

**RECEIVED**

By Tracy Crews at 9:47 am, Jun 25, 2020



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 80-002092	LOCATION OF INSTRUMENT KCI POLICE DEPT.	DATE OF INSPECTION 06/24/2020	TIME OF INSPECTION 07:02
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CALIBRATION CHECK RESULTS			CALIBRATION CHECK SUMMARY		
Test	g/210L	Time	STANDARD TYPE DRY	STANDARD LOT # 17919080A1	STANDARD EXPIRATION DATE 08/05/2021
-----	-----	-----	SIM TEMPERATURE N/A	SIM SERIAL NUMBER N/A	SIM CERTIFICATE EXPIRATION N/A
Air Blank	0.000	07:08	STANDARD VALUE 0.080	STANDARD SUPPLIER CMI	
Cal Check	0.080	07:08	CALIBRATION CHECK RESULT 1 0.080		
Air Blank	0.000	07:08	CALIBRATION CHECK RESULT 2 0.079		
Cal Check	0.079	07:09	CALIBRATION CHECK RESULT 3 0.079		
Air Blank	0.000	07:09	MAXIMUM DEVIATION (MUST BE WITHIN 5%) 1.2%		
Cal Check	0.079	07:10	SPREAD (MUST BE .005 OR LESS) 0.001		
Air Blank	0.000	07:10			
<b>Pass</b>					

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
Voltage/Current Test	Pass		Test	g/210L	Time
RAM Test	Pass		-----	-----	-----
EEPROM Checksum Test	Pass		Air Blank	RFI*	07:10
Real Time Clock Test	Pass		Air Blank	0.000	07:11
DSP Test	Pass		*RFI Detect		
Analytical Stability Test	Pass		<b>Pass</b>		
Modem Test	Pass				
Temperature Regulation Test	Pass				
<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	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 JOSHUA DEAL	
TYPE II PERMIT NUMBER 280220	EXPIRATION DATE 06/28/2020	TELEPHONE NUMBER 816-243-4000	



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:** 12203  
**Part #:** BAC105L080T  
**Cylinder Size:** 105L  
**Lot Number:** 17919080A1  
**Expiration:** 8/5/2021

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

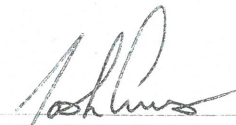
**Contents:** 105 Liters @ 1000 psig 70°F (21°C)

Component:	Reported Concentration:	Analytical Accuracy (U, k=2):	Analytical Method:
Ethanol	208 ppm	+/-0.002 BAC(G/210L)	NDIR
Nitrogen	Balance	[5.2 ppm]	

**Distributed by:**  
CMI Inc.  
316 East Ninth Street  
Owensboro, KY 42303  
Phone 866-835-0690  
[www.alcoholtest.com](http://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).

  
Specialty Gas Lab Tech

07-15-19  
Issuance Date



The calibration results within 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 17025:2005 Accredited Laboratory



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

2

**PERMIT  
 TYPE II**

**JOSHUA J DEAL**

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

**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 6/28/2018

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 280220

EXPIRES 6/28/2020

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MSO 580-0771 (6-10)

LAB-4 (HS-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 DEAL, JOSHUA  
 Permit No 280220  
 Date Issued 6/28/2018 Date Expires 6/28/2020