

RECEIVED

By Tracy Crews at 2:32 pm, Jan 28, 2022



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

SCPD

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 80-006196	LOCATION OF INSTRUMENT KCPD	DATE OF INSPECTION 01/10/2022	TIME OF INSPECTION 04:14
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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	04:15	DRY	14020080A2	07/05/2022
Cal Check	0.083	04:16	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	04:16	N/A	N/A	N/A
Cal Check	0.084	04:16	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	04:17	0.080	INTOXIMETERS	
Cal Check	0.083	04:17	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	04:18	0.083		
Pass			CALIBRATION CHECK RESULT 2		
			0.084		
			CALIBRATION CHECK RESULT 3		
			0.083		
			MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .005 OR LESS)	
			5.0%	0.001	

DIAGNOSTIC TEST RESULTS		RFI TEST RESULTS		
Test	Pass	Test	g/210L	Time
Voltage/Current Test	Pass	Air Blank	0.000	04:18
RAM Test	Pass	Subject Test	RFI*	04:18
EEPROM Checksum Test	Pass	Air Blank	0.000	04:19
Real Time Clock Test	Pass	*RFI Detect		
DSP Test	Pass	Pass		
Analytical Stability Test	Pass			
Modem Test	Pass			
Temperature Regulation Test	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
2	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).

TESTED AND CERTIFIED

INSPECTING OFFICER

SIGNATURE

PRINT NAME

R. KAIGHEN

TYPE II PERMIT NUMBER

210227

EXPIRATION DATE

10/06/2023

TELEPHONE NUMBER

8164828190

Airgas

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

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

Test Date: 13-Apr-2020

Certificate of Analysis

Lot # AG010103 Model 108caod

Exp. Date
10-Apr-2022

CYL Type
108

Component
Ethanol
Nitrogen

Certified Concentration
0.062 ± 0.002 BrAC (223 ppm)
Balance

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

RGM Serial No.	Concentration	RGM Serial No.	Concentration
EB0010581	392.1 ppm	EB0010603	393.0 ppm
EB0010570	289.8 ppm	EB0010599	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
CRM Serial No.	Concentration	CRM Serial No.	Concentration
CC434668	800.0 ppm	0056649	390.1 ppm
CC234503	253.0 ppm	0056682	150.2 ppm

Analytical Method: NDIR

Digitally signed by Quality Control
Reason: My data does not match the
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 306.111 through 306.119 RSMo.

DATE 10/6/2021

NUMBER 210227

EXPIRES 10/6/2023

MO 386-0771 (6-19)

Laura A. Wray

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Donald S. Kamm

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

