



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

RECEIVED  
BY: [Name] DATE: 12/10/2022

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 <b>80-006146</b>	LOCATION OF INSTRUMENT <b>BLUE RIVER ACADEMY</b>	DATE OF INSPECTION <b>12/10/2022</b>	TIME OF INSPECTION <b>11:57</b>
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CALIBRATION CHECK RESULTS			CALIBRATION CHECK SUMMARY		
Test	g/210L	Time	STANDARD TYPE	STANDARD LOT #	STANDARD EXPIRATION DATE
Air Blank	0.000	12:03	DRY	AG117305	06/22/2023
Cal Check	0.079	12:03	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	12:04	N/A	N/A	N/A
Cal Check	0.079	12:04	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	12:04	0.080	AIR GAS	
Cal Check	0.079	12:05	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	12:05	0.079		
<b>Pass</b>			CALIBRATION CHECK RESULT 2		
			0.079		
			CALIBRATION CHECK RESULT 3		
			0.079		
			MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .005 OR LESS)	
			1.2%	0.000	

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
			Test	g/210L	Time
Voltage/Current Test	Pass		-----	-----	-----
RAM Test	Pass		Air Blank	0.000	12:06
EEPROM Checksum Test	Pass		Subject Test	RFI*	12:06
Real Time Clock Test	Pass		Air Blank	0.000	12:07
DSP Test	Pass		*RFI Detect		
Analytical Stability Test	Pass				
Modem Test	Pass				
Temperature Regulation Test	Pass				
<b>Pass</b>			<b>Pass</b>		

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

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).  
**APPEARS TO BE FUNCTIONING PROPERLY**

<b>INSPECTING OFFICER</b>		
SIGNATURE 	PRINT NAME <b>KENNETH GIBSON</b>	
TYPE II PERMIT NUMBER <b>210218</b>	EXPIRATION DATE <b>09/16/2023</b>	TELEPHONE NUMBER <b>816-325-7300</b>



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

**Certificate of Analysis**

Test Date: 23-Jun-2021

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

Lot # AG117305 Model 108cadd

<u>Exp. Date</u> 22-Jun-2023	<u>Cyl. Type</u> 108	<u>Component</u> Ethanol Nitrogen	<u>Certified Concentration</u> 0,080 ± 0,002 BrAC (208 ppm) Balance
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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: 2021.06.24 18:10:42 -0500  
 Reason: Dry gas standard certification of analysis  
 Location: Airgas USA LLC (Lab)

Approved for Release: Rod Marsala  
 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

2

**PERMIT**  
**TYPE II**  
**KENNETH GIBSON**

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 9/16/2021

*Laura Q. Day*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 210218

*Donald A. Kamm*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 9/16/2023

MO 580-0771 (6-10)

LAB-4 (R6-10)

 **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 GIBSON, KENNETH  
Permit No 210218  
Date Issued 9/16/2021 Date Expires 9/16/2023

