



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

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 80-005849 | LOCATION OF INSTRUMENT GRAIN VALLEY POLICE | DATE OF INSPECTION 01/25/2022 | TIME OF INSPECTION 09:54 |
|---------------------------------------|---|----------------------------------|-----------------------------|

| CALIBRATION CHECK RESULTS | | | CALIBRATION CHECK SUMMARY | | |
|---------------------------|--------|-------|---------------------------------------|-------------------------------|----------------------------|
| Test | g/210L | Time | STANDARD TYPE | STANDARD LOT# | STANDARD EXPIRATION DATE |
| Air Blank | 0.000 | 09:57 | DRY | AG019902 | 07/17/2022 |
| Cal Check | 0.084 | 09:57 | SIM TEMPERATURE | SIM SERIAL NUMBER | SIM CERTIFICATE EXPIRATION |
| Air Blank | 0.000 | 09:57 | N/A | N/A | N/A |
| Cal Check | 0.083 | 09:58 | STANDARD VALUE | STANDARD SUPPLIER | |
| Air Blank | 0.000 | 09:58 | 0.080 | INTOXIMETERS | |
| Cal Check | 0.083 | 09:59 | CALIBRATION CHECK RESULT 1 | | |
| Air Blank | 0.000 | 09:59 | 0.084 | | |
| Cal Check | 0.083 | 09:59 | CALIBRATION CHECK RESULT 2 | | |
| Air Blank | 0.000 | 09:59 | 0.083 | | |
| Pass | | | CALIBRATION CHECK RESULT 3 | | |
| | | | 0.083 | | |
| | | | MAXIMUM DEVIATION (MUST BE WITHIN 6%) | SPREAD (MUST BE .005 OR LESS) | |
| | | | 5.0% | 0.001 | |

| DIAGNOSTIC TEST RESULTS | | | RFI TEST RESULTS | | |
|-----------------------------|------|--|------------------|--------|-------|
| | | | Test | g/210L | Time |
| Voltage/Current Test | Pass | | Air Blank | RFI* | 09:59 |
| RAM Test | Pass | | Air Blank | 0.000 | 10:00 |
| EEPROM Checksum Test | Pass | | *RFI Detect | | |
| Real Time Clock Test | Pass | | | | |
| DSP Test | Pass | | | | |
| 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 | 0 | 0 | 0 | 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).
MAINTENANCE

| | | |
|---------------------------------------|---------------------------------|--------------------------------|
| INSPECTING OFFICER | | |
| SIGNATURE <i>James W. Beale Sr</i> | PRINT NAME JAMES W. BEALE SR | |
| TYPE II PERMIT NUMBER 210151 | EXPIRATION DATE 08/04/2023 | TELEPHONE NUMBER 8168476250 |



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-Jul-2020

Lot # AG019902 Model 108cacc

| | | | |
|---------------------------------|-------------------------|---|---|
| <u>Exp. Date</u> 17-Jul-2022 | <u>Cyl. Type</u> 108 | <u>Component</u> Ethanol Nitrogen | <u>Certified Concentration</u> 0.080 ± 0.002 BrAC (208 ppm) Balance |
|---------------------------------|-------------------------|---|---|

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: 2020.07.22 16:48:30 -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
JAMES W. BEALE SR

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 8/4/2021

NUMBER 210151

EXPIRES 8/4/2023

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MQ 680-8771 (6-16)

LAB-4 (R6-13)

 **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 **BEALE SR, JAMES**
Permit No **210151**
Date Issued **8/4/2021** Date Expires **8/4/2023**

