

**RECEIVED**

By Tracy Crews at 12:01 pm, Oct 22, 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 80-005846	LOCATION OF INSTRUMENT IPD BATVAN STATION 2	DATE OF INSPECTION 10/14/2021	TIME OF INSPECTION 15:33
---------------------------------------	------------------------------------------------	----------------------------------	-----------------------------

**CALIBRATION CHECK RESULTS**

Test	g/210L	Time
-----	-----	-----
Air Blank	0.000	15:35
Cal Check	0.078	15:36
Air Blank	0.000	15:36
Cal Check	0.080	15:36
Air Blank	0.000	15:37
Cal Check	0.080	15:37
Air Blank	0.000	15:38

**Pass**

**CALIBRATION CHECK SUMMARY**

STANDARD TYPE DRY	STANDARD LOT # AG117305	STANDARD EXPIRATION DATE 06/22/2023
SIM TEMPERATURE N/A	SIM SERIAL NUMBER N/A	SIM CERTIFICATE EXPIRATION N/A
STANDARD VALUE 0.080	STANDARD SUPPLIER INTOXIMETERS, INC	
CALIBRATION CHECK RESULT 1 0.078		
CALIBRATION CHECK RESULT 2 0.080		
CALIBRATION CHECK RESULT 3 0.080		
MAXIMUM DEVIATION (MUST BE WITHIN 5%) 2.5%		SPREAD (MUST BE .005 OR LESS) 0.002

**DIAGNOSTIC TEST RESULTS**

Voltage/Current Test	Pass
RAM Test	Pass
EEPROM Checksum Test	Pass
Real Time Clock Test	Pass
DSP Test	Pass
Analytical Stability Test	Pass
Modem Test	Pass
Temperature Regulation Test	Pass

**Pass**

**RFI TEST RESULTS**

Test	g/210L	Time
-----	-----	-----
Air Blank	0.000	15:38
Subject Test	RFI*	15:39
Air Blank	0.000	15:39
*RFI Detect		

**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

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

**INSPECTING OFFICER**

SIGNATURE <i>Ron Baltz #1460</i>	PRINT NAME RON BALTZER
TYPE II PERMIT NUMBER 210144	EXPIRATION DATE 07/16/2023
	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:** 23-Jun-2021

**Lot # AG117305 Model 108caccd**

**Exp. Date**

22-Jun-2023

**Cyl. Type**

108

**Component**

Ethanol  
Nitrogen

**Certified Concentration**

0.080 ± 0.002 BrAC (208 ppm)  
Balance

Certification Traceable to N.I.S.T. RGM and to CRM Ethanol Standards:

**RGM Serial No.**

EB0010581

**Concentration**

392.1 ppm

EB0010570

259.8 ppm

EB0010285

208.0 ppm

EB0010561

103.6 ppm

EB0010681

52.12 ppm

**RGM Serial No.**

EB0010603

**Concentration**

393.0 ppm

EB0010559

258.2 ppm

EB0010595

208.3 ppm

EB0010562

104.2 ppm

EB0010579

52.81 ppm

**CRM Serial No.**

CC434668

**Concentration**

800.0 ppm

CC234503

253.0 ppm

**CRM Serial No.**

0056649

**Concentration**

390.1 ppm

0056662

150.2 ppm

**Analytical Method:**

NDIR

Digitally signed by Quality Control  
Date: 2021.06.24 18:10:42 -05:00  
Reason: Dry gas standard certification of analysis  
Location: Airgas USA LLC (Lab)

Approved for Release:

Rod Marsala

**ISO 17025:2017 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 7/16/2021

NUMBER 210144

EXPIRES 7/16/2023

*Laura Q. Nay*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Robt. Kuehl*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)

MO 580-0771 (6-10)

 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 210144  
 Date Issued 7/16/2021 Date Expires 7/16/2023

