



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<br>80-005845 | LOCATION OF INSTRUMENT<br>KANSAS CITY PD | DATE OF INSPECTION<br>04/12/2021 | TIME OF INSPECTION<br>08:45 |
|---------------------------------------|--|----------------------------------|-----------------------------|

| CALIBRATION CHECK RESULTS |        |       | CALIBRATION CHECK SUMMARY             |                               |                            |
|---------------------------|--------|-------|---------------------------------------|-------------------------------|----------------------------|
| Test                      | g/210L | Time  | STANDARD TYPE                         | STANDARD LOT #                | STANDARD EXPIRATION DATE   |
| Air Blank                 | 0.000  | 08:47 | DRY                                   | 14020080A2                    | 07/05/2022                 |
| Cal Check                 | 0.081  | 08:48 | SIM TEMPERATURE                       | SIM SERIAL NUMBER             | SIM CERTIFICATE EXPIRATION |
| Air Blank                 | 0.000  | 08:48 | N/A                                   | N/A                           | N/A                        |
| Cal Check                 | 0.080  | 08:48 | STANDARD VALUE                        | STANDARD SUPPLIER             |                            |
| Air Blank                 | 0.000  | 08:49 | 0.080                                 | CMI                           |                            |
| Cal Check                 | 0.080  | 08:49 | CALIBRATION CHECK RESULT 1            |                               |                            |
| Air Blank                 | 0.000  | 08:49 | 0.081                                 |                               |                            |
| Cal Check                 | 0.080  | 08:49 | CALIBRATION CHECK RESULT 2            |                               |                            |
| Air Blank                 | 0.000  | 08:50 | 0.080                                 |                               |                            |
|                           |        |       | CALIBRATION CHECK RESULT 3            |                               |                            |
|                           |        |       | 0.080                                 |                               |                            |
|                           |        |       | MAXIMUM DEVIATION (MUST BE WITHIN 5%) | SPREAD (MUST BE .005 OR LESS) |                            |
|                           |        |       | 1.2%                                  | 0.001                         |                            |

**Pass**

| DIAGNOSTIC TEST RESULTS     |      |  | RFI TEST RESULTS |        |       |
|-----------------------------|------|--|------------------|--------|-------|
|                             |      |  | Test             | g/210L | Time  |
| Voltage/Current Test        | Pass |  | Air Blank        | 0.000  | 08:50 |
| RAM Test                    | Pass |  | Subject Test     | RFI*   | 08:51 |
| EEPROM Checksum Test        | Pass |  | Air Blank        | 0.000  | 08:51 |
| 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   | 2       | 2       | 0       | 1       | 6        |  |

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<br>                   | PRINT NAME<br>JEREMY WHITE     |
| TYPE II PERMIT NUMBER<br>200231 | EXPIRATION DATE<br>08/20/2022  |
|                                 | TELEPHONE NUMBER<br>8164828141 |



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



**PERMIT  
TYPE II**

**JEREMY A. WHITE**

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**

The determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 17.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 8/20/2020 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 200231 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

XPIRES 8/20/2022 LSA- 06-10

SAO-0771 (6-10)

**ILMO**  
specialty gases  
7 Eastgate Dr. • P.O. Box 790 • Jacksonvile, 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: 140208080A2  
Expiration: 7/5/2022

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

| Contents:                          | Reported Concentration: | Accuracy (U, k=2):   | Analytical Method: |
|------------------------------------|-------------------------|----------------------|--------------------|
| 105 Liters @ 1000 psig 70°F (21°C) | 288 ppm                 | ±1.4 893.9ac(6/21st) | NDIR               |
|                                    | Balance                 | [5.2 ppm]            |                    |
|                                    | Ethanol                 |                      |                    |
|                                    | Nitrogen                |                      |                    |

Distributed by:  
CMI Inc.  
316 East Ninth Street  
Owensboro, KY 42303  
Phone 866-835-0690  
[www.alcoholtek.com](http://www.alcoholtek.com)

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

**INSTRUMENT OPERATOR CARD**

The named analyzer is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.

Operator: WHITE, JEREMY  
Permit No: 200231  
Date Issued: 8/20/2020  
Date Expires: 8/20/2022

\*Traceable to:  
Certified Reference Material - 262.4 µmol/mol  
Ethanol in Nitrogen - Serial No. GND015026 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  
*[Signature]*

08-15-2020  
Issuance Date



The calibration results within this certificate were obtained using equipment and standards capable of producing analytical results traceable to NIST, and apply only to the item concerned on this certificate. LIMO Products Company makes no warranty or representation as to the stability of the use of any information provided for any particular purpose. The information use is at the sole discretion and risk of the user. Liability shall be limited to established requirements cost of this material or service.

