

RECEIVED

By Tracy Crews at 7:53 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 80-005839 | | LOCATION OF INSTRUMENT KCMO POLICE DEPT | | DATE OF INSPECTION 03/10/2021 | | TIME OF INSPECTION 02:02 | | |
| CALIBRATION CHECK RESULTS | | | | CALIBRATION CHECK SUMMARY | | | | |
| Test ----- Air Blank Cal Check Air Blank Cal Check Air Blank Cal Check Air Blank | g/210L ----- 0.000 0.081 0.000 0.080 0.000 0.081 0.000 | Time ----- 02:03 02:04 02:04 02:05 02:05 02:05 02:06 | STANDARD TYPE DRY | STANDARD LOT # 14020080A2 | STANDARD EXPIRATION DATE 07/05/2022 | | | |
| | | | SIM TEMPERATURE N/A | SIM SERIAL NUMBER N/A | SIM CERTIFICATE EXPIRATION N/A | | | |
| | | | STANDARD VALUE 0.080 | STANDARD SUPPLIER CMI | | | | |
| | | | CALIBRATION CHECK RESULT 1 | | | 0.081 | | |
| | | | CALIBRATION CHECK RESULT 2 | | | 0.080 | | |
| | | | CALIBRATION CHECK RESULT 3 | | | 0.081 | | |
| | | | MAXIMUM DEVIATION (MUST BE WITHIN 5%) 1.2% | | | SPREAD (MUST BE .005 OR LESS) 0.001 | | |
| DIAGNOSTIC TEST RESULTS | | | | RFI TEST RESULTS | | | | |
| Voltage/Current Test Pass RAM Test Pass EEPROM Checksum Test Pass Real Time Clock Test Pass DSP Test Pass Analytical Stability Test Pass Modem Test Pass Temperature Regulation Test Pass | | | | Test ----- Air Blank 0.000 02:06 Subject Test RFI* 02:07 Air Blank 0.000 02:07 *RFI Detect | | | | |
| 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 | 0 | 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 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
217-245-2183 • Fax: 217-243-7534 • www.ilmoproducts.com

Certificate of Analysis

Certificate ID: 13821
Part #: BAC105L080T
Cylinder Size: 105L
Lot Number: 14020086A2
Expiration: 7/5/2022

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

| Component | Reported Concentration | Analytical Accuracy (U, %±) | Analytical Method |
|-----------|------------------------|-----------------------------|-------------------|
| Ethanol | 208 ppm | +/- 0.003 mcg(200) | NDR |
| Nitrogen | Balance | (5.2 ppm) | |

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

*Traceable to:
Certified Reference Material - 2624 umol/mol
Ethanol in Nitrogen - Serial No. GNM01.5026 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



The calibration values on this certificate were obtained using equipment and standard gases of primary analytical grade, traceable to NIST, and fully valid to NIST from
calibration on this certificate. LMS Products Company makes no warranty or representation as to the suitability of the use of any instrument provided for by its product
except the information on its data sheet and the label. Labels that are marked as established replacement cost of that instrument or service.

ISOIEC 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, 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: 4/27/2019
NUMBER: 290087
EXPIRES: 4/22/2021
MO 840-0711 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 840-0711 (6-10)

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

INSTRUMENT OPERATOR CARD

The number printed on this card is the instrument's unique identification number. This number must be entered on the instrument's data sheet at the time of each test. The instrument must be calibrated and the calibration must be verified at the time of each test. The instrument must be used in accordance with the instructions provided in the instrument's manual.

Operator: DAVIDSON, DOUGLAS
Printed No: 290087
Data Sheet: (6-10) Data Expires: 4/22/2021