

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

CMI INTOXILYZER 8000 MAINTENANCE REPORT

RECEIVED

By Tracy Crews at 7:10 am, May 04, 2022

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 TIME OF INSPECTION 80-005827 ORONOGO POLICE DEPT 05/04/2022 03:02 CALIBRATION CHECK RESULTS CALIBRATION CHECK SUMMARY STANDARD LOT # STANDARD TYPE STANDARD EXPIRATION DATE DRY AG026705 09/23/2022 Test g/210L Time SIM TEMPERATURE SIM SERIAL NUMBER SIM CERTIFICATE EXPIRATION N/AAir Blank N/A N/A0.000 03:03 STANDARD VALUE STANDARD SUPPLIER Cal Check 0.080 03:03 0.080 INTOXIMETERS, INC Air Blank 0.000 03:04 CALIBRATION CHECK RESULT 1 Cal Check 0.080 03:04 0.080 Air Blank 03:05 0.000 Cal Check CALIBRATION CHECK RESULT 2 0.081 03:05 0.080 Air Blank 0.000 03:06 CALIBRATION CHECK RESULT 3 0.081 MAXIMUM DEVIATION (MUST BE WITHIN 5%) SPREAD (MUST BE .005 OR LESS) 1.2% 0.001 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 03:06 Real Time Clock Test Pass Subject Test RFI* 03:06 DSP Test Pass Air Blank 0.000 03:07 Analytical Stability Test Pass Modem Test *RFI Detect Pass Temperature Regulation Test Pass NUMBER OF REFUSALS AND SUBJECT BREATH TESTS IN EACH RANGE SINCE LAST MAINTENANCE REPORT REFUSALS OVER .19 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).

INSPECTING OFFICER	陈祖先大成 (1874)	
SIGNATURE	PRINT NAME	
00	CHRIS	TOPHER SHONK
туре II рег іліт нийве к 210136	06/30/2023	TELEPHONE NUMBER 4176731911
MO 580-2901 (6-10)	AN EQUAL OPPORTUNITY/AFFIRMATIVE AN	CTION EMPLOYER LAB-11

S CamScanner



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 108cacd

Exp. Date 23-Sep-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

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

EB0010561

EB0010681

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: 2020.09.30 14:49:51 -05:00 Reason: Dry gas standard certification of analysis Location: Airgas USA LLC (Lab)

Approved for Release:

ISO 17025:2005 A2LA accredited. Certificate Number 3082.06 ISO 17034;2016 A2LA accredited. Certificate Number 3082.07

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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.

DATE6/30/2021	Lama G. Nay
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 210136	The Kneed
EXPIRES 6/30/2023	
110 500 0000 (0.44)	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
MO 585-0771 (6-10)	LAB-4 (R5-12)

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 in Missouri.

Operator SHONK, CHRISTOPHER Permit No 210136

Date Issued 8/30/2021 Date Expires 8/30/2023