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By Tracy Crews at 8:14 am, Aug 27, 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 08/20/2020	TIME OF INSPECTION 08:41
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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	08:43	DRY	14020080A2	07/05/2022
Cal Check	0.079	08:44	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	08:44	N/A	N/A	N/A
Cal Check	0.079	08:45	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	08:45	0.080	CMI	
Cal Check	0.079	08:45	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	08:46	0.079		
Pass			CALIBRATION CHECK RESULT 2		
			0.079		
			CALIBRATION CHECK RESULT 3		
			0.079		
			MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .005 OR LESS)	
			1.2%	0.000	

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
Test	Pass	Time	Test	g/210L	Time
Voltage/Current Test	Pass		Air Blank	0.000	08:46
RAM Test	Pass		Subject Test	RFI*	08:47
EEPROM Checksum Test	Pass		Air Blank	0.000	08:47
Real Time Clock Test	Pass		*RFI Detect		
DSP Test	Pass				
Analytical Stability Test	Pass				
Modem Test	Pass				
Temperature Regulation Test	Pass				
Pass			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: # 5771 280275 PRINT NAME: JEREMY WHITE
09/05/2020

TYPE II PERMIT NUMBER: 280275 EXPIRATION DATE: 09/05/2020 TELEPHONE NUMBER: 8164828141



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: 13921
Vial #: BAC105L080T
Cylinder Size: 105L
Vial Number: 14020080A2
Expiration: 7/5/2022

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

Contents: 105 Liters @ 1000 psig 70°F (21°C)
Component: Reported Analytical Accuracy
Concentration: (U, K±): Analytical Method:
Ethanol: 288 ppm +/-0.002 SAC(S/2AB) NDIR
Nitrogen: Balance (3.2 ppm)

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

Traceable to:
National Reference Material - 262.4 µmol/mol
found in Nitrogen - Serial No. GNM015026 Lot No. 050319E11

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

[Signature]
CMI Gas Lab Tech

06-15-2020
Issuance Date



Information visible within this certificate was obtained using equipment and standards capable of producing analytical results traceable to NIST, and apply only to the items
indicated. The information is not to be used for any other purpose or representation as to the suitability of the use of any information provided for any particular
purpose. The information is not to be used for any other purpose or representation as to the suitability of the use of any information provided for any particular
purpose.

ISO/IEC 17025:2017 Accredited Laboratory



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 580-071 (6-10)

[Signature]
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
LAB 4 (6-1-10)

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

INSTRUMENT OPERATOR CARD

The named candidate is authorized to operate an evidential breath alcohol
instrument for the determination of the alcoholic content in breath form of expired air.
Operator: MAGERS, NATHAN
Permit No. 290118
Date Issued 5/29/2019 Date Expires 5/29/2021

