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By Tracy Crews at 9:03 am, Oct 14, 2022



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 80-005852	LOCATION OF INSTRUMENT JOPLIN POLICE DEPT	DATE OF INSPECTION 10/12/2022	TIME OF INSPECTION 07:12
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CALIBRATION CHECK RESULTS			CALIBRATION CHECK SUMMARY		
Test	g/210L	Time	STANDARD TYPE DRY	STANDARD LOT # AG213101	STANDARD EXPIRATION DATE 05/11/2024
Air Blank	0.000	07:15	SIM TEMPERATURE N/A	SIM SERIAL NUMBER N/A	SIM CERTIFICATE EXPIRATION N/A
Cal Check	0.099	07:15	STANDARD VALUE 0.100	STANDARD SUPPLIER INTOXIMETERS	
Air Blank	0.000	07:15	CALIBRATION CHECK RESULT 1 0.099		
Cal Check	0.099	07:16	CALIBRATION CHECK RESULT 2 0.099		
Air Blank	0.000	07:16	CALIBRATION CHECK RESULT 3 0.099		
Cal Check	0.099	07:17	MAXIMUM DEVIATION (MUST BE WITHIN 5%) 1.0%		
Air Blank	0.000	07:17	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	07:18
EEPROM Checksum Test	Pass		Subject Test	RFI*	07:18
Real Time Clock Test	Pass		Air Blank	0.000	07:18
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	
1	0	2	1	5	5	

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 	PRINT NAME N. MORA		
TYPE II PERMIT NUMBER 210165	EXPIRATION DATE 08/04/2023	TELEPHONE NUMBER 4176233131	



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

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