



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

**RECEIVED**

By Tracy Crews at 3:04 pm, Mar 15, 2022

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 80-005851	LOCATION OF INSTRUMENT STATE OF MISSOURI	DATE OF INSPECTION 03/02/2022	TIME OF INSPECTION 00:53
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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	00:57	DRY	33321080A3	01/05/2024
Cal Check	0.079	00:57	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	00:58	N/A	N/A	N/A
Cal Check	0.080	00:58	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	00:59	0.080	INTOXIMETERS	
Cal Check	0.079	00:59	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	00:59	0.079		
Cal Check	0.079	00:59	CALIBRATION CHECK RESULT 2		
Air Blank	0.000	00:59	0.080		
<b>Pass</b>			CALIBRATION CHECK RESULT 3		
			0.079		
			MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .005 OR LESS)	
			1.2%	0.001	

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
Test	Pass/Fail	Time	Test	g/210L	Time
Voltage/Current Test	Pass		Air Blank	0.000	01:00
RAM Test	Pass		Subject Test	RFI*	01:00
EEPROM Checksum Test	Pass		Air Blank	0.000	01:01
Real Time Clock Test	Pass		*RFI Detect		
DSP Test	Pass		<b>Pass</b>		
Analytical Stability Test	Pass				
Modem Test	Pass				
Temperature Regulation Test	Pass				
<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	1	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 & CERTIFIED

<b>INSPECTING OFFICER</b>		
SIGNATURE 	PRINT NAME COREY CARLISLE	
TYPE II PERMIT NUMBER 200123	EXPIRATION DATE 03/09/2022	TELEPHONE NUMBER 8162345000



7 Eastgate Dr. • P.O. Box 790 • Jacksonville, IL 62851-0790  
217-245-2183 • Fax: 217-243-7634 • www.ilmo-products.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)

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

Component	Reported Concentration	Analytical Accuracy (U, k=2)	Analytical Method
Ethanol	289 ppm	+/- 0.892 BAC(0/210L)	NDIR
Nitrogen	Balance	[5.2 ppm]	

Distributed by:  
CMI, Inc.  
316 East Ninth Street  
Owensboro, KY 42303  
Phone 866-835-0690  
[www.alcoholtest.com](http://www.alcoholtest.com)

\*Traceable to:  
Certified Reference Material - 262.4 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).

*[Signature]*  
Specialty Gas Lab Tech

01-04-2022  
Issuance Date



The expiration results within this certificate were obtained using equipment and standards capable of producing analytical results traceable to NIST, and apply only to the tests conducted on this certificate. ILMO Products Company makes no warranty or representation as to the suitability of the use of any information provided for any particular purpose. The information user has the sole discretion and risk of the user. Liability shall be limited to established replacement cost of this material or service.

ISO/IEC 17025:2017 Accredited Laboratory



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

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### PERMIT TYPE II

COREY CARLISLE

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 906.111 through 906.119 RSMo.

DATE 3/9/2022

NUMBER 200123

EXPIRES 3/9/2022

MO 680-5771 (6-16)

*[Signature]*  
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*[Signature]*  
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (08-10)

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

**INSTRUMENT OPERATOR CARD**

The named operator is authorized to operate an alcohol breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.

Operator CARLISLE, COREY  
Permit No 200123  
Date Issued 03/09/2022 Date Expires 3/9/2022