



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY
CMI INTOXILYZER 8000 MAINTENANCE REPORT

EPD

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 80-005843	LOCATION OF INSTRUMENT KANSAS CITY P.D.	DATE OF INSPECTION 02/03/2022	TIME OF INSPECTION 23:24
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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	23:27	DRY	14020080A2	07/05/2022
Cal Check	0.083	23:27	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	23:28	N/A	N/A	N/A
Cal Check	0.082	23:28	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	23:28	0.080	CMI	
Cal Check	0.083	23:29	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	23:29	0.083		
Cal Check	0.083	23:29	CALIBRATION CHECK RESULT 2		
Air Blank	0.000	23:29	0.082		
Pass			CALIBRATION CHECK RESULT 3		
			0.083		
			MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .005 OR LESS)	
			3.7%	0.001	

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
Test	Pass/Fail	Time	Test	g/210L	Time
Voltage/Current Test	Pass		Air Blank	0.000	23:30
RAM Test	Pass		Subject Test	RFI*	23:30
EEPROM Checksum Test	Pass		Air Blank	0.000	23:31
Real Time Clock Test	Pass		*RFI Detect		
DSP Test	Pass		Pass		
Analytical Stability Test	Pass				
Modem Test	Pass				
Temperature Regulation Test	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	
1	2	0	1	2	5	

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 WADE ROBINSON
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TYPE II PERMIT NUMBER 210266	EXPIRATION DATE 11/18/2023	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.ilmo-products.com

Certificate of Analysis

Certificate ID: 13821
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)

Component	Reported Concentration:	Accuracy (U, K±2):	Analytical Method:	Disputed by:
Ethanol	208 ppm	+/- 4.682 BAC (g/210L)	NDIR	CMI Inc. 316 East Ninth Street Owensboro, KY 42303 Phone 856-835-0690 www.alcoholtest.com
Nitrogen	Balance	[± 2 ppm]		

*Traceable to:
Certified Reference Material - 262.4 µmol/mol
Ethanol in Nitrogen - Serial No. GIN0015026 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
[Signature]

06-15-2020
Issuance Date



ISO/IEC 17025:2017 Accredited Laboratory

The calibration results with this certificate were obtained using equipment and methods capable of providing 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 stability 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 the material or service.



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 89-0771 (6-10)

[Signature]
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

[Signature]
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
LHA-4 (R-10)

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

The named candidate is authorized to operate an exclusive breath alcohol instrument for the determination of the alcoholic content of expired air or expired air.

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