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By Tracy Crews at 1:41 pm, Oct 14, 2021



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY
CFR 101.010 CMI INTOXILYZER 8000 MAINTENANCE REPORT

MPD

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 10/08/2021	TIME OF INSPECTION 23:01
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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	23:02	DRY	14020080A2	07/05/2022
Cal Check	0.079	23:02	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	23:03	N/A	N/A	N/A
Cal Check	0.079	23:03	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	23:03	0.080	CMI	
Cal Check	0.079	23:04	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	23:04	0.079		
Cal Check	0.079	23:04	CALIBRATION CHECK RESULT 2		
Air Blank	0.000	23:04	0.079		
Pass			CALIBRATION CHECK RESULT 3		
			0.079		
			MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .005 OR LESS)	
			1.2%	0.000	

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
			Test	g/210L	Time
Voltage/Current Test	Pass				
RAM Test	Pass				
EEPROM Checksum Test	Pass		Air Blank	0.000	23:05
Real Time Clock Test	Pass		Subject Test	RFI*	23:05
DSP Test	Pass		Air Blank	0.000	23:05
Analytical Stability Test	Pass		*RFI Detect		
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	2	1	0	3	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).

TESTED AND CERTIFIED.

INSPECTING OFFICER

SIGNATURE 	PRINT NAME SHAWN DAVIS
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TYPE II PERMIT NUMBER 210059	EXPIRATION DATE 04/06/2023	TELEPHONE NUMBER 8162345000
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7 Eastgate Dr. • P.O. Box 790 • Jacksonville, IL 62651-0790
217-243-2183 • 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

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

Component	Reported Concentration	Analytical Accuracy (U, K=2)	Analytical Method
Ethanol	288 ppm	±1.8 ppm	NDIR
Nitrogen	Balance	±5.2 ppm	NDIR

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

*Traceable to:
Certified Reference Material - 262.4 µmol/l
Ethanol in Nitrogen - Serial No. CN0015026 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).

[Signature]
Specialty Gas Lab Tech

06-15-2020
Issuance Date



The calibration results within this certificate were obtained using equipment and standard methods 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 accuracy of the value of any other item or service
performed. The information on this certificate is for informational purposes only and is not intended to be used for any other purpose. The information on this certificate is for informational purposes only and is not intended to be used for any other purpose.

ISO/IEC 17025:2017 Accredited Laboratory



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

PERMIT
TYPE II

SHAWN E. DAVIS

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.

[Signature]
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DATE 4/6/2021

NUMBER 210059

EXPIRES 4/6/2023

MO 90-0771 (8-10)

[Signature]
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LS-4 (rev. 10)

STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM
INSTRUMENT OPERATOR CARD

The information on this card is for informational purposes only and is not intended to be used for any other purpose.

Operator: DAVIS, SHAWN
Date Expires: 4/6/2023
Card Number: 4100261