION 07:12
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CALIBRATION CHECK RESULTS			CALIBRATION CHECK SUMMARY		
Test	g/210L	Time	STANDARD TYPE DRY	STANDARD LOT # AG928002	STANDARD EXPIRATION DATE 10/07/2021
-----	-----	-----	SIM TEMPERATURE N/A	SIM SERIAL NUMBER N/A	SIM CERTIFICATE EXPIRATION N/A
Air Blank	0.000	07:14	STANDARD VALUE 0.080		
Cal Check	0.077	07:14	STANDARD SUPPLIER INTOXIMETERS, INC		
Air Blank	0.000	07:15	CALIBRATION CHECK RESULT 1 0.077		
Cal Check	0.078	07:15	CALIBRATION CHECK RESULT 2 0.078		
Air Blank	0.000	07:16	CALIBRATION CHECK RESULT 3 0.078		
Cal Check	0.078	07:16	MAXIMUM DEVIATION (MUST BE WITHIN 5%) 3.7%		
Air Blank	0.000	07:16	SPREAD (MUST BE .005 OR LESS) 0.001		

**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	07:17
Real Time Clock Test	Pass	Subject Test	RFI*	07:17
DSP Test	Pass	Air Blank	0.000	07:18
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	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).

APPEARS TO BE FUNCTIONING PROPERLY

**INSPECTING OFFICER**

SIGNATURE <i>P. K. L.</i> #1147	PRINT NAME KENNETH GIBSON
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TYPE II PERMIT NUMBER 290253	EXPIRATION DATE 10/23/2021	TELEPHONE NUMBER 8163257300
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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 108cadd**

<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*  
 \_\_\_\_\_  
 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**  
**KENNETH GIBSON**

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 10/23/2019

NUMBER 290253

EXPIRES 10/23/2021

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 GIBSON, KENNETH  
 Permit No 290253  
 Date Issued 10/23/2019 Date Expires 10/23/2021