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By Tracy Crews at 8:14 am, Aug 27, 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 80-005844	LOCATION OF INSTRUMENT KCMO POLICE DEPT.	DATE OF INSPECTION 08/20/2020	TIME OF INSPECTION 08:13
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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	08:15	DRY	14020080A2	07/05/2022
Cal Check	0.080	08:16	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	08:16	N/A	N/A	N/A
Cal Check	0.079	08:16	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	08:17	0.080	CMI	01402008
Cal Check	0.080	08:17	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	08:18	0.080		
Pass			CALIBRATION CHECK RESULT 2		
			0.079		
			CALIBRATION CHECK RESULT 3		
			0.080		
			MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .005 OR LESS)	
			1.2%	0.001	

0A2

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
			Test	g/210L	Time
Voltage/Current Test	Pass		Air Blank	0.000	08:18
RAM Test	Pass		Subject Test	RFI*	08:19
EEPROM Checksum Test	Pass		Air Blank	0.000	08:19
Real Time Clock Test	Pass		*RFI Detect		
DSP Test	Pass				
Analytical Stability Test	Pass				
Modem Test	Pass				
Temperature Regulation Test	Pass				
Pass			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	0	0	0	0	0	0

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 <i>[Signature]</i>	PRINT NAME JEREMY WHITE	EXPIRATION DATE 09/05/2020
TYPE II PERMIT NUMBER 280275	TELEPHONE NUMBER 8164828141	



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
Lot #: BAC105L080T
Cylinder Size: 105L
Cylinder Number: 14020080A2
Expiration Date: 7/5/2022

080 BAC (For the calibration of instruments used to determine breath alcohol concentration)

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

Reported Analytical Accuracy
Concentration: (U, k=2):
Balance Method:
288 ppm +/-0.002 gac(6/200) NDIR
Nitrogen (5:2 ppm)

Distributed by:
CMI Inc.
316 East Ninth Street
Owensboro, KY 42303
Phone 866-835-0690
www.alcoholtest.com

Accepted by:
Certified Reference Material - 262.4 µmol/mol
Nitrogen in Nitrogen - Serial No. GN0015026 Lot No. 050319E11

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

[Signature]
CMI Gas Lab Tech

06-15-2020
Issuance Date



Attention: Results within this certificate were obtained using equipment and standards capable of producing analytical results traceable to NIST, and apply only to the items
indicated. The information on this certificate is for informational purposes only. It is not intended to be used as a substitute for the user's manual or other instructions.
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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

MO S&D-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

[Signature]
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-104-10

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

The named operator is authorized to operate an individual breath alcohol
analyzer for the determination of the alcoholic content of breath from the expirant air
of a person. The information on this card is for informational purposes only. It is not
intended to be used as a substitute for the user's manual or other instructions.

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

