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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
CMI INTOXILYZER 8000 MAINTENANCE REPORT

SCPD

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 10/08/2021	TIME OF INSPECTION 21:27
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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	21:29	DRY	14020080A2	07/05/2022
Cal Check	0.080	21:29	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	21:30	N/A	N/A	N/A
Cal Check	0.081	21:30	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	21:31	0.080	CMI	
Cal Check	0.080	21:31	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	21:31	0.080		
Cal Check	0.080	21:31	CALIBRATION CHECK RESULT 2		
Air Blank	0.000	21:31	0.081		
Pass			CALIBRATION CHECK RESULT 3		
			0.080		
			MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .005 OR LESS)	
			1.2%	0.001	

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
Test	Pass	Time	Test	g/210L	Time
Voltage/Current Test	Pass		Air Blank	0.000	21:32
RAM Test	Pass		Subject Test	RFI*	21:32
EEPROM Checksum Test	Pass		Air Blank	0.000	21:33
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	12	1	2	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 <i>PO. S K 5396</i>	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
217-245-2183 • 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

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

Component:	Reported Concentration:	Analytical Accuracy (U, k=2):	Analytical Method:	Distributed by:
Ethanol	208 ppm	+/-0.802 gAC/(g2AL)	NDS	CMI Inc. 316 East Ninth Street Owensboro, KY 42303 Phone 866-835-0690 www.alcoholtest.com
Nitrogen	Balance	+/-3 ppm		

*Traceable to:
Certified Reference Material - 762.4 µmol/mol
Ethanol in Nitrogen - Serial No. GNM015026 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
[Signature]

06-15-2020
Issuance Date



The calibration results shown on this certificate were obtained using equipment and standard methods traceable to NIST, and apply only to the items specified on this certificate. LMO Products Company makes no warranty or representation as to the liability of the user of any information provided for any particular purpose. The information is at the sole discretion and risk of the user. Labeling shall be limited to established requirements of the material or process.
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.

DATE 4/6/2021
NUMBER 210059
EXPIRES 4/6/2023
MO 980.0771 (6-10)
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
[Signature]
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
LMS4 (05-10)

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

The instrument operator is authorized to operate and maintain the following instrument(s) in Missouri:
Operator: DAVIS, SHAWN
Permit No: 210059
Date Expires: 4/6/2023