



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 <b>80-005849</b>	LOCATION OF INSTRUMENT <b>GRAIN VALLEY POLICE</b>	DATE OF INSPECTION <b>01/28/2021</b>	TIME OF INSPECTION <b>16:26</b>
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CALIBRATION CHECK RESULTS			CALIBRATION CHECK SUMMARY		
Test	g/210L	Time	STANDARD TYPE <b>DRY</b>	STANDARD LOT # <b>AG019902</b>	STANDARD EXPIRATION DATE <b>07/17/2022</b>
Air Blank	0.000	16:29	SIM TEMPERATURE <b>N/A</b>	SIM SERIAL NUMBER <b>N/A</b>	SIM CERTIFICATE EXPIRATION <b>N/A</b>
Cal Check	0.082	16:29	STANDARD VALUE <b>0.080</b>	STANDARD SUPPLIER <b>INTOXIMETERS</b>	
Air Blank	0.000	16:29	CALIBRATION CHECK RESULT 1 <b>0.082</b>		
Cal Check	0.083	16:30	CALIBRATION CHECK RESULT 2 <b>0.083</b>		
Air Blank	0.000	16:30	CALIBRATION CHECK RESULT 3 <b>0.083</b>		
Cal Check	0.083	16:31	MAXIMUM DEVIATION (MUST BE WITHIN 5%) <b>3.7%</b>		
Air Blank	0.000	16:31	SPREAD (MUST BE .005 OR LESS) <b>0.001</b>		

**Pass**

DIAGNOSTIC TEST RESULTS		RFI TEST RESULTS	
Voltage/Current Test	Pass	Test	g/210L
RAM Test	Pass	Air Blank	RFI*
EEPROM Checksum Test	Pass	Air Blank	AMB**
Real Time Clock Test	Pass		
DSP Test	Pass		
Analytical Stability Test	Pass	*RFI Detect	
Modem Test	Pass	**Ambient Fail	
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	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).

MAINTENANCE

**INSPECTING OFFICER**

SIGNATURE <i>James W. Beale Sr</i>	PRINT NAME <b>JAMES W. BEALE SR</b>
TYPE II PERMIT NUMBER <b>290157</b>	EXPIRATION DATE <b>07/29/2021</b>
	TELEPHONE NUMBER <b>8168476250</b>



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: 21-Jul-2020

**Lot # AG019902 Model 108cacc**

<u>Exp. Date</u> 17-Jul-2022	<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> EB0010581 EB0010570 EB0010285 EB0010561 EB0010681	<u>Concentration</u> 392.1 ppm 259.8 ppm 208.0 ppm 103.6 ppm 52.12 ppm	<u>RGM Serial No.</u> EB0010603 EB0010559 EB0010595 EB0010562 EB0010579	<u>Concentration</u> 393.0 ppm 258.2 ppm 208.3 ppm 104.2 ppm 52.81 ppm
<u>CRM Serial No.</u> CC434668 CC234503	<u>Concentration</u> 800.0 ppm 253.0 ppm	<u>CRM Serial No.</u> 0056649 0056662	<u>Concentration</u> 390.1 ppm 150.2 ppm

Analytical Method: NDIR

Digitally signed by Quality Control  
Date: 2020.07.22 16:48:30 -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



**PERMIT**  
**TYPE II**

**JAMES W BEALE SR**

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 306.118 RSMo.

DATE 7/29/2019

NUMBER 290157

EXPIRES 7/29/2021

MO 580-0771 (5-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R16-10)

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 **BEALE SR, JAMES**  
Permit No **290157**  
Date Issued **7/29/2019** Date Expires **7/29/2021**