

**RECEIVED**

By Tracy Crews at 8:38 am, Mar 19, 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 80-005840	LOCATION OF INSTRUMENT KCMO POLICE DEPT.	DATE OF INSPECTION 03/06/2020	TIME OF INSPECTION 00:06
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**CALIBRATION CHECK RESULTS**

Test	g/210L	Time
Air Blank	0.000	00:08
Cal Check	0.083	00:08
Air Blank	0.000	00:09
Cal Check	0.083	00:09
Air Blank	0.000	00:10
Cal Check	0.083	00:10
Air Blank	0.000	00:10

**Pass**

**CALIBRATION CHECK SUMMARY**

STANDARD TYPE DRY	STANDARD LOT # 00919080A1	STANDARD EXPIRATION DATE 03/05/2021
SIM TEMPERATURE N/A	SIM SERIAL NUMBER N/A	SIM CERTIFICATE EXPIRATION N/A
STANDARD VALUE 0.080	STANDARD SUPPLIER CMI	
CALIBRATION CHECK RESULT 1 0.083		
CALIBRATION CHECK RESULT 2 0.083		
CALIBRATION CHECK RESULT 3 0.083		
MAXIMUM DEVIATION (MUST BE WITHIN 5%) 3.7%		SPREAD (MUST BE .005 OR LESS) 0.000

**DIAGNOSTIC TEST RESULTS**

Voltage/Current Test	Pass
RAM Test	Pass
EEPROM Checksum Test	Pass
Real Time Clock Test	Pass
DSP Test	Pass
Analytical Stability Test	Pass
Modem Test	Pass
Temperature Regulation Test	Pass

**Pass**

**RFI TEST RESULTS**

Test	g/210L	Time
Air Blank	RFI*	00:11
Air Blank	0.000	00:11
*RFI Detect		

**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
1	45	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 JORDAN INFRANCA
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TYPE II PERMIT NUMBER 290130	EXPIRATION DATE 06/21/2021	TELEPHONE NUMBER 816-234-5000
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7 Eastgate Dr. • P.O. Box 790 • Jackson, IL 62651-0790  
217-245-2103 • Fax 217-245-7654 • www.ilmo-products.com

### Certificate of Analysis

Certificate ID: 11721

Part #A: BAC1851-880T

Cylinder Size: 185L

Lot Number: 08919088A1

Expiration: 3/5/2021

0.080 BAG (for the calibration of instruments used to determine breath alcohol concentration)

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

Component: Reported Analytical Accuracy Method

Ethanol: 200 ppm balance 470-016 (NIST) (NIST) (NIST)

Nitrogen: 300 ppm balance 470-016 (NIST) (NIST) (NIST)

Distributed by: CMI Inc.  
316 East Ninth Street  
Owensboro, KY 42303  
Phone 502-663-0690  
www.alcoholcert.com

\*NIST Traceable Reference Material  
Cylinder No. CC274523 / Job No. 09160306  
Certified 3692. µmol Ethanol in Nitrogen

*[Signature]*  
Specialty Gas Lab Tech

01-24-19  
Date

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



The calibration transfer within city certificates were obtained using equipment and methods capable of producing and being received by NIST. A copy of the latest  
compliance certificate can be obtained from the manufacturer. The manufacturer shall be notified of the calibration transfer information provided for any further  
purpose. The manufacturer is to be notified of the date, duration and date of the same. Liability shall be limited to established replacement cost of the instrument or service.

ISO/IEC 17025:2005-Accredited Laboratory

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

## PERMIT TYPE II

JORDAN INFRANCA

is hereby authorized to install, and supervise operators, train instructors, inspect, calibrate, perform field services 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 808.011 through 808.110, RSMo.

DATE: 6/21/2019

NUMBER: 200130

EXPIRES: 6/21/2021

816-880-0711 (t-46)

*[Signature]*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*[Signature]*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

Lab-4 9/04/01

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

**INSTRUMENT OPERATOR CARD**

This permit is authorized to operate an alcohol breath alcohol  
analyzer. The expiration date of this permit is indicated in the expiration date  
of the operator.

Operator: INFRANCA, JORDAN  
Permit No: 200130  
Date Issued: 6/21/2019 • Date Expires: 6/21/2021

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