ISO/IEC 17025:2017 Accredited Laboratory

Batcave



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<br>80-005844 | LOCATION OF INSTRUMENT<br>KCMO POLICE DEPT. | DATE OF INSPECTION<br>04/12/2021 | TIME OF INSPECTION<br>09:21 |
|---------------------------------------|---|----------------------------------|-----------------------------|

| CALIBRATION CHECK RESULTS |        |       | CALIBRATION CHECK SUMMARY             |                               |                            |
|---------------------------|--------|-------|---------------------------------------|-------------------------------|----------------------------|
| Test                      | g/210L | Time  | STANDARD TYPE                         | STANDARD LOT #                | STANDARD EXPIRATION DATE   |
| Air Blank                 | 0.000  | 09:23 | DRY                                   | 14020080A2                    | 07/05/2022                 |
| Cal Check                 | 0.080  | 09:24 | SIM TEMPERATURE                       | SIM SERIAL NUMBER             | SIM CERTIFICATE EXPIRATION |
| Air Blank                 | 0.000  | 09:24 | N/A                                   | N/A                           | N/A                        |
| Cal Check                 | 0.080  | 09:25 | STANDARD VALUE                        | STANDARD SUPPLIER             |                            |
| Air Blank                 | 0.000  | 09:25 | 0.080                                 | CMI 01402008                  |                            |
| Cal Check                 | 0.080  | 09:25 | CALIBRATION CHECK RESULT 1            |                               |                            |
| Air Blank                 | 0.000  | 09:25 | 0.080                                 |                               |                            |
| Cal Check                 | 0.080  | 09:25 | CALIBRATION CHECK RESULT 2            |                               |                            |
| Air Blank                 | 0.000  | 09:26 | 0.080                                 |                               |                            |
| <b>Pass</b>               |        |       | CALIBRATION CHECK RESULT 3            |                               |                            |
|                           |        |       | 0.080                                 |                               |                            |
|                           |        |       | MAXIMUM DEVIATION (MUST BE WITHIN 5%) | SPREAD (MUST BE .005 OR LESS) |                            |
|                           |        |       | 0.0%                                  | 0.000                         |                            |

0A2

| DIAGNOSTIC TEST RESULTS     |  |      | RFI TEST RESULTS |        |       |
|-----------------------------|--|------|------------------|--------|-------|
|                             |  |      | Test             | g/210L | Time  |
| Voltage/Current Test        |  | Pass | Air Blank        | 0.000  | 09:27 |
| RAM Test                    |  | Pass | Subject Test     | RFI*   | 09:27 |
| EEPROM Checksum Test        |  | Pass | Air Blank        | 0.000  | 09:28 |
| Real Time Clock Test        |  | Pass | *RFI Detect      |        |       |
| DSP Test                    |  | Pass | <b>Pass</b>      |        |       |
| 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<br>                   | PRINT NAME<br>JEREMY WHITE    |                                |
| TYPE II PERMIT NUMBER<br>200231 | EXPIRATION DATE<br>08/20/2022 | TELEPHONE NUMBER<br>8164828141 |



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

**PERMIT  
TYPE II**

**JEREMY A. WHITE**



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**

The determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 17.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 8/20/2020

NUMBER 200231

EXPIRES 8/20/2022

986-9711 (6-19)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LS-4 (98-19)

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

The named operator is authorized to operate the following instrument for the determination of the alcoholic content in breath form of expired air in Missouri.

Operator: **WHITE, JEREMY**  
Permit No: **200231**  
Date Issued: **8/20/2020**  
Date Expires: **8/20/2022**



7 Eastgate Dr. • P.O. Box 790 • Jackson, IL 62651-0790  
217-245-2183 • Fax: 217-243-7634 • www.ilmo-products.com

**Certificate of Analysis**

Certificate ID: 13921  
Part #: BAC105L080T  
Cylinder Size: 105L  
Lot Number: 14029080A2  
Expiration: 7/5/2022

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

| Component | Reported Concentration: | Analytical Accuracy (U, N=2): | Analytical Method: |
|-----------|-------------------------|-------------------------------|--------------------|
| Ethanol   | 288 ppm                 | +/- 0.002 BAC (6/218L)        | NDR                |
| Nitrogen  | Balance                 | [5.2 ppm]                     |                    |

**Distributed by:**

CH11 Inc.  
316 East Ninth Street  
Owensboro, KY 42303  
Phone 866-835-0690  
[www.alcoholtest.com](http://www.alcoholtest.com)

\*Traceable 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 calibration results within this certificate were obtained using equipment and standards capable of producing analytical results traceable to NIST, and apply only to the items commanded on this certificate. LMO Products Company makes no warranty or representation as to the suitability of the use of any information provided for any particular purpose. This information is at the sole discretion and risk of the user. Liability shall be limited to established replacement cost of the material or service.

ISO/IEC 17025:2017 Accredited Laboratory

Bataave



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<br>80-005839 | LOCATION OF INSTRUMENT<br>KCMO POLICE DEPT | DATE OF INSPECTION<br>04/12/2021 | TIME OF INSPECTION<br>09:40 |
|---------------------------------------|--|----------------------------------|-----------------------------|

