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By Tracy Crews at 7:36 am, Jul 20, 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 80-005849	LOCATION OF INSTRUMENT GRAIN VALLEY POLICE	DATE OF INSPECTION 07/08/2022	TIME OF INSPECTION 18:34
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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	18:47	DRY	33321080A3	01/05/2024
Cal Check	0.080	18:47	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	18:48	N/A	N/A	N/A
Cal Check	0.079	18:48	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	18:49	0.080	CMI	
Cal Check	0.080	18:49	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	18:49	0.080		
Cal Check	0.080	18:49	CALIBRATION CHECK RESULT 2		
Air Blank	0.000	18:49	0.079		
Pass			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	18:50
RAM Test	Pass		Subject Test	RFI*	18:51
EEPROM Checksum Test	Pass		Air Blank	0.000	18:51
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	0	0	0	1	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).
NONE

INSPECTING OFFICER		
SIGNATURE 	PRINT NAME WADE ROBINSON	
TYPE II PERMIT NUMBER 210266	EXPIRATION DATE 11/18/2023	TELEPHONE NUMBER 8164828141

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 Accuracy (U, K=2)	Analytical Method
Ethanol	288 ppm	+/- 0.002 BAC(0.21%)	NDIR
Nitrogen	89.2 Balance	(5.2 ppm)	

Distributed by:
 CMI, Inc.
 316 East Ninth Street
 Owensboro, KY 42303
 Phone 866-835-0690
 www.alcoholtest.com

Traceable to:
 Central Reference Material - 362.4 µmol/mol
 Ethanol in Nitrogen - Serial No. GN0015026 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 information on this certificate was obtained using equipment and methods capable of producing analytical results traceable to NIST and apply only to the items
 described on this certificate. ILMO Products Company makes no warranty or representation as to the suitability of these or any information provided for any particular
 purpose. The information is for informational purposes only and does not constitute a contract. Liability shall be limited to substituted replacement cost of the 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 880-0771 (6-10)

[Signature]
 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

[Signature]
 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
 L-8-4 (08-10)

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

The named controller is authorized to operate an individual breath alcohol
 instrument for the determination of the alcoholic content of breath from an operator of
 a motor vehicle.
 Operator: **ROBINSON, WADE**
 Permit No. **210266**
 Date Issued: **11/18/2021** Date Expires **11/18/2023**