

**RECEIVED**

By Tracy Crews at 10:58 am, May 18, 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 80-005845	LOCATION OF INSTRUMENT KANSAS CITY PD	DATE OF INSPECTION 04/04/2020	TIME OF INSPECTION 23:42
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CALIBRATION CHECK RESULTS			CALIBRATION CHECK SUMMARY		
Test	g/210L	Time	STANDARD TYPE DRY	STANDARD LOT # 00919080A1	STANDARD EXPIRATION DATE 03/05/2021
Air Blank	0.000	23:48	SIM TEMPERATURE N/A	SIM SERIAL NUMBER N/A	SIM CERTIFICATE EXPIRATION N/A
Cal Check	0.081	23:48	STANDARD VALUE 0.080	STANDARD SUPPLIER CMI	
Air Blank	0.000	23:49	CALIBRATION CHECK RESULT 1 0.081		
Cal Check	0.082	23:49	CALIBRATION CHECK RESULT 2 0.082		
Air Blank	0.000	23:50	CALIBRATION CHECK RESULT 3 0.081		
Cal Check	0.081	23:50	MAXIMUM DEVIATION (MUST BE WITHIN 5%) 2.5%	SPREAD (MUST BE .005 OR LESS) 0.001	
Air Blank	0.000	23:51			
<b>Pass</b>					

DIAGNOSTIC TEST RESULTS		RFI TEST RESULTS		
Voltage/Current Test	Pass	Test	g/210L	Time
RAM Test	Pass	Air Blank	0.000	23:51
EEPROM Checksum Test	Pass	Subject Test	RFI*	23:52
Real Time Clock Test	Pass	Air Blank	0.000	23:52
DSP Test	Pass	*RFI Detect		
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	28	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 	PRINT NAME MAGERS	
TYPE II PERMIT NUMBER 290118	EXPIRATION DATE 05/29/2021	TELEPHONE NUMBER 8162345000



7 Eastgate Dr. • P.O. Box 790 • Jacksonvillle, IL 62651-10790  
 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:** 105 Liters @ 1000 psig 70°F (21°C)

Component	Reported Concentration:	Analytical Accuracy (U, k=2):	Analytical Method:	Distributed by:
Ethanol	208 ppm	+/-0.802 BAC(0/210L) NDIR		CMI Inc.
Nitrogen	Balance	(5.2 ppm)		316 East Ninth Street Owensboro, KY 42303 Phone 866-835-0690 <a href="http://www.alcoholtest.com">www.alcoholtest.com</a>

\*NIST Traceable Reference Material  
 Cylinder No. CC274523 / Job No. 09160306  
 Certified 362.2 µmol/mol Ethanol in Nitrogen

*[Signature]*  
 Specialty Gas Lab Tech

01-24-19  
 Date

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



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 contained on this certificate. ILMO Products Company reserves the right to discontinue or modify specifications without notice. The information on this certificate is for informational purposes only and does not constitute a warranty. The information on this certificate is for informational purposes only and does not constitute a warranty. The information on this certificate is for informational purposes only and does not constitute a warranty.

ISO/IEC 17025:2005 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 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 5/29/2019

NUMBER 290118

EXPIRES 5/29/2021

MO 596-0771 (6-10)

*[Signature]*  
 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*[Signature]*  
 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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

**INSTRUMENT OPERATOR CARD**

The named contributor is authorized to operate an individual breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.

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