

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

CMI INTOXILYZER 8000 MAINTENANCE REPORT

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 LOCATION OF INSTRUMENT DATE OF INSPECTION 80-005852 JOPLIN POLICE DEPT 03/01/2021 18:39 CALIBRATION CHECK RESULTS CALIBRATION CHECK SUMMARY STANDARD TYPE STANDARD LOT # STANDARD EXPIRATION DATE DRY AG014304 05/22/2022 Test g/210L Time SIM CERTIFICATE EXPIRATION SIM TEMPERATURE SIM SERIAL NUMBER N/AN/AN/A Air Blank 0.000 18:41 STANDARD VALUE STANDARD SUPPLIER Cal Check 0.098 18:41 0.100 INTOXIMETERS Air Blank 0.000 18:42 CALIBRATION CHECK RESULT 1 Cal Check 0.098 18:42 0.098 Air Blank 0.000 18:42 CALIBRATION CHECK RESULT 2 Cal Check 0.099 18:43 0.098 Air Blank 0.000 18:43 CALIBRATION CHECK RESULT 3 0.099 ass MAXIMUM DEVIATION (MUST BE WITHIN 5%) SPREAD (MUST BE .005 OR LESS) 2.0% 0.001 **DIAGNOSTIC TEST RESULTS** RFI TEST RESULTS Voltage/Current Test Pass Test g/210L Time RAM Test Pass EEPROM Checksum Test Air Blank Pass 0.000 18:44 Real Time Clock Test Subject Test RFI* Pass 18:44 DSP Test Air Blank 0.000 Pass 18:44 Analytical Stability Test Pass Modem Test Pass *RFI Detect Temperature Regulation Test Pass **Pass** NUMBER OF REFUSALS AND SUBJECT BREATH TESTS IN EACH RANGE SINCE LAST MAINTENANCE REPORT REFUSALS 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).

INSPECTING OFFICER			
SIGNATURE	PRINT NAME		
11512	MACKENZIE	ROACH	
TYPE II PERMIT NUMBER	EXPIRATION DATE	TELEPHONE NUMBER	
200257	09/24/2022	4176211975	
NO FOR 2004 (2.40)			

INCREATING OFFICER



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: 26-May-2020

Lot # AG014304 Model 55cacd

Exp. Date 22-May-2022 Cyl. Type

Component Ethanol

<u>Certified Concentration</u> 0.100 ± 2% BrAC (260 ppm)

Nitrogen

Balance

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

RGM Serial No.	Concentration	RGM Serial No.	Concentration
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
CRM Serial No.	Concentration	CRM Serial No.	Concentration
CC434668	800.0 ppm	0056649	390.1 ppm

0056662

Analytical Method:

CC234503

NDIR

253.0 ppm

Digitally signed by Quality Control Date: 2020.05.28 15:07:14 -05:00 Reason: Dry gas standard certification of analysis Location: Airgas USA LLC (Lab)

Approved for Release:

Rod Marsala

150.2 ppm

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

MACKENZIE ROACH

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

ALCO-SENSOR IV WITH PRINTER, 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.

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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 in Missouri.

Operator

ROACH, MACKENZIE

Permit No 200257

