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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

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 09/03/2020	TIME OF INSPECTION 22:11
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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	22:12	DRY	14020080A2	07/05/2022
Cal Check	0.080	22:13	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	22:13	N/A	N/A	N/A
Cal Check	0.081	22:13	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	22:14	0.080	CMI	
Cal Check	0.080	22:14	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	22:15	0.080		
Pass			CALIBRATION CHECK RESULT 2		
			0.081		
			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	g/210L	Time
Voltage/Current Test	Pass		Air Blank	0.000	22:15
RAM Test	Pass		Subject Test	RFI*	22:16
EEPROM Checksum Test	Pass		Air Blank	0.000	22:16
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	2	0	1	

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>PQ SL R 5396</i>	PRINT NAME SHAWN DAVIS	
TYPE II PERMIT NUMBER 290088	EXPIRATION DATE 04/22/2021	TELEPHONE NUMBER 816-234-5000



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

Certificate of Analysis

Certificate ID: 13021
 Lot #: BAC10510880T
 Cylinder Size: 105L
 Serial Number: 14020080A2
 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)

Component	Reported Concentration:	Analytical Accuracy (U, k=2):	Analytical Method:	Distributed by:
alcohol	288 ppm	+/- 0.002 BAC(67.200%)	NDIR	CMI Inc 316 East Ninth Street Owensboro, KY 42303 Phone 866-835-0690 www.alcoholtest.com
oxygen	Balance			

Score 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



Calibration results within this certificate were obtained using equipment and standards capable of producing analytical results traceable to NIST, and apply only to the items listed on this certificate. ILMO Products Company makes no warranty or representation as to the suitability of the use of any information provided for any particular use. The information use it at the user's discretion and risk of the user. Liability shall be limited to established replacement cost of this material or service.

ISO/IEC 17025:2017 Accredited Laboratory



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

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 590-0771 (06-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

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 contributor is authorized to operate an individual breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.
 Operator: DAVIS, SHAWN
 Permit No: 290088
 Date Issued: 4/22/2019 Date Expires: 4/22/2021

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