

**RECEIVED**

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**

MDEC

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 09/03/2020	TIME OF INSPECTION 20:07
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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	20:08	DRY	14020080A2	07/05/2022
Cal Check	0.081	20:08	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	20:09	N/A	N/A	N/A
Cal Check	0.081	20:09	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	20:10	0.080	CMI	
Cal Check	0.081	20:10	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	20:11	0.081		
Cal Check	0.081	20:10	CALIBRATION CHECK RESULT 2		
Air Blank	0.000	20:11	0.081		
Cal Check	0.081	20:10	CALIBRATION CHECK RESULT 3		
Air Blank	0.000	20:11	0.081		
<b>Pass</b>			MAXIMUM DEVIATION (MUST BE WITHIN 5%)		SPREAD (MUST BE .005 OR LESS)
			1.2%		0.000

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
			Test	g/210L	Time
Voltage/Current Test	Pass		Air Blank	0.000	20:11
RAM Test	Pass		Subject Test	RFI*	20:11
EEPROM Checksum Test	Pass		Air Blank	0.000	20:12
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	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 P.O. SL R 5396	PRINT NAME SHAWN DAVIS
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TYPE II PERMIT NUMBER 290088	EXPIRATION DATE 04/22/2021	TELEPHONE NUMBER 816-234-5000
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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 #:** BAC105L080T  
**Cylinder Size:** 105L  
**Lot Number:** 14020080A2  
**Expiration:** 7/5/2022

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

**Contents:** 105 Liters @ 1000 psig 70°F (21°C)  
**Component:** Analytical  
**Reported Concentration:** (U, k=2):  
 208 ppm +/-0.002 BAC(6/210L) NDTR  
 Balance [5.2 ppm]  
**Analytical Accuracy Method:** Distributed by:  
 CMI Inc.  
 316 East Ninth Street  
 Owensboro, KY 42303  
 Phone 866-835-0690  
 www.alcoholtest.com

**Stable to:** 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]*  
 J. Gas Lab Tech  
 Issuance Date: 06-15-2020



Information results within this certificate were obtained using equipment and standards 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 this 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 290088  
 EXPIRES 4/22/2021  
 MO 580-0771 (6-10)

*[Signature]*  
 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*[Signature]*  
 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 LAB-4 (PB-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 No. 290088  
 Date Issued 4/22/2019  
 Date Expires 4/22/2021

2