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By Tracy Crews at 8:53 am, Oct 07, 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 80-005855	LOCATION OF INSTRUMENT CARTHAGE PD	DATE OF INSPECTION 10/05/2024	TIME OF INSPECTION 14:03
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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	14:04	DRY	AG417101	06/19/2026
Cal Check	0.101	14:05	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	14:05	N/A	N/A	N/A
Cal Check	0.100	14:06	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	14:06	0.100	INTOXIMETERS	
Cal Check	0.101	14:06	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	14:06	0.101		
Cal Check	0.101	14:06	CALIBRATION CHECK RESULT 2		
Air Blank	0.000	14:07	0.100		
<b>Pass</b>			CALIBRATION CHECK RESULT 3		
			0.101		
			MAXIMUM DEVIATION (MUST BE WITHIN 5%)		SPREAD (MUST BE .005 OR LESS)
			1.0%		0.001

DIAGNOSTIC TEST RESULTS		RFI TEST RESULTS	
Test	Pass	Test	g/210L
Voltage/Current Test	Pass		
RAM Test	Pass		
EEPROM Checksum Test	Pass	Air Blank	0.000
Real Time Clock Test	Pass	Subject Test	RFI*
DSP Test	Pass	Air Blank	0.000
Analytical Stability Test	Pass	<b>Pass</b>	
Modem Test	Pass		
Temperature Regulation Test	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	0	0	0

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).

SEPTEMBER 2024 MAINT

INSPECTING OFFICER

SIGNATURE 	PRINT NAME RANSOME
TYPE II PERMIT NUMBER 240138	EXPIRATION DATE 06/14/2026
	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> 19-Jun-2026	<b>Cyl. Type</b> 108	<b>Component</b> Ethanol Nitrogen	<b>Certified Concentration</b> 0.100 ± 2% BrAC (260 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	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**



STATE OF MISSOURI  
 DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 BREATH ALCOHOL PROGRAM

2

**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**

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 6/14/2024

NUMBER 240138

EXPIRES 6/14/2026

*Mike Massman*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*David J. Nielson*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (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** RANSOME, JACCOB  
**Permit No** 240138  
**Date Issued** 6/14/2024 **Date Expires** 6/14/2026

