

#### MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

### CMI INTOXILYZER 8000 MAINTENANCE REPORT

REPORT #2

NSTRUMENT SERIAL NUMBER	LOCATION OF INSTRUMENT	MO DEE			INSPECTION	- 1	OF INSPECTION
80-005854 CLAY COUNTY, MO DET.			1			025 10:02	
CALIBRATION CHECK	RESULTS		CALIBRATION STANDARD TYPE	STANDARD LOT		DTANDADD I	XPIRATION DATE
			DRY	AG320	i		L9/2025
Test	g/210L	Time	i	į .	i	•	CATE EXPIRATION
		1	SIM TEMPERATURE	SIM SERIAL NU	MBER	N/A	CATE EXPIRATION
Air Blank	0.000	10:05	N/A	N/A		N/A	
Cal Check	0.102	10:05	STANDARD VALUE	STANDARD SUR		<b>a</b>	
Air Blank	0.000	10:06	0.100	1	CIMETER	S	
Cal Check	0.101	10:06	CALIBRATION CHECK RESULT 1				
Air Blank	0.000	10:07		0	.102		
Cal Check	0.101	10:07	CALIBRATION CHECK RESULT 2				
Air Blank	0.000	10:07	1 A 1 A 1				
1111			CALIBRATION CHECK R				
				0	.101		
	ass		MAXIMUM DEVIATION (	MUST BE WITHIN 5	%) SPREAD (I	MUST BE .005	OR LESS)
	<b>a33</b>		2.0%		0.0	01	
DIAGNOSTIC TEST RE	SULTS		RFI TEST RES	ULTS			
Voltage/Curr	ent Test	Pass	Test		g/210	)L	Time
RAM Test		Pass					
EEPROM Checksum Test Pass			Air Blan		0.00		10:08
Real Time Clock Test Pass			Subject Test RFI		ī	10:09	
DSP Test Pass			Air Blan	k	0.00	0 (	10:09
Analytical S	tability Test	Pass					
Modem Test Pass			*RFI Detect				
	Regulation Tes			İ			
10p 01.0.0.1							
	_						
	3000				200	•	
	<sup>o</sup> ass				ass	•	
	LS AND SUBJECT BRE	ATH TESTS IN	I FACH RANGE S				PORT
	004 .0509		.1014	.1519		OVER.	.19
					2		1

and within established limits (use other side if necessary).

	INSPECTING OFFICER					
	SIGNATURE		PRINT NAME			
		The state of the s	RYAN	SCHILDKN	ECHT	
,	TYPE II PERMIT NUMBER	EXPIRATION DATE			TELEPHONE NUMBER	
	230225	10/19/202	25		6605434573	
	MO 500 2004 (6.10)	AN EOUAL OPPORTUNITY	VAFFIRMATIVE A	CTION EMPLOYER		LAB-167



## STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES BREATH ALCOHOL PROGRAM



# PERMIT

## SCHILDKNECHT

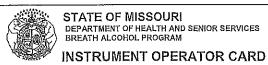
is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

### INTOX DMT, INTOXILYZER 8000, INTOX EC/IR II, ASIV W/PRINTER

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 10/19/2023	Laura G. Nay		
7, () L	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY		
NUMBER 230225			
EXPIRES 10/19/2025	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES		
O 580-0771 (6-10)	LAB-4 (R6-10)		

MO 580-0771 (6-10)



The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired at



SCHILDKNECHT, RYAN Operator 230225 Permit No

Date Issued 10/19/2023 Date Expires 10/19/2025



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-Jul-2023

Lot # AG320002 Model 108

Exp Date 19-Jul-2025 Cyl. Type 108 **Component** Ethanol Certified Concentration 0.100 ± 2% BrAC (260 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	
	259.8 ppm	EB0010559	258.9 ppm	
EB0010285		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 slandard certification of analysis Localion:Airgas USA LLC (Lab) Date:07.20.2023 17:18

Approved for Release:

Rod Marsala

ISO 17025:2017 A2LA accredited. Certificate Number 3082.06 ISO 17034:2016 A2LA accredited. Certificate Number 3082.07