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By Tracy Crews at 8:06 am, Jan 04, 2024



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 12/15/2023	TIME OF INSPECTION 20:33
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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	20:34	DRY	33321080A3	01/05/2024
Cal Check	0.079	20:35	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	20:35	N/A	N/A	N/A
Cal Check	0.078	20:35	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	20:36	0.080	CMI INC	
Cal Check	0.079	20:36	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	20:37	0.079		
Pass			CALIBRATION CHECK RESULT 2		
			0.078		
			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	g/210L	Time
Voltage/Current Test	Pass		Air Blank	RFI*	20:37
RAM Test	Pass		Air Blank	0.000	20:37
EEPROM Checksum Test	Pass		*RFI Detect		
Real Time Clock Test	Pass		Pass		
DSP Test	Pass				
Analytical Stability Test	Pass				
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	7	2	1	1	2	

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).

INSTRUMENT MEETS ALL DHSS STANDARDS AND GUIDELINES

INSPECTING OFFICER

SIGNATURE: *P.O. J. Infranca* PRINT NAME: INFRANCA, JORDAN

TYPE II PERMIT NUMBER: 230118 EXPIRATION DATE: 06/07/2025 TELEPHONE NUMBER: 816-382-5897



7 Eastgate Dr. • P.O. Box 700 • Jacksonville, IL 62551-0790
217-245-2183 • Fax: 217-243-7634 • www.ilmoproducts.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)

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

Component	Reported Concentration	Analytical Accuracy (U, kW)	Analytical Method
Ethanol	288 ppm	± 0.003 BAC (0.71%)	NDIR
Nitrogen	Balance	± 0.2 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 µmol/mol
Ethanol in Nitrogen - Serial No. GN0015026 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).

[Signature]
Quality Control Tech

01-05-2022
Issuance Date



The operator must read this protocol every time and the results of producing analytical results available to NREL and apply only to the have issued on any analysis. EPCO Products Company makes no warranty or representation as to the accuracy of the use of any information provided for any particular purpose. The information on this label is for informational purposes only. Liability may be limited to replacement costs of the sensor or station.

ISO/IEC 17025:2017 Accredited Laboratory



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



**PERMIT
TYPE II
JORDAN INFRANCA**

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: 6/7/2023
NUMBER: 230118
EXPIRES: 6/7/2025

[Signature: Mike Mason]
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

[Signature: David J. Nielson]
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 480-0711 (8-15)

LAB-08-16

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

INSTRUMENT OPERATOR CARD

The named contributor is authorized to operate and maintain breath alcohol analyzers for the determination of the alcoholic content of breath from a subject as follows:

Operator: INFRANCA, JORDAN
Permit No: 230118
Date Issued: 07/05/23 Date Expires: 07/05/25