



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 STATE PUBLIC HEALTH LABORATORY
CMI INTOXILYZER 8000 MAINTENANCE REPORT

RECEIVED

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

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 80-005827	LOCATION OF INSTRUMENT ORONOGO POLICE DEPT	DATE OF INSPECTION 01/03/2024	TIME OF INSPECTION 20:40
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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	20:43	DRY	34221080A2	01/05/2024
Cal Check	0.081	20:43	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	20:43	N/A	N/A	N/A
Cal Check	0.080	20:44	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	20:44	0.080	ILMO	
Cal Check	0.081	20:44	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	20:45	0.081		
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%	0.001	

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
Test	Pass/Fail	Time	Test	g/210L	Time
Voltage/Current Test	Pass		Air Blank	0.000	20:46
RAM Test	Pass		Subject Test	RFI*	20:46
EEPROM Checksum Test	Pass		Air Blank	0.000	20:46
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	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).

INSPECTING OFFICER

SIGNATURE 	PRINT NAME CHRISTOPHER SHONK
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TYPE II PERMIT NUMBER 230130	EXPIRATION DATE 06/26/2025	TELEPHONE NUMBER 4176731911
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7 Eastgate Dr. • P.O. Box 790 • Jacksonville, IL 62651-0790
217-245-2183 • Fax: 217-243-7634 • www.ilmoproducts.com

Certificate of Analysis

Certificate ID: 14513
Part #: BAC34L080T
Cylinder Size: 34L
Lot Number: 34221080A2
Expiration: 1/5/2024

360-08KT

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

Contents: 34 Liters @ 500 psig 70°F (21°C)

Component	Reported Concentration:	Analytical Accuracy (U, k=2):	Analytical Method:
Ethanol	288 ppm	+/- 0.002 BAC (G/210L) [5.2 ppm]	NDIR
Nitrogen	Balance		

*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]
Specialty Gas Lab Tech

12-17-2021
Issuance Date



The calibration results on this certificate were obtained using equipment and standards capable of producing analytical results traceable to NIST, and apply only to the items contained 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. The information use is at the sole discretion and risk of the user. Liability shall be limited to established replacement cost of this material or service.

ISO/IEC 17025:2017 Accredited Laboratory



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

2

PERMIT
TYPE II
CHRISTOPHER SHONK

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 6/26/2023

NUMBER 230130

EXPIRES 6/26/2025

MO 580-0771 (6-10)

Mike Mason

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Paula J. Nicholson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)

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

INSTRUMENT OPERATOR CARD

The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.

Operator SHONK, CHRISTOPHER
Permit No 230130
Date Issued 6/26/2023 Date Expires 6/26/2025

