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By Tracy Crews at 11:01 am, Feb 25, 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 80-005842	LOCATION OF INSTRUMENT KANSAS CITY POLICE	DATE OF INSPECTION 02/07/2020	TIME OF INSPECTION 21:15
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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	21:17	DRY	00919080A1	03/05/2021
Cal Check	0.080	21:17	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	21:18	N/A	N/A	N/A
Cal Check	0.081	21:18	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	21:19	0.080	CMI	
Cal Check	0.080	21:19	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	21:19	0.080		
Cal Check	0.080	21:19	CALIBRATION CHECK RESULT 2		
Air Blank	0.000	21:19	0.081		
Pass			CALIBRATION CHECK RESULT 3		
			0.080		
			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	0.000	21:20
RAM Test	Pass	Subject Test	RFI*	21:20
EEPROM Checksum Test	Pass	Air Blank	0.000	21:21
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	11	0	0	3	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. R. 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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STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



7 Eastgate Dr. • P.O. Box 790 • Jacksonvillle, IL 62651-0790
217-245-2183 • Fax: 217-243-7634 • www.ilmoproducts.com

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 59-071 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

[Signature]
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LS-4 (69-10)

STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM
INSTRUMENT OPERATOR CARD

The named operator of the instrument is authorized to operate the instrument for the determination of the alcoholic content of breath from a person as follows:

Operator: **DAVIS, SHAWN**
Permit No: **290088**
Date Issued: **4/22/2019** Date Expires: **4/22/2021**

Certificate of Analysis

Certificate ID: **11721**
Part #: **BAC105L080T**
Cylinder Size: **105L**
Lot Number: **00919080A1**
Expiration: **3/5/2021**

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

Contents: **105 Liters @ 1000 psig 70°F (21°C)**

Component:	Reported Concentration:	Analytical Accuracy (U, k=2):	Analytical Method:
Ethanol	208 ppm	+/-4.802 BAC(6/20L) [5.2 ppm]	NDIR
Nitrogen	Balance		

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

*NIST Traceable Reference Material
Cylinder No. CC274523 / Job No. 09160306
Certified 3622 Ethanol in Nitrogen

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]
Specialty Gas Lab Tech

Date 01-24-19



ISO/IEC 17025:2005 Accredited Laboratory

The calibration results within this certificate were obtained using equipment and methods capable of producing analytical results traceable to NIST, and apply only to the items mentioned on this certificate. LMO Products Company makes no warranty or representation as to the suitability of the use of any information provided for any particular purpose. This 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.