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By Tracy Crews at 10:45 am, Aug 19, 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 08/05/2022	TIME OF INSPECTION 16:44
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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	16:48	DRY	33321080A3	01/05/2024
Cal Check	0.081	16:48	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	16:48	N/A	N/A	N/A
Cal Check	0.080	16:49	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	16:49	0.080	CMI	
Cal Check	0.081	16:50	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	16:50	0.081		
Cal Check	0.081	16:50	CALIBRATION CHECK RESULT 2		
Air Blank	0.000	16:50	0.080		
			CALIBRATION CHECK RESULT 3		
			0.081		
			MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .005 OR LESS)	
			1.2%	0.001	

Pass

DIAGNOSTIC TEST RESULTS		RFI TEST RESULTS		
Voltage/Current Test	Pass	Test	g/210L	Time
RAM Test	Pass	Air Blank	0.000	16:51
EEPROM Checksum Test	Pass	Subject Test	RFI*	16:51
Real Time Clock Test	Pass	Air Blank	0.000	16:51
DSP Test	Pass	*RFI Detect		
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	1	1	0	0	1

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 8163825881



7 Eastgate Dr. • P.O. Box 790 • Jackson, IL 62651-0790  
217-245-2183 • Fax: 217-243-7634 • www.ilmo-products.com

### Certificate of Analysis

Certificate ID: 14496  
Part #: BAC1051080T  
Cylinder Size: 105L  
Lot Number: 33321080A3  
Expiration: 1/5/2024

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

Contents: 105 Liters @ 1000 psig 70°F (21°C)

Component	Reported Concentration:	Analytical Accuracy (U, k=2):	Analytical Method:	Distributed by:
Ethanol	288 ppm	+/- 0.002 BAC (g/210L)	NDR	CMJ Inc.
Nitrogen	Balance	[5-2 ppm]		316 East Ninth Street Owensboro, KY 42303 Phone 866-835-0690 www.alcoholtest.com

\*Traceable to:  
Certified Reference Material - 262.4 ppm/100L  
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).

*Signature*  
Specialty Gas Lab Tech

01-04-2022  
Issuance Date



This certificate is valid only if the certificate was obtained using equipment and standards capable of producing analytical results traceable to NIST, and apply only to the items identified on this certificate. No responsibility is assumed for the accuracy or reliability of the information provided for any particular purpose. The information is to be used at the user's discretion and risk of damage or loss of data. Liability shall be limited to stipulated replacement cost of the materials 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 577.04-1, RSMo and 306.111 through 306.119 RSMo.

DATE 11/18/2021

NUMBER 210266

EXPIRES 11/18/2023

MO 590-0771 (6-10)

*Laura G. Wray*  
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Donald S. Korman*  
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (PR-10)

