

**RECEIVED**

By Tracy Crews at 3:34 pm, Oct 29, 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 10/07/2020		TIME OF INSPECTION 02:04	
<b>CALIBRATION CHECK RESULTS</b>				<b>CALIBRATION CHECK SUMMARY</b>			
Test	g/210L	Time	STANDARD TYPE	STANDARD LOT #	STANDARD EXPIRATION DATE		
			DRY	14020080A2	07/05/2022		
-----			SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION		
Air Blank			N/A	N/A	N/A		
Cal Check			STANDARD VALUE	STANDARD SUPPLIER			
Air Blank			0.080	CMI			
Cal Check			CALIBRATION CHECK RESULT 1				
Air Blank			0.081				
Cal Check			CALIBRATION CHECK RESULT 2				
Air Blank			0.081				
Cal Check			CALIBRATION CHECK RESULT 3				
Air Blank			0.082				
<b>Pass</b>			MAXIMUM DEVIATION (MUST BE WITHIN 5%)		SPREAD (MUST BE .005 OR LESS)		
			2.5%		0.001		
<b>DIAGNOSTIC TEST RESULTS</b>				<b>RFI TEST RESULTS</b>			
Voltage/Current Test		Pass		Test	g/210L	Time	
RAM Test		Pass		-----			
EEPROM Checksum Test		Pass		Air Blank	0.000	02:11	
Real Time Clock Test		Pass		Subject Test	RFI*	02:11	
DSP Test		Pass		Air Blank	0.000	02:12	
Analytical Stability Test		Pass		*RFI Detect			
Modem Test		Pass		<b>Pass</b>			
Temperature Regulation Test		Pass					
<b>Pass</b>				<b>Pass</b>			
<b>NUMBER OF REFUSALS AND SUBJECT BREATH TESTS IN EACH RANGE SINCE LAST MAINTENANCE REPORT</b>							
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). <b>TESTED AND CERTIFIED</b>							
<b>INSPECTING OFFICER</b>							
SIGNATURE 				PRINT NAME NATHAN MAGERS			
TYPE II PERMIT NUMBER 290118			EXPIRATION DATE 05/29/2021			TELEPHONE NUMBER 8162345000	



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: 13021  
Part #: BAC105L080T  
Cylinder Size: 105L  
Lot Number: 14020080A2  
Expiration: 7/5/2022

Intended for use in the calibration of instruments used to determine breath alcohol concentration

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

Component	Reported Concentration:	Accuracy (U, K±2):	Analytical Method:	Distributed by:
Alcohol	208 ppm	+/-0.002 BAC(0/200)	NDIR	CMI Inc.
Nitrogen	Balance	(±1.2 ppm)		316 East Ninth Street Owensboro, KY 42303 Phone 866-835-0690 www.alcoholtest.com

Stable Reference Material - 262.4 µmol/mol  
and In Nitrogen - Serial No. GN0015026 Lot No. 050319E11



06-15-2020  
Issuance Date

*[Signature]*  
Daily Gas Lab Tech

Illustration results apply to this certificate. All results were obtained using equipment and standards capable of producing analytical results traceable to NIST, and apply only to the items listed on this certificate. ILMO Products and its subsidiaries are not responsible for the accuracy of any results obtained using this certificate for any purpose other than that intended. 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



## PERMIT TYPE II

### NATHAN I MAGERS

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 5/29/2019

NUMBER 290118

EXPIRES 5/29/2021

MO 90-0771 (6-10)

*[Signature]*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*[Signature]*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LS-4 (96-10)

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

**INSTRUMENT OPERATOR CARD**

This permit authorizes the instrument to operate an endurable breath alcohol instrument for the determination of the alcoholic content of breath from an expired air in Missouri.

Operator: **MAGERS, NATHAN**  
Permit No: **290118**  
Date Issued: **5/29/2019** Date Expires: **5/29/2021**