

**RECEIVED**

By Tracy Crews at 8:45 am, Sep 16, 2020



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
STATE PUBLIC HEALTH LABORATORY  
**CMI INTOXILYZER 8000 MAINTENANCE REPORT**

EPD

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 09/03/2020	TIME OF INSPECTION 21:34
---------------------------------------	--	----------------------------------	-----------------------------

CALIBRATION CHECK RESULTS			CALIBRATION CHECK SUMMARY		
Test	g/210L	Time	STANDARD TYPE	STANDARD LOT #	STANDARD EXPIRATION DATE
Air Blank	0.000	21:35	DRY	14020080A2	07/05/2022
Cal Check	0.079	21:36	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	21:36	N/A	N/A	N/A
Cal Check	0.078	21:36	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	21:37	0.080	CMI	
Cal Check	0.078	21:37	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	21:37	0.079		
Cal Check	0.078	21:37	CALIBRATION CHECK RESULT 2		
Air Blank	0.000	21:38	0.078		
<b>Pass</b>			CALIBRATION CHECK RESULT 3		
			0.078		
			MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .005 OR LESS)	
			2.5%	0.001	

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
			Test	g/210L	Time
Voltage/Current Test	Pass		Air Blank	0.000	21:38
RAM Test	Pass		Subject Test	RFI*	21:39
EEPROM Checksum Test	Pass		Air Blank	0.000	21:39
Real Time Clock Test	Pass		*RFI Detect		
DSP Test	Pass		<b>Pass</b>		
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	0	.00-.04	3	.05-.09	3	.10-.14	3	.15-.19	0	OVER .19	7
	0		3		3		3		0		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	
P.O. SL R 5396		SHAWN DAVIS	
TYPE II PERMIT NUMBER		EXPIRATION DATE	
290088		04/22/2021	
		TELEPHONE NUMBER	
		816-234-5000	



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

### Certificate of Analysis

Certificate ID: 13021  
 Part #: BAC105L080T  
 Cylinder Size: 105L  
 Lot Number: 14020080A2  
 Expiration: 7/5/2022

180 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:	Distributed by:
oxygen	288 ppm	±0.892 BAC (67.26%L)	NDIR	CMI Inc
nitrogen	Balance	[5.2 ppm]		316 East Ninth Street Owensboro, KY 42303 Phone 866-835-0690 www.alcoholtest.com

Useable to: Ignited Reference Material - 262.4 µmol/mol  
 Analyzed in Nitrogen - Serial No. GND0015026 Lot No. 050319E11

daily Gas Lab Tech  
 Issuance Date: 06-15-2020



Illustration results within this certificate were obtained using equipment and standards capable of producing analytical results traceable to NIST, and apply only to the items analyzed and the conditions of use. The information use is at the sole discretion and risk of the user. Liability shall be limited to established replacement cost of this material or service.

ISO/IEC 17025:2017 Accredited Laboratory



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

PERMIT  
 TYPE II

SHAWN DAVIS

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: 2900088

EXPIRES: 4/22/2021

MO 98-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (PB-10)

STATE OF MISSOURI  
 DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 BREATH ALCOHOL PROGRAM  
**INSTRUMENT OPERATOR CARD**  
 The named contributor is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in a breath form of expired air in Missouri.  
 Operator: DAVIS, SHAWN  
 Permit No. 2900088  
 Date Issued: 4/22/2019 Date Expires: 4/22/2021

2