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**RECEIVED**

By Tracy Crews at 1:51 pm, Jul 14, 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 07/10/2020	TIME OF INSPECTION 15:38
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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	15:40	DRY	00919080A1	03/05/2021
Cal Check	0.079	15:40	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	15:41	N/A	N/A	N/A
Cal Check	0.079	15:41	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	15:42	0.080	CMI	
Cal Check	0.079	15:42	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	15:42	0.079		
Cal Check	0.079	15:42	CALIBRATION CHECK RESULT 2		
Air Blank	0.000	15:43	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	g/210L	Time
Voltage/Current Test	Pass		Air Blank	0.000	15:43
RAM Test	Pass		Subject Test	RFI*	15:43
EEPROM Checksum Test	Pass		Air Blank	0.000	15:44
Real Time Clock Test	Pass		*RFI Detect		
DSP Test	Pass		<b>Pass</b>		
Analytical Stability Test	Pass		<b>Pass</b>		
Modem Test	Pass		<b>Pass</b>		
Temperature Regulation Test	Pass		<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	7	0	4	3	9	

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

<b>INSPECTING OFFICER</b>	
SIGNATURE 	PRINT NAME DOUGLAS DAVIDSON
TYPE II PERMIT NUMBER 290087	TELEPHONE NUMBER 8162345000
EXPIRATION DATE 04/22/2021	



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 290087

EXPIRES 4/22/2021

10 58-071 (8-10)

*W.S.*  
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*[Signature]*  
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES  
LAB-4 (RE-10)

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

**INSTRUMENT OPERATOR CARD**

The named researcher is authorized to operate an end-tidal breath alcohol analyzer for the determination of the alcoholic content of expired air in Missouri.

Operator: **DAVIDSON, DOUGLAS**  
Permit No: **290087**  
Date Issued: **4/22/2019** Date Expires: **4/22/2021**



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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: 0.05 Liters @ 1000 psig 70°F (21°C)

Analytical

Component:	Ethanol	288 ppm	Balance
Reported Concentration:	(U, $\mu$ g/l):	4/-0.002, 9ACIG/210L	NDIR
Accuracy:	(U, $\mu$ g/l):	[5.2 ppm]	
Analytical Method:			
Distributed by:	CMI Inc.		
	Owensboro, KY 42303		
	Phone 866-835-0690		
	www.alcoholtest.com		

<sup>4</sup>NIST Traceable Reference Material  
Cylinder No. CC274523 / Job No. 09160306  
Certified 362.2  $\mu$ mol/mol 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).



*[Signature]*  
Specialty Gas Lab Tech

Date 01-24-19

The calibration results within this certificate were obtained using equipment and standards capable of producing analytical results comparable to NIST, and such only so the permit is issued on this certificate. ILMO Product Company makes no warranty, expressed or implied, for the use of this certificate for any purpose other than that for which it was issued. The information on this certificate is the sole responsibility of the user. ILMO Product Company makes no warranty, expressed or implied, for the use of this certificate for any purpose other than that for which it was issued. The information on this certificate is the sole responsibility of the user. ILMO Product Company makes no warranty, expressed or implied, for the use of this certificate for any purpose other than that for which it was issued.

ISO/IEC 17025:2005 Accredited Laboratory