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By Tracy Crews at 1:42 pm, Oct 14, 2021



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

*Bob Cave*

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 10/08/2021	TIME OF INSPECTION 23:43
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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	23:45	DRY	14020080A2	07/05/2022
Cal Check	0.080	23:45	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	23:46	N/A	N/A	N/A
Cal Check	0.078	23:46	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	23:46	0.080	CMI	01402008
Cal Check	0.078	23:47	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	23:47	0.080		
Cal Check	0.078	23:47	CALIBRATION CHECK RESULT 2		
Air Blank	0.000	23:47	0.078		
Cal Check	0.078	23:47	CALIBRATION CHECK RESULT 3		
Air Blank	0.000	23:47	0.078		
<b>Pass</b>			MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .005 OR LESS)	
			2.5%	0.002	

0A2

DIAGNOSTIC TEST RESULTS		RFI TEST RESULTS		
Voltage/Current Test	Pass	Test	g/210L	Time
RAM Test	Pass	Air Blank	0.000	23:48
EEPROM Checksum Test	Pass	Subject Test	RFI*	23:48
Real Time Clock Test	Pass	Air Blank	0.000	23:48
DSP Test	Pass	*RFI Detect		
Analytical Stability Test	Pass			
Modem Test	Pass			
Temperature Regulation Test	Pass			
<b>Pass</b>		<b>Pass</b>		

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

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>P.O. R 5396</i>	PRINT NAME SHAWN DAVIS
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TYPE II PERMIT NUMBER 210059	EXPIRATION DATE 04/06/2023	TELEPHONE NUMBER 8162345000
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7 Eastgate Dr. • P.O. Box 790 • Jacksonvillle, IL 62351-0790  
217-245-2153 • Fax: 217-243-7634 • www.ilmoproducts.com

### Certificate of Analysis

Certificate ID: 13021  
Part #: BAC105L089T  
Cylinder Size: 105L  
Lot Number: 1402080A2  
Expiration: 7/5/2022

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

Component:	Reported Concentration:	Analytical Accuracy (U, kC-2):	Analytical Method:	Distributed by:
Ethanol	208 ppm	+/- 0.002 3ac(6r/21a)	NDIR	CPM Inc. 316 East Ninth Street Owensboro, KY 42303 Phone 866-835-0690 www.aicoholtest.com
Nitrogen	Balance	[5.2 ppm]		

\*Traceable to:  
Certified Reference Material - 262.4 µmol/mol  
Ethanol in Nitrogen - Serial No. GN0015026 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 Tech  
*[Signature]*

Issuance Date: 06-15-2020



ISOLIC 17025:2017 Accredited Laboratory

The calibration results within this certificate were obtained using equipment and standards capable of producing analytical results traceable to NIST and subject to data items contained on this certificate. LMO Products Company makes no warranty or representation regarding the accuracy of the results reported hereon for any particular purpose. The information on this certificate is for informational purposes only and does not constitute a warranty or representation of any kind.



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, INTOXLYZER 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: 210050  
EXPIRES: 4/6/2023

MO 580-071 (6-10)  
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY  
*[Signature]*  
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES  
L-04 (6-07)

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

The permit holder is authorized to operate an ethanol breath alcohol analyzer for the determination of the alcoholic content in breath from a subject who is arrested.

NAME: SHAWN  
Permit No: 210050  
Date Issued: 4/6/2021 Date Expires: 4/6/2023