



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<br>80-005852 | LOCATION OF INSTRUMENT<br>JOPLIN POLICE DEPT | DATE OF INSPECTION<br>09/14/2022 | TIME OF INSPECTION<br>12:11 |
|---------------------------------------|--|----------------------------------|-----------------------------|

| CALIBRATION CHECK RESULTS |        |       | CALIBRATION CHECK SUMMARY                     |  |  |
|---------------------------|--------|-------|---|--|--|
| Test                      | g/210L | Time  | STANDARD TYPE<br>DRY                          | STANDARD LOT #<br>AG213101             | STANDARD EXPIRATION DATE<br>05/11/2024 |
| Air Blank                 | 0.000  | 12:30 | SIM TEMPERATURE<br>N/A                        | SIM SERIAL NUMBER<br>N/A               | SIM CERTIFICATE EXPIRATION<br>N/A      |
| Cal Check                 | 0.100  | 12:30 | STANDARD VALUE<br>0.100                       | STANDARD SUPPLIER<br>INTOXIMETERS      |  |
| Air Blank                 | 0.000  | 12:31 | CALIBRATION CHECK RESULT 1<br>0.100           |  |  |
| Cal Check                 | 0.100  | 12:31 | CALIBRATION CHECK RESULT 2<br>0.100           |  |  |
| Air Blank                 | 0.000  | 12:31 | CALIBRATION CHECK RESULT 3<br>0.100           |  |  |
| Cal Check                 | 0.100  | 12:32 | MAXIMUM DEVIATION (MUST BE WITHIN 5%)<br>0.0% | SPREAD (MUST BE .005 OR LESS)<br>0.000 |  |
| Air Blank                 | 0.000  | 12:32 | <h1>Pass</h1>                                 |  |  |
| Cal Check                 | 0.100  | 12:32 |   |  |  |
| Air Blank                 | 0.000  | 12:32 |   |  |  |

| DIAGNOSTIC TEST RESULTS     |      |  | RFI TEST RESULTS |        |       |
|-----------------------------|------|--|------------------|--------|-------|
| Voltage/Current Test        | Pass |  | Test             | g/210L | Time  |
| RAM Test                    | Pass |  | Air Blank        | 0.000  | 12:33 |
| EEPROM Checksum Test        | Pass |  | Subject Test     | RFI*   | 12:33 |
| Real Time Clock Test        | Pass |  | Air Blank        | RFI*   | 12:33 |
| DSP Test                    | Pass |  | <h1>Pass</h1>    |        |       |
| Analytical Stability Test   | Pass |  |                  |        |       |
| Modem Test                  | Pass |  |                  |        |       |
| Temperature Regulation Test | Pass |  |                  |        |       |
| <h1>Pass</h1>               |      |  | <h1>Pass</h1>    |        |       |
|                             |      |  |                  |        |       |

| 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     | 2     | 2       | 3 |

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).  
NONE

| INSPECTING OFFICER              |                               |
|---------------------------------|-------------------------------|
| SIGNATURE<br>                   | PRINT NAME<br>MORA, NETISHA   |
| TYPE II PERMIT NUMBER<br>210165 | EXPIRATION DATE<br>08/04/2023 |
| TELEPHONE NUMBER<br>9564011447  |                               |



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:** 11-May-2022

**Lot #** AG213101 **Model** 55

|                                |                        |   |   |
|--------------------------------|------------------------|---|---|
| <b>Exp Date</b><br>11-May-2024 | <b>Cyl. Type</b><br>55 | <b>Component</b><br>Ethanol<br>Nitrogen | <b>Certified Concentration</b><br>0.100 ± 2% BrAC (260 ppm) |
|--------------------------------|------------------------|---|---|

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

| RGM Serial No. | Concentration | RGM Serial No. | Concentration |
|----------------|---------------|----------------|---------------|
| EB0010581      | 391.8 ppm     | EB0010603      | 392.5 ppm     |
| EB0010570      | 259.8 ppm     | EB0010559      | 258.9 ppm     |
| EB0010285      | 209.0 ppm     | EB0010562      | 104.2 ppm     |
| EB0010561      | 103.7 ppm     | EB0010579      | 52.94 ppm     |
| EB0010681      | 52.22 ppm     |                |               |

| CRM Serial No. | Concentration | CRM Serial No. | Concentration |
|----------------|---------------|----------------|---------------|
| CC727481       | 800.0 ppm     | CC727493       | 390.0 ppm     |
| CC727496       | 253.0 ppm     | CC727498       | 150.0 ppm     |

**Analytical Method:** NDIR

Approved for Release:   
Rod Marsala

ISO 17025:2017 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**  
**NETISHA MORA**

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 **210165**

EXPIRES **8/4/2023**

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** MORA, NETISHA  
**Permit No** 210165  
**Date Issued** 8/4/2021    **Date Expires** 8/4/2023

