

RECEIVED

By Tracy Crews at 7:54 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 80-005842	LOCATION OF INSTRUMENT KANSAS CITY POLICE	DATE OF INSPECTION 03/10/2021	TIME OF INSPECTION 05:19
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CALIBRATION CHECK RESULTS

Test	g/210L	Time
Air Blank	0.000	05:21
Cal Check	0.080	05:21
Air Blank	0.000	05:21
Cal Check	0.080	05:22
Air Blank	0.000	05:22
Cal Check	0.081	05:22
Air Blank	0.000	05:23

Pass

CALIBRATION CHECK SUMMARY

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 0.080		
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

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

Pass

RFI TEST RESULTS

Test	g/210L	Time
Air Blank	0.000	05:24
Subject Test	RFI*	05:24
Air Blank	0.000	05:24

*RFI Detect

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	5	0	0	1	1

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
217-245-2193 • Fax: 217-243-7634 • www.ilmproducts.com

Certificate of Analysis

Certificate ID: 13021
Part #: BAC105L0887
Cylinder Size: 105L
Lot Number: 14020880A2
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, (%)): Accuracy
Ethanol: 208 ppm Balance +/-0.003 BAC(0.208) MDR
Nitrogen: (5.2 ppm) Method: Analytical

Distributed by:
CMI Inc.
316 East Ninth Street
Owensboro, KY 42303
Phone 856-835-0690
www.alcoholtest.com

*Traceable to:
Certified Reference Material - 262.4 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).

[Signature]
Special Gas Lab Tech

06-15-2020
Issuance Date



The laboratory results within this certificate were obtained using equipment and standard capable of producing analytical results traceable to NIST, and fully compliant with the requirements for this certificate. ILMPO Products Company makes no warranty or representation as to the accuracy of the data or the quality of the materials provided for any particular purpose. The information on this certificate is for informational purposes only and does not constitute an offer of any product 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: 4/22/2019
NUMBER: 290087
EXPIRES: 4/22/2021
MO 885-0771 (6-10)

[Signature]
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
MO 885-0771 (6-10)

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

This instrument certificate is valid for the instrument and operator only. It is not valid for the instrument or operator if the instrument is used for any other purpose or if the operator is not the one listed on the certificate. The instrument must be used in accordance with the manufacturer's instructions and the operator must be trained and certified in accordance with the requirements of the Missouri Department of Health and Senior Services.

Operator: DAVIDSON, DOUGLAS
Date: 06/15/2020
Date Expires: 06/15/2021