



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

RECEIVED  
 BY: [unclear] DIVISION OF [unclear] PHLS

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 80-005855	LOCATION OF INSTRUMENT CARTHAGE POLICE	DATE OF INSPECTION 02/06/2021	TIME OF INSPECTION 10:56
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CALIBRATION CHECK RESULTS			CALIBRATION CHECK SUMMARY		
Test	g/210L	Time	STANDARD TYPE	STANDARD LOT #	STANDARD EXPIRATION DATE
-----	-----	-----	DRY	AG924701	09/04/2021
Air Blank	0.000	10:58	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Cal Check	0.100	10:58	N/A	N/A	N/A
Air Blank	0.000	10:59	STANDARD VALUE	STANDARD SUPPLIER	
Cal Check	0.101	10:59	0.100	INTOXIMETERS	
Air Blank	0.000	11:00	CALIBRATION CHECK RESULT 1		
Cal Check	0.101	11:00	0.100		
Air Blank	0.000	11:00	CALIBRATION CHECK RESULT 2		
Cal Check	0.101	11:00	0.101		
Air Blank	0.000	11:00	CALIBRATION CHECK RESULT 3		
			0.101		
			MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .005 OR LESS)	
			1.0%	0.001	

**Pass**

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
			Test	g/210L	Time
Voltage/Current Test	Pass		-----	-----	-----
RAM Test	Pass		Air Blank	0.000	11:01
EEPROM Checksum Test	Pass		Subject Test	RFI*	11:01
Real Time Clock Test	Pass		Air Blank	0.000	11:02
DSP Test	Pass		*RFI Detect		
Analytical Stability Test	Pass				
Modem Test	Pass				
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	
1	0	2	1	2	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).

JANUARY MAINTENANCE 2021

INSPECTING OFFICER		
SIGNATURE 	PRINT NAME HOLE, TREVOR	
TYPE II PERMIT NUMBER 290030	EXPIRATION DATE 02/08/2021	TELEPHONE NUMBER 417 237 7200



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:** 4-Sep-2019

**Lot # AG924701 Model 108cacd**

<b><u>Exp. Date</u></b> 4-Sep-2021	<b><u>Cyl. Type</u></b> 108	<b><u>Component</u></b> Ethanol Nitrogen	<b><u>Certified Concentration</u></b> 0.100 ± 2% BrAC (260 ppm) Balance
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Certification Traceable to N.I.S.T. RGM and to CRM Ethanol Standards:

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

**Analytical Method:** NDIR

Digitally signed by Quality Control  
 Date: 2019.09.05 10:26:43 -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**  
**TREVOR HOLE**

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 2/8/2019

NUMBER 290030

EXPIRES 2/8/2021

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

 **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** HOLE, TREVOR  
**Permit No** 290030  
**Date Issued** 2/8/2019 **Date Expires** 2/8/2021

