



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 80-005844	LOCATION OF INSTRUMENT KCMO POLICE DEPT.	DATE OF INSPECTION 03/10/2021	TIME OF INSPECTION 02:11
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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	02:13	DRY	14020080A2	07/05/2022
Cal Check	0.080	02:13	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	02:13	N/A	N/A	N/A
Cal Check	0.081	02:14	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	02:14	0.080	CMI	01402008
Cal Check	0.079	02:15	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	02:15	0.080		
Pass			CALIBRATION CHECK RESULT 2		
			0.081		
			CALIBRATION CHECK RESULT 3		
			0.079		
			MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .005 OR LESS)	
			1.2%	0.002	

0A2

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
			Test	g/210L	Time
Voltage/Current Test	Pass		Air Blank	0.000	02:16
RAM Test	Pass		Subject Test	RFI*	02:16
EEPROM Checksum Test	Pass		Air Blank	0.000	02:16
Real Time Clock Test	Pass		*RFI Detect		
DSP Test	Pass				
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 <i>[Signature]</i>	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: 13821
Part #: BAC105L089T
Cylinder Size: 105L
Lot Number: 14020089A2
Expiration: 7/5/2022

0.080 BAC (for the calibration of instruments used to determine breath alcohol concentration)

Component:	Reported Concentration:	Analytical Accuracy (U, %):	Analytical Method:
Ethanol	208 ppm	-1.0 ppm	MORR
Nitrogen	Balance	15.2 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. GM0015026 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).

[Signature]
Specialty Gas Lab Tech

06-15-2020
Issuance Date



The calibration results within this certificate were obtained using equipment and methods capable of producing certified results traceable to NIST, and apply only to the item certified in this certificate. ILMO 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 it is for informational purposes only and does not constitute an offer of any product or service. Liability shall be limited to established replacement costs of this instrument 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 880-0771 (8-10)

[Signature]
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
CDA 94-10

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

The instrument operator is responsible for ensuring that the instrument is properly calibrated and maintained in accordance with the manufacturer's instructions and the provisions of the Missouri Revised Statutes, Chapter 577, Sections 577.020 through 577.041.

Operator: DAVIDSON, DOUGLAS
Permit No: 290087
Date Issued: 4/22/2019 Date Expires: 4/22/2021

