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By Tracy Crews at 11:23 am, Dec 29, 2024



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 80-005848	LOCATION OF INSTRUMENT JASPER COUNTY SAT	DATE OF INSPECTION 12/28/2024	TIME OF INSPECTION 12:01
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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	12:03	DRY	AG321504	08/03/2025
Cal Check	0.080	12:03	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	12:04	N/A	N/A	N/A
Cal Check	0.080	12:04	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	12:05	0.080	INTOXIMETERS	
Cal Check	0.080	12:05	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	12:06	0.080		
Cal Check	0.080	12:05	CALIBRATION CHECK RESULT 2		
Air Blank	0.000	12:06	0.080		
Cal Check	0.080	12:05	CALIBRATION CHECK RESULT 3		
Air Blank	0.000	12:06	0.080		
Pass			MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .005 OR LESS)	
			0.0%	0.000	

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
			Test	g/210L	Time
Voltage/Current Test	Pass		Air Blank	0.000	12:06
RAM Test	Pass		Subject Test	RFI*	12:06
EEPROM Checksum Test	Pass		Air Blank	0.000	12:07
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	0	0	0	0	1

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 <i>Det. Christopher Calvin #249</i>	PRINT NAME CHRISTOPHER CALVIN
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TYPE II PERMIT NUMBER 240042	EXPIRATION DATE 02/08/2026	TELEPHONE NUMBER 4173588177
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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: 10-Aug-2023

Lot # AG321504 **Model** 108

Exp Date 3-Aug-2025	Cyl. Type 108	Component Ethanol Nitrogen	Certified Concentration 0.080 ± 0.002 BrAC (208.4 ppm)
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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

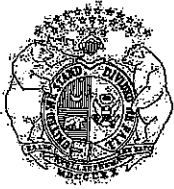
Analytical Method: NDIR

Digitally signed by:Quality Control
 Reason:Dry gas standard certification of analysis
 Location:Airgas USA LLC (Lab)
 Date:08.10.2023 13:35

Approved for Release: _____

Yusef Woods

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**

CHRISTOPHER CALVIN

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 2/8/2024

Mike Mazzoni

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 240042

Paula J. Nielson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 2/8/2026

MO-589-9771(6-10)

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 air in Missouri.

Operator CALVIN, CHRISTOPHER
Permit No 240042
Date Issued 2/8/2024 Date Expires 2/8/2026

