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By Tracy Crews at 3:04 pm, Mar 16, 2022



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 80-005836	LOCATION OF INSTRUMENT MO SAFETY CENTER	DATE OF INSPECTION 03/02/2022	TIME OF INSPECTION 02:18
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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	02:20	DRY	33321080A3	01/05/2024
Cal Check	0.078	02:20	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	02:20	N/A	N/A	N/A
Cal Check	0.078	02:21	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	02:21	0.080	ILMO	
Cal Check	0.078	02:22	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	02:22	0.078		
Cal Check	0.078	02:22	CALIBRATION CHECK RESULT 2		
Air Blank	0.000	02:22	0.078		
Pass			CALIBRATION CHECK RESULT 3		
			0.078		
			MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .005 OR LESS)	
			2.5%	0.000	

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
Test	Result	Time	Test	g/210L	Time
Voltage/Current Test	Pass		Air Blank	0.000	02:23
RAM Test	Pass		Subject Test	RFI*	02:23
EEPROM Checksum Test	Pass		Air Blank	0.000	02:23
Real Time Clock Test	Pass		*RFI Detect		
DSP Test	Pass		Pass		
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

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 NATHAN MAGERS
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TYPE II PERMIT NUMBER 210105	EXPIRATION DATE 05/18/2023	TELEPHONE NUMBER 8162345000
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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: 14496
Part #: BAC105L080T
Cylinder Size: 105L
Lot Number: 33321080A3
Expiration: 1/5/2024

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

Component	Reported Concentration:	Analytical		Method:	Dispersed by:
		(U, L ⁻³)	Accuracy		
Ethanol	288 ppm	+/- 0.002 BAC (0.20L)	(5.2 ppm)	NDIR	CMI Inc 316 East Ninth Street Owensboro, KY 42303 Phone 866-835-0690 www.alcoholtest.com
Nitrogen	Balance				

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

01-04-2022
Issuance Date



The calibration routine used on this certificate was obtained using the equipment and methods, capable of producing analytical results traceable to NIST, and apply only to the items specified. The calibration routine is not intended to be used for any other purpose. The information is provided for your information only and is not intended to be used as a substitute for any other information provided for any particular purpose. The information 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



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



PERMIT
TYPE II
NATHAN MAGERS

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 5/18/2021
NUMBER 210105
EXPIRES 5/18/2023
MO 900-0711 (4-19)

[Signature]
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
LMS-4 (9-10)

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

This metered cardholder is authorized to operate an approved breath alcohol instrument for the determination of the alcoholic content of breath from a subject in Missouri.

Operator: **MAGERS, NATHAN**
Permit No: **210105**
Date Issued: **5/18/2021** Date Expires: **5/18/2023**