

**RECEIVED**

By Tracy Crews at 9:58 am, Jan 17, 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 80-005838	LOCATION OF INSTRUMENT KCMO POLICE DEPT.	DATE OF INSPECTION 01/03/2020	TIME OF INSPECTION 18:53
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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	18:54	DRY	00919080A1	03/05/2021
Cal Check	0.083	18:54	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	18:55	N/A	N/A	N/A
Cal Check	0.082	18:55	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	18:56	0.080	CMI	
Cal Check	0.082	18:56	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	18:56	0.083		
Cal Check	0.082	18:56	CALIBRATION CHECK RESULT 2		
Air Blank	0.000	18:57	0.082		
			CALIBRATION CHECK RESULT 3		
			0.082		
			MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .005 OR LESS)	
			3.7%	0.001	

**Pass**

DIAGNOSTIC TEST RESULTS		RFI TEST RESULTS		
		Test	g/210L	Time
Voltage/Current Test	Pass	Air Blank	RFI*	18:57
RAM Test	Pass	Air Blank	0.000	18:57
EEPROM Checksum Test	Pass	*RFI Detect		
Real Time Clock Test	Pass			
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	69	0	0	0	1

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

2

DOUGLAS DAVIDSON

PERMIT  
TYPE II

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 577.064, RSMo and 308.111 through 308.119 RSMo.

DATE 4/22/2021

NUMBER 290087

EXPIRES 4/22/2021

MO 308-071 (4-19)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LS-4 (pre-10)

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

**INSTRUMENT OPERATOR CARD**

The holder of this card is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content of blood from a sample 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.ilmoproducts.com

Certificate of Analysis

Certificate ID: 11721  
Part #: BACT05L080T  
Cylinder Size: 10SL  
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	Analytical Accuracy (U, k=2)	Analytical Method
Ethanol	208 ppm	+/- 0.002 BAC (g/200L)	NDIR
Nitrogen	Balance	[5.2 ppm]	

Distributed by:  
CMI Inc  
316 East Ninth Street  
Owensboro, KY 42303  
Phone 866-835-0690  
www.alcoholtest.com

NIST Traceable Reference Material  
Cylinder No. CC274523 / Job No. 09160306  
Certified 362.2 µmol/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).

Specialty Gas Lab Tech

Date 01-24-19



The calibration results within this certificate were obtained using equipment and methods capable of producing reliable results suitable for NIST and apply only to the items enumerated on this certificate. LMO Products Company makes no warranty or representation as to the suitability of the use of the use of any product for any purpose. The information on this certificate is for informational purposes only and does not constitute a representation of the company or its products.

ISO/IEC 17025:2005 Accredited Laboratory