| CALIBRATION CHECK RESULTS |        |       | CALIBRATION CHECK SUMMARY             |                               |                            |
|---------------------------|--------|-------|---------------------------------------|-------------------------------|----------------------------|
| Test                      | g/210L | Time  | STANDARD TYPE                         | STANDARD LOT #                | STANDARD EXPIRATION DATE   |
| Air Blank                 | 0.000  | 09:41 | DRY                                   | 14020080A2                    | 07/05/2022                 |
| Cal Check                 | 0.081  | 09:42 | SIM TEMPERATURE                       | SIM SERIAL NUMBER             | SIM CERTIFICATE EXPIRATION |
| Air Blank                 | 0.000  | 09:42 | N/A                                   | N/A                           | N/A                        |
| Cal Check                 | 0.081  | 09:42 | STANDARD VALUE                        | STANDARD SUPPLIER             |                            |
| Air Blank                 | 0.000  | 09:43 | 0.080                                 | CMi                           |                            |
| Cal Check                 | 0.081  | 09:42 | CALIBRATION CHECK RESULT 1            |                               |                            |
| Air Blank                 | 0.000  | 09:43 | 0.081                                 |                               |                            |
| Cal Check                 | 0.081  | 09:43 | CALIBRATION CHECK RESULT 2            |                               |                            |
| Air Blank                 | 0.000  | 09:44 | 0.081                                 |                               |                            |
| <b>Pass</b>               |        |       | CALIBRATION CHECK RESULT 3            |                               |                            |
|                           |        |       | 0.081                                 |                               |                            |
|                           |        |       | MAXIMUM DEVIATION (MUST BE WITHIN 5%) | SPREAD (MUST BE .005 OR LESS) |                            |
|                           |        |       | 1.2%                                  | 0.000                         |                            |

| DIAGNOSTIC TEST RESULTS     |        |      | RFI TEST RESULTS |        |       |
|-----------------------------|--------|------|------------------|--------|-------|
| Test                        | Result | Time | Test             | g/210L | Time  |
| Voltage/Current Test        | Pass   |      | Air Blank        | 0.000  | 09:44 |
| RAM Test                    | Pass   |      | Subject Test     | RFI*   | 09:45 |
| EEPROM Checksum Test        | Pass   |      | Air Blank        | 0.000  | 09:45 |
| Real Time Clock Test        | Pass   |      | *RFI Detect      |        |       |
| DSP Test                    | Pass   |      | <b>Pass</b>      |        |       |
| 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

|                                 |                                |                               |
|---------------------------------|--------------------------------|-------------------------------|
| <b>INSPECTING OFFICER</b>       |                                |                               |
| SIGNATURE<br>                   | PRINT NAME<br>JEREMY WHITE     | EXPIRATION DATE<br>08/20/2022 |
| TYPE II PERMIT NUMBER<br>200231 | TELEPHONE NUMBER<br>8164828141 |                               |



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



**PERMIT  
TYPE II**

**JEREMY A. WHITE**

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 8/20/2020

NUMBER 200231

EXPIRES 8/20/2022

565-5771 (6-19)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES  
LAB-4 (06-19)

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

**INSTRUMENT OPERATOR CARD**

The named cardholder is authorized to operate an evidential breath analyzer for the determination of the alcoholic content of breath from or expired air in Missouri.

Operator **WHITE, JEREMY**  
Permit No. **200231**  
Date Issued **8/20/2020** Date Expires **8/20/2022**



7 Eastgate Dr. • P.O. Box 790 • Jacksonville, IL 62651-0790  
217-245-2183 • Fax: 217-243-7634 • www.ilmo-products.com

**Certificate of Analysis**

Certificate ID: 13021  
Part #: BAC105L080T  
Cylinder Size: 105L  
Lot Number: 1402080A2  
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 Concentration: | Analytical Accuracy (U, K=2): | Analytical Method: |
| Ethanol    | 288 ppm                 | +/- 0.002 BAC (0.210%)        | NDIR               |
| Nitrogen   | Balance                 | [5.2 ppm]                     |                    |

Distributed by:  
**CM1 Inc**  
316 East Ninth Street  
Owensboro, KY 42303  
Phone 866-835-0690  
[www.alcoholtest.com](http://www.alcoholtest.com)

\*Traceable 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  
  
Issuance Date 06-15-2020



The extension results within this certificate were obtained using equipment and standards capable of producing analytical results traceable to NIST, and apply only to the items contained on this certificate. ILMO Products Company makes no warranty or representation as to the suitability of the use of any information provided for any particular purpose. The information use is at the sole discretion and risk of the user. Liability shall be limited to established replacement cost of this material or service.

ISO/IEC 17025:2017 Accredited Laboratory



Satcave



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<br>80-005841 | LOCATION OF INSTRUMENT<br>KCMO POLICE DEPT. | DATE OF INSPECTION<br>04/12/2021 | TIME OF INSPECTION<br>09:46 |
|---------------------------------------|---|----------------------------------|-----------------------------|

| CALIBRATION CHECK RESULTS |        |       | CALIBRATION CHECK SUMMARY             |                               |                            |
|---------------------------|--------|-------|---------------------------------------|-------------------------------|----------------------------|
| Test                      | g/210L | Time  | STANDARD TYPE                         | STANDARD LOT #                | STANDARD EXPIRATION DATE   |
| Air Blank                 | 0.000  | 09:47 | DRY                                   | 14020080A2                    | 07/05/2022                 |
| Cal Check                 | 0.080  | 09:48 | SIM TEMPERATURE                       | SIM SERIAL NUMBER             | SIM CERTIFICATE EXPIRATION |
| Air Blank                 | 0.000  | 09:48 | N/A                                   | N/A                           | N/A                        |
| Cal Check                 | 0.080  | 09:49 | STANDARD VALUE                        | STANDARD SUPPLIER             |                            |
| Air Blank                 | 0.000  | 09:49 | 0.080                                 | CMI                           |                            |
| Cal Check                 | 0.080  | 09:49 | CALIBRATION CHECK RESULT 1            |                               |                            |
| Air Blank                 | 0.000  | 09:49 | 0.080                                 |                               |                            |
| Cal Check                 | 0.080  | 09:49 | CALIBRATION CHECK RESULT 2            |                               |                            |
| Air Blank                 | 0.000  | 09:50 | 0.080                                 |                               |                            |
| <b>Pass</b>               |        |       | CALIBRATION CHECK RESULT 3            |                               |                            |
|                           |        |       | 0.080                                 |                               |                            |
|                           |        |       | MAXIMUM DEVIATION (MUST BE WITHIN 5%) | SPREAD (MUST BE .005 OR LESS) |                            |
|                           |        |       | 0.0%                                  | 0.000                         |                            |

