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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 80-005840	LOCATION OF INSTRUMENT KCMO POLICE DEPT.	DATE OF INSPECTION 03/10/2021	TIME OF INSPECTION 02:27
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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	02:28	DRY	14020080A2	07/05/2022
Cal Check	0.082	02:29	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	02:29	N/A	N/A	N/A
Cal Check	0.082	02:30	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	02:30	0.080	CMI	
Cal Check	0.082	02:30	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	02:31	0.082		
Cal Check	0.082	02:30	CALIBRATION CHECK RESULT 2		
Air Blank	0.000	02:31	0.082		
Cal Check	0.082	02:30	CALIBRATION CHECK RESULT 3		
Air Blank	0.000	02:31	0.082		
Pass			MAXIMUM DEVIATION (MUST BE WITHIN 5%)		SPREAD (MUST BE .005 OR LESS)
			2.5%		0.000

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
Test	Pass/Fail	Time	Test	g/210L	Time
Voltage/Current Test	Pass		Air Blank	0.000	02:32
RAM Test	Pass		Reference	RFI*	02:32
EEPROM Checksum Test	Pass		Air Blank	0.000	02:32
Real Time Clock Test	Pass		*RFI Detect		
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	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
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TYPE II PERMIT NUMBER 290087	EXPIRATION DATE 04/22/2021	TELEPHONE NUMBER 8162345000
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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: 138921
Part #: BAC105L080T
Cylinder Size: 105L
Lot Number: 14020089A2
Expiration: 7/5/2022

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, e =2)	Analytical Method
Ethanol	208 ppm	±4.862 µC(±2σ)	NDIR
Nitrogen	Balance	±3.2 ppm	

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

*Traceable to:
Certified Reference Material - 2624 µmol/mol
Ethanol in Nitrogen - Serial No. GM0015026 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 information herein indicates that our facilities were examined using equipment and standards capable of producing analytical results traceable to NIST and apply only to the items covered in this certificate. ILMO Products Company makes no warranty or representation as to the suitability of the use of any information provided for any purpose other than that for which it was intended. Liability shall be limited to the actual replacement cost of the material or service. The information size is at the user's discretion and risk of the user. Liability shall be limited to the actual replacement cost of the material or 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, 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 260087

EXPIRES 4/22/2021

MO 860-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 860-0771 (6-10)

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

The issuing of this permit is contingent upon the operator's successful completion of the Missouri State Alcohol Sensor Services Training Program. This permit is valid for the duration of the operator's training and is subject to the provisions of the Missouri State Alcohol Sensor Services Training Program. This permit is not valid for the operation of any other type of breathalyzer.

Operator: DAVIDSON, DOUGLAS
Date Issued: 4/27/19 Date Expires: 4/22/21

