



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY
CMI INTOXILYZER 8000 MAINTENANCE REPORT

EPD

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 10/08/2021	TIME OF INSPECTION 22:27
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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	22:28	DRY	14020080A2	07/05/2022
Cal Check	0.081	22:29	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	22:29	N/A	N/A	N/A
Cal Check	0.080	22:30	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	22:30	0.080	CMI	
Cal Check	0.080	22:30	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	22:31	0.081		
Cal Check	0.080	22:31	CALIBRATION CHECK RESULT 2		
Air Blank	0.000	22:31	0.080		
Cal Check	0.080	22:31	CALIBRATION CHECK RESULT 3		
Air Blank	0.000	22:31	0.080		
Pass			MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .006 OR LESS)	
			1.2%	0.001	

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
			Test	g/210L	Time
Voltage/Current Test	Pass		-----		
RAM Test	Pass		Air Blank	0.000	22:31
EEPROM Checksum Test	Pass		Subject Test	RFI*	22:32
Real Time Clock Test	Pass		Air Blank	0.000	22:33
DSP Test	Pass		*RFI Detect		
Analytical Stability Test	Pass		Pass		
Modem Test	Pass		Pass		
Temperature Regulation Test	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	1	0	1	1	3	

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 P.O. [Signature] K 5396	PRINT NAME SHAWN DAVIS	
TYPE II PERMIT NUMBER 210059	EXPIRATION DATE 04/06/2023	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)

Component	Reported Concentration	Analytical Accuracy (U, K=2)	Analytical Method
Ethanol	208 ppm	+/- 0.002 BAC(6/200)	NDR
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 - 2624 (mmol/mol)
 Ethanol in Nitrogen - Serial No. GND015026 Lot No. 050319E11

Score 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 T&S
[Signature]

06-15-2020
 Issuance Date



ISO/IEC 17025:2017 Accredited Laboratory



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

**PERMIT
 TYPE II**

SHAWN E. DAVIS

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 4/6/2021
 NUMBER 210059
 EXPIRES 4/6/2023
 MO 580 0771 (6-19)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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

INSTRUMENT OPERATOR CARD

This standard cardholder is authorized to operate an **intoxilyzer** (instrument) for the determination of the alcoholic content of breath (permitted) in Missouri.

Operator: **DAVIS, SHAWN**
 Permit No: **210059**
 Date Issued: **4/6/2021** Date Expires: **4/6/2023**