| DIAGNOSTIC TEST RESULTS     |  |      | RFI TEST RESULTS |        |       |
|-----------------------------|--|------|------------------|--------|-------|
|                             |  |      | Test             | g/210L | Time  |
| Voltage/Current Test        |  | Pass | Air Blank        | 0.000  | 09:50 |
| RAM Test                    |  | Pass | Subject Test     | RFI*   | 09:52 |
| EEPROM Checksum Test        |  | Pass | Air Blank        | 0.000  | 09:52 |
| Real Time Clock Test        |  | Pass | *RFI Detect      |        |       |
| DSP Test                    |  | Pass | <b>Pass</b>      |        |       |
| Analytical Stability Test   |  | Pass |                  |        |       |
| Internal Printer 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<br>                   | PRINT NAME<br>JEREMY WHITE    |
| TYPE II PERMIT NUMBER<br>200231 | EXPIRATION DATE<br>08/20/2022 |
| TELEPHONE NUMBER<br>8164828141  |                               |



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

2

**PERMIT  
TYPE II**

**JEREMY A. WHITE**

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 8/20/2020  
NUMBER 200231  
EXPIRES 8/20/2022  
580-0771 (5-10)

*W. A. White*  
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES  
LAB-4 (PR-10)

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

**INSTRUMENT OPERATOR CARD**

The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.

Operator WHITE, JEREMY  
Permit No 200231  
Date Issued 8/20/2020 Date Expires 8/20/2022



7 Eastgate Dr. • P.O. Box 790 • Jacksonville, IL 62651-0790  
217-245-2183 • Fax: 217-243-7634 • www.ilmo-products.com

**Certificate of Analysis**

Certificate ID: 13021  
Part #: BAC105L082T  
Cylinder Size: 105L  
Lot Number: 14020080AZ  
Expiration: 7/5/2022

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

Contents: 105 Liters @ 100C psig 70°F (21°C)

| Component: | Reported Concentration: | Accuracy (U, K=2):  | Analytical Method: | Distributed by:  |
|------------|-------------------------|---------------------|--------------------|--|
| Ethanol    | 288 ppm                 | ±0.002 BAC (6/218L) | NDIR               | CMI Inc.   |
| Nitrogen   | Balance                 | (±2 ppm)            |                    | 316 East Ninth Street<br>Owensboro, KY 42303<br>Phone 866-835-0690<br><a href="http://www.alcoholtest.com">www.alcoholtest.com</a> |

\*Traceable to:  
Certified Reference Material - 262.4 µmol/mol  
Ethanol in Nitrogen - Serial No. GN0015026 Lot No. 050319E11

Specialty Gas Lab Tech  
*[Signature]*  
Issuance Date 06-15-2020



The calibration results within this certificate were obtained using equipment and methods capable of producing analytical results traceable to NIST, and apply only to the tests conducted under the conditions specified. Calibration and re-calibration as to the suitability of the use of any information provided for any particular purpose. The information use is at the sole discretion and risk of the user. Liability shall be limited to established replacement cost of this material or service.

ISO/IEC 17025:2017 Accredited Laboratory



Portcave



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<br>80-005843 | LOCATION OF INSTRUMENT<br>KANSAS CITY P.D. | DATE OF INSPECTION<br>04/12/2021 | TIME OF INSPECTION<br>10:02 |
|---------------------------------------|--|----------------------------------|-----------------------------|

| CALIBRATION CHECK RESULTS |        |       | CALIBRATION CHECK SUMMARY             |                               |                            |
|---------------------------|--------|-------|---------------------------------------|-------------------------------|----------------------------|
| Test                      | g/210L | Time  | STANDARD TYPE                         | STANDARD LOT #                | STANDARD EXPIRATION DATE   |
| Air Blank                 | 0.000  | 10:04 | DRY                                   | 14020080A2                    | 07/05/2022                 |
| Cal Check                 | 0.081  | 10:04 | SIM TEMPERATURE                       | SIM SERIAL NUMBER             | SIM CERTIFICATE EXPIRATION |
| Air Blank                 | 0.000  | 10:05 | N/A                                   | N/A                           | N/A                        |
| Cal Check                 | 0.081  | 10:05 | STANDARD VALUE                        | STANDARD SUPPLIER             |                            |
| Air Blank                 | 0.000  | 10:06 | 0.080                                 | CMI                           |                            |
| Cal Check                 | 0.082  | 10:06 | CALIBRATION CHECK RESULT 1            |                               |                            |
| Air Blank                 | 0.000  | 10:06 | 0.081                                 |                               |                            |
| Cal Check                 | 0.082  | 10:06 | CALIBRATION CHECK RESULT 2            |                               |                            |
| Air Blank                 | 0.000  | 10:06 | 0.081                                 |                               |                            |
| <b>Pass</b>               |        |       | CALIBRATION CHECK RESULT 3            |                               |                            |
|                           |        |       | 0.082                                 |                               |                            |
|                           |        |       | MAXIMUM DEVIATION (MUST BE WITHIN 5%) | SPREAD (MUST BE .005 OR LESS) |                            |
|                           |        |       | 2.5%                                  | 0.001                         |                            |

