

**RECEIVED**

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**

SPD

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 10/08/2021		TIME OF INSPECTION 23:22	
<b>CALIBRATION CHECK RESULTS</b>				<b>CALIBRATION CHECK SUMMARY</b>			
Test	g/210L	Time		STANDARD TYPE DRY	STANDARD LOT # 14020080A2	STANDARD EXPIRATION DATE 07/05/2022	
Air Blank	0.000	23:23		SIM TEMPERATURE N/A	SIM SERIAL NUMBER N/A	SIM CERTIFICATE EXPIRATION N/A	
Cal Check	0.080	23:23		STANDARD VALUE 0.080	STANDARD SUPPLIER CMI		
Air Blank	0.000	23:24		CALIBRATION CHECK RESULT 1 0.080			
Cal Check	0.080	23:24		CALIBRATION CHECK RESULT 2 0.080			
Air Blank	0.000	23:24		CALIBRATION CHECK RESULT 3 0.081			
Cal Check	0.081	23:25		MAXIMUM DEVIATION (MUST BE WITHIN 5%) 1.2%		SPREAD (MUST BE .005 OR LESS) 0.001	
Air Blank	0.000	23:25					
<b>Pass</b>							
<b>DIAGNOSTIC TEST RESULTS</b>				<b>RFI TEST RESULTS</b>			
Voltage/Current Test	Pass		Test	g/210L	Time		
RAM Test	Pass		-----				
EEPROM Checksum Test	Pass		Air Blank	0.000	23:26		
Real Time Clock Test	Pass		Subject Test	RFI*	23:26		
DSP Test	Pass		Air Blank	0.000	23:27		
Analytical Stability Test	Pass		*RFI Detect				
Modem Test	Pass						
Temperature Regulation Test	Pass						
<b>Pass</b>				<b>Pass</b>			
<b>NUMBER OF REFUSALS AND SUBJECT BREATH TESTS IN EACH RANGE SINCE LAST MAINTENANCE REPORT</b>							
REFUSALS	.00-.04	.05-.09	.10-.14	.15-.19	OVER .19		
0	9	1	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.							
<b>INSPECTING OFFICER</b>							
SIGNATURE <i>Shawn Davis</i>				PRINT NAME SHAWN DAVIS			
TYPE II PERMIT NUMBER 210059		EXPIRATION DATE 04/06/2023			TELEPHONE NUMBER 8162345000		



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### Certificate of Analysis

Certificate ID: 13021  
Part #: BAC105L1080T  
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, L):	Analytical Method:	Distributed by:
Ethanol	288 ppm	+/- 2 ppm	NDIR	CPM Inc 316 East Ninth Street Owensboro, KY 42303 Phone: 866-835-0690 www.alcoholtest.com
Nitrogen	balance	+/- 2 ppm	NDIR	

Traceable to: Central Reference Material - 262.4 µmol/mol Ethanol in Nitrogen - Serial No. GM0015026 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]*

Calibration Date: 06-15-2020



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 validity of the use of any information provided for any particular purpose. The information on this site does not constitute an offer of any product or service. Liability shall be limited to established replacement costs of the material or service.

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 866-0711 (6-10)  
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY  
*[Signature]*  
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES  
LAB4 (6-10)

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

The holder of this card is authorized to operate an indicated breath alcohol device as a component of the determination of the alcoholic content in breath from or expired air to determine:

NAME: DAVIS, SHAWN  
Permit No. 210059  
Date Expires: 4/6/2023