

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**

B.A.T

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 09/03/2020	TIME OF INSPECTION 19:45
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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	19:47	DRY	14020080A2	07/05/2022
Cal Check	0.078	19:47	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	19:47	N/A	N/A	N/A
Cal Check	0.079	19:48	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	19:48	0.080	CMI	
Cal Check	0.078	19:49	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	19:49	0.078		
Pass			CALIBRATION CHECK RESULT 2		
			0.079		
			CALIBRATION CHECK RESULT 3		
			0.078		
			MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .005 OR LESS)	
			2.5%	0.001	

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
Test	Pass	Time	Test	g/210L	Time
Voltage/Current Test	Pass		Air Blank	0.000	19:50
RAM Test	Pass		Subject Test	RFI*	19:50
EEPROM Checksum Test	Pass		Air Blank	0.000	19:50
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

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	TELEPHONE NUMBER
P.O. 52 R 5396	SHAWN DAVIS	816-234-5000
TYPE II PERMIT NUMBER 290088	EXPIRATION DATE 04/22/2021	



7 Eastgate Dr. • P.O. Box 790 • Jacksonville, IL 62651-0790
 217-245-2183 • Fax: 217-343-7634 • www.ilmoproducts.com

Certificate of Analysis

Certificate ID: 13021
 Part #: BAC105L080T
 Cylinder Size: 105L
 Lot Number: 14020680A2
 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)
 Analytical Method: NDIR
 Reported Concentration: 288 ppm
 Accuracy: ±1.9, 882, 846 (6/284) NDIR
 Method: NDIR
 Distributed by: CMI Inc.
 316 East Ninth Street
 Owensboro, KY 42303
 Phone 866-835-0690
 www.alcoholtest.com

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

06-15-2020
 Issuance Date



ISO/IEC 17025:2017 Accredited Laboratory



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

2

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 306.118 RSMo.

DATE 4/22/2019
 NUMBER 290088
 EXPIRES 4/22/2021
 MO 880-0771 (6-10)

Shawn Davis
 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Shawn Davis
 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
 LAB-4 (06-10)

STATE OF MISSOURI
 DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BREATH ALCOHOL PROGRAM
INSTRUMENT OPERATOR CARD
 The named calculator is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.
 Operator: DAVIS, SHAWN
 ID# 290088
 Date Issued 4/22/2019 Date Expires 4/22/2021