| DIAGNOSTIC TEST RESULTS     |      |      | RFI TEST RESULTS |        |       |
|-----------------------------|------|------|------------------|--------|-------|
| Test                        | Pass | Time | Test             | g/210L | Time  |
| Voltage/Current Test        | Pass |      | Air Blank        | 0.000  | 10:07 |
| RAM Test                    | Pass |      | Subject Test     | RFI*   | 10:07 |
| EEPROM Checksum Test        | Pass |      | Air Blank        | 0.000  | 10:08 |
| Real Time Clock Test        | Pass |      | *RFI Detect      |        |       |
| DSP Test                    | Pass |      | <b>Pass</b>      |        |       |
| 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<br>                   | 200231<br>08/20/2022          | PRINT NAME<br>JEREMY WHITE     |
| TYPE II PERMIT NUMBER<br>200231 | EXPIRATION DATE<br>08/20/2022 | TELEPHONE NUMBER<br>8164828141 |



**PERMIT  
TYPE II**

**JEREMY A. WHITE**

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 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 8/20/2020  
 NUMBER 200231  
 EXPIRES 8/20/2022  
 580-0771 (6-10)

*W.A. White*  
 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*[Signature]*  
 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 LAB-4 (RS-10)

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

**INSTRUMENT OPERATOR CARD**

The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.



Operator **WHITE, JEREMY**  
 Permit No **200231**  
 Date Issued **8/20/2020** Date Expires **8/20/2022**



7 Eastgate Dr. • P.O. Box 790 • Jacksonville, IL 62651-0790  
 217-245-2183 • Fax: 217-243-7634 • www.ilmo-products.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 Concentration: |      | Analytical Accuracy (U, I(±2)) |  | Method: |  | Distributed by: |
|------------|---------|-------------------------|------|--------------------------------|--|---------|--|-----------------|
| Ethanol    | 208 ppm | +/-0.002 BAC (G/210L)   | NDTR |                                |  |         |  |                 |
| Nitrogen   | Balance | [5.2 ppm]               |      |                                |  |         |  |                 |

\*Traceable to:  
 Certified Reference Material - 262.4 µmol/mol  
 Ethanol in Nitrogen - Serial No. GN00-5026 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  
*[Signature]*  
 Issuance Date 08-15-2020



This calibration results within this certificate were obtained using equipment and standards capable of producing analytical results traceable to NIST, and apply only to the items contained on this certificate. ILMO Products Company makes no warranty or representation as to the suitability of this use of any information provided for any particular purpose. The information use is at the sole discretion and risk of the user. Liability shall be limited to established replacement cost of this material or service.

ISO/IEC 17025:2017 Accredited Laboratory

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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<br>80-005842 | LOCATION OF INSTRUMENT<br>KANSAS CITY POLICE | DATE OF INSPECTION<br>04/12/2021 | TIME OF INSPECTION<br>11:43 |
|---------------------------------------|--|----------------------------------|-----------------------------|

| CALIBRATION CHECK RESULTS |        |       | CALIBRATION CHECK SUMMARY             |                               |                            |
|---------------------------|--------|-------|---------------------------------------|-------------------------------|----------------------------|
| Test                      | g/210L | Time  | STANDARD TYPE                         | STANDARD LOT #                | STANDARD EXPIRATION DATE   |
| Air Blank                 | 0.000  | 11:44 | DRY                                   | 14020080A2                    | 07/05/2022                 |
| Cal Check                 | 0.082  | 11:45 | SIM TEMPERATURE                       | SIM SERIAL NUMBER             | SIM CERTIFICATE EXPIRATION |
| Air Blank                 | 0.000  | 11:45 | N/A                                   | N/A                           | N/A                        |
| Cal Check                 | 0.081  | 11:45 | STANDARD VALUE                        | STANDARD SUPPLIER             |                            |
| Air Blank                 | 0.000  | 11:46 | 0.080                                 | CMI                           |                            |
| Cal Check                 | 0.081  | 11:46 | CALIBRATION CHECK RESULT 1            |                               |                            |
| Air Blank                 | 0.000  | 11:46 | 0.082                                 |                               |                            |
| Cal Check                 | 0.081  | 11:46 | CALIBRATION CHECK RESULT 2            |                               |                            |
| Air Blank                 | 0.000  | 11:47 | 0.081                                 |                               |                            |
| <b>Pass</b>               |        |       | CALIBRATION CHECK RESULT 3            |                               |                            |
|                           |        |       | 0.081                                 |                               |                            |
|                           |        |       | MAXIMUM DEVIATION (MUST BE WITHIN 5%) | SPREAD (MUST BE .005 OR LESS) |                            |
|                           |        |       | 2.5%                                  | 0.001                         |                            |

| DIAGNOSTIC TEST RESULTS     |      |      | RFI TEST RESULTS |        |       |
|-----------------------------|------|------|------------------|--------|-------|
| Test                        | Pass | Time | Test             | g/210L | Time  |
| Voltage/Current Test        | Pass |      | Air Blank        | 0.000  | 11:47 |
| RAM Test                    | Pass |      | Subject Test     | RFI*   | 11:48 |
| EEPROM Checksum Test        | Pass |      | Air Blank        | 0.000  | 11:48 |
| Real Time Clock Test        | Pass |      | *RFI Detect      |        |       |
| DSP Test                    | Pass |      |                  |        |       |
| 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       | 2       | 2        |  |

