

**RECEIVED**

By Tracy Crews at 10:58 am, May 18, 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 04/05/2020	TIME OF INSPECTION 00:12
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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	00:19	DRY	00919080A1	03/05/2021
Cal Check	0.077	00:19	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	00:20	N/A	N/A	N/A
Cal Check	0.078	00:20	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	00:21	0.080	CMI	
Cal Check	0.079	00:21	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	00:22	0.077		
<b>Pass</b>			CALIBRATION CHECK RESULT 2		
			0.078		
			CALIBRATION CHECK RESULT 3		
			0.079		
			MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .005 OR LESS)	
			3.7%	0.002	

DIAGNOSTIC TEST RESULTS		RFI TEST RESULTS		
		Test	g/210L	Time
Voltage/Current Test	Pass	Air Blank	0.000	00:22
RAM Test	Pass	Subject Test	RFI*	00:23
EEPROM Checksum Test	Pass	Air Blank	0.000	00:23
Real Time Clock Test	Pass	*RFI Detect		
DSP Test	Pass			
Analytical Stability Test	Pass			
Modem Test	Pass			
Temperature Regulation Test	Pass			
<b>Pass</b>		<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
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 NATHAN MAGERS
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TYPE II PERMIT NUMBER 290118	EXPIRATION DATE 05/29/2021	TELEPHONE NUMBER 8162345000
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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 #:** BAC105L080T  
**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, k=2):	Analytical Method:	Distributed by:
Ethanol	288 ppm	+/- 0.002 BAC (g/210L)	NDIR	CMI Inc.
Nitrogen	Balance	[5.2 ppm]		316 East Ninth Street Owensboro, KY 42303 Phone 866-835-0690 <a href="http://www.alcoholtest.com">www.alcoholtest.com</a>

\*NIST Traceable Reference Material  
Cylinder No. CC274523 / Job No. 09160306  
Certified 362.2 micromol Ethanol in Nitrogen

*[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, and apply only to the items contained 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 purpose. The information set is at the sole discretion and risk of the user. Liability shall be limited to established replacement costs of this material or services.

ISO/IEC 17025:2005 Accredited Laboratory



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

2

## 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 58-0771 (6-10)

*[Signature]*  
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES  
LAB-4 (R4-10)

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

The names comparable is authorized to operate an alcohol breathalyzer (instrument) for the determination of the alcoholic content in breath form of expired air in Missouri.  
Operator: **MAGERS, NATHAN**  
Permit No. **290118**  
Date issued **5/29/2019** Date Expires **5/29/2021**