



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

RECEIVED  
BY: [Name] On: 12/20/21

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<br>80-005855 | LOCATION OF INSTRUMENT<br>CARTHAGE POLICE | DATE OF INSPECTION<br>12/20/2021 | TIME OF INSPECTION<br>10:13 |
|---------------------------------------|---|----------------------------------|-----------------------------|

| CALIBRATION CHECK RESULTS |        |       | CALIBRATION CHECK SUMMARY             |                               |                            |
|---------------------------|--------|-------|---------------------------------------|-------------------------------|----------------------------|
| Test                      | g/210L | Time  | STANDARD TYPE                         | STANDARD LOT #                | STANDARD EXPIRATION DATE   |
| Air Blank                 | 0.000  | 10:14 | DRY                                   | AG102002                      | 01/20/2023                 |
| Cal Check                 | 0.101  | 10:14 | SIM TEMPERATURE                       | SIM SERIAL NUMBER             | SIM CERTIFICATE EXPIRATION |
| Air Blank                 | 0.000  | 10:15 | N/A                                   | N/A                           | N/A                        |
| Cal Check                 | 0.101  | 10:15 | STANDARD VALUE                        | STANDARD SUPPLIER             |                            |
| Air Blank                 | 0.000  | 10:16 | 0.100                                 | INTOXIMETERS                  |                            |
| Cal Check                 | 0.099  | 10:16 | CALIBRATION CHECK RESULT 1            |                               |                            |
| Air Blank                 | 0.000  | 10:16 | 0.101                                 |                               |                            |
| <b>Pass</b>               |        |       | CALIBRATION CHECK RESULT 2            |                               |                            |
|                           |        |       | 0.101                                 |                               |                            |
|                           |        |       | CALIBRATION CHECK RESULT 3            |                               |                            |
|                           |        |       | 0.099                                 |                               |                            |
|                           |        |       | MAXIMUM DEVIATION (MUST BE WITHIN 5%) | SPREAD (MUST BE .005 OR LESS) |                            |
|                           |        |       | 1.0%                                  | 0.002                         |                            |

| DIAGNOSTIC TEST RESULTS     |        |      | RFI TEST RESULTS |        |       |
|-----------------------------|--------|------|------------------|--------|-------|
| Test                        | Result | Time | Test             | g/210L | Time  |
| Voltage/Current Test        | Pass   |      | Air Blank        | 0.000  | 10:17 |
| RAM Test                    | Pass   |      | Subject Test     | RFI*   | 10:17 |
| EEPROM Checksum Test        | Pass   |      | Air Blank        | 0.000  | 10:18 |
| Real Time Clock Test        | Pass   |      | *RFI Detect      |        |       |
| DSP Test                    | Pass   |      | <b>Pass</b>      |        |       |
| Analytical Stability Test   | Pass   |      |                  |        |       |
| Modem Test                  | Pass   |      |                  |        |       |
| Temperature Regulation Test | 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       | 2       | 2       | 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).  
NOV MAINT 2021

| INSPECTING OFFICER              |                               |                                |  |
|---------------------------------|-------------------------------|--------------------------------|--|
| SIGNATURE<br>                   |                               | PRINT NAME<br>BUTLER, JUSTIN   |  |
| TYPE II PERMIT NUMBER<br>200291 | EXPIRATION DATE<br>12/08/2022 | TELEPHONE NUMBER<br>4172377200 |  |



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-Jan-2021

**Lot #** AG102002 **Model** 108cacc

**Exp. Date**

20-Jan-2023

**Cyl. Type**

108

**Component**

Ethanol  
Nitrogen

**Certified Concentration**

0.100 ± 2% BrAC (260 ppm)  
Balance

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

**RGM Serial No.**

EB0010581

**Concentration**

392.1 ppm

EB0010570

259.8 ppm

EB0010285

208.0 ppm

EB0010561

103.6 ppm

EB0010681

52.12 ppm

**RGM Serial No.**

EB0010603

**Concentration**

393.0 ppm

EB0010559

258.2 ppm

EB0010595

208.3 ppm

EB0010562

104.2 ppm

EB0010579

52.81 ppm

**CRM Serial No.**

CC727481

**Concentration**

800.0 ppm

CC727496

253.0 ppm

**CRM Serial No.**

CC727493

**Concentration**

390.0 ppm

CC727498

150.0 ppm

**Analytical Method:**

NDIR

Digitally signed by Quality Control  
Date: 2021.01.27 14:59:44 -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  
 BREATH ALCOHOL PROGRAM

2

**PERMIT**  
**TYPE II**  
**JUSTIN K. BUTLER**

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 12/8/2020

NUMBER 200291

EXPIRES 12/8/2022

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** BUTLER, JUSTIN  
**Permit No** 200291  
**Date Issued** 12/8/2020    **Date Expires** 12/8/2022

