

RECEIVED

By Tracy Crews at 10:56 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 80-005845	LOCATION OF INSTRUMENT KANSAS CITY PD	DATE OF INSPECTION 02/03/2022	TIME OF INSPECTION 23:16
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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	23:18	DRY	14020080A2	07/05/2022
Cal Check	0.081	23:19	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	23:19	N/A	N/A	N/A
Cal Check	0.081	23:20	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	23:20	0.080	CMI	
Cal Check	0.080	23:20	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	23:21	0.081		
Pass			CALIBRATION CHECK RESULT 2		
			0.081		
			CALIBRATION CHECK RESULT 3		
			0.080		
			MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .005 OR LESS)	
			1.2%	0.001	

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
Test	Result	Time	Test	g/210L	Time
Voltage/Current Test	Pass		Air Blank	0.000	23:22
RAM Test	Pass		Subject Test	RFI*	23:23
EEPROM Checksum Test	Pass		Air Blank	0.000	23:23
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	10	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
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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: 217-245-7634 • www.ilmoproducts.com

Certificate of Analysis

Certificate ID: 13021
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	Analytical Accuracy (U, %2)	Analytical Method
Ethanol	208 ppm	+/-0.002 SAC(6/200)	NDIR
Nitrogen	Balance	(5.2 ppm)	

Distributed by:
CMI Inc.
316 East Ninth Street
Owensboro, KY 42303
Phone 866-833-0690
www.alcoholtest.com

*Traceable to:
Certified Reference Material - 262.4 umol/mol
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]

06-15-2020
Issuance Date



The calibration results shown on this certificate were obtained using equipment and personnel capable of producing analytical results traceable to NIST, and apply only to the items
concerned on this certificate. ILMO Products, Inc. is not responsible for the accuracy of the results of any other tests performed by the user. Liability shall be limited to replacement of this material or service.
The information on this certificate is for informational purposes only and does not constitute an offer of any product 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

[Signature]
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 210266

EXPIRES 11/18/2023

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 660-0771 (6-10)

LMS- (06-10)

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

INSTRUMENT OPERATOR CARD

This instrument card is authorized to operate an Alco-Sensor IV with printer at the following location:
Operator: ROBINSON, WADE
Permit No: 210266
Date Issued: 11/18/2021 Date Expires: 11/18/2023

