

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

SC
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 80-006196	LOCATION OF INSTRUMENT KCPD	DATE OF INSPECTION 02/03/2022	TIME OF INSPECTION 23:07
---------------------------------------	--------------------------------	----------------------------------	-----------------------------

CALIBRATION CHECK RESULTS			CALIBRATION CHECK SUMMARY		
Test	g/210L	Time	STANDARD TYPE	STANDARD LOT #	STANDARD EXPIRATION DATE
Air Blank	0.000	23:09	DRY	14020080A2	07/05/2022
Cal Check	0.083	23:09	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	23:10	N/A	N/A	N/A
Cal Check	0.083	23:10	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	23:11	0.080	CMI	
Cal Check	0.083	23:11	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	23:12	0.083		
Pass			CALIBRATION CHECK RESULT 2		
			0.083		
			CALIBRATION CHECK RESULT 3		
			0.083		
			MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .005 OR LESS)	
			3.7%	0.000	

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
			Test	g/210L	Time
Voltage/Current Test	Pass		Air Blank	0.000	23:12
RAM Test	Pass		Subject Test	RFI*	23:13
EEPROM Checksum Test	Pass		Air Blank	0.000	23:13
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	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 AND CERTIFIED.

INSPECTING OFFICER			
SIGNATURE 		PRINT NAME WADE ROBINSON	
TYPE II PERMIT NUMBER 210266		EXPIRATION DATE 11/18/2023	
		TELEPHONE NUMBER 8162345000	



7 Eastgate Dr. • P.O. Box 790 • Jacksonville, IL 62451-0790
217-245-2183 • Fax: 217-243-7654 • www.ilmoproducts.com

Certificate of Analysis

Certificate ID: 13021
Part #: BAC105L080T
Cylinder Size: 105L
Lot Number: 14020980A2
Expiration: 7/5/2022

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(GZAR)	NDR
Nitrogen	Balance	[5, 2 ppm]	

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

*Traceable to:
Certified Reference Material - 262.4 µmol/mol
Ethanol in Nitrogen - Serial No. GN10015026 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

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.

[Signature]
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DATE 11/18/2021
NUMBER 210266
EXPIRES 11/18/2023

[Signature]
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
LBA-09-10

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

The following cardholder is authorized to operate an Intoxilizer breath alcohol
instrument for the determination of the alcoholic content of breath from an expired air
sample in Missouri.

Operator: ROBINSON, WADE
Permit No: 210266
Date Issued: 11/18/2021 Date Expires: 11/18/2023

The calibration results within this certificate were obtained using equipment and standards capable of producing analytical results traceable to NIST and apply only to the items
described herein. The user is responsible for the proper use of the instrument and for the safety of the operator. The information is not intended to constitute a warranty or
guarantee. The information is for informational purposes only. Liability shall be limited to established replacement, parts, materials or service.