



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 10/07/2020	TIME OF INSPECTION 04:47
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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	04:48	DRY	14020080A2	07/05/2022
Cal Check	0.080	04:49	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	04:49	N/A	N/A	N/A
Cal Check	0.079	04:49	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	04:50	0.080	CMI	
Cal Check	0.079	04:50	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	04:51	0.080		
<b>Pass</b>			CALIBRATION CHECK RESULT 2		
			0.079		
			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	Pass	Time	Test	g/210L	Time
Voltage/Current Test	Pass		Air Blank	0.000	04:51
RAM Test	Pass		Subject Test	RFI*	04:52
EEPROM Checksum Test	Pass		Air Blank	0.000	04:52
Real Time Clock Test	Pass		*RFI Detect		
DSP Test	Pass		<b>Pass</b>		
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	
2	9	3	3	4	10	

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



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

### Certificate of Analysis

Articulate ID: 13021  
 Part #: BAC1051080T  
 Cylinder Size: 105L  
 Part Number: 14020080A2  
 Expiration: 7/5/2022

380 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	208 ppm	+/- 0.002 BAC (g/210L)	NDIR	CMI Inc.
nitrogen	Balance	[± 2 ppm]		316 East Ninth Street Owensboro, KY 42303 Phone 866-835-0690 www.alcoholtest.com

Storable up to 2 years in dry area, away from sources of heat, ignition and direct sunlight. Do not allow storage area to exceed 52 °C (125 °F).

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



Information within this certificate was obtained using equipment and standards capable of producing analytical results traceable to NIST, and apply only to the items specified in this certificate. ILMO Products Company makes no warranty or representation as to the suitability of the use of any information provided for any particular use. The information use at the site and the user shall be limited or 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

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 290118  
 EXPIRES 5/29/2021

*Nathan I Magers*  
 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

MO 980-071 (6-10) L&S-4 (06-10)

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

**INSTRUMENT OPERATOR CARD**

The named operator is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content of breath from a sample of expired air in Missouri.

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