



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 DATE OF INSPECTION TIME OF INSPECTION 80-005835 IPD DETENTION 11/14/2024 16:47 CALIBRATION CHECK SUMMARY **CALIBRATION CHECK RESULTS** STANDARD EXPIRATION DATE STANDARD LOT# STANDARD TYPE 03/06/2025 DRY AG306503 Test q/210L Time SIM TEMPERATURE SIM SERIAL NUMBER SIM CERTIFICATE EXPIRATION N/A N/AN/AAir Blank 16:48 0.000 STANDARD VALUE STANDARD SUPPLIER Cal Check 0.100 16:49 0.100 INTOXIMETERS, INC Air Blank 0,000 16:49 CALIBRATION CHECK RESULT 1 Cal Check 0.100 16:50 0.100 Air Blank 0.000 16:50 CALIBRATION CHECK RESULT 2 Cal Check 0.100 16:50 0.100 Air Blank 0.000 16:51 CALIBRATION CHECK RESULT 3 0.100 ass MAXIMUM DEVIATION (MUST BE WITHIN 5%) SPREAD (MUST BE .005 OR LESS) 0.0% 0.000 DIAGNOSTIC TEST RESULTS RFI TEST RESULTS Voltage/Current Test Time g/210L Pass Test RAM Test Pass EEPROM Checksum Test Air Blank 0.000 16:51 Pass RFI* 16:52 Real Time Clock Test Subject Test Pass Air Blank 0.000 16:52 DSP Test Pass Analytical Stability Test Pass Modem Test Pass *RFI Detect Temperature Regulation Test Pass Pass ass NUMBER OF REFUSALS AND SUBJECT BREATH TESTS IN EACH RANGE SINCE LAST MAINTENANCE REPORT REFUSALS .10-.14 .05-.09 0 4 2 3 5 6

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 (),	IL I.A. F	PRINT NAME		
MKm BXZ	TH 1960	RON BALTZER		
TYPE II PERMIT NUMBER	EXPIRATION DATE		TELEPHONE NUMBER	
230132	07/06/202	5	816-325-7300	
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Airgas USA LLC (LAB) 3500 Bernard Street St. Louis, Mo. 83103 Ph: (314) 533-3100 Fax: (314) 533-7328

Certificate of Analysis

Test Date: 7-Mar-2023

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

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:

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No.

RGM Serial No.	Concentration
EB0010603	392.5 ppm
EB0010559	258,9 ppm
EB0010562	104.2 ppm 52.94 ppm
EB0010579	OZ.34 ppm

CRM Serial
CC727481
CC727496

Concentration 800,0 ppm 253.0 ppm

CRM Serial No. CC727493 CC727498

Concentration 390.0 ppm 150.0 ppm

Analytical Method: NDIR

Objitally should by: Quality Control
Reason: Pry gas standard cartification of analysis
Localion: Argas USA LLG (Lab)
Octo0.69.2023 28:47

Approved for Release:

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 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. Mike Mason DATE $\frac{7/6}{2023}$ DIRECTOR OF STATE PUBLIC HEALTH LABORATORY NUMBER 230132 Daven I. nichelson EXPIRES 7/6/2025 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES LAB-4 (R6-10)

MO 580-0771 (6-10)



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.

BALTZER, RON

Permit No 230132

Date Expires 7/6/2025 Date Issued 7/6/2023

