



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
STATE PUBLIC HEALTH LABORATORY  
**CMI INTOXILYZER 8000 MAINTENANCE REPORT**

RECEIVED  
BY: [Name] CHECKED AT: [Time]

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 80-005855	LOCATION OF INSTRUMENT CARTHAGE PD	DATE OF INSPECTION 09/01/2024	TIME OF INSPECTION 06:23
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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	06:24	DRY	AG417101	06/19/2026
Cal Check	0.101	06:24	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	06:25	N/A	N/A	N/A
Cal Check	0.099	06:25	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	06:26	0.100	INTOXIMETERS	
Cal Check	0.101	06:26	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	06:27	0.101		
<b>Pass</b>			CALIBRATION CHECK RESULT 2		
			0.099		
			CALIBRATION CHECK RESULT 3		
			0.101		
			MAXIMUM DEVIATION (MUST BE WITHIN 5%)		SPREAD (MUST BE .005 OR LESS)
			1.0%		0.002

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
Voltage/Current Test	Pass		Test	g/210L	Time
RAM Test	Pass		Air Blank	0.000	06:27
EEPROM Checksum Test	Pass		Subject Test	RFI*	06:27
Real Time Clock Test	Pass		Air Blank	0.000	06:28
DSP Test	Pass		*RFI Detect		
Analytical Stability Test	Pass		<b>Pass</b>		
Modem Test	Pass				
Temperature Regulation Test	Pass				
<b>Pass</b>					

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	1	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).

AUGUST MAINTENANCE

**INSPECTING OFFICER**

SIGNATURE 	PRINT NAME BRADY LUCE	
TYPE II PERMIT NUMBER 240106	EXPIRATION DATE 05/14/2026	TELEPHONE NUMBER 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:** 20-Jun-2024

**Lot #** AG417101 **Model** 108

<b>Exp Date</b>	<b>Cyl. Type</b>	<b>Component</b>	<b>Certified Concentration</b>
19-Jun-2026	108	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	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	799.4 ppm	CC727493	389.8 ppm
CC727496	253.4 ppm	CC727498	150.2 ppm

**Analytical Method:** NDIR

Digitally signed by:Quality Control  
 Reason:Dry gas standard certification of analysis  
 Location:Airgas USA LLC (Lab)  
 Date:06.21.2024 07:18

**Approved for Release:** \_\_\_\_\_  
 Yusef Woods

**ISO 17025:2017 A2LA accredited. Certificate Number 3082.06**  
**ISO 17034:2016 A2LA accredited. Certificate Number 3082.07**