



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

**RECEIVED**

By Tracy Crews at 7:26 am, Apr 01, 2022

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 80-005827	LOCATION OF INSTRUMENT ORONOGO POLICE DEPT	DATE OF INSPECTION 04/01/2022	TIME OF INSPECTION 00:48
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CALIBRATION CHECK RESULTS			CALIBRATION CHECK SUMMARY		
Test	g/210L	Time	STANDARD TYPE DRY	STANDARD LOT # AG026705	STANDARD EXPIRATION DATE 09/23/2022
-----	-----	-----	SIM TEMPERATURE N/A	SIM SERIAL NUMBER N/A	SIM CERTIFICATE EXPIRATION N/A
Air Blank	0.000	00:50	STANDARD VALUE 0.080	STANDARD SUPPLIER INTOXIMETERS, INC	
Cal Check	0.081	00:50	CALIBRATION CHECK RESULT 1 0.081		
Air Blank	0.000	00:51	CALIBRATION CHECK RESULT 2 0.081		
Cal Check	0.081	00:51	CALIBRATION CHECK RESULT 3 0.081		
Air Blank	0.000	00:52	MAXIMUM DEVIATION (MUST BE WITHIN 5%) 1.2%		
Cal Check	0.081	00:52	SPREAD (MUST BE .005 OR LESS) 0.000		
Air Blank	0.000	00:53			

**Pass**

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
Voltage/Current Test	Pass		Test	g/210L	Time
RAM Test	Pass		-----	-----	-----
EEPROM Checksum Test	Pass		Air Blank	0.000	00:53
Real Time Clock Test	Pass		Subject Test	RFI*	00:53
DSP Test	Pass		Air Blank	0.000	00:54
Analytical Stability Test	Pass		*RFI Detect		
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	
0	0	1	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).

<b>INSPECTING OFFICER</b>		
SIGNATURE 	PRINT NAME CHRISTOPHER SHONK	
TYPE II PERMIT NUMBER 210136	EXPIRATION DATE 06/30/2023	TELEPHONE NUMBER 4176731911



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: 28-Sep-2020

**Lot # AG026705 Model 108cacc**

<u>Exp. Date</u> 23-Sep-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:

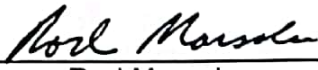
<u>RGM Serial No.</u>	<u>Concentration</u>	<u>RGM Serial No.</u>	<u>Concentration</u>
EB0010581	392.1 ppm	EB0010603	393.0 ppm
EB0010570	259.8 ppm	EB0010559	258.2 ppm
EB0010285	208.0 ppm	EB0010595	208.3 ppm
EB0010561	103.6 ppm	EB0010562	104.2 ppm
EB0010681	52.12 ppm	EB0010579	52.81 ppm

<u>CRM Serial No.</u>	<u>Concentration</u>	<u>CRM Serial No.</u>	<u>Concentration</u>
CC434668	800.0 ppm	0056649	390.1 ppm
CC234503	253.0 ppm	0056662	150.2 ppm

Analytical Method: NDIR

Digitally signed by Quality Control  
 Date: 2020.09.30 14:48:51 -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**  
**CHRISTOPHER SHONK**

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

**INTOX DMT, INTOXILYZER 8000, ALCO-SENSOR IV W/PRINTER**

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 6/30/2021

NUMBER 210136

EXPIRES 6/30/2023

MO 585-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (RS-12)

**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 **SHONK, CHRISTOPHER**  
Permit No **210136**  
Date issued **6/30/2021** Date Expires **6/30/2023**