

**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 80-005841	LOCATION OF INSTRUMENT KCMO POLICE DEPT.	DATE OF INSPECTION 03/05/2020	TIME OF INSPECTION 23:00
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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	23:05	DRY	00919080A1	03/05/2021
Cal Check	0.080	23:05	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	23:06	N/A	N/A	N/A
Cal Check	0.080	23:06	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	23:06	0.080	CMI	
Cal Check	0.081	23:07	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	23:07	0.080		
<b>Pass</b>			CALIBRATION CHECK RESULT 2		
			0.080		
			CALIBRATION CHECK RESULT 3		
			0.081		
			MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .005 OR LESS)	
			1.2%	0.001	

DIAGNOSTIC TEST RESULTS		RFI TEST RESULTS		
Test	Pass	Test	g/210L	Time
Voltage/Current Test	Pass	Air Blank	RFI*	23:07
RAM Test	Pass	Air Blank	0.000	23:08
EEPROM Checksum Test	Pass	*RFI Detect		
Real Time Clock Test	Pass	<b>Pass</b>		
DSP Test	Pass			
Analytical Stability Test	Pass			
Modem Test	Pass			
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
1	22	2	6	4	7

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 <i>P.O. Infranca</i>	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 Esplanade Dr. • P.O. Box 790 • Jacksonville, IL 62651-0790  
217-245-2183 • Fax: 217-245-7554 • www.limo-production.com

Certificate of Analysis

Certificate ID: 11721  
Part #: BACL05L080T  
Cylinder Size: 105L  
Lot Number: 00919880A1  
Expiration: 3/5/2021

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

Contents: 105 Liters @ 1000 psig 70°F (21°C)  
Reported Accuracy: Analytical  
Concentration: (U) (C=3)  
Component: Ethanol 288 ppm  
Nitrogen Balance 15.2 ppm

Discharged by: CMI Inc.  
316 East Ninth Street  
Owensboro, KY 40309  
Phone 866-835-0490  
www.alcoholdefec.com

\*NIST Traceable Reference Material  
Cylinder No. CCZ74513 / Job No. 09160306  
Certified 351.2 micromol/mol Ethanol in Nitrogen

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

Specialty Gas Lab Tech  
Date: 01-24-19



The calibration made within this certificate was obtained using equipment and standards capable of producing analytical results traceable to NIST and apply only to the least  
of this certificate. LIMO Production Company makes no warranty or representation as to the reliability of the use of any information provided for any particular  
purpose. The information on this certificate does not constitute a contract. LIMO Production Company is not liable for any damages or losses resulting from the use of this  
information.

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 service and repairs,  
and operate the following breath analyzer(s):

ALCO-SENSOR IV WITH PRINTER, INTOXILYZER 8000

(at 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 508.111 through 508.119 RSMo.)

DATE: 02/12/19  
NUMBER: 290130  
EXPIRES: 02/12/21  
219 846-0771 (x10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

L-6-4 (6-10)

STATE OF MISSOURI  
DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BREATH ALCOHOL PROGRAM  
INSTRUMENT OPERATOR CARD  
This permit is valid only for the use of the instrument(s) listed on this card. It is not valid for the use of any other instrument(s).  
Operator: INFRANCA, JORDAN  
Permit No. 290130  
Date Issued: 02/12/19 • Date Expires: 02/12/21