

RECEIVED

EPP

By Tracy Crews at 10:58 am, May 18, 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 04/05/2020	TIME OF INSPECTION 01:00
---------------------------------------	--------------------------------------------	----------------------------------	-----------------------------

CALIBRATION CHECK RESULTS		
Test	g/210L	Time
Air Blank	0.000	01:01
Cal Check	0.080	01:01
Air Blank	0.000	01:02
Cal Check	0.079	01:02
Air Blank	0.000	01:03
Cal Check	0.080	01:03
Air Blank	0.000	01:04

Pass

CALIBRATION CHECK SUMMARY		
STANDARD TYPE DRY	STANDARD LOT # 00919080A1	STANDARD EXPIRATION DATE 03/05/2021
SIM TEMPERATURE N/A	SIM SERIAL NUMBER N/A	SIM CERTIFICATE EXPIRATION N/A
STANDARD VALUE 0.080	STANDARD SUPPLIER CMI	
CALIBRATION CHECK RESULT 1 0.080		
CALIBRATION CHECK RESULT 2 0.079		
CALIBRATION CHECK RESULT 3 0.080		
MAXIMUM DEVIATION (MUST BE WITHIN 5%) 1.2%	SPREAD (MUST BE .005 OR LESS) 0.001	

DIAGNOSTIC TEST RESULTS	
Voltage/Current Test	Pass
RAM Test	Pass
EEPROM Checksum Test	Pass
Real Time Clock Test	Pass
DSP Test	Pass
Analytical Stability Test	Pass
Modem Test	Pass
Temperature Regulation Test	Pass

Pass

RFI TEST RESULTS		
Test	g/210L	Time
Air Blank	0.000	01:04
Subject Test	RFI*	01:05
Air Blank	0.000	01:05
*RFI Detect		

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	10	5	4	5	7	

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 	PRINT NAME NATHAN MAGERS	
TYPE II PERMIT NUMBER 290118	EXPIRATION DATE 05/29/2021	TELEPHONE NUMBER 8162345000



7 Eastgate Dr. • P.O. Box 790 • Jacksonville, IL 62651-0790  
217-245-2183 • Fax: 217-243-7634 • 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:	Analytical Accuracy (U, k=2):	Analytical Method:
Ethanol	288 ppm	+/- 0.002 BAC (G/210L)	NDIR
Nitrogen	Balance	(5.2 ppm)	

**Distributed by:**  
CMI Inc.  
316 East Ninth Street  
Owensboro, KY 42303  
Phone 866-835-0690  
www.alcoholtest.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. 09160306  
Certified 362.2 µmol/mol Ethanol in Nitrogen

*[Signature]*  
Specialty Gas Lab Tech

01-24-19  
Date



The 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 contained 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 purpose. The information use is at the sole discretion and risk of the user. Liability shall be limited to established replacement cost of full material or service.

ISO/IEC 17025:2005 Accredited Laboratory



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



## PERMIT TYPE II

**NATHAN I MAGERS**

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 5/29/2019

NUMBER 2901118

EXPIRES 5/29/2021

MO 589-0771 (6-10)

*[Signature]*  
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES  
LA-8-4 (R6-10)

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

The named contributor is authorized to operate an electronic breath alcohol instrument for the determination of the alcoholic content in breath form of expelled air in Missouri.

Operator: **MAGERS, NATHAN**  
Permit No: **290118**  
Date Issued: **5/29/2019** Date Expires: **5/29/2021**

