

**RECEIVED**

By Tracy Crews at 9:58 am, Jan 17, 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 80-005843	LOCATION OF INSTRUMENT KANSAS CITY P.D.	DATE OF INSPECTION 01/03/2020	TIME OF INSPECTION 17:29
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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	17:31	DRY	00919080A1	03/05/2021
Cal Check	0.079	17:31	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	17:31	N/A	N/A	N/A
Cal Check	0.079	17:32	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	17:32	0.080	CMI	
Cal Check	0.079	17:33	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	17:33	0.079		
Cal Check	0.079	17:33	CALIBRATION CHECK RESULT 2		
Air Blank	0.000	17:33	0.079		
<b>Pass</b>			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	Test	g/210L	Time
Voltage/Current Test	Pass	Air Blank	RFI*	17:33
RAM Test	Pass	Air Blank	0.000	17:34
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
1	6	3	6	4	8

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 CERTIFIED****INSPECTING OFFICER**

SIGNATURE 	PRINT NAME DOUGLAS DAVIDSON
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TYPE II PERMIT NUMBER 290087	EXPIRATION DATE 04/22/2021	TELEPHONE NUMBER 8162345000
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STATE OF MISSOURI  
DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BREATH ALCOHOL PROGRAM



**PERMIT**  
TYPE II

**DOUGLAS DAVIDSON**

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 290987

EXPIRES 4/22/2021

MO 08-071 (4-19)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 08-10

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

**INSTRUMENT OPERATOR CARD**

This card authorizes an instrument operator to operate an Intoxilizer breath analyzer instrument for the determination of the alcoholic content of breath from a subject in Missouri.

Operator: **DAVIDSON, DOUGLAS**  
Permit No: **290987**  
Date Issued: **4/22/2019** Date Expires: **4/22/2021**



7 Eastgate Dr. • P.O. Box 790 • Jacksonville, IL 62651-14790  
217-245-2183 • Fax: 217-243-7634 • www.ilmo-products.com

**Certificate of Analysis**

Certificate ID: 11721  
Part #: BAC1051080T  
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: (U, K <sub>2</sub> )	Accuracy (U, K <sub>2</sub> )	Analytical Method:
Ethanol	208 ppm	±0.002 BAC(g/200L)	NDIR
Nitrogen	Balance	±0.2 ppm	

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

\*NIST Traceable Reference Material  
Cylinder No. CC74523 / Job No. 09160306  
Certified 3672 µmol/mol Ethanol in Nitrogen

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

Specialty Gas Lab Tech

Date 01-24-19



This calibration remains valid only if conditions when checked using equipment and methods capable of producing analytical results comparable to NIST, and apply only to the users contained on this certificate. ILMO Products Company makes no warranty, representation or claim for any particular purpose. The information use is at the user's discretion and risk of the user. Liability shall be limited to established replacement cost of this material in no case.

ISO/IEC 17025:2005 Accredited Laboratory