

RECEIVED

By Tracy Crews at 3:48 pm, Dec 07, 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 11/09/2021 | TIME OF INSPECTION 02:17 |
|---------------------------------------|---|----------------------------------|-----------------------------|

| CALIBRATION CHECK RESULTS | | | CALIBRATION CHECK SUMMARY | | |
|---------------------------|--------|-------|---|------------------------------|--|
| Test | g/210L | Time | STANDARD TYPE DRY | STANDARD LOT # 14020080A2 | STANDARD EXPIRATION DATE 07/05/2022 |
| Air Blank | 0.000 | 02:18 | SIM TEMPERATURE N/A | SIM SERIAL NUMBER N/A | SIM CERTIFICATE EXPIRATION N/A |
| Cal Check | 0.083 | 02:19 | STANDARD VALUE 0.080 | STANDARD SUPPLIER CMI | |
| Air Blank | 0.000 | 02:19 | CALIBRATION CHECK RESULT 1 0.083 | | |
| Cal Check | 0.081 | 02:19 | CALIBRATION CHECK RESULT 2 0.081 | | |
| Air Blank | 0.000 | 02:20 | CALIBRATION CHECK RESULT 3 0.082 | | |
| Cal Check | 0.082 | 02:20 | MAXIMUM DEVIATION (MUST BE WITHIN 5%) 3.7% | | |
| Air Blank | 0.000 | 02:21 | SPREAD (MUST BE .005 OR LESS) 0.002 | | |

Pass

| DIAGNOSTIC TEST RESULTS | | | RFI TEST RESULTS | | |
|-----------------------------|------|--|------------------|--------|-------|
| Voltage/Current Test | Pass | | Test | g/210L | Time |
| RAM Test | Pass | | Air Blank | 0.000 | 02:21 |
| EEPROM Checksum Test | Pass | | Subject Test | RFI* | 02:22 |
| Real Time Clock Test | Pass | | Air Blank | 0.000 | 02:22 |
| DSP Test | Pass | | *RFI Detect | | |
| 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 NATHAN MAGERS |
|---------------|-----------------------------|

| | | |
|---------------------------------|-------------------------------|--------------------------------|
| TYPE II PERMIT NUMBER 210105 | EXPIRATION DATE 05/18/2023 | TELEPHONE NUMBER 8162345000 |
|---------------------------------|-------------------------------|--------------------------------|



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



PERMIT
TYPE II
NATHAN MAGERS

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 5/18/2021

NUMBER 210105

EXPIRES 5/18/2023

MO 380-0771 (8-10)

[Signature]
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
Lisa, (86-10)

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

The named contributor is authorized to operate an ancillary breath alcohol instrument for the determination of the alcoholic content of breath from an operator.

Operator **MAGERS, NATHAN**
Permit No **210105**
Date Issued **5/18/2021** Date Expires **5/18/2023**



7 Eastgate Dr. • P.O. Box 790 • Jacksonville, IL 62651-0790
217-245-2183 • Fax: 217-243-7634 • www.ilmo-products.com

Certificate of Analysis

Certificate ID: 13021

Part #: BAC105L080T

Cylinder Size: 105L

Lot Number: 14020080A2

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 | Accuracy (U, K ²) | Analytical Method | Distributed by: |
|-----------|------------------------|-------------------------------|-------------------|---|
| Ethanol | 208 ppm | +/- 0.002 BAC (G/210L) | NDIR | GMI, Inc. |
| Nitrogen | Balance | (5.2 ppm) | | 316 East Ninth Street Owensboro, KY 42303 Phone 866-835-0690 www.alcoholtest.com |

*Traceable 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
[Signature]
06-15-2020
Issuance Date



The calibration results within this certificate were obtained using equipment and standards capable of producing analytical results traceable to NIST, and apply only to the items covered on this certificate. EMO Products Company makes no warranty or representation as to the suitability of the use of any information provided for any particular purpose. The information was obtained from the user. Liability shall be limited to established replacement costs of this equipment or service.