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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 80-005841	LOCATION OF INSTRUMENT KCMO POLICE DEPT.	DATE OF INSPECTION 03/10/2021	TIME OF INSPECTION 01:54
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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	01:55	DRY	14020080A2	07/05/2022
Cal Check	0.080	01:55	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	01:56	N/A	N/A	N/A
Cal Check	0.079	01:56	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	01:57	0.080	CMI	
Cal Check	0.079	01:57	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	01:58	0.080		
Pass			CALIBRATION CHECK RESULT 2		
			0.079		
			CALIBRATION CHECK RESULT 3		
			0.079		
			MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .005 OR LESS)	
			1.2%	0.001	

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
Voltage/Current Test	Pass		Test	g/210L	Time
RAM Test	Pass		Air Blank	0.000	01:58
EEPROM Checksum Test	Pass		Subject Test	RFI*	01:58
Real Time Clock Test	Pass		Air Blank	0.000	01:59
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		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: 217-243-7634 • www.ilmoproducts.com

Certificate of Analysis

Certificate ID: 13021
Part #: BAC105L089T
Cylinder Size: 105L
Lot Number: 140208080A2
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 Analytical
Concentration: (U, %2): Method:
Ethanol: 208 ppm Balance 4-0-803 BAC(200) MDR
Nitrogen: 5.2 ppm

Distributed by:
CMI Inc.
316 East Ninth Street
Owensboro, KY 42303
Phone 846-835-0690
www.cmiinc.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).

[Signature]
Specialty Gas Lab Tech

06-15-2020
Issuance Date



ISO/IEC 17025:2017 Accredited Laboratory

The information on this certificate was obtained using equipment and methods capable of producing analytical results traceable to NIST and apply only to the items
described on this certificate. ILMO Products Company makes no warranty or representation as to the suitability of the use of any information provided on any product
except the information on its labeling and data sheets. ILMO Products Company shall be deemed to have accepted responsibility for the accuracy of the information on this certificate.



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: 4/22/2019
NUMBER: 290087
EXPIRES: 4/22/2021
MO 880-0771 (6-10)
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
L9-4 (04-10)

STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM
INSTRUMENT OPERATOR CARD
The information on this card is for the use of the operator only. It is not to be used for the determination of the alcoholic content of breath.
Operator: DAVIDSON, DOUGLAS
Print No: 290087
Date Issued: 4/22/2019 Date Expires: 4/22/2021