

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

CMI INTOXILYZER 8000 MAINTENANCE REPORT

SCAD

REPORT #2

Complete this report in d repaired. Send one copy	uplicate at the time of the to Department of Health	e regular month and Senior Se	ily preventive mai ervices, and retair	ntenance che n one copy in	eck, and wi departmer	henev nt file.	ver instrument is
INSTRUMENT SERIAL NUMBER 80-007511	LOCATION OF INSTRUMENT KANSAS CITY	DATE OF INSPECTION 04/14/20			TIME OF INSPECTION 22 2:47		
CALIBRATION CHECK	CALIBRATION CHECK SUMMARY						
Test	g/210L	Time	STANDARD TYPE DRY SIM TEMPERATURE	STANDARD LOT	080A2	0	7/05/2022
Air Blank Cal Check	0.000	22:49 22:49	N/A STANDARD VALUE	N/A STANDARD SUP	A-Petit Petit	1	ERTIFICATE EXPIRATION / A
Air Blank Cal Check Air Blank	0.000 0.081 0.000	22:49 22:50 22:50	0.080 CALIBRATION CHECK R		081		
Cal Check Air Blank	0.081	22:51 22:51	CALIBRATION CHECK RESULT 2 0.081				
Pass			O . 0 8 1 MAXIMUM DEVIATION (MUST BE WITHIN 5%) SPREAD (MUST BE .005 OR LESS) 0 . 0 0 0				
DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS				
Voltage/Current Test Pass RAM Test Pass EEPROM Checksum Test Pass Real Time Clock Test Pass DSP Test Pass Analytical Stability Test Pass Modem Test Pass Temperature Regulation Test Pass			Test		g/210L		Time
			Pass Air Blank Pass Subject Te Pass Air Blank		0.000 RFI* 0.