



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 TIME OF INSPECTION DATE OF INSPECTION 80-006195 CARTHAGE POLICE DEPT 07/20/2024 07:14 **CALIBRATION CHECK RESULTS** CALIBRATION CHECK SUMMARY STANDARD LOT # STANDARD EXPIRATION DATE STANDARD TYPE DRY AG222301 08/11/2024 Test g/210L Time SIM TEMPERATURE SIM SERIAL NUMBER SIM CERTIFICATE EXPIRATION N/AN/A N/AAir Blank 07:15 0.000 STANDARD VALUE STANDARD SUPPLIER Cal Check 0.100 07:15 0.100 INTOXIMETERS Air Blank 0.000 07:16 CALIBRATION CHECK RESULT 1 Cal Check 0.100 07:16 0.100 Air Blank 0.000 07:17 CALIBRATION CHECK RESULT 2 Cal Check 0.101 07:17 0.100 Air Blank 0.000 07:17 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** Voltage/Current Test Pass Test q/210L Time RAM Test Pass EEPROM Checksum Test Air Blank Pass 0.000 07:18 Real Time Clock Test Pass Subject Test RFI* 07:18 DSP Test Air Blank Pass 0.000 07:19 Analytical Stability Test Pass Modem Test Pass *RFI Detect Temperature Regulation Test Pass ass NUMBER OF REFUSALS AND SUBJECT BREATH TESTS IN EACH RANGE SINCE LAST MAINTENANCE REPORT REFUSALS .10-.14 0 0 0 1 1 1 List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily

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).

JUNE 2024 MAINTENANCE

INSPECTING OFFICER					
SIGNATURE		PRINT NAME			
Brudy Jan	_	BRADY L	LUCE		
TYPE II PERMIT NUMBER	EXPIRATION DATE			TELEPHONE NUMBER	
240106	05/14/2026			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 **RGM Serial No.** Concentration 392.5 ppm EB0010581 391.8 ppm EB0010603 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
 800.0 ppm
 CC727493
 390.0 ppm

 CC727496
 253.0 ppm
 CC727498
 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 Marsala

Rose 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 BRADY LUCE

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 san 577.020 through 577.041, RSMo and 306.111 through 306.119	mple of expired air. Permit issued under the provisions of sections RSMo. M. Me. Massuu			
DATE5/14/2024	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY			
NUMBER 240106	Davla J. Nichelson			
EXPIRES 5/14/2026	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 LUCE, BRADY

Permit No 240106

Date Issued 5/14/2024 Date Expires 5/14/2026

