## **RECEIVED**

By Tracy Crews at 10:05 am, May 06, 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.

	LOCATION OF MOTOLINE	-		0.70	T11000000000		
INSTRUMENT SERIAL NUMBER 80-005855	LOCATION OF INSTRUMEN		05/05/2024 TIME OF INSPECTION 08:35				
				70.33			
CALIBRATION CHECK	RESULTS		STANDARD TYPE	STANDARD L		OTANDADDA	CVOIDATION DATE
	/		DRY	1	2301		EXPIRATION DATE
Test	g/210L	Time	SIM TEMPERATURE	SIM SERIAL N			CATE EXPIRATION
			N/A	N/A	IOMBER	N/A	CATE EXPIRATION
Air Blank	0.000	08:46	STANDARD VALUE	STANDARD S	LIDOLIED	IV/A	
Cal Check	0.099	08:46	0.100		XIMETER	c	
Air Blank	0.000	08:47			XIMETER	.5	
Cal Check	0.098	08:47	CALIBRATION CHECK RESULT 1				
Air Blank	0.000	08:48	0.099				
Cal Check	0.099	08:48	CALIBRATION CHECK R		0.098		
Air Blank	0.000	08:49	CALIBRATION CHECK R		7.038		
_			CALIBRATION CHECK R		0.099		
18	1200		MAXIMUM DEVIATION (N	MUST BE WITHIN	5%) SPREAD (N	AUST BE .005	OR LESS)
	ass		2.0%		0.0	01	•
DIAGNOSTIC TEST RE	SULTS		RFI TEST RESI	JLTS			
Voltage/Current Test Pass		   Test		g/210	IT.	Time	
		Pass	1650		9/210		111116
EEPROM Checksum Test Pass		Air Blank 0.000		08:49			
			Subject Test RFI*				
				I'ACT	*T#G		08.49
DSP Test	JOIL TODO	Pass					08:49
DSP Test		Pass	Air Blan		0.00		08:49 08:50
Analytical St		Pass t Pass	Air Blan	ς.			
Analytical St Modem Test	tability Tes	Pass t Pass Pass		ς.			
Analytical St	tability Tes	Pass t Pass Pass	Air Blan	ς.			
Analytical St Modem Test Temperature B	tability Tes	Pass t Pass Pass	Air Blan	ect	0.00	0	
Analytical St Modem Test Temperature B	tability Tes	Pass t Pass Pass	Air Blan	ect	0.00	0	
Analytical St Modem Test Temperature F	tability Tes Regulation T	Pass t Pass Pass est Pass	Air Blank	ect P	ass	0	08:50
Analytical St Modem Test Temperature B	tability Tes Regulation T  ASS S AND SUBJECT B	Pass t Pass Pass est Pass	Air Blank	ect P	ass	0	08:50

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).

APRIL 2024 MAINT

INSPECTING OFFICER				
SIGNATURE/		PRINT NAME		
Molla		RANSOME		
TYPE II PERMIT NUMBER	EXPIRATION DATE	-	TELEPHONE NUMBER	
220138	05/11/20	24	4172377200	



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:** 16-Aug-2022

Lot # AG222301 Model 108

Exp Date 11-Aug-2024 Cyl. Type 108 Component

**Certified Concentration** 

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		<b>RGM Serial No.</b>	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. CC727481 CC727496

Concentration 800.0 ppm 253.0 ppm CRM Serial No. CC727493 CC727498

Concentration 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) Date:08.18.2022 21:07

Approved for Release:

Rod Marsola

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 JACCOB RANSOME

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

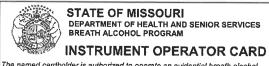
## **INTOXILYZER 8000**

577.020 through 577.041, RSMo and 306.111 through 306	a sample of expired air. Permit issued under the provisions of sections 3.119 RSMo.
DATE5/11/2022	Laura & Day
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER <b>220138</b>	
EXPIRES 5/11/2024	Davla J. Nichelson

MO 580-0771 (6-10)

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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 RANSOME, JACCOB Permit No 220138

Date Issued 5/11/2022

Date Expires 5/11/2024

