

RECEIVED

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 80-007512	LOCATION OF INSTRUMENT KANSAS CITY POLICE	DATE OF INSPECTION 01/09/2024	TIME OF INSPECTION 23:06
---------------------------------------	--	----------------------------------	-----------------------------

CALIBRATION CHECK RESULTS			CALIBRATION CHECK SUMMARY		
Test	g/210L	Time	STANDARD TYPE	STANDARD LOT #	STANDARD EXPIRATION DATE
Air Blank	0.000	23:11	DRY	14323080A4	06/05/2025
Cal Check	0.082	23:12	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	23:12	N/A	N/A	N/A
Cal Check	0.081	23:13	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	23:13	0.080	CMI INC	
Cal Check	0.081	23:13	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	23:14	0.082		
Pass			CALIBRATION CHECK RESULT 2		
			0.081		
			CALIBRATION CHECK RESULT 3		
			0.081		
			MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .005 OR LESS)	
			2.5%	0.001	

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
Test	Pass	Time	Test	g/210L	Time
Voltage/Current Test	Pass		Air Blank	0.000	23:15
RAM Test	Pass		Subject Test	RFI*	23:15
EEPROM Checksum Test	Pass		Air Blank	0.000	23:15
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	1	2	1	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).

INSPECTING OFFICER		
SIGNATURE <i>Jared Littleton</i> #5626	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)

Contents: 105 Liters @ 1000 psig 70°F (21°C)
Component: Reported Concentration: Analytical Accuracy
Ethanol 288 ppm +/- 0.882 BAC(6728L) NDIR
Nitrogen Balance (5.2 ppm)

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

*Traceable to:
Certified Reference Material - 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
areas to exceed 52 °C (125 °F).

Specialty Gas Lab Tech
Blawie

06-01-2023
Issue Date



The customer reads under this certificate were obtained at the facility listed above using equipment used in the field of production and/or testing. The customer is responsible for the accuracy of the information provided. The information was at the site of the customer and the accuracy of the information is not guaranteed. The customer is responsible for the accuracy of the information provided. The information was at the site of the customer and the accuracy of the information is not guaranteed. The customer is responsible for the accuracy of the information provided.

ISO/IEC 17025:2017 Accredited Laboratory



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



JARED LITTLETON

PERMIT
TYPE II

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field services 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 308.111 through 308.119 RSMo.

DATE 12/21/2023

NUMBER 230323

EXPIRES 12/21/2025

MO 866-9771 (6-19)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

M. Le Mason
Daniel J. Nickerson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
LAB-4 (PH-10)

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

The holder of this permit is authorized to operate the following instrument(s) for the determination of the alcoholic content of expired air in Missouri:
Operator: LITTLETON, JARED
Instrument: INTOXILYZER 8000
Date Issued: 12/21/2023 Date Expires: 12/21/2025