

**RECEIVED**

By Tracy Crews at 7:54 am, Mar 22, 2021



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
STATE PUBLIC HEALTH LABORATORY  
**CFR 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 80-005843	LOCATION OF INSTRUMENT KANSAS CITY P.D.	DATE OF INSPECTION 03/10/2021	TIME OF INSPECTION 01:46
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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	01:47	DRY	14020080A2	07/05/2022
Cal Check	0.081	01:47	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	01:48	N/A	N/A	N/A
Cal Check	0.079	01:48	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	01:48	0.080	CMI	
Cal Check	0.078	01:49	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	01:49	0.081		
Cal Check	0.078	01:49	CALIBRATION CHECK RESULT 2		
Air Blank	0.000	01:49	0.079		
<b>Pass</b>			CALIBRATION CHECK RESULT 3		
			0.078		
			MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .005 OR LESS)	
			2.5%	0.003	

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
Test	Result	Time	Test	g/210L	Time
Voltage/Current Test	Pass		Air Blank	RFI*	01:49
RAM Test	Pass		Air Blank	0.000	01:50
EEPROM Checksum Test	Pass		*RFI Detect		
Real Time Clock Test	Pass		<b>Pass</b>		
DSP Test	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	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	EXPIRATION DATE 04/22/2021	TELEPHONE NUMBER 8162345000
TYPE/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 #: 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 Analytical  
Concentration: Accuracy  
(U, L=2): Method:  
Ethanol 208 ppm +/-4.803 sec(620A) NDIR  
Nitrogen Balance (-5.2 ppm)

Distributed by:  
CMI Inc.  
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. SMO015026 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

06/25/2020  
Issuance Date



The calibration results within this certificate were obtained using equipment and standards capable of producing analytical results comparable to NIST and apply only to the item  
indicated on this certificate. ILMCO Products Company makes no warranty or representation as to the suitability of the use of any instrument provided for any particular  
purpose. The information on this label, instruction and risk of use view, liability shall be limited in established replacement cost of this equipment 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: 6/22/2019  
NUMBER: 290087  
EXPIRES: 6/22/2021  
MO 8660771 (8-10)  
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY  
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES  
LAD 866/10

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

**INSTRUMENT OPERATOR CARD**

The instrument certificate number is 14020080A2. The instrument is certified for the determination of the alcoholic content of breath from a sample of expired air.  
Operator: DAVIDSON, DOUGLAS  
Date Issued: 6/22/2019 Date Expires: 6/22/2021