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	DATE OF INSPECTION	TIME OF INSPECTION
80-005827	ORONOGO POLICE DEPT	01/01/2025	21:33

CALIBRATION CHECK RESULTS

Test	g/210L	Time
Air Blank	0.000	21:34
Cal Check	0.080	21:35
Air Blank	0.000	21:35
Cal Check	0.081	21:35
Air Blank	0.000	21:36
Cal Check	0.081	21:36
Air Blank	0.000	21:37

Pass

CALIBRATION CHECK SUMMARY

STANDARD TYPE	STANDARD LOT #	STANDARD EXPIRATION DATE
DRY	AG326805	09/25/2025

SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
N/A	N/A	N/A

STANDARD VALUE	STANDARD SUPPLIER
0.080	AIRGAS

CALIBRATION CHECK RESULT 1: 0.080

CALIBRATION CHECK RESULT 2: 0.081

CALIBRATION CHECK RESULT 3: 0.081

MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .005 OR LESS)
1.2%	0.001

DIAGNOSTIC TEST RESULTS

Voltage/Current Test	Pass
RAM Test	Pass
EEPROM Checksum Test	Pass
Real Time Clock Test	Pass
DSP Test	Pass
Analytical Stability Test	Pass
Modem Test	Pass
Temperature Regulation Test	Pass

Pass

RFI TEST RESULTS

Test	g/210L	Time
Air Blank	0.000	21:37
Subject Test	RFI*	21:38
Air Blank	0.000	21:38

*RFI Detect

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

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).

INSPECTING OFFICER

SIGNATURE	PRINT NAME
	CHRISTOPHER SHONK

TYPE II PERMIT NUMBER	EXPIRATION DATE	TELEPHONE NUMBER
230130	06/26/2025	4176731911

MO 580-2001 (6-10)

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER
services provided on a nondiscriminatory basis

LAB-187

CamScanner

Airgas

Certificate of Analysis

Customer Name
Exclusive Supplier
Intoximeters, Inc.
2081 Craig Road
St. Louis, Mo 63146

Test Date: 27-Sep-2023

Lot # AG326805   **Model** 108

Exp Date	Cyl. Type	Component	Certified Concentration
25-Sep-2025	108	Ethanol	0.080 ± 0.002 BrAC (208 ppm)
		Nitrogen	

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	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:09.28.2023 17:18

Approved for Release: _____

Yusef Woods

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

PERMIT
TYPE II

CHRISTOPHER SHONK

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

ALCO-SENSOR IV WITH PRINTER, 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 **6/26/2023**

Mike Massman
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER **230130**

EXPIRES **6/26/2025**

Paula J. Nicholson
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 SHONK, CHRISTOPHER
Permit No 230130
Date Issued 6/26/2023   **Date Expires** 6/26/2025