

**RECEIVED**

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 80-005845	LOCATION OF INSTRUMENT KANSAS CITY PD	DATE OF INSPECTION 08/11/2020	TIME OF INSPECTION 13:47
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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	13:48	DRY	00919080A1	03/05/2021
Cal Check	0.079	13:49	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	13:49	N/A	N/A	N/A
Cal Check	0.080	13:50	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	13:50	0.080	CMI	
Cal Check	0.080	13:50	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	13:51	0.079		
Cal Check	0.080	13:51	CALIBRATION CHECK RESULT 2		
Air Blank	0.000	13:51	0.080		
<b>Pass</b>			CALIBRATION CHECK RESULT 3		
			0.080		
			MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .005 OR LESS)	
			1.2%	0.001	

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
Test	Pass/Fail	Time	Test	g/210L	Time
Voltage/Current Test	Pass		Air Blank	0.000	13:51
RAM Test	Pass		Subject Test	RFI*	13:52
EEPROM Checksum Test	Pass		Air Blank	0.000	13:52
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>					

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	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 	PRINT NAME NATHAN MAGERS
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TYPE II PERMIT NUMBER 290118	EXPIRATION DATE 05/29/2021	TELEPHONE NUMBER 8162345000
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7 Eastgate Dr. • P.O. Box 790 • Jacksonville, IL 62651-0790  
217-245-2183 • Fax: 217-243-7634 • www.ilmo-products.com

### Certificate of Analysis

certificate ID: 13021  
part #: BAC105L080T  
cylinder Size: 105L  
lot Number: 14020808A2  
expiration: 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)

Component: Analytical  
Reported Accuracy Analytical  
Concentration: (U, k=2) Method:  
208 ppm +/-0.002 BAC (6/21/04) NDIR  
Balance (5.2 ppm)

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

traceable to:  
NIST Reference Material - 262.4 µmol/mol  
and in Nitrogen - Serial No. GN0015026 Lot No. 050319E11

ILMO Gas Lab Tech  
*[Signature]*

06-15-2020  
Issuance 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).



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 listed on this certificate. ILMO Products Company makes no warranty or representation as to the suitability of the use of any information provided for any particular purpose. The information on this certificate is for informational purposes only. Liability shall be limited to established replacement cost of the 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

MO 563-0771 (6-10)

*[Signature]*  
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

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

LAB- (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 analyzer 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**