



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
STATE PUBLIC HEALTH LABORATORY  
**CMI INTOXILYZER 8000 MAINTENANCE REPORT**

**RECEIVED**  
By Tracy Crews at 10:47 am, Jan 05, 2021

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 <b>80-005827</b>	LOCATION OF INSTRUMENT <b>ORONOGO POLICE DEPT</b>	DATE OF INSPECTION <b>01/02/2021</b>	TIME OF INSPECTION <b>13:16</b>
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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	13:19	DRY	01019080A2	02/05/2021
Cal Check	0.082	13:19	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	13:20	N/A	N/A	N/A
Cal Check	0.082	13:20	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	13:20	0.080	ILMO SPECIALTY GASES	
Cal Check	0.082	13:21	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	13:21	0.082		
<b>Pass</b>			CALIBRATION CHECK RESULT 2		
			0.082		
			CALIBRATION CHECK RESULT 3		
			0.082		
			MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .005 OR LESS)	
			2.5%	0.000	

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
			Test	g/210L	Time
Voltage/Current Test	Pass		Air Blank	0.000	13:22
RAM Test	Pass		Subject Test	RFI*	13:23
EEPROM Checksum Test	Pass		Air Blank	0.000	13:24
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	0	0	1	0	1	

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).

<b>INSPECTING OFFICER</b>		
SIGNATURE 	PRINT NAME <b>CHRISTOPHER SHONK</b>	
TYPE II PERMIT NUMBER <b>290143</b>	EXPIRATION DATE <b>06/27/2021</b>	TELEPHONE NUMBER <b>4176731911</b>



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: 11729  
Part #: BAC105L080T  
Cylinder Size: 105L  
Lot Number: 01019080A2  
Expiration: 2/5/2021


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:
Ethanol	288 ppm	+/- 0.002 BAC (6/210L) (5.2 ppm)	NDIR
Nitrogen	Balance		

\*NIST Traceable Reference Material  
Cylinder No. CC274523 / Job No. 09160306  
Certified 362.2  $\mu\text{mol/mol}$  Ethanol in Nitrogen

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

  
Specialty Gas Lab Tech

01-23-19  
Date



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 makes no warranty or representation as to the suitability of the use of any information provided for any particular purpose. The information use is at the sole discretion and risk of the user. Liability shall be limited to established replacement cost of the material or service.

ISO/IEC 17025:2005 Accredited Laboratory



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



**PERMIT**  
**TYPE II**  
**CHRISTOPHER SHONK**

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

**INTOX DMT, INTOXILYZER 8000, ALCO-SENSOR IV W/PRINTER**

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 6/27/2019  
NUMBER 290143  
EXPIRES 6/27/2021

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 680 (07/14) 101

LAB 4 (PE 12)

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

**INSTRUMENT OPERATOR CARD**

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

Operator SHONK CHRISTOPHER  
Permit No 290143  
Date Issued 6/27/2019 Date Expires 6/27/2021