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By Tracy Crews at 8:22 am, Jun 23, 2023



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 80-007514	LOCATION OF INSTRUMENT KANSAS CITY POLICE	DATE OF INSPECTION 06/13/2023	TIME OF INSPECTION 04:06
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CALIBRATION CHECK RESULTS			CALIBRATION CHECK SUMMARY		
Test	g/210L	Time	STANDARD TYPE	STANDARD LOT #	STANDARD EXPIRATION DATE
Air Blank	0.000	04:08	DRY	33321080A3	01/05/2024
Cal Check	0.078	04:08	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	04:09	N/A	N/A	N/A
Cal Check	0.079	04:09	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	04:10	0.080	CMI INC	
Cal Check	0.079	04:10	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	04:11	0.078		
Cal Check	0.079	04:10	CALIBRATION CHECK RESULT 2		
Air Blank	0.000	04:11	0.079		
<b>Pass</b>			CALIBRATION CHECK RESULT 3		
			0.079		
			MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .005 OR LESS)	
			2.5%	0.001	

DIAGNOSTIC TEST RESULTS		RFI TEST RESULTS	
Test	Pass	Test	Time
Voltage/Current Test	Pass	Air Blank	04:11
RAM Test	Pass	Subject Test	04:12
EEPROM Checksum Test	Pass	Air Blank	04:12
Real Time Clock Test	Pass	*RFI Detect	
DSP Test	Pass		
Analytical Stability Test	Pass		
Modem Test	Pass		
Temperature Regulation Test	Pass		
<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		
0	0	0	1	3	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 AND CERTIFIED

**INSPECTING OFFICER**

SIGNATURE 	PRINT NAME DOUGLAS DAVIDSON
TYPE II PERMIT NUMBER 230065	EXPIRATION DATE 04/06/2025
TELEPHONE NUMBER 8162345000	



7 Eastgate Dr. • P.O. Box 790 • Jacksonville, IL 62551-0790  
217-245-2183 • Fax: 217-243-7694 • www.ilmo-products.com

### Certificate of Analysis

Certificate ID: 14496  
Part #: BAC105L0880T  
Cylinder Size: 105L  
Lot Number: 33320880A3  
Expiration: 1/5/2024

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

Contents: 105 Liters @ 1000 psig 70°F (21°C)

Component	Reported Concentration	Analytical Accuracy (U. kg):	Analytical Method
Ethanol	208 ppm	+/- 4.4% (average)	NDTH
Nitrogen	balance	(5.2 ppm)	

Distributed by:  
CML Inc  
316 East Njord Street  
Owensboro, KY 42303  
Phone 866-835-0690  
www.3kohortest.com

\*Traceable to:  
Certified Reference Material - 262.4 umol/mol  
Ethanol in Nitrogen - Serial No. S/N0015026 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 Test  
*[Signature]*

01-04-2022  
Issuance Date



ISO/IEC 17025:2017 Accredited Laboratory



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



DOUGLAS D. DAVIDSON

PERMIT  
TYPE II

I am 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.

*M. L. Mason*  
M. L. Mason

DATE 4/6/2023

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 230065

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 4/6/2025

LAB-199-01

MO 88-0771 (8-18)

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

The permit holder is authorized to operate an Intoxilizer 8000  
instrument for the determination of the alcoholic content in breath from an expired air  
at Address: DAVIDSON, DOUGLAS  
Operator ID: 230065 Date Expires: 4/6/2025  
Date Issued: 4/6/2023

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