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By Tracy Crews at 1:47 pm, Jan 24, 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 80-007511	LOCATION OF INSTRUMENT KANSAS CITY POLICE	DATE OF INSPECTION 01/10/2024	TIME OF INSPECTION 01:26
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CALIBRATION CHECK RESULTS			CALIBRATION CHECK SUMMARY		
Test	g/210L	Time	STANDARD TYPE DRY	STANDARD LOT # 14323080A4	STANDARD EXPIRATION DATE 06/05/2025
Air Blank	0.000	01:29	SIM TEMPERATURE N/A	SIM SERIAL NUMBER N/A	SIM CERTIFICATE EXPIRATION N/A
Cal Check	0.082	01:29	STANDARD VALUE 0.080	STANDARD SUPPLIER CMI INC	
Air Blank	0.000	01:29	CALIBRATION CHECK RESULT 1 0.082		
Cal Check	0.082	01:30	CALIBRATION CHECK RESULT 2 0.082		
Air Blank	0.000	01:30	CALIBRATION CHECK RESULT 3 0.082		
Cal Check	0.082	01:31	MAXIMUM DEVIATION (MUST BE WITHIN 5%) 2.5%	SPREAD (MUST BE .005 OR LESS) 0.000	
Air Blank	0.000	01:31	<b>Pass</b>		

DIAGNOSTIC TEST RESULTS		RFI TEST RESULTS	
Voltage/Current Test	Pass	Test	g/210L
RAM Test	Pass	Air Blank	0.000
EEPROM Checksum Test	Pass	Subject Test	RFI*
Real Time Clock Test	Pass	Air Blank	0.000
DSP Test	Pass	*RFI Detect	
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	1	1	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 <i>PO Jared Littleton #5026</i>	PRINT NAME JARED LITTLETON
TYPE II PERMIT NUMBER 230323	EXPIRATION DATE 12/21/2025
	TELEPHONE NUMBER 8162189393



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: 15762  
Part #: BAC105L080T  
Cylinder Size: 105L  
Lot Number: 14323080A4  
Expiration: 6/5/2025

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

Component	Reported Concentration	Analytical Accuracy (U, K=2)	Analytical Method
Ethanol	288 ppm	±0.8-0.02 BAC(75%)	NDR
Nitrogen	Balance	±5.2 ppm	

Distributed by:  
CPI Inc.  
116 East Ninth Street  
Owensboro, KY 42303  
Phone 800-815-0690  
www.cpiinc.com

\*Traceable to:  
Certified Reference Material - 261.0 µmol/mol  
Ethanol in Nitrogen - Serial No. ND7017 Lot No. 080722E2

Store in dry area, away from sources of heat,  
ignition and direct sunlight. Do not allow storage  
area to exceed 52 °C (125 °F).

Speedy Gas Lab Tech  
*[Signature]*

06-01-2023  
Issuance Date



The calibration media, while in use, should be stored in the factory sealed form using appropriate and standard quality of protective, unopened media available to NIST, and apply only to the stated conditions and standards. All of the above information is for informational purposes only. The information is not to be used for any other purpose. Liability shall be limited to established replacement cost of the media. The information is not to be used for any other purpose. The information is not to be used for any other purpose. The information is not to be used for any other purpose.

ISO/IEC 17025:2017 Accredited Laboratory



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

# PERMIT TYPE II

## JARED LITTLETON

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 HSMo.

DATE 12/21/2023

NUMBER 230323

EXPIRES 12/21/2025

MO 598.9771 (8-18)

*[Signature]*  
Micki Morrison

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*[Signature]*  
Doreen J. Richardson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB 160-01

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

The master controller is authorized to operate on the following instrument(s):

Operator Name: JARED LITTLETON  
Permit No: 230323  
Date Issued: 12/21/2023  
Date Expires: 12/21/2025