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<br>                   | PRINT NAME<br>JEREMY WHITE     |
| TYPE II PERMIT NUMBER<br>200231 | EXPIRATION DATE<br>08/20/2022  |
|                                 | TELEPHONE NUMBER<br>8164828141 |



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



**PERMIT  
TYPE II**

**JEREMY A. WHITE**

I hereby authorize 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 7.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 8/20/2020  
NUMBER 200231  
EXPIRES 8/20/2022

*W.A. White*  
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES  
LAB-4 (HS-19)

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

**INSTRUMENT OPERATOR CARD**

The permit cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.

Operator **WHITE, JEREMY**  
Permit No **200231**  
Date Issued **8/20/2020** Date Expires **8/20/2022**



7 Eastgate Dr. • P.O. Box 790 • Jackson, IL 62651-0790  
217-245-2183 • Fax: 217-243-7634 • www.ilmo-products.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 Concentration: | Analytical Accuracy (U, k=2): | Analytical Method: |
|-----------|-------------------------|-------------------------------|--------------------|
| Ethanol   | 208 ppm                 | 4.4-8.0% BAC (6/230L)         | 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. GN0015026 - Lot No. 050319E11

Store in dry area, away from sources of heat, ignition and direct sunlight. Do not store in area to exceed 52 °C (125 °F).

*Adrian*  
Specialty Gas Lab Tech

*Tina Nelson*  
06-15-2020  
Issuance Date



The calibration results within this certificate were obtained using equipment and materials capable of producing analytical results traceable to NIST, and apply only to the exact quantity or concentration of the material or service as stated. Liability for the use of any information provided for any particular purpose. This information is for the sole discretion and risk of the user. Liability shall be limited to established replacement cost of the material or service.

ISO/IEC 17025:2017 Accredited Laboratory

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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<br>80-005837 | LOCATION OF INSTRUMENT<br>KANSAS CITY PD | DATE OF INSPECTION<br>04/12/2021 | TIME OF INSPECTION<br>12:29 |
|---------------------------------------|--|----------------------------------|-----------------------------|

| CALIBRATION CHECK RESULTS |        |       | CALIBRATION CHECK SUMMARY                     |                              |  |
|---------------------------|--------|-------|---|------------------------------|--|
| Test                      | g/210L | Time  | STANDARD TYPE<br>DRY                          | STANDARD LOT #<br>14020080A2 | STANDARD EXPIRATION DATE<br>07/05/2022 |
| Air Blank                 | 0.000  | 12:31 | SIM TEMPERATURE<br>N/A                        | SIM SERIAL NUMBER<br>N/A     | SIM CERTIFICATE EXPIRATION<br>N/A      |
| Cal Check                 | 0.082  | 12:31 | STANDARD VALUE<br>0.080                       | STANDARD SUPPLIER<br>CMI     |  |
| Air Blank                 | 0.000  | 12:32 | CALIBRATION CHECK RESULT 1<br>0.082           |                              |  |
| Cal Check                 | 0.081  | 12:32 | CALIBRATION CHECK RESULT 2<br>0.081           |                              |  |
| Air Blank                 | 0.000  | 12:32 | CALIBRATION CHECK RESULT 3<br>0.080           |                              |  |
| Cal Check                 | 0.080  | 12:33 | MAXIMUM DEVIATION (MUST BE WITHIN 5%)<br>2.5% |                              |  |
| Air Blank                 | 0.000  | 12:33 | SPREAD (MUST BE .005 OR LESS)<br>0.002        |                              |  |

**Pass**

| DIAGNOSTIC TEST RESULTS     |      |  | RFI TEST RESULTS |        |       |
|-----------------------------|------|--|------------------|--------|-------|
| Voltage/Current Test        | Pass |  | Test             | g/210L | Time  |
| RAM Test                    | Pass |  | Air Blank        | 0.000  | 12:34 |
| EEPROM Checksum Test        | Pass |  | Subject Test     | RFI*   | 12:34 |
| Real Time Clock Test        | Pass |  | Air Blank        | 0.000  | 12:35 |
| DSP Test                    | Pass |  | *RFI Detect      |        |       |
| 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        | 3       | 3       | 0       | 2       | 6        |

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<br> | PRINT NAME<br>JEREMY WHITE    |
| TYPE II PERMIT NUMBER<br>200231   | EXPIRATION DATE<br>08/20/2022 |
| TELEPHONE NUMBER<br>8164828141  |                               |



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



**PERMIT  
TYPE II**

**JEREMY A. WHITE**

herby 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**

The determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 177.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 8/20/2020

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 200231

EXPIRES 8/20/2022

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

58-0771 (6-10)



