

MISSOURI DEPARTMENT OF HEALTH AND S STATE PUBLIC HEALTH LABORATORY

By Tracy Crews at 12:19 pm, Aug 09, 2024

CMI INTOXILYZER 8000 MAINTENANCE REPORT

Complete this report in d repaired. Send one copy	uplicate at the time of the to Department of Health	regular month and Senior Se	nly preventive mai ervices, and retain	ntenance c	heck, and wh	nenever in	strument is
INSTRUMENT SERIAL NUMBER 80-005852	DATE OF INSPECTION TIME OF INSPECTION						
80-005852 JOPLIN POLICE DEPT CALIBRATION CHECK RESULTS			08/05/2024 00:28 CALIBRATION CHECK SUMMARY				
Пось	/04.0-		STANDARD TYPE	STANDARD L	OT#		XPIRATION DATE
Test	g/210L	Time	DRY SIM TEMPERATURE	AG4 Z	0602		4/2026
Air Blank	0.000	00:29	N/A	N/A	IOMBEN	N/A	ATE EXPIRATION
Cal Check Air Blank	0.099	00:30	STANDARD VALUE 0.100	The second second second second	ndard supplier INTOXIMETERS		
Cal Check	0.100	00:30	CALIBRATION CHECK RESULT 1				
Air Blank	0.000	00:31		0.099 ALIBRATION CHECK RESULT 2 0.100			
Cal Check Air Blank	0.100	00:31 00:32	CALIBRATION CHECK R				
THE DEATH	0.000	00:32	CALIBRATION CHECK RI		7.100		
	000				100		
	ass		MAXIMUM DEVIATION (N	MUST BE WITHIN	5%) SPREAD (N	MUST BE .005 C	OR LESS)
DIAGNOSTIC TEST RES	ULTS		RFI TEST RESU	JLTS			
Voltago/Curro	nt Most	D	m - 1		/		
Voltage/Current Test Pass RAM Test Pass			Test g/		g/210	L 	Time
EEPROM Checksum Test Pass					0.00	0	00:32
Real Time Clock Test Pass DSP Test Pass			Subject Test RFI* 00			00:33	
Analytical Stability Test Pass			Air Blank	2	0.00	0	00:33
Modem Test		Pass	*RFI Dete	ect			
Temperature R	egulation Test	Pass	2				
	e a	d					
P	ass			D	ass		
NUMBER OF REFUSALS REFUSALS .0004	AND SUBJECT BREAT 4 .0509	'H TESTS IN E	ACH RANGE SII	NCE LAST	MAINTENA	OVER .19	
0	1	1	4		1	3,511.10	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). Time-Date changed.							
INSPECTING OFFICER						ca music se su co	MOREOUS INCOME.
SIGNATURE		PRIN	NT NAME				
		l I	HINKLE				
TYPE IL PERMIT NUMBER	EXPIRATION			TELEP	HONE NUMBER		
230262		/24/2025			1762331	3 1	
		L OPPORTUNITY/AFF ervices provided on a r	IRMATIVE ACTION EMPLO iondiscriminatory basis	YER			LAB-167



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: 24-Jul-2024

Lot # AG420602 Model 55

Exp Date

Cyl. Type

Component

Certified Concentration

24-Jul-2026

Ethanol

0.100 ± 2% BrAC (260 ppm)

Nitrogen

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

RGM Serial No. Concentration EB0010581 391.8 ppm EB0010570 259.8 ppm EB0010285 209.0 ppm EB0010561 103.7 ppm EB0010681 52.22 ppm

RGM Serial No. Concentration EB0010603 392.5 ppm EB0010559 258.9 ppm EB0010562 104.2 ppm EB0010579 52.94 ppm

CRM Serial No. CC727481

Concentration 799.4 ppm

CRM Serial No. CC727493

Concentration

CC727496

253.4 ppm

CC727498

389.8 ppm 150.2 ppm

Analytical Method: NDIR

Digitally signed by:Quality Control Reason:Dry gas standard certification of analysis Location:Airgas USA LLC (Lab) Date:07.25.2024 20:20

Approved for Release:

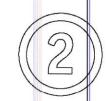
Yusef Woods

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

HAYDEN HINKLE

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

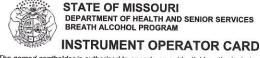
for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo. MA 1

INA

DATE11/24/2023	Wike Wassin
NUMBER 230262	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
EXPIRES 11/24/2025	Davla J. Nichelson
10 000 0000 (0.45)	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)



The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired at in Missouri.

Operator HINKLE, HAYDEN **Permit No** 230262

Date Issued 11/24/2023

Date Expires 11/24/2025

