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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 80-005845	LOCATION OF INSTRUMENT KANSAS CITY PD	DATE OF INSPECTION 03/10/2021	TIME OF INSPECTION 01:27
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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	01:28	DRY	14020080A2	07/05/2022
Cal Check	0.081	01:29	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	01:29	N/A	N/A	N/A
Cal Check	0.080	01:29	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	01:30	0.080	CMI	
Cal Check	0.081	01:30	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	01:31	0.081		
Cal Check	0.081	01:30	CALIBRATION CHECK RESULT 2		
Air Blank	0.000	01:31	0.080		
Cal Check	0.081	01:30	CALIBRATION CHECK RESULT 3		
Air Blank	0.000	01:31	0.081		
Pass			MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .005 OR LESS)	
			1.2%	0.001	

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
Test	Pass	Time	Test	g/210L	Time
Voltage/Current Test	Pass		Air Blank	RFI*	01:31
RAM Test	Pass		Air Blank	0.000	01:32
EEPROM Checksum Test	Pass		*RFI Detect		
Real Time Clock Test	Pass				
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	1	2	4	0	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 	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.ilmoproducts.com

Certificate of Analysis

Certificate ID: 13021
Part #: BACT05L0887
Cylinder Size: 105L
Lot Number: 14020808A2
Expiration: 7/5/2022

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

Component	Reported Concentration	Analytical Accuracy (U (k±))	Analytical Method
Ethanol Microgram	208 ppm	+/-0.003 BAC(0.200) (5.2 ppm)	NDIR

Distributed by:
CMI Inc.
316 East Ninth Street
Owensboro, KY 42303
Phone 866-835-0690
www.alcoholtest.com

²⁷Traceable to:
Certified Reference Material - 262.4 µmol/mol
Ethanol in Nitrogen - Serial No. GN0015026 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

06/15/2020
Issuance Date



The information on this certificate was obtained using equipment and methods capable of producing analytical results traceable to NIST, and fully compliant with the requirements of the certificate. LMO Products Company makes no warranty or representation as to the suitability of the use of any information provided for any purpose. The information on a certificate is not a guarantee of the accuracy of the results. Calibration shall be made to established replacement costs of the 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 29M087
EXPIRES 4/22/2021
MO 88-071 (6-10)

Davidson
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
L-9-4 (96-10)

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

INSTRUMENT OPERATOR CARD

This card is to be used by a person authorized to operate an instrument which is used for the determination of the alcoholic content of blood from a sample of expired air. The instrument shall be calibrated and the operator shall be trained in the use of the instrument. The operator shall be trained in the use of the instrument and shall be trained in the use of the instrument.

Operator: **DAVIDSON, DOUGLAS**
Permit No: **200087**
Date Issued: **4/22/2019** Due Expires: **4/22/2021**