RECEIVED

By Tracy Crews at 9:53 am, Aug 09, 2024



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

CMI INTOXILYZER 8000 MAINTENANCE REPORT

INSTRUMENT SERIAL NUMBER	y to Department of Health			DATE OF INS		TIME OF INSPECTION
80-005828	WEBB CITY P.	D.		08/0	6/2024	01:45
CALIBRATION CHECK	RESULTS		CALIBRATION			
			STANDARD TYPE	STANDARD LOT #		NDARD EXPIRATION DATE
Test	g/210L	Time	DRY SIM TEMPERATURE	AG3065		03/06/2025
7		01.47	N/A	SIM SERIAL NUMBE	C. C. C.	CERTIFICATE EXPIRATION $1/A$
Air Blank	0.000	01:47	STANDARD VALUE	STANDARD SUPPLIE		1,77
Cal Check	0.098	01:48	0.100	INTOXI		
Air Blank	0.000	01:48	CALIBRATION CHECK R			
Cal Check Air Blank	0.098	01:48 01:49	STEEDING TO STEED TO	0.098		
Cal Check	0.000	01:49	CALIBRATION CHECK R	CALIBRATION CHECK RESULT 2		
Air Blank	0.000	01:50	0.098			
AII DIGIR	0.000	01.50	CALIBRATION CHECK R	ESULT 3		
_				0.0	99	
_	ass		MAXIMUM DEVIATION (MUST BE WITHIN 5%)	Secure of the second second	BE .005 OR LESS)
	433		2.0%		0.001	
DIAGNOSTIC TEST RESULTS			RFI TEST RESI	ULTS		1
		_				
Voltage/Current Test Pass			Test		g/210L	Time
RAM Test Pass		7 day 77 and			01 50	
EEPROM Checksum Test Pass		Air Blank		0.000 RFI*	01:50 01:51	
Real Time Clock Test Pass DSP Test Pass		Subject '		0.000	01:51	
	tability Most	Pass Pass	AII BIAII	~	0.000	01.31
Analytical Stability Test Pass Modem Test Pass		*RFI Dete	ect		=	
Temperature Regulation Test Pass		"KFI Dete				
Temperacure	Regulación lest	rass				, ·
	ass			Da	SS	
	a33			Га	33	
	S AND SUBJECT BREA	TH TESTS IN	EACH RANGE S	INCE LAST MA	INTENANCI	EREPORT
				1		21.55 12
REFUSALS .00-	04 .0509	0	.1014	.1519	0	OVER .19

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		
SIGNATURE	PRINT NAME CHRIST	OPHER SHONK
TYPE II PERMIT NUMBER? 230130	06/26/2025	TELEPHONE NUMBER 4176731911
MO 580-2901 (6-10)	AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTIO	ON EMPLOYER



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 EB0010562	258.9 ppm 104.2 ppm
EB0010285	209.0 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	Mike / bssm		
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY		
NUMBER 230130	Daven J. Nichelson		
EXPIRES 6/26/2025	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES		
	Billion of Bernard of New York		

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

