

**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 80-005838	LOCATION OF INSTRUMENT KCMO POLICE DEPT.	DATE OF INSPECTION 07/10/2020	TIME OF INSPECTION 17:56
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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	17:59	DRY	00919080A1	03/05/2021
Cal Check	0.080	17:59	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	17:59	N/A	N/A	N/A
Cal Check	0.080	18:00	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	18:00	0.080	CMI	
Cal Check	0.079	18:01	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	18:01	0.080		
Cal Check	0.079	18:01	CALIBRATION CHECK RESULT 2		
Air Blank	0.000	18:01	0.080		
<b>Pass</b>			CALIBRATION CHECK RESULT 3		
			0.079		
			MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .005 OR LESS)	
			1.2%	0.001	

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
Voltage/Current Test	Pass		Test	g/210L	Time
RAM Test	Pass		Air Blank	RFI*	18:02
EEPROM Checksum Test	Pass		Air Blank	0.000	18:02
Real Time Clock Test	Pass		*RFI Detect		
DSP Test	Pass		<b>Pass</b>		
Analytical Stability Test	Pass		<b>Pass</b>		
Modem Test	Pass		<b>Pass</b>		
Temperature Regulation Test	Pass		<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		
2	22	0	4	4	5		

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 slide if necessary).

TESTED AND CERTIFIED

**INSPECTING OFFICER**

SIGNATURE 	PRINT NAME DOUGLAS DAVIDSON
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TYPE II PERMIT NUMBER 290087	EXPIRATION DATE 04/22/2021	TELEPHONE NUMBER 8162345000
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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 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 200087

EXPIRES 4/22/2021

MO 555-9771 (6-10)

*W. Davidson*  
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Douglas Davidson*  
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (6-10)

STATE OF MISSOURI  
DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BREATH ALCOHOL PROGRAM  
**INSTRUMENT OPERATOR CARD**

The signed cardholder is authorized to operate an indicated breath alcohol instrument for the determination of the alcoholic content in breath from a subject's alveoli.

Operator: **DAVIDSON, DOUGLAS**  
Permit No. **200087** Date Expires **4/22/2021**  
Date Issued **4/22/2019**



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 #: BAC1051080T  
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:	Analytical Accuracy (U, I=2):	Analytical Method:	Distributed by:
Ethanol	208 ppm	+/-0.002 BAC(6/250L)	NDIR	CMI Inc.
Nitrogen	Balance	[5.2 ppm]		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 umol/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



The calibration results within this certificate were obtained using equipment and standards capable of producing analytical results traceable to NIST. Use only on the items specified on this certificate. ILMO Products Company makes no warranty or representation as to the suitability of the use of this instrument for any particular purpose. This information is as 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