

**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**

S.C.P.D

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 03/06/2020	TIME OF INSPECTION 01:23
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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	01:25	DRY	00919080A1	03/05/2021
Cal Check	0.081	01:25	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	01:26	N/A	N/A	N/A
Cal Check	0.081	01:26	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	01:27	0.080	CMI	
Cal Check	0.081	01:27	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	01:28	0.081		
Cal Check	0.081	01:27	CALIBRATION CHECK RESULT 2		
Air Blank	0.000	01:28	0.081		
<b>Pass</b>			CALIBRATION CHECK RESULT 3		
			0.081		
			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	RFI*	01:28
RAM Test	Pass	Air Blank	0.000	01:28
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	
4	15	1	2	1	3	

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. Jordan Infranca</i>	PRINT NAME JORDAN INFRANCA		
TYPE II PERMIT NUMBER 290130	EXPIRATION DATE 06/21/2021	TELEPHONE NUMBER 816-234-5000	



7 Eastgate Dr. • P.O. Box 790 • Jacksonville, FL 32251-0790  
217-245-2103 • Fax: 217-243-7554 • [www.ilmo-products.com](http://www.ilmo-products.com)

### 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:	Accuracy (U, I, ±2):	Analytical Method:
Ethanol	201 ppm	±0.012 ppm (±2.0%)	Distilled by
Nitrogen	Balance	±0.012 ppm (±2.0%)	CMV Inc.

316 East Ninth Street,  
Owensboro, KY 42303  
Phone 866-835-0490  
[www.alcoholgas.com](http://www.alcoholgas.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).

NIST Traceable Reference Material  
Cylinder No. CC274523 / Job No. D9160306  
Certified 360.2 umol/mol Ethanol in Nitrogen

*[Signature]*  
Specialty Gas Lab Tech

01-24-19 Date

The calibration reader within this certificate was obtained using equipment and standards capable of producing analytical results acceptable as NIST, but only to the extent  
documented on this certificate. ILOF Product Calibration and Reproduction is in its entirety of the user's responsibility and is not intended for any product  
purpose. The information is for informational purposes only and does not constitute a warranty of any kind.

ISO/IEC 17025:2005 Accredited Laboratory



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



PERMIT  
TYPE H

JORDAN INFRANCA

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 alcohol content of blood from a sample of expired air. Permit issued under the provisions of sections  
877.020 through 877.041, RSMo and 808.411 through 808.416, RSMo.

DATE: 01/21/19

NUMBER: 201130

EXPIRES: 07/1/2021

supervisor(s):

*[Signature]*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*[Signature]*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES  
L-64 (8-10)

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

**INSTRUMENT OPERATOR CARD**

This instrument operator is authorized to operate an alcohol breath analyzer  
in Missouri.

Operator: INFRANCA, JORDAN  
Date Issued: 01/21/19 - Date Expires: 07/01/2021