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By Tracy Crews at 7:52 am, Mar 22, 2021



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 80-005838	LOCATION OF INSTRUMENT KCMO POLICE DEPT.	DATE OF INSPECTION 03/10/2021	TIME OF INSPECTION 00:12
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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	00:14	DRY	14020080A2	07/05/2022
Cal Check	0.080	00:14	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	00:15	N/A	N/A	N/A
Cal Check	0.080	00:15	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	00:16	0.080	CMI	
Cal Check	0.079	00:16	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	00:16	0.080		
Cal Check	0.079	00:16	CALIBRATION CHECK RESULT 2		
Air Blank	0.000	00:16	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	Time	Test	g/210L	Time
Voltage/Current Test	Pass		Air Blank	RFI*	00:17
RAM Test	Pass		Air Blank	0.000	00:17
EEPROM Checksum Test	Pass		*RFI Detect		
Real Time Clock Test	Pass		Pass		
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	1	0	1	0	2		

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 DOUGLAS DAVIDSON	
TYPE II PERMIT NUMBER 290087		EXPIRATION DATE 04/22/2021	TELEPHONE NUMBER 8162345000



7 Eastgate Dr. • P.O. Box 790 • Jacksonville, IL 62651-0790
217-245-2193 • Fax: 217-243-7634 • www.ilmoproducts.com

Certificate of Analysis

Certificate ID: 13021
Part #: BAC105L089T
Cylinder Size: 105L
Lot Number: 140208080A2
Expiration: 7/5/2022

0.080 SAC (For the calibration of instruments used to determine breath alcohol concentration)

Component	Reported Concentration	Analytical Accuracy (U, %2)	Analytical Method
Ethanol	288 ppm	-/-0.002 SAC(220)	NDIR
Nitrogen	Balance	[5.2 ppm]	

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

⁵⁷Traceable to:
Certified Reference Material - 262.4 µmol/mol
Ethanol in Nitrogen - Serial No. GN0015026 Lot No. 050319E11

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

06-15-2020
Issuance Date



This calibration results with the use of the equipment and material capable of producing analytical results traceable to NIST, and only to the extent
disclosed on this certificate. ILSO Products Company makes no warranty or representation as to the validity of the use of any information provided for any particular
purpose. The responsibility is on the user to determine and the user's liability shall be limited to published specifications and the material for service.

ISO/IEC 17025:2017 Accredited Laboratory



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

PERMIT TYPE II

DOUGLAS DAVIDSON

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, 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 508.111 through 508.119 RSMo.

DATE 4/22/2019

NUMBER 290087

EXPIRES 4/22/2021

MO 888 0771 6-10

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LD-4 (9-16)

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

INSTRUMENT OPERATOR CARD

This permit authorizes the use of the instrument for routine breath alcohol
analysis. The instrument must be calibrated and maintained in accordance with the
Department of Health and Senior Services' Breath Alcohol Program Manual.
Operator: DAVIDSON, DOUGLAS
Permit No: 290087
Date Issued: 4/22/2019 Date Expires: 4/22/2021

