

#### 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	<u> </u>	· I	DATE OF INSPECTION	<b>I</b>	OF INSPECTION
80-005852	JOPLIN POLIC	CE DEPT	<u> </u>	10/06/20	24	8:04
CALIBRATION CHECK F	RESULTS			CHECK SUMMARY	LOTANDADDE	XPIRATION DATE
		1	STANDARD TYPE  DRY	AG420602	1 -	4/2026
Test	g/210L	Time	SIM TEMPERATURE	SIM SERIAL NUMBER	1	ATE EXPIRATION
			N/A	N/A	N/A	, L
Air Blank	0.000	18:08	STANDARD VALUE	STANDARD SUPPLIER	117711	<u> </u>
Cal Check	0.100	18:09	0.100	INTOXIMETE	RS	
Air Blank	0.000	18:09 18:09	CALIBRATION CHECK RE	4 77 1		
Cal Check	0.101	18:10		0.100		
Air Blank	0.000	18:10	CALIBRATION CHECK RE	SULT 2	· · · · · ·	1
Cal Check	1 .	18:11		0.101		• •
Air Blank	0.000	10.11	CALIBRATION CHECK RE			·
	1			0.100		
D	200		MAXIMUM DEVIATION (M	IUST BE WITHIN 5%) SPREA	MUST BE .005	OR LESS)
	ass	•	<b>"</b> 1.0%	. 0.	.001	
DIAGNOSTIC TEST RES	the state of the s		RFI TEST RESU	ILTS		
DIAGNOSTIO TEST TIES	OL 10					
Voltage/Curre	nt Test	Pass	Test	g/21	OL	Time
RAM Test	110, 1000	Pass				<del>+</del>
EEPROM Checks	um Test	Pass	Air Blank	RF1	*	18:11
Real Time Clo		Pass	Air Blan		000	18:11
DSP Test	CIL TODE	Pass				
Analytical St	ability Test	Pass	*RFI Dete	ect		
Modem Test	;	Pass				'
	egulation Tes			*		
Temberacare M	egutation for	<u> </u>	,			
			-			
			Ì	Dace	<b>C</b>	
	ass	• ,		Pas	<b>3</b>	
AUGUSTED OF DEFUGAL	AND CUP IECT BREA	TH TESTS IN	EACH BANGE SI	NCE LAST MAINTEN	IANCE RE	PORT
REFUSALS		KIN IESISIN	1014	.1519	OVER.	19 ,
0	0	0	, 0	0		0
List any new parts and de	ísariba any altaration ar	modification the	at was made to re	store the instrument to	operate s	atisfactorily
and within established lin	ste fued other side if ner	modification in	at was made to re	3(0)0 ()0 ()0 ()0 ()0 ()0 ()0 ()0 ()0 ()0	- opo	
and Minini established in	inta (dae offici alde il not	,000a, y,.		•		
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
		•				
			*			
<b>P</b> ,		•	•	*,		
7.				•		

INSPECTING OFFICER		PRINT NAME			
	A STATE OF THE STA	KENNETH	ANDER	SEN	
TYPE PERMIT NUMBER	EXPIRATION DATE			TELEPHONE NUMBER	
230317	12/21/202	5		4176233131	



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: 29-Jun-2023

Lot # AG318003 Model 55

Exp Date

Cyl. Type

Component

**Certified Concentration** 

29-Jun-2025

55

Ethanol Nitrogen 0.100 ± 2% BrAC (260 ppm)

101 U.100 ± 2% BrAC (260 pp

#### 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 CC727496 800.0 ppm 253.0 ppm CC727493 CC727498 390.0 ppm 150.0 ppm

Analytical Method: NDIR

Digitally signed by:Quality Control Reason:Dry gas standard certification of analysis Location:Airgas USA LLC (Lab) Data:06.29.2023 17:50

Approved for Release:

Rod Marsal:

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

## KENNETH ANDERSEN

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.

MATE:	12/21/2023	Mile Harran
	· · · · · · · · · · · · · · · · · · ·	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER	230317	Daula I. nichoelson
EXPIRES 12/21/2025	Toures . I persone	
		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 air in Missouri.

Operator ANDERSEN, KENNETH

ermit No 230317

Date Issued 12/21/2023 Date Expires 12/21/2025

