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By Tracy Crews at 8:45 am, Sep 16, 2020



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

BAT

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 80-005838	LOCATION OF INSTRUMENT KCMO POLICE DEPT.	DATE OF INSPECTION 09/03/2020	TIME OF INSPECTION 19:30
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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	19:31	DRY	14020080A2	07/05/2022
Cal Check	0.081	19:31	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	19:32	N/A	N/A	N/A
Cal Check	0.080	19:32	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	19:33	0.080	CMI	
Cal Check	0.080	19:33	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	19:34	0.081		
Pass			CALIBRATION CHECK RESULT 2		
			0.080		
			CALIBRATION CHECK RESULT 3		
			0.080		
			MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .005 OR LESS)	
			1.2%	0.001	

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
Test	Pass	Time	Test	g/210L	Time
Voltage/Current Test	Pass		Air Blank	0.000	19:34
RAM Test	Pass		Subject Test	RFI*	19:34
EEPROM Checksum Test	Pass		Air Blank	0.000	19:35
Real Time Clock Test	Pass		*RFI Detect		
DSP Test	Pass				
Analytical Stability Test	Pass				
Modem Test	Pass				
Temperature Regulation Test	Pass				
Pass			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).

TESTED AND CERTIFIED.

INSPECTING OFFICER		
SIGNATURE P.O. SL R 5396	PRINT NAME SHAWN DAVIS	
TYPE II PERMIT NUMBER 290088	EXPIRATION DATE 04/22/2021	TELEPHONE NUMBER 816-234-5000



7 Eastgate Dr. • P.O. Box 790 • Jacksonville, IL 62651-0790
 217-245-2183 • Fax: 217-243-7634 • www.ilmo-products.com

Certificate of Analysis

Certificate ID: 13021
 #: BAC1051080T
 Under Size: 105L
 Number: 14020880A2
 Expiration: 7/5/2022

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

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

Analytical

Component:	Reported Concentration:	Accuracy (U, k=2):	Analytical Method:
101 Oxygen	208 ppm Balance	+/- 0.002 BAC (G/210L) (5.2 ppm)	NDIR
		Distributed by:	
		CM1 Inc	
		3116 East Ninth Street	
		Owensboro, KY 42303	
		Phone 866-835-0690	
		www.alcoholtest.com	

able to:
 fied Reference Material - 262.4 µmol/mol
 vol 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]
 Gas Lab Tech

06-15-2020
 Issuance Date



ation results within the certificate were obtained using equipment and standards capable of producing analytical results traceable to NIST, and apply only to the items
 id on the certificate. ILMO Products Company makes no warranty or representation as to the suitability of the use of any information provided for any particular
 . The information use is at the sole discretion and risk of the user. Liability shall be limited to established replacement cost of the material or service.

ISO/IEC 17025:2017 Accredited Laboratory



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



PERMIT TYPE II

SHAWN DAVIS

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 4/22/2019

NUMBER 290088

EXPIRES 4/22/2021

MO 580-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

L48-4 (R6-10)

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

INSTRUMENT OPERATOR CARD

The named caregiver 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: DAVIS, SHAWN
 Permit No. 290088
 Date Issued 4/22/2019 Date Expires 4/22/2021