

**RECEIVED**

By Tracy Crews at 10:55 am, Feb 14, 2022

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

BAT

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 80-005844	LOCATION OF INSTRUMENT KCMO POLICE DEPT.	DATE OF INSPECTION 02/03/2022	TIME OF INSPECTION 22:28
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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	22:30	DRY	14020080A2	07/05/2022
Cal Check	0.081	22:30	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	22:30	N/A	N/A	N/A
Cal Check	0.082	22:31	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	22:31	0.080	CMI	
Cal Check	0.082	22:32	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	22:32	0.081		
Cal Check	0.082	22:32	CALIBRATION CHECK RESULT 2		
Air Blank	0.000	22:32	0.082		
<b>Pass</b>			CALIBRATION CHECK RESULT 3		
			0.082		
			MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .005 OR LESS)	
			2.5%	0.001	

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
			Test	g/210L	Time
Voltage/Current Test	Pass		Air Blank	0.000	22:33
RAM Test	Pass		Subject Test	RFI*	22:33
EEPROM Checksum Test	Pass		Air Blank	0.000	22:33
Real Time Clock Test	Pass		*RFI Detect		
DSP Test	Pass				
Analytical Stability Test	Pass				
Modem Test	Pass				
Temperature Regulation Test	Pass				
<b>Pass</b>			<b>Pass</b>		

**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 &amp; 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 62551-0790  
 217-245-2185 • Fax: 217-243-7534 • www.limo-products.com



**Certificate of Analysis**

Certificate ID: 13021  
 Part #: BACL05L080T  
 Cylinder Size: 105L  
 Lot Number: 14020989A2  
 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=3):	Analytical Method:	Method:	Distributed by:
Ethanol	288 ppm	±1.3-0.82 BAC (GZAR)	NDIR		CMH Inc 316 East Ninth Street Owensboro, KY 42303 Phone 866-835-0690 www.alcoholtest.com
Nitrogen	Balance	±1.2 ppm			

\*Traceable to:  
 Certified Reference Material - 262.4 µmol/lmol  
 Ethanol in Nitrogen - Serial No. GNM015026 Lot No. 050319E11

Score in dry area, away from sources of heat,  
 ignition and direct sunlight. Do not allow score range  
 area to exceed 52 °C (125 °F).

Specialty Gas Lab Tech

06-15-2020  
 Issuance Date



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)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 LAB-4 (8-10)

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

This instrument operator is authorized to operate an analyzer having a serial number of \_\_\_\_\_  
 instrument for the determination of the alcoholic content in breath form of expired air  
 in Missouri.

Operator: **ROBINSON, WADE**  
 Date Issued: **11/18/2021** Date Expires: **11/18/2023**

The calibration results shown on this certificate were obtained using equipment and standards capable of producing analytical results traceable to NIST and apply only on the items  
 combined on this certificate. I-400 Product Company makes no warranty, express or implied, regarding the accuracy of the results shown on this certificate. The instrument and its use are subject to the terms and conditions of the certificate. The instrument and its use are subject to the terms and conditions of the certificate of service.