

**RECEIVED**

By Tracy Crews at 8:02 am, Jul 22, 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 80-005837	LOCATION OF INSTRUMENT KANSAS CITY PD	DATE OF INSPECTION 07/10/2020	TIME OF INSPECTION 19:48
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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	19:50	DRY	00919080A1	03/05/2021
Cal Check	0.081	19:50	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	19:51	N/A	N/A	N/A
Cal Check	0.078	19:51	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	19:52	0.080	CMI	
Cal Check	0.079	19:52	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	19:52	0.081		
<b>Pass</b>			CALIBRATION CHECK RESULT 2		
			0.078		
			CALIBRATION CHECK RESULT 3		
			0.079		
			MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .005 OR LESS)	
			2.5%	0.003	

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
Test	Pass	Time	Test	g/210L	Time
Voltage/Current Test	Pass		Air Blank	0.000	19:53
RAM Test	Pass		Subject Test	RFI*	19:53
EEPROM Checksum Test	Pass		Air Blank	0.000	19:54
Real Time Clock Test	Pass		*RFI Detect		
DSP Test	Pass				
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	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 	PRINT NAME DOUGLAS DAVIDSON
TYPE II PERMIT NUMBER 290087	EXPIRATION DATE 04/22/2021
	TELEPHONE NUMBER 8162345000



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

PERMIT  
TYPE II

2

DOUGLAS DAVIDSON

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 3000**

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 290087

EXPIRES 4/22/2021

MO 58-071 (6-10)

*W.D.S.*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*D. Davidson*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES  
LAB-4 (66-10)

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

**INSTRUMENT OPERATOR CARD**

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

Operator: **DAVIDSON, DOUGLAS**  
Permit No: **290087**  
Date Issued: **4/22/2019** Date Expires: **4/22/2021**



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: 11721  
Part #: BAC105L080T  
Cylinder Size: 105L  
Lot Number: 00919080A1  
Expiration: 3/5/2021

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	Accuracy (U, k=2)	Analytical Method
Ethanol	288 ppm	+/- 0.002 BAC (0.210%)	NDIR
Nitrogen	Balance	[5.2 ppm]	

Distributed by:  
CMI Inc.  
316 East Ninth Street  
Owensboro, KY 42303  
Phone 856-835-0690  
www.alcoholtest.com

\*NIST Traceable Reference Material  
Cylinder No. CC274522 / Job No. 09160306  
Certified 362.2 mmol/mol Ethanol in Nitrogen

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

01-24-19  
Date



This 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 other purpose. This 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