



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<br>80-007513 | LOCATION OF INSTRUMENT<br>KANSAS CITY POLICE | DATE OF INSPECTION<br>09/09/2023 | TIME OF INSPECTION<br>17:59 |
|---------------------------------------|--|----------------------------------|-----------------------------|

| CALIBRATION CHECK RESULTS |        |       | CALIBRATION CHECK SUMMARY             |                               |                            |
|---------------------------|--------|-------|---------------------------------------|-------------------------------|----------------------------|
| Test                      | g/210L | Time  | STANDARD TYPE                         | STANDARD LOT #                | STANDARD EXPIRATION DATE   |
| Air Blank                 | 0.000  | 18:03 | DRY                                   | 33321080A3                    | 01/05/2024                 |
| Cal Check                 | 0.079  | 18:03 | SIM TEMPERATURE                       | SIM SERIAL NUMBER             | SIM CERTIFICATE EXPIRATION |
| Air Blank                 | 0.000  | 18:03 | N/A                                   | N/A                           | N/A                        |
| Cal Check                 | 0.079  | 18:04 | STANDARD VALUE                        | STANDARD SUPPLIER             |                            |
| Air Blank                 | 0.000  | 18:04 | 0.080                                 | CMI INC                       |                            |
| Cal Check                 | 0.079  | 18:05 | CALIBRATION CHECK RESULT 1            |                               |                            |
| Air Blank                 | 0.000  | 18:05 | 0.079                                 |                               |                            |
| Cal Check                 | 0.079  | 18:05 | CALIBRATION CHECK RESULT 2            |                               |                            |
| Air Blank                 | 0.000  | 18:05 | 0.079                                 |                               |                            |
| <b>Pass</b>               |        |       | CALIBRATION CHECK RESULT 3            |                               |                            |
|                           |        |       | 0.079                                 |                               |                            |
|                           |        |       | MAXIMUM DEVIATION (MUST BE WITHIN 5%) | SPREAD (MUST BE .005 OR LESS) |                            |
|                           |        |       | 1.2%                                  | 0.000                         |                            |

| DIAGNOSTIC TEST RESULTS     |      |  | RFI TEST RESULTS |        |       |
|-----------------------------|------|--|------------------|--------|-------|
|                             |      |  | Test             | g/210L | Time  |
| Voltage/Current Test        | Pass |  | Air Blank        | 0.000  | 18:06 |
| RAM Test                    | Pass |  | Subject Test     | RFI*   | 18:06 |
| EEPROM Checksum Test        | Pass |  | Air Blank        | 0.000  | 18:06 |
| Real Time Clock Test        | Pass |  | *RFI Detect      |        |       |
| DSP Test                    | Pass |  | <b>Pass</b>      |        |       |
| Analytical Stability Test   | Pass |  | <b>Pass</b>      |        |       |
| Modem Test                  | Pass |  | <b>Pass</b>      |        |       |
| Temperature Regulation Test | Pass |  | <b>Pass</b>      |        |       |
| <b>Pass</b>                 |      |  | <b>Pass</b>      |        |       |

| 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 |  |  |
| 2   | 1       | 0       | 1       | 0       | 1        |  |  |

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).  
TESTED & CERTIFIED

| INSPECTING OFFICER              |                               |                                |  |
|---------------------------------|-------------------------------|--------------------------------|--|
| SIGNATURE<br>                   |                               | PRINT NAME<br>DOUGLAS DAVIDSON |  |
| TYPE II PERMIT NUMBER<br>230065 | EXPIRATION DATE<br>04/06/2025 | TELEPHONE NUMBER<br>8162345000 |  |

7 Eastgate Dr. • P.O. Box 790 • Jacksonville, IL 62651-0790  
 217-245-2183 • Fax: 217-243-7634 • www.ilmo.com



**Certificate of Analysis**

**Certificate ID:** 14496  
**Part #:** BAC105L088T  
**Cylinder Size:** 105L  
**Lot Number:** 33321088A3  
**Expiration:** 1/5/2024

0.080 BAC (for the calibration of instruments used to determine breath alcohol concentration)

| Component | Reported Concentration | Analytical Accuracy (U, k=2) | Analytical Method |
|-----------|------------------------|------------------------------|-------------------|
| Ethanol   | 288 ppm                | +/- 9.862 BAC(G/210L)        | NDIR              |
| Nitrogen  | Balance                | [5.2 ppm]                    |                   |

Distributed by:  
 CMI Inc  
 316 East Ninth Street  
 Owensboro, KY 42303  
 Phone 866-835-0690  
 www.alcoholtest.com

Traceable to:  
 Certified Reference Material - 2624 µmol/mol  
 Ethanol in Nitrogen - Serial No. GMD015026 Lot No. 050319E11

Store in dry area, away from sources of heat,  
 ignition and direct sunlight. Do not allow storage  
 area to exceed 52 °C (125 °F).

Specialty Gas Lab Tech

01-04-2022  
 Expiration Date



ISO/IEC 17025:2017 Accredited Laboratory

The customer certifies that this certificate was obtained using equipment and standard methods of producing analytical results available to NIST, and apply only to the units covered on this certificate. ILMO Products Company makes no warranty or representation as to the validity of the use of any information provided for any particular purpose. The information on it is the sole property and risk of the user. Labels shall be marked in established requirements, and the material of origin.



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

**PERMIT**  
 TYPE II

**DOUGLAS D. DAVIDSON**

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 4/6/2023  
 NUMBER 23MM65  
 EXPIRES 4/6/2025  
 MO 986-0771 (6/10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY  
 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 L464 (8-8-10)

STATE OF MISSOURI  
 DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 BREATH ALCOHOL PROGRAM  
**INSTRUMENT OPERATOR CARD**

The holder of this card is authorized to operate the following instrument(s) in Missouri:  
 Operator: **DAVIDSON, DOUGLAS**  
 Permit No: **230025**  
 Date Issued: **4/6/2023** Date Expires: **4/6/2025**