7 Eastgate Dr. • P.O. Box 790 • Jacksonvillle, IL 62651-0790  
217-245-2183 • Fax: 217-243-7634 • www.ilmo-products.com

**Certificate of Analysis**

Certificate ID: 13021  
Part #: BAC105L088T  
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:                          | Reported Concentration: | Analytical Accuracy | Analytical Method: |
|------------------------------------|-------------------------|---------------------|--------------------|
| 105 Liters @ 1000 psig 70°F (21°C) | 208 ppm                 | +/-0.002 BAC(75%)   | NDIR               |
|                                    | Balance                 | (5.2 ppm)           |                    |
|                                    |                         |                     |                    |
|                                    |                         |                     |                    |

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



Operator: WHITE, JEREMY  
Permit No. 200231  
Date Issued 8/20/2020 Date Expires 8/20/2022

\*Traceable to:  
Certified Reference Material - 262.4 µmol/mol  
Ethanol in Nitrogen - Serial No. GND015026 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 calibration results within this certificate were obtained using equipment and standards capable of producing analytical results traceable to NIST, and apply only to the items contained on this certificate. ILMO Products Company makes no warranty or representation as to the suitability of the use of any information provided for any particular purpose. The information use is at the sole discretion and risk of the user. Liability shall be limited to established replacement cost of the material or service.

ISO/IEC 17025:2017 Accredited Laboratory



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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<br>80-005838 | LOCATION OF INSTRUMENT<br>KCMO POLICE DEPT. | DATE OF INSPECTION<br>04/12/2021 | TIME OF INSPECTION<br>13:22 |
|---------------------------------------|---|----------------------------------|-----------------------------|

| CALIBRATION CHECK RESULTS |        |       | CALIBRATION CHECK SUMMARY             |                               |                            |
|---------------------------|--------|-------|---------------------------------------|-------------------------------|----------------------------|
| Test                      | g/210L | Time  | STANDARD TYPE                         | STANDARD LOT #                | STANDARD EXPIRATION DATE   |
| Air Blank                 | 0.000  | 13:25 | DRY                                   | 14020080A2                    | 07/05/2022                 |
| Cal Check                 | 0.081  | 13:26 | SIM TEMPERATURE                       | SIM SERIAL NUMBER             | SIM CERTIFICATE EXPIRATION |
| Air Blank                 | 0.000  | 13:26 | N/A                                   | N/A                           | N/A                        |
| Cal Check                 | 0.081  | 13:26 | STANDARD VALUE                        | STANDARD SUPPLIER             |                            |
| Air Blank                 | 0.000  | 13:27 | 0.080                                 | CMI                           |                            |
| Cal Check                 | 0.080  | 13:27 | CALIBRATION CHECK RESULT 1            |                               |                            |
| Air Blank                 | 0.000  | 13:28 | 0.081                                 |                               |                            |
| <b>Pass</b>               |        |       | CALIBRATION CHECK RESULT 2            |                               |                            |
|                           |        |       | 0.081                                 |                               |                            |
|                           |        |       | CALIBRATION CHECK RESULT 3            |                               |                            |
|                           |        |       | 0.080                                 |                               |                            |
|                           |        |       | MAXIMUM DEVIATION (MUST BE WITHIN 5%) | SPREAD (MUST BE .005 OR LESS) |                            |
|                           |        |       | 1.2%                                  | 0.001                         |                            |

| DIAGNOSTIC TEST RESULTS     |        |      | RFI TEST RESULTS |        |       |
|-----------------------------|--------|------|------------------|--------|-------|
| Test                        | Result | Time | Test             | g/210L | Time  |
| Voltage/Current Test        | Pass   |      | Air Blank        | 0.000  | 13:28 |
| RAM Test                    | Pass   |      | Subject Test     | RFI*   | 13:29 |
| EEPROM Checksum Test        | Pass   |      | Air Blank        | 0.000  | 13:29 |
| Real Time Clock Test        | Pass   |      | *RFI Detect      |        |       |
| DSP Test                    | Pass   |      | <b>Pass</b>      |        |       |
| 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   | 1       | 0       | 0       | 1       | 1        |  |

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<br> | PRINT NAME<br>JEREMY WHITE |
|---------------|----------------------------|

|                                 |                               |                                |
|---------------------------------|-------------------------------|--------------------------------|
| TYPE II PERMIT NUMBER<br>200231 | EXPIRATION DATE<br>08/20/2022 | TELEPHONE NUMBER<br>8164828141 |
|---------------------------------|-------------------------------|--------------------------------|



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

**PERMIT  
TYPE II**

**JEREMY A. WHITE**



7 Eastgate Dr. • P.O. Box 790 • Jacksonvile, IL 62651-0790  
217-245-2183 • Fax: 217-243-7634 • www.ilmo-products.com



**Certificate of Analysis**

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**

The determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 17.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 8/20/2020

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 200231

EXPIRES 8/20/2022

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

986-0711 (6-10)

USA-2 (98-10)

Certificate ID: 13021  
Part #: BAC105L080T  
Cylinder Size: 105L  
Lot Number: 14029089A2  
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 Concentration: | Analytical Accuracy (U, K <sup>2</sup> ): | Analytical Method: |
|-----------|-------------------------|---|--------------------|
| Ethanol   | 288 ppm                 | +/- 0.002, BAC(G/210)                     | NDIR               |
| Nitrogen  | Balance                 | [5.2 ppm]                                 |                    |

Distributed by:

CM1 Inc.  
316 East Ninth Street  
Owensboro, KY 42303  
Phone 866-835-0690  
[www.alcoholtest.com](http://www.alcoholtest.com)

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

The animal candidate is authorized to operate an alcohol breath instrument for the determination of the alcoholic content in breath form of expired air in Missouri.

