

**RECEIVED**

By Tracy Crews at 2:31 pm, Jan 28, 2022

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

EPD

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 80-005834	LOCATION OF INSTRUMENT KCMO POLICE DEPARTME	DATE OF INSPECTION 01/10/2022	TIME OF INSPECTION 03:20
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CALIBRATION CHECK RESULTS			CALIBRATION CHECK SUMMARY		
Test	g/210L	Time	STANDARD TYPE DRY	STANDARD LOT # 14020080A2	STANDARD EXPIRATION DATE 07/05/2022
Air Blank	0.000	03:21	SIM TEMPERATURE N/A	SIM SERIAL NUMBER N/A	SIM CERTIFICATE EXPIRATION N/A
Cal Check	0.083	03:22	STANDARD VALUE 0.080	STANDARD SUPPLIER INTOXIMETERS	
Air Blank	0.000	03:22	CALIBRATION CHECK RESULT 1 0.083		
Cal Check	0.083	03:23	CALIBRATION CHECK RESULT 2 0.083		
Air Blank	0.000	03:23	CALIBRATION CHECK RESULT 3 0.083		
Cal Check	0.083	03:23	MAXIMUM DEVIATION (MUST BE WITHIN 5%) 3.7%		
Air Blank	0.000	03:24	SPREAD (MUST BE .005 OR LESS) 0.000		

**Pass**

DIAGNOSTIC TEST RESULTS		RFI TEST RESULTS		
Voltage/Current Test	Pass	Test	g/210L	Time
RAM Test	Pass	Air Blank	0.000	03:25
EEPROM Checksum Test	Pass	Subject Test	RFI*	03:25
Real Time Clock Test	Pass	Air Blank	0.000	03:26
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
0	5	3	3	0	15

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).

TESTED AND CERTIFIED

**INSPECTING OFFICER**

SIGNATURE

PO

PRINT NAME

R. KAIGHEN

TYPE II PERMIT NUMBER

210227

EXPIRATION DATE

10/06/2023

TELEPHONE NUMBER

8164828190

# Airgas

Customer Name  
Exclusive Supplier  
Intoximeters, Inc.  
2081 Craig Road  
St. Louis, Mo 63146

Airgas USA LLC (LAB)  
3500 Bernard Street  
St. Louis, Mo. 63103  
Ph: (314) 533-3100  
Fax: (314) 533-7328

Test Date: 13-Apr-2020

## Certificate of Analysis

Lot # AG010103 Model 108caocd

Exp. Date  
10-Apr-2022

Cyl. Type  
108

Component  
Ethanol  
Nitrogen

Certified Concentration  
0.082 ± 0.002 BfAC (223 ppm)  
Balance

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

RGM Serial No.	Concentration
EB0010581	392.1 ppm
EB0010570	259.8 ppm
EB0010285	208.0 ppm
EB0010561	103.6 ppm
EB0010681	52.12 ppm

RGM Serial No.	Concentration
EB0010603	393.0 ppm
EB0010559	258.2 ppm
EB0010595	208.3 ppm
EB0010562	104.2 ppm
EB0010579	52.81 ppm

CRM Serial No.	Concentration
CC434668	800.0 ppm
CC234503	253.0 ppm

CRM Serial No.	Concentration
0056649	390.1 ppm
0056662	150.2 ppm

Analytical Method: NDIR

Digitally signed by Quality Control  
Date: 2020.04.14 13:27:51 -0500  
Location: Airgas USA LLC (LAB)

Approved for Release:

*Rod Marsala*  
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

RYAN KAIGHEN

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 308.111 through 308.119 RSMo.

DATE 10/6/2021

NUMBER 210227

EXPIRES 10/6/2023

MO 300-0771 (6-10)

*Laura A. Wray*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Donald A. Keuning*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES  
LAB-4 (PR-10)

