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By Tracy Crews at 8:38 am, Mar 19, 2020

EPD



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 03/06/2020	TIME OF INSPECTION 00:32
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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	00:33	DRY	00919080A1	03/05/2021
Cal Check	0.082	00:34	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	00:34	N/A	N/A	N/A
Cal Check	0.080	00:35	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	00:35	0.080	CMI	
Cal Check	0.081	00:35	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	00:36	0.082		
<b>Pass</b>			CALIBRATION CHECK RESULT 2		
			0.080		
			CALIBRATION CHECK RESULT 3		
			0.081		
			MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .005 OR LESS)	
			2.5%	0.002	

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
Test	Pass/Fail	Time	Test	g/210L	Time
Voltage/Current Test	Pass		Air Blank	RFI*	00:36
RAM Test	Pass		Air Blank	0.000	00:37
EEPROM Checksum Test	Pass		*RFI Detect		
Real Time Clock Test	Pass				
DSP Test	Pass				
Analytical Stability Test	Pass				
Modem Test	Pass				
Temperature Regulation Test	Pass				
<b>Pass</b>			<b>Pass</b>		

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	3	7	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 AND CERTIFIED

INSPECTING OFFICER

SIGNATURE <i>P.O. J. Infranca</i>	PRINT NAME JORDAN INFRANCA
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TYPE II PERMIT NUMBER 290130	EXPIRATION DATE 06/21/2021	TELEPHONE NUMBER 816-234-5000
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7 Eastgate Dr. • P.O. Box 790 • Jackson, MO 64501-0790  
217-245-2103 • Fax 217-245-7534 • www.lmojg.com

### Certificate of Analysis

Certificate ID: 11721  
Part #: BAC1051-080T  
Cylinder Size: 10SL  
Lot Number: 00919880A1  
Expiration: 3/5/2021

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

Component	Reported Concentration	Analytical Accuracy	Analytical Method
Ethanol	288 ppm	(1), (±2)	
Nitrogen	Balance	±0.02% (±0.2%)	NDIR

Distributed by:  
CMI Inc.  
316 East Ninth Street  
Owensboro, KY 42303  
Phone 866-635-0680  
www.alcoholtest.com

NIIST Traceable Reference Material  
Cylinder No. CC274523 / Job No. 09160304  
Certified 362.2 Imperial Ethanol in Nitrogen

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

Specialty Gas Lab Tech  
*[Signature]*  
Date: 01-24-19



ISO/IEC 17025:2005 Accredited Laboratory

The information on this certificate was obtained using equipment and methods capable of producing results traceable to NIST and only if the items  
conform to the certificate. NIIST Product Company will not be held responsible for any errors or omissions in the information on this certificate.  
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STATE OF MISSOURI  
DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BREATH ALCOHOL PROGRAM

**PERMIT**  
TYPE II  
**JORDAN INFRANCA**

is hereby authorized to install, and supervise operations, 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  
577.020 through 577.045, RSMo and 906.111 through 906.116, RSMo.

DATE: 6/21/2019  
NUMBER: 200130  
EXPIRES: 6/21/2021  
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY  
*[Signature]*  
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES  
Last 4 Digit: \_\_\_\_\_

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

**INSTRUMENT OPERATOR CARD**

The state of Missouri is authorized to operate an alcohol breath test  
in Missouri for the determination of the alcohol content of breath from a certified  
operator. This card is valid for the duration of the permit.

Operator: **JORDAN INFRANCA**  
Permit No: **200130**  
Date Issued: **6/21/2019** • Date Expires: **6/21/2021**