



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 80-007513	LOCATION OF INSTRUMENT KANSAS CITY POLICE	DATE OF INSPECTION 02/06/2023	TIME OF INSPECTION 21:45
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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	21:47	DRY	33321080A3	01/05/2024
Cal Check	0.079	21:47	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	21:48	N/A	N/A	N/A
Cal Check	0.080	21:48	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	21:49	0.080	CMI INC	
Cal Check	0.081	21:49	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	21:50	0.079		
Pass			CALIBRATION CHECK RESULT 2		
			0.080		
			CALIBRATION CHECK RESULT 3		
			0.081		
			MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .005 OR LESS)	
			1.2%	0.002	

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
Voltage/Current Test	Pass	Test	g/210L	Time	
RAM Test	Pass	Air Blank	RFI*	21:50	
EEPROM Checksum Test	Pass	Air Blank	0.000	21:50	
Real Time Clock Test	Pass	*RFI Detect			
DSP Test	Pass	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	0	0	0	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 AND CERTIFIED

INSPECTING OFFICER			
SIGNATURE <i>P.O. J. Infranca</i>		PRINT NAME JORDAN INFRANCA	
TYPE II PERMIT NUMBER 210128	EXPIRATION DATE 06/21/2023	TELEPHONE NUMBER 816-382-5897	

ILMO
specialty gases

7 Eastgate Dr. • P.O. Box 790 • Jackson, IL 62551-0790
217-245-2183 • FAX: 217-243-7634 • www.ilmoproducts.com

Certificate of Analysis

Certificate ID: 14495
Part #: BAC105L080T
Cylinder Size: 105L
Lot Number: 33321080A3
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, L ²); (5.2 ppm)	Analytical Method
Ethanol	208 ppm	+/-0.002 wt.%(g/100g)	NDIR
Nitrogen	Balance		

Distributed by:
CMI, Inc.
316 E. 10th Street
Owensboro, KY 42303
Phone 866-835-0690
www.alcoholcert.com

*Traceable to:
Certified Reference Material - 262.4 µmol/mol
Ethanol in Nitrogen - Serial No. GNI0015026 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 operation of this equipment was obtained using equipment and materials capable of producing analytical results traceable to NIST, and apply only to the items described on 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. This information is to be used for information only and does not constitute an offer of any product or service.

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: 6/21/2021
NUMBER: 210128
EXPIRES: 6/21/2023
MO 800-871-6410

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
[Signature]

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
LW-4 08-01

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

The nearest authorized repair facility for this equipment is provided for the user's information. The user is responsible for the maintenance and repair of the equipment. The user is responsible for the calibration of the equipment. The user is responsible for the accuracy of the equipment. The user is responsible for the accuracy of the equipment.

Operator: INFRANCA, JORDAN
Permit No: 210128
Date Issued: 06/21/2021
Date Expires: 06/21/2023