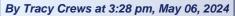
RECEIVED





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	LOCATION OF INSTRUMENT				FINSPECTION		TIME OF INSPECTION
80-005828	WEBB CITY P	D.		05	/06/202	24	13:04
CALIBRATION CHECK RESULTS			CALIBRATION				
Test g/210L			STANDARD TYPE STANDARD LOT # STANDARD EXPIRATION DATE DRY AG3 0 6 5 0 3 / 0 6 / 2 0 2 5				
		Time	DK I SIM TEMPERATURE			ERTIFICATE EXPIRATION	
2' - 22 2-			N/A	N/A	UMBER		/A
Air Blank	0.000	13:06	STANDARD VALUE	STANDARD SU	IPPLIER	14,	/ A
Cal Check Air Blank	0.098	13:06 13:06	0.100		XIMETER	S	
Cal Check	0.000	13:00	CALIBRATION CHECK R	1			
Air Blank	0.000	13:07	0.098				
Cal Check	0.098	13:08	CALIBRATION CHECK RESULT 2				
Air Blank	0.000	13:08	0.098				
			CALIBRATION CHECK R				
					.098		
P	ass		MAXIMUM DEVIATION (N	MUST BE WITHIN !	,		E .005 OR LESS)
			2.0%		0.0	000	
DIAGNOSTIC TEST RESULTS			RFI TEST RESU	JLTS			
Voltage/Current Test Pass			Test		g/210	ΟL	Time
	RAM Test Pass			-			
DDI		Pass	Air Blank		0.000		13:09
11000		Pass	Subject Test		RFI;		13:09
DSP Test Pass		Air Blanl	c	0.00	00	13:10	
Analytical Stability Test Pass			 *RFI Dete	act			
Modem Test Pass Temperature Regulation Test Pass			*Kri Dece	=00			
Temperature K	egulacion les	Labb					
	ass			D	200		
	a 55				ass		
NUMBER OF REFUSALS AND SUBJECT BREATH TESTS IN EACH RANGE SINCE LAST MAINTENANCE REPORT					REPORT		
REFUSALS .000-	4 .0509		.1014	.1519			VER .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							

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).

INSPECTING OFFICER	45、3000年初期出版的	16. 0 以 	
SIGNATURE		PRINT NAME	
0		CHRISTOPHER S	HONK
TYPE II PERMIT NUMBER	EXPIRATION DATE		TELEPHONE NUMBER
230130	06/26/202	25	4176731911



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: 7-Mar-2023

Lot # AG306503 Model 108

Exp Date 6-Mar-2025 Cyl. Type 108 Component Ethanol Nitrogen Certified Concentration 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

Digitally signed by Quality Control Reason Dry gas standard certification of analysis Location Airgas USA LLC (Lab) Date 03.09.2023 20.47

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 || CHRISTOPHER SHONK

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.

Wile Massure

DATE6/26/2023	Mile Massin
DATE	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 230130	Davla I. Nichelson
EXPIRES 6/26/2025	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
	Difference of the Entrans de Maria Control of the C

MD 580-0771 (5-10)

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 all in Missouri.

Operator SHONK, CHRISTOPHER

Permit No 230130 Date Issued 6/26/2023

3 Date Expires 6/26/2025

