



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 10/07/2020	TIME OF INSPECTION 02:18
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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	02:20	DRY	14020080A2	07/05/2022
Cal Check	0.079	02:20	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	02:20	N/A	N/A	N/A
Cal Check	0.080	02:21	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	02:21	0.080	CMI	
Cal Check	0.079	02:22	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	02:22	0.079		
Cal Check	0.079	02:22	CALIBRATION CHECK RESULT 2		
Air Blank	0.000	02:22	0.080		
Pass			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	Result		Test	g/210L	Time
Voltage/Current Test	Pass		Air Blank	0.000	02:23
RAM Test	Pass		Subject Test	RFI*	02:23
EEPROM Checksum Test	Pass		Air Blank	0.000	02:24
Real Time Clock Test	Pass		*RFI Detect		
DSP Test	Pass		Pass		
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	.00-.04	.05-.09	.10-.14	.15-.19	OVER .19	
0	4	2	1	1	3	

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



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: 1402080A2
 Expiration: 7/5/2022

Intended Use: 180 BAC (For the calibration of instruments used to determine breath alcohol concentration)

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

Component	Reported Concentration:	Analytical Accuracy (U, K=2):	Analytical Method:
ethanol	208 ppm	+/- 0.002 BAC(6/21BL) ND/LR	ND/LR
nitrogen	Balance		

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

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



06-15-2020
 Issuance Date

[Signature]
 Jody Gas Lab Tech
[Signature]
 Travis Nelson

Information within this certificate was obtained using equipment and standards capable of producing analytical results traceable to NIST, and apply only to the items listed on this certificate. ILMO Product Company makes no warranty or representation as to the suitability of the use of any information provided for any particular application. 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

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PERMIT TYPE II

NATHAN I MAGERS

I am 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, INTOXLYZER 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 5/29/2021

NUMBER 290118

EXPIRES 5/29/2021

MO 960-0771 (6-10)

[Signature]
 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

[Signature]
 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

U9-4 (06-10)

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

INSTRUMENT OPERATOR CARD

The permit cardholder 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**