Operator: **WHITE, JEREMY**  
Permit No: **200231**  
Date Issued: **8/20/2020**  
Date Expires: **8/20/2022**

\*Traceable to:  
Certified Reference Material - 262.4 µmol/mol  
Ethanol in Nitrogen - Serial No. GNM015026 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

ISSUANCE DATE 08-15-2020



This calibration results within this certificate were obtained using equipment and standards capable of producing analytical results traceable to NIST, and apply only to the items contained on this certificate. ILMO Products Company makes no warranty or representation as to the suitability of the use of any information provided for any particular purpose. The information use is at the sole discretion and risk of the user. Liability shall be limited to established replacement cost of the material or service.

ISO/IEC 17025:2017 Accredited Laboratory

MDec



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<br>80-005840 | LOCATION OF INSTRUMENT<br>KCMO POLICE DEPT. | DATE OF INSPECTION<br>04/12/2021 | TIME OF INSPECTION<br>15:16 |
|---------------------------------------|---|----------------------------------|-----------------------------|

| CALIBRATION CHECK RESULTS |        |       | CALIBRATION CHECK SUMMARY             |                               |                            |
|---------------------------|--------|-------|---------------------------------------|-------------------------------|----------------------------|
| Test                      | g/210L | Time  | STANDARD TYPE                         | STANDARD LOT #                | STANDARD EXPIRATION DATE   |
| Air Blank                 | 0.000  | 15:18 | DRY                                   | 14020080A2                    | 07/05/2022                 |
| Cal Check                 | 0.082  | 15:18 | SIM TEMPERATURE                       | SIM SERIAL NUMBER             | SIM CERTIFICATE EXPIRATION |
| Air Blank                 | 0.000  | 15:18 | N/A                                   | N/A                           | N/A                        |
| Cal Check                 | 0.081  | 15:19 | STANDARD VALUE                        | STANDARD SUPPLIER             |                            |
| Air Blank                 | 0.000  | 15:19 | 0.080                                 | CMI                           |                            |
| Cal Check                 | 0.083  | 15:20 | CALIBRATION CHECK RESULT 1            |                               |                            |
| Air Blank                 | 0.000  | 15:20 | 0.082                                 |                               |                            |
| <b>Pass</b>               |        |       | CALIBRATION CHECK RESULT 2            |                               |                            |
|                           |        |       | 0.081                                 |                               |                            |
|                           |        |       | CALIBRATION CHECK RESULT 3            |                               |                            |
|                           |        |       | 0.083                                 |                               |                            |
|                           |        |       | MAXIMUM DEVIATION (MUST BE WITHIN 5%) | SPREAD (MUST BE .005 OR LESS) |                            |
|                           |        |       | 3.7%                                  | 0.002                         |                            |

| DIAGNOSTIC TEST RESULTS     |      |  | RFI TEST RESULTS |        |       |
|-----------------------------|------|--|------------------|--------|-------|
|                             |      |  | Test             | g/210L | Time  |
| Voltage/Current Test        | Pass |  | Air Blank        | 0.000  | 15:21 |
| RAM Test                    | Pass |  | Subject Test     | RFI*   | 15:21 |
| EEPROM Checksum Test        | Pass |  | Air Blank        | 0.000  | 15:22 |
| Real Time Clock Test        | Pass |  | *RFI Detect      |        |       |
| DSP Test                    | Pass |  | <b>Pass</b>      |        |       |
| 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<br>                   |  | PRINT NAME<br>JEREMY WHITE     |  |
| TYPE II PERMIT NUMBER<br>200231 |  | EXPIRATION DATE<br>08/20/2022  |  |
|                                 |  | TELEPHONE NUMBER<br>8164828141 |  |



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

2

PERMIT  
TYPE II

JEREMY A. WHITE

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**  
the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 7.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 8/20/2020  
NUMBER 200231  
EXPIRES 8/20/2022

LAB-4 (8-19)

*W. White*  
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*[Signature]*  
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES  
LAB-4 (8-19)

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

**INSTRUMENT OPERATOR CARD**

The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.

Operator WHITE, JEREMY  
Permit No 200231  
Date Issued 8/20/2020 Date Expires 8/20/2022



7 Eastgate Dr. • P.O. Box 790 • Jacksonville, IL 62651-0790  
217-245-2183 • Fax: 217-243-7634 • www.ilmo-products.com

Certificate of Analysis

Certificate ID: 13021  
Part #: BAC105L080~  
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 Concentration: | Analytical Accuracy (U, k=2):     | Analytical Method: |
|------------|-------------------------|-----------------------------------|--------------------|
| Ethanol    | 208 ppm                 | +/- 9.062 BAC (0.210L) (5.2 pipe) | NDIR               |
| Nitrogen   | Balance                 |                                   |                    |

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. GN0015076 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).

*[Signature]*  
Spectra Gas Lab Tech

06-15-2020  
Issuance Date



The calibration results within this certificate were obtained using equipment and methods capable of producing analytical results traceable to NIST, and apply only to the instrument and the specific conditions as to the analysis of the use of any information provided for any particular purpose. This information is for informational purposes only and does not constitute a warranty or guarantee of any kind.

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