

RECEIVED  
BY: [unclear] Date: 12/11/21



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 12/09/2021	TIME OF INSPECTION 10:55
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CALIBRATION CHECK RESULTS			CALIBRATION CHECK SUMMARY		
Test	g/210L	Time	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
Air Blank	0.000	11:01	STANDARD VALUE 0.080	STANDARD SUPPLIER INTOXIMETERS, INC	
Cal Check	0.080	11:01	CALIBRATION CHECK RESULT 1 0.080		
Air Blank	0.000	11:01	CALIBRATION CHECK RESULT 2 0.080		
Cal Check	0.080	11:02	CALIBRATION CHECK RESULT 3 0.080		
Air Blank	0.000	11:02	MAXIMUM DEVIATION (MUST BE WITHIN 5%) 0.0%		
Cal Check	0.080	11:03	SPREAD (MUST BE .005 OR LESS) 0.000		
Air Blank	0.000	11:03			
<h1>Pass</h1>					

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	11:04
Real Time Clock Test	Pass		Subject Test	RFI*	11:04
DSP Test	Pass		Air Blank	0.000	11:04
Analytical Stability Test	Pass		*RFI Detect		
Modem Test	Pass				
Temperature Regulation Test	Pass				
<h1>Pass</h1>			<h1>Pass</h1>		

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 WORKING PROPERLY

INSPECTING OFFICER		
SIGNATURE <i>[Signature]</i>	PRINT NAME KENNETH GIBSON	
TYPE II PERMIT NUMBER 210218	EXPIRATION DATE 09/16/2023	TELEPHONE NUMBER 8163257300



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**

<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
22-Jun-2023	108	Ethanol Nitrogen	0.080 ± 0.002 BrAC (208 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: 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



**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 9/16/2021

*Laura E. Way*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 210218

*Donald B. Kamm*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 9/16/2023

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 210218  
Date Issued 9/16/2021 Date Expires 9/16/2023

