



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

**RECEIVED**

By Tracy Crews at 8:04 am, Mar 04, 2025

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<br>80-005827 | LOCATION OF INSTRUMENT<br>ORONOGO POLICE DEPT | DATE OF INSPECTION<br>03/04/2025 | TIME OF INSPECTION<br>04:43 |
|---------------------------------------|---|----------------------------------|-----------------------------|

| CALIBRATION CHECK RESULTS |        |       | CALIBRATION CHECK SUMMARY             |                               |                            |
|---------------------------|--------|-------|---------------------------------------|-------------------------------|----------------------------|
| Test                      | g/210L | Time  | STANDARD TYPE                         | STANDARD LOT #                | STANDARD EXPIRATION DATE   |
| Air Blank                 | 0.000  | 04:44 | DRY                                   | AG326805                      | 09/25/2025                 |
| Cal Check                 | 0.079  | 04:44 | SIM TEMPERATURE                       | SIM SERIAL NUMBER             | SIM CERTIFICATE EXPIRATION |
| Air Blank                 | 0.000  | 04:45 | N/A                                   | N/A                           | N/A                        |
| Cal Check                 | 0.079  | 04:45 | STANDARD VALUE                        | STANDARD SUPPLIER             |                            |
| Air Blank                 | 0.000  | 04:46 | 0.080                                 | AIRGAS                        |                            |
| Cal Check                 | 0.081  | 04:46 | CALIBRATION CHECK RESULT 1            |                               |                            |
| Air Blank                 | 0.000  | 04:47 | 0.079                                 |                               |                            |
| <b>Pass</b>               |        |       | CALIBRATION CHECK RESULT 2            |                               |                            |
|                           |        |       | 0.079                                 |                               |                            |
|                           |        |       | CALIBRATION CHECK RESULT 3            |                               |                            |
|                           |        |       | 0.081                                 |                               |                            |
|                           |        |       | MAXIMUM DEVIATION (MUST BE WITHIN 5%) | SPREAD (MUST BE .005 OR LESS) |                            |
|                           |        |       | 1.2%                                  | 0.002                         |                            |

| DIAGNOSTIC TEST RESULTS     |      |  | RFI TEST RESULTS |        |       |
|-----------------------------|------|--|------------------|--------|-------|
| Voltage/Current Test        | Pass |  | Test             | g/210L | Time  |
| RAM Test                    | Pass |  | Air Blank        | 0.000  | 04:47 |
| EEPROM Checksum Test        | Pass |  | Subject Test     | RFI*   | 04:48 |
| Real Time Clock Test        | Pass |  | Air Blank        | 0.000  | 04:48 |
| DSP Test                    | Pass |  | *RFI Detect      |        |       |
| 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 |

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<br>                   | PRINT NAME<br>CHRISTOPHER SHONK |                                |
| TYPE II PERMIT NUMBER<br>230130 | EXPIRATION DATE<br>06/26/2025   | TELEPHONE NUMBER<br>4176731911 |



**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:** 27-Sep-2023

**Lot #** AG326805 **Model** 108

|                                |                         |   |  |
|--------------------------------|-------------------------|---|--|
| <b>Exp Date</b><br>25-Sep-2025 | <b>Cyl. Type</b><br>108 | <b>Component</b><br>Ethanol<br>Nitrogen | <b>Certified Concentration</b><br>0.080 ± 0.002 BrAC (208 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       | 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

**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**  
**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

NUMBER 230130

EXPIRES 6/26/2025

MO 580-0771 (6-10)

*Mike Mason*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Paula J. Nicholson*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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

