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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 80-005839	LOCATION OF INSTRUMENT KCMO POLICE DEPT	DATE OF INSPECTION 09/03/2020	TIME OF INSPECTION 19:03
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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	19:05	DRY	14020080A2	07/05/2022
Cal Check	0.079	19:06	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	19:06	N/A	N/A	N/A
Cal Check	0.080	19:07	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	19:07	0.080	CMI	
Cal Check	0.080	19:07	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	19:07	0.079		
Cal Check	0.080	19:07	CALIBRATION CHECK RESULT 2		
Air Blank	0.000	19:08	0.080		
Pass			CALIBRATION CHECK RESULT 3		
			0.080		
			MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .005 OR LESS)	
			1.2%	0.001	

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
Test	Pass	Time	Test	g/210L	Time
Voltage/Current Test	Pass		Air Blank	0.000	19:09
RAM Test	Pass		Subject Test	RFI*	19:09
EEPROM Checksum Test	Pass		Air Blank	0.000	19:09
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	PRINT NAME	
<i>PO. JR R 5396</i>	SHAWN DAVIS	
TYPE II PERMIT NUMBER 290088	EXPIRATION DATE 04/22/2021	TELEPHONE NUMBER 816-234-5000



7 Eastgate Dr. • P.O. Box 790 • Jacksonvill, IL 62651-0790
217-245-2183 • Fax: 217-243-7634 • www.ilmo-products.com

Certificate of Analysis

Certificate ID: 13021
Instrument #: BAC105L080T
Order #: 105L
Number: 14020980A2
Date: 7/5/2022

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

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

Component	Reported Concentration:	Analytical Accuracy (U, k=2):	Analytical Method:	Distributed by:
nitrogen	208 ppm Balance	+/- 0.002 BAC (G/210L) (5.2 ppm)	NDIR	CMJ Inc. 316 East Ninth Street Owensboro, KY 42303 Phone 866-835-0650 www.alcoholtest.com

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



06-15-2020
Issuance Date

Information within this certificate was obtained using equipment and methods capable of producing analytical results traceable to NIST and apply only to the items listed 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 use. The information use is at the sole discretion and risk of the user. Liability shall be limited to established replacement cost of the material or service.

ISO/IEC 17025:2017 Accredited Laboratory



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

PERMIT
TYPE II

SHAWN DAVIS

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 200088

EXPIRES 4/22/2021

MO 560-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LJ6-4 (R6-10)

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

INSTRUMENT OPERATOR CARD

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

Operator: DAVIS, SHAWN
Permit #: 200088
Date Issued: 4/22/2019 Date Expires: 4/22/2021



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