



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 08/15/2020	TIME OF INSPECTION 19:59
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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	20:01	DRY	14020080A2	07/05/2022
Cal Check	0.081	20:01	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	20:01	N/A	N/A	N/A
Cal Check	0.081	20:02	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	20:02	0.080	CMI	
Cal Check	0.081	20:03	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	20:03	0.081		
Cal Check	0.081	20:03	CALIBRATION CHECK RESULT 2		
Air Blank	0.000	20:03	0.081		
<b>Pass</b>			CALIBRATION CHECK RESULT 3		
			0.081		
			MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .005 OR LESS)	
			1.2%	0.000	

DIAGNOSTIC TEST RESULTS		RFI TEST RESULTS		
Voltage/Current Test	Pass	Test	g/210L	Time
RAM Test	Pass	-----		
EEPROM Checksum Test	Pass	Air Blank	0.000	20:04
Real Time Clock Test	Pass	Subject Test	RFI*	20:04
DSP Test	Pass	Air Blank	0.000	20:04
Analytical Stability Test	Pass	*RFI Detect		
Modem Test	Pass	<b>Pass</b>		
Temperature Regulation Test	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 NATHAN MAGERS	
TYPE II PERMIT NUMBER 290118	EXPIRATION DATE 05/29/2021	TELEPHONE NUMBER 8162345000	



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: 13021  
Lot #: BACT1805L080T  
Vial/nder Size: 10SL  
Lot Number: 14020080A2  
Expiration: 7/5/2022

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

Contents: 105 Liters @ 1000 psig 70°F (21°C)  
Reported Analytical  
Concentration: (U, k=2):  
Balance 288 ppm  
Accuracy (U, k=2):  
Method: NDIR  
[± 2 ppm]

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

Traceable to:  
Certified Reference Material - 262.4 µmol/mol  
Nitrogen - Serial No. GN0015026 Lot No. 050319E11

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

Chief Gas Lab Tech  
*[Signature]*

06-15-2020  
Issuance Date



ISO/IEC 17025:2017 Accredited Laboratory

Information reader within the certificate was obtained using equipment and methods outside of producting analytical results traceable to NIST, and apply only to the items  
mentioned on this certificate. ILMO Products Company makes no warranty or representation as to the accuracy or reliability of the information provided for dry particulate  
area. The information set at the risk of the user. Liability shall be limited to established replacement cost of the material or service.



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

# 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 986-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LS-84 (08-10)

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

**INSTRUMENT OPERATOR CARD**

The named individual is authorized to operate an evidential breath alcohol  
analyzer for the determination of the alcoholic content in breath form of expired air  
in accordance with the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

Operator: **MAGERS, NATHAN**  
Permit No. **290118**  
Date Issued **5/29/2019** Date Expires **5/29/2021**

