



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY
CMI INTOXILYZER 8000 MAINTENANCE REPORT

RECEIVED

By Tracy Crews at 2:21 pm, Feb 01, 2021

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 80-005850	LOCATION OF INSTRUMENT LAKE WINNEBAGO PD	DATE OF INSPECTION 01/25/2021	TIME OF INSPECTION 07:12
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CALIBRATION CHECK RESULTS

Test	g/210L	Time
Air Blank	0.000	07:14
Cal Check	0.083	07:15
Air Blank	0.000	07:15
Cal Check	0.083	07:16
Air Blank	0.000	07:16
Cal Check	0.083	07:16
Air Blank	0.000	07:17

Pass

CALIBRATION CHECK SUMMARY

STANDARD TYPE DRY	STANDARD LOT # AG000606	STANDARD EXPIRATION DATE 01/06/2022
SIM TEMPERATURE N/A	SIM SERIAL NUMBER N/A	SIM CERTIFICATE EXPIRATION N/A
STANDARD VALUE 0.080	STANDARD SUPPLIER INTOXIMETERS	
CALIBRATION CHECK RESULT 1 0.083		
CALIBRATION CHECK RESULT 2 0.083		
CALIBRATION CHECK RESULT 3 0.083		
MAXIMUM DEVIATION (MUST BE WITHIN 5%) 3.7%		SPREAD (MUST BE .005 OR LESS) 0.000

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	07:17
Subject Test	RFI*	07:18
Air Blank	0.000	07:18
*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).

MAINTENANCE PERFORMED DUE TO DSP FAIL ON 1/24/21 AT 02:12:57
MAINTENANCE PERFORMED DUE TO DSP FAIL ON 1/24/21 AT 02:12:57 PROCEEDING AN INSTRUMENT RESTART/ REBOOT BY SGT. MCGINNESS.

INSPECTING OFFICER

SIGNATURE 	PRINT NAME KURT DONEY Doney
TYPE # PERMIT NUMBER 200299	TELEPHONE NUMBER 816-537-7900
EXPIRATION DATE 12/11/2022	



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-Jan-2020

Lot # AG000606 Model 108cadd

Exp. Date

6-Jan-2022

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

EB0010570

EB0010285

EB0010561

EB0010681

Concentration

392.1 ppm

259.8 ppm

208.0 ppm

103.6 ppm

52.12 ppm

RGM Serial No.

EB0010603

EB0010559

EB0010595

EB0010562

EB0010579

Concentration

393.0 ppm

258.2 ppm

208.3 ppm

104.2 ppm

52.81 ppm

CRM Serial No.

CC434668

CC234503

Concentration

800.0 ppm

253.0 ppm

CRM Serial No.

0056649

0056662

Concentration

390.1 ppm

150.2 ppm

Analytical Method:

NDIR

Digitally signed by Quality Control
Date: 2020.01.07 13:05:49 -06:00
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
BLOOD ALCOHOL TEST REPORT - INTOXILYZER 8000

FORM #12

LOCATION OF INSTRUMENT LAKE WINNEBAGO PD	INSTRUMENT SERIAL NUMBER 80-005850	DATE OF TEST 01/24/2021	OBSERVATION START 01:46	TIME OF TEST 02:12:57
SUBJECT NAME CHAD EARL PERKINS			DATE OF BIRTH 04/22/1992	
SUBJECT DRIVER'S LICENSE NUMBER 1628080			STATE OR	
ARRESTING OFFICER SGT. MCGINNESS			ARRESTING OFFICER ID 804	
OPERATOR MCGINNESS, JASON			OPERATOR PERMIT # 290184	PERMIT EXP DATE 08/19/2021
OBSERVER MCGINNESS, JASON			OBSERVER PERMIT # 290184	PERMIT EXP DATE 08/19/2021

OPERATIONAL CHECKLIST: INTOXILYZER 8000

- 1. Examination of mouth conducted. If any substance is observed or indicated to be present, the substance observed or indicated must be removed prior to starting the 15 minute observation period.
- 2. Subject observed for at least 15 minutes. No smoking, oral intake, or vomiting during this time; if any of these occur, start over with the 15 minute observation period.
- 3. Assure that the power switch is ON and the screen is displaying "Ready Mode".
- 4. Press the START TEST button.
- 5. Enter the subject and officer information.
- 6. When display reads "Please Blow Until Tone Stops/R", insert mouthpiece and take the subject's breath sample.

SUBJECT TEST RESULTS

Test	g/210L	Time
Air Blank	0.000	02:14
Diagnostic	Fail*	02:14
Air Blank	0.000	02:15
* DSP Test		

COMMENTS
Triggered need for new maintenance report to be completed

CERTIFICATION BY OPERATOR

BAC

As set forth in the rules promulgated by the Department of Health and Senior Services related to the determination of blood alcohol by breath analysis, I certify that:

- 1. There was no deviation from the procedure approved by the department.
- 2. To the best of my knowledge, the instrument was functioning properly.
- 3. I am authorized to operate the instrument.

SIGNATURE OF OPERATOR	DATE
WITNESS (IF ANY)	DATE



STATE OF MISSOURI
 DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BREATH ALCOHOL PROGRAM

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PERMIT
TYPE II
KURT DONEY

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 12/11/2020

NUMBER 200299

EXPIRES 12/11/2022

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 DONEY, KURT
Permit No 200299
Date Issued 12/11/2020 **Date Expires** 12/11/2022

