



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 80-005835	LOCATION OF INSTRUMENT IPD DETENTION	DATE OF INSPECTION 08/09/2024	TIME OF INSPECTION 17:25
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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	17:22	REF	AG306503	03/06/2025
Cal Check	0.099	17:22	TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	17:22	N/A	N/A	N/A
Cal Check	0.098	17:22	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	17:22	0.100	INTOXIMETERS, INC	
Cal Check	0.099	17:22	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	17:22	0.099		
Cal Check	0.099	17:22	CALIBRATION CHECK RESULT 2		
Air Blank	0.000	17:22	0.098		
Cal Check	0.099	17:22	CALIBRATION CHECK RESULT 3		
Air Blank	0.000	17:22	0.099		
			MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .005 OR LESS)	
			2.0%	0.001	

Pass

RECEIVED
By Tracy Crews at 8:40 am, Aug 15, 2024

DIAGNOSTIC TEST RESULTS		RFI TEST RESULTS		
Test	Pass	Test	g/210L	Time
Voltage/Current Test	Pass	Air Blank	0.000	17:30
RAM Test	Pass	Subject Test	RFI*	17:30
EEPROM Checksum Test	Pass	Air Blank	0.000	17:31
Real Time Clock Test	Pass	*RFI Detect		
DSP Test	Pass			
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		
0	3	3	0	3			

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).

INSTRUMENT OPERATED WITHIN STATE STANDARDS

INSPECTING OFFICER			
SIGNATURE <i>Ron Baltzer #1460</i>		PRINT NAME RON BALTZER	
TYPE II PERMIT NUMBER 230132	EXPIRATION DATE 07/06/2025	TELEPHONE NUMBER 816-325-7300	

RECEIVED
By Tracy Crews at 8:40 am, Aug 15, 2024



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	Cyl. Type	Component	Certified Concentration
6-Mar-2025	108	Ethanol Nitrogen	0.100 ± 2% BrAC (260 ppm)

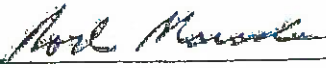
Certification Traceable to N.I.S.T. RGM and to CRM Ethanol Standards:

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

2

PERMIT
TYPE II
RON BALTZER

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 7/6/2023

Mike Masoma

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 230132

David E. Nicholson

EXPIRES 7/6/2025

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 BALTZER, RON
 Permit No 230132
 Date Issued 7/6/2023 Date Expires 7/6/2025

