



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY

CFI INTOXILYZER 8000 MAINTENANCE REPORT

SCPD

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 80-005842	LOCATION OF INSTRUMENT KANSAS CITY POLICE	DATE OF INSPECTION 02/04/2022	TIME OF INSPECTION 00:09
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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	00:12	DRY	14020080A2	07/05/2022
Cal Check	0.081	00:12	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	00:12	N/A	N/A	N/A
Cal Check	0.082	00:13	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	00:13	0.080	CFI	
Cal Check	0.083	00:14	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	00:14	0.081		
			CALIBRATION CHECK RESULT 2		
			0.082		
			CALIBRATION CHECK RESULT 3		
			0.083		
			MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .005 OR LESS)	
			3.7%	0.002	

Pass

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
			Test	g/210L	Time
Voltage/Current Test	Pass		Air Blank	0.000	00:15
RAM Test	Pass		Subject Test	RFI*	00:15
EEPROM Checksum Test	Pass		Air Blank	0.000	00:15
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	8	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 & CERTIFIED

INSPECTING OFFICER

SIGNATURE 	PRINT NAME WADE ROBINSON
TYPE II PERMIT NUMBER 210266	EXPIRATION DATE 11/18/2023
	TELEPHONE NUMBER 8162345000



7 Eastgate Dr. • P.O. Box 790 • Jacksonville, IL 62551-0790
217-245-2193 • Fax: 217-243-7634 • www.ilmoproducts.com

Certificate of Analysis

Certificate ID: 13021
Part #: BAC105L080T
Cylinder Size: 195L
Lot Number: 14020090A2
Expiration: 7/5/2022

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

Component	Reported Concentration:	Analytical Accuracy (U, k=2):	Analytical Method:
Ethanol	208 ppm	+/- 0.002 BAC(620A) [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. GN10015026 Lot No. 030319E11

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]

06-15-2020
Issuance Date



The calibration and/or verification, the analysis, were conducted using equipment and standards capable of producing certified results traceable to NIST and apply only to the form contained on this certificate. ICMO Products Company makes no warranty or representation as to the suitability of the use of the product for any purpose other than the intended purpose. The information on it 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

WADE ROBINSON



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 11/18/2021 _____
NUMBER 210266 _____
EXPIRES 11/18/2023 _____

MO 080-0771 (8-10)

[Signature]
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
U&A 99-10

STATE OF MISSOURI SENIOR SERVICES
BREATH ALCOHOL PROGRAM
INSTRUMENT OPERATOR CARD

The information on this card is for the use of the instrument operator only. It is not to be used for the determination of the alcoholic content of a person's breath or for any other purpose.

Operator: **ROBINSON, WADE**
Permit No: **210266**
Date Issued: **11/18/2021**
Date Expires: **11/18/2023**