



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

RECEIVED
BY: [Name] ON: 08/31/2024

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 80-006195	LOCATION OF INSTRUMENT CARTHAGE POLICE DEPT	DATE OF INSPECTION 08/31/2024	TIME OF INSPECTION 19:08
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CALIBRATION CHECK RESULTS			CALIBRATION CHECK SUMMARY		
Test	g/210L	Time	STANDARD TYPE	STANDARD LOT #	STANDARD EXPIRATION DATE
-----	-----	-----	DRY	AG417101	06/19/2026
Air Blank	0.000	19:10	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Cal Check	0.102	19:10	N/A	N/A	N/A
Air Blank	0.000	19:11	STANDARD VALUE	STANDARD SUPPLIER	
Cal Check	0.103	19:11	0.100	INTOXIMETERS	
Air Blank	0.000	19:12	CALIBRATION CHECK RESULT 1		
Cal Check	0.103	19:12	0.102		
Air Blank	0.000	19:12	CALIBRATION CHECK RESULT 2		
Cal Check	0.103	19:12	0.103		
Air Blank	0.000	19:12	CALIBRATION CHECK RESULT 3		
Pass			MAXIMUM DEVIATION (MUST BE WITHIN 5%)		SPREAD (MUST BE .005 OR LESS)
			3.0%		0.001

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
			Test	g/210L	Time
Voltage/Current Test	Pass		-----	-----	-----
RAM Test	Pass		Air Blank	0.000	19:13
EEPROM Checksum Test	Pass		Subject Test	RFI*	19:13
Real Time Clock Test	Pass		Air Blank	0.000	19:14
DSP Test	Pass		*RFI Detect		
Analytical Stability Test	Pass		Pass		
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	1	1	0	4	4		

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).
JULY/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

Exp Date 19-Jun-2026	Cyl. Type 108	Component Ethanol Nitrogen	Certified Concentration 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