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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 80-005837	LOCATION OF INSTRUMENT KANSAS CITY PD	DATE OF INSPECTION 09/03/2020	TIME OF INSPECTION 19:38
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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	19:39	DRY	14020080A2	07/05/2022
Cal Check	0.081	19:39	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	19:40	N/A	N/A	N/A
Cal Check	0.081	19:40	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	19:41	0.080	CMI	
Cal Check	0.081	19:41	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	19:42	0.081		
Cal Check	0.081	19:41	CALIBRATION CHECK RESULT 2		
Air Blank	0.000	19:42	0.081		
Pass			CALIBRATION CHECK RESULT 3		
			0.081		
			MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .005 OR LESS)	
			1.2%	0.000	

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
			Test	g/210L	Time
Voltage/Current Test	Pass		Air Blank	0.000	19:42
RAM Test	Pass		Subject Test	RFI*	19:42
EEPROM Checksum Test	Pass		Air Blank	0.000	19:43
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. 52 R. 5396	PRINT NAME SHAWN DAVIS	
TYPE II PERMIT NUMBER 290088	EXPIRATION DATE 04/22/2021	TELEPHONE NUMBER 816-234-5000



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 217-245-2183 • Fax: 217-243-7634 • www.ilmo-products.com



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



**PERMIT
 TYPE II**

SHAWN DAVIS

Certificate of Analysis

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 2900888
 EXPIRES 4/22/2021

Shawn Davis
 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Shawn Davis
 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10) LAB-4 (06-10)

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

Contents: 105 Liters @ 1000 psig 70°F (21°C)
 Analytical Accuracy Method: Distributed by:
 Reported Concentration: (U, k=2): CMI Inc
 288 ppm +/-0.002 BAC(672401) NDIR 316 East Ninth Street
 Balance [5.2 ppm] NDIR Owensboro, KY 42303
 Phone 866-835-0690
 www.alcoholtest.com

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

Gas Lab Tech
 Issuance Date 06-15-2020



ation results within this certificate were obtained using equipment and standards capable of producing analytical results traceable to NIST, and apply only to the items
 id 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
 . 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 17025:2017 Accredited Laboratory

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

INSTRUMENT OPERATOR CARD

The owner/employer 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