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By Tracy Crews at 8:47 am, Jul 12, 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 80-005847		LOCATION OF INSTRUMENT IPD DETENTION		DATE OF INSPECTION 07/08/2021		TIME OF INSPECTION 14:00	
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	14:02		STANDARD VALUE 0.080	STANDARD SUPPLIER INTOXIMETERS, INC		
Cal Check	0.080	14:02		CALIBRATION CHECK RESULT 1 0.080			
Air Blank	0.000	14:03		CALIBRATION CHECK RESULT 2 0.080			
Cal Check	0.080	14:03		CALIBRATION CHECK RESULT 3 0.080			
Air Blank	0.000	14:04		MAXIMUM DEVIATION (MUST BE WITHIN 5%) 0.0%		SPREAD (MUST BE .005 OR LESS) 0.000	
Cal Check	0.080	14:04					
Air Blank	0.000	14:04					
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	14:05		
Real Time Clock Test	Pass		Subject Test	RFI*	14:05		
DSP Test	Pass		Air Blank	0.000	14:06		
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	0	.00-.04 2	.05-.09 0	.10-.14 1	.15-.19 2	OVER .19 2	
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 				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
 Pn: (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 108cacc

<u>Exp. Date</u> 7-Oct-2021	<u>Cyl. Type</u> 108	<u>Component</u> Ethanol Nitrogen	<u>Certified Concentration</u> 0.080 ± 0.002 BrAC (208 ppm) Balance
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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

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

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 290150

EXPIRES 7/17/2021

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R8-10)

 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

