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MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
STATE PUBLIC HEALTH LABORATORY

**RECEIVED**

By Tracy Crews at 12:14 pm, Aug 14, 2020

**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 08/06/2020	TIME OF INSPECTION 23:45
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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	23:47	DRY	00919080A1	03/05/2021
Cal Check	0.080	23:47	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	23:48	N/A	N/A	N/A
Cal Check	0.079	23:48	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	23:49	0.080	CMI	
Cal Check	0.079	23:49	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	23:49	0.080		
Cal Check	0.079	23:49	CALIBRATION CHECK RESULT 2		
Air Blank	0.000	23:49	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%	0.001	

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
			Test	g/210L	Time
Voltage/Current Test	Pass		Air Blank	0.000	23:50
RAM Test	Pass		Subject Test	RFI*	23:50
EEPROM Checksum Test	Pass		Air Blank	0.000	23:51
Real Time Clock Test	Pass		*RFI Detect		
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	1	2	2	0	5	

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 JEREMY WHITE
TYPE II PERMIT NUMBER 280275	EXPIRATION DATE 09/05/2020
TELEPHONE NUMBER 8163825881	



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



**PERMIT**  
TYPE II

**JEREMY A. WHITE**

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 308.111 through 308.119 RSMo.

DATE 9/5/2018

NUMBER 280275

EXPIRES 9/5/2020

MO 568-071 (9-18)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (RST10)

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

**INSTRUMENT OPERATOR CARD**

This permit authorizes the operator to use the instrument for the determination of the alcoholic content of breath from a sample of expired air in Missouri.

Operator: **WHITE, JEREMY**  
Permit No: **280275**  
Date Issued: **9/5/2018**  
Date Expires: **9/5/2020**

**Certificate of Analysis**

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



Certificate ID: **11721**  
Part #: **BAC105L080T**  
Cylinder Size: **105L**  
Lot Number: **00919080A1**  
Expiration: **3/5/2021**

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

Contents: **105 Liters @ 1000 psig 70°F (21°C)**

Component	Reported Concentration	Accuracy (U, 1=2)	Analytical Method
Ethanol	208 ppm	+/-0.002 BAC(57.10L)	NDIR
Nitrogen	Balance	±5.2 ppm	

Distributed by:  
**CHI, Inc.**  
316 East Ninth Street  
Owensboro, KY 42303  
Phone: 306-635-0690  
www.alcoholtest.com

<sup>49</sup>NIST Traceable Reference Material  
Cylinder No. **CG274523** / Job No. **09160306**  
Certified **302.2** ppm/100l 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



ISO/IEC 17025:2005 Accredited Laboratory

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 considered on this certificate. LUNA Products Company makes no warranty or representation as to the suitability of any use of any product not intended by the manufacturer. The information used to set the scale factor and other data of this user. Liability shall be limited to establishing replacement costs of this material or service.