



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 80-002092	LOCATION OF INSTRUMENT KCI POLICE DEPT.	DATE OF INSPECTION 11/04/2022	TIME OF INSPECTION 14:19
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CALIBRATION CHECK RESULTS			CALIBRATION CHECK SUMMARY		
Test	g/210L	Time	STANDARD TYPE DRY	STANDARD LOT # 25721080A2	STANDARD EXPIRATION DATE 11/05/2023
Air Blank	0.000	14:22	SIM TEMPERATURE N/A	SIM SERIAL NUMBER N/A	SIM CERTIFICATE EXPIRATION N/A
Cal Check	0.081	14:22	STANDARD VALUE 0.080	STANDARD SUPPLIER CMI	
Air Blank	0.000	14:23	CALIBRATION CHECK RESULT 1 0.081		
Cal Check	0.081	14:23	CALIBRATION CHECK RESULT 2 0.081		
Air Blank	0.000	14:23	CALIBRATION CHECK RESULT 3 0.081		
Cal Check	0.081	14:24	MAXIMUM DEVIATION (MUST BE WITHIN 5%) 1.2%		
Air Blank	0.000	14:24	SPREAD (MUST BE .005 OR LESS) 0.000		

Pass

DIAGNOSTIC TEST RESULTS		RFI TEST RESULTS		
Voltage/Current Test	Pass	Test	g/210L	Time
RAM Test	Pass	Air Blank	0.000	14:25
EEPROM Checksum Test	Pass	Subject Test	RFI*	14:25
Real Time Clock Test	Pass	Air Blank	0.000	14:26
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	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).

INSPECTING OFFICER		
SIGNATURE	PRINT NAME	
	ALAN H. RANDOLPH JR	
TYPE II PERMIT NUMBER	EXPIRATION DATE	TELEPHONE NUMBER
22021	01/24/2024	8162344000



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: 14290
Part #: BAC105L080T
Cylinder Size: 105L
Lot Number: 25721080A2
Expiration: 11/5/2023

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	+/-0.002 BAC(G/210L) [5.2 ppm]	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. 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

10-18-2021
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 this material or service.

ISO/IEC 17025:2017 Accredited Laboratory

RECEIVED

By Brianna Medrano at 1:20 pm, Jan 19, 2022

APPROVED

By Brianna Medrano at 3:42 pm, Jan 20, 2022



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

APPLICATION FOR TYPE II PERMIT FOR OPERATION OF BREATH ALCOHOL ANALYZERS

THIS APPLICATION IS FOR NEW PERMIT RENEWAL

CURRENT PERMIT NUMBER AND EXPIRATION DATE

PRINT FULL NAME: Alan H. Randolph Jr TITLE: Patrol Supervisor AGE: 62

A disclosure concerning your SSN number is available at: <http://www.health.mo.gov/lab/breathalcohol/>

DEPARTMENT OR TROOP: KCI Airport Police Dept. TELEPHONE: 816-434-2100

BUSINESS ADDRESS (STREET, CITY, STATE, ZIP CODE): 1 International Square, KCMO. 64153 64153

EMAIL ADDRESS: alan.randolph@kcmo.org

LIST ALL ORIGINAL TRAINING COURSES FOR OPERATION OF BREATH ANALYZERS
(Also, please place a checkmark beside ALL breath analyzer(s) for which you are requesting a permit.)

DATES OF COURSE	LOCATION OF COURSE	COURSE LENGTH (HRS.)	NAME & MODEL OF BREATH ANALYZER	PLACE A CHECKMARK BESIDE INSTRUMENTS FOR WHICH YOU REQUEST	NAME OF INSTRUCTOR
11-8-21 11-18-21	Missouri Safety Center	36	Type II Supervisor	<input type="checkbox"/>	Lutmier
11-17-21	Missouri Safety Center	8	Intoxilizer 8000	<input checked="" type="checkbox"/>	DeBeard
				<input type="checkbox"/>	
				<input type="checkbox"/>	

List the manufacturer and name of instruments for which you are currently performing maintenance reports on and the number of maintenance reports performed on EACH type in the last year.

MANUFACTURER AND NAME OF INSTRUMENT	NUMBER OF MAINTENANCE REPORTS	NUMBER OF SUBJECT TESTS
1.		10 SELF-TESTS OK BLM
2.		
3.		

When adding a new instrument, you receive a new two (2) year permit. Therefore, normal renewal procedures apply for the instrument(s) on your current permit that you wish to transfer to the new permit. Disregarding these renewal procedures will result in a new permit for the new instrument only.

To renew a Type II Permit, the applicant shall have completed two (2) Maintenance Reports and shall have performed at least ten (10) tests on drinking subjects in the past year on each instrument for which renewal is requested. If these conditions are not met, or the permit has expired for more than thirty (30) days, the applicant shall perform two (2) Maintenance Reports and five (5) self-administered tests for each breath analyzer for which renewal is requested. Copies of the Maintenance Reports along with the Operational checklists and printouts for the five (5) self-administered tests shall accompany the application for renewal.

SIGNATURE OF APPLICANT: Alan H. Randolph Jr DATE: 11-17-2021

RETURN COMPLETED APPLICATION TO THE: Breath Alcohol Program, Missouri Department of Health and Senior Services
Southeast District Office
2875 James Blvd.
Poplar Bluff, MO 63901