



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 09/09/2023	TIME OF INSPECTION 16:01
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CALIBRATION CHECK RESULTS			CALIBRATION CHECK SUMMARY		
Test	g/210L	Time	STANDARD TYPE DRY	STANDARD LOT # 33321080A3	STANDARD EXPIRATION DATE 01/05/2024
Air Blank	0.000	16:03	SIM TEMPERATURE N/A	SIM SERIAL NUMBER N/A	SIM CERTIFICATE EXPIRATION N/A
Cal Check	0.079	16:03	STANDARD VALUE 0.080	STANDARD SUPPLIER CMI INC	
Air Blank	0.000	16:04	CALIBRATION CHECK RESULT 1 0.079		
Cal Check	0.079	16:04	CALIBRATION CHECK RESULT 2 0.079		
Air Blank	0.000	16:05	CALIBRATION CHECK RESULT 3 0.079		
Cal Check	0.079	16:05	MAXIMUM DEVIATION (MUST BE WITHIN 5%) 1.2%		
Air Blank	0.000	16:05	SPREAD (MUST BE .005 OR LESS) 0.000		

Pass

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
Voltage/Current Test	Pass		Test	g/210L	Time
RAM Test	Pass		Air Blank	0.000	16:06
EEPROM Checksum Test	Pass		Subject Test	RFI*	16:06
Real Time Clock Test	Pass		Air Blank	0.000	16:07
DSP Test	Pass		*RFI Detect		
Analytical Stability Test	Pass		Pass		
Modem Test	Pass		Pass		
Temperature Regulation Test	Pass		Pass		

Pass

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).

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: 217-243-7634 • www.ilmo-products.com

Certificate of Analysis

Certificate ID: 14496
Part #: BAC105L080T
Cylinder Size: 10SL
Lot Number: 33321080A3
Expiration: 1/5/2024

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

Contents:	105 Liters @ 1000 psig 70°F (21°C)	Analytical	
Component:	Reported Concentration:	Accuracy (U, L [±]):	Analytical Method:
Ethanol	288 ppm	±4.882 bac(62m)	NDIR
Nitrogen	Balance	±2.2 ppm	

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

*Traceable to:
Certified Reference Material - 262.4 mmol/mol
Ethanol in Nitrogen - Serial No. GIN0015026 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
[Signature]

01-04-2022
Issuance Date



The information made available on this certificate was obtained using equipment and methods capable of producing analytical results traceable to NIST, and apply only to the items
pertaining to this certificate. ILMO Products Company makes no warranty or representation as to the suitability of the use of any information provided for any particular
purpose. The information set is at the sole discretion and risk of the user. Liability shall be limited to established reimbursement cost of this state of service.

ISO/IEC 17025:2017 Accredited Laboratory



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: 230065
EXPIRES: 4/6/2025
M.D. 880-0771 (6-10)

[Signature]
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
LAB# RH-10
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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

This member's operator is authorized to operate an Intoxilizer Alcotest
instrument for the determination of the alcoholic content of expired air
in Missouri.
Name: DAVIDSON, DOUGLAS
Permit No: 200065
Date Issued: 4/22/23 Date Expires: 4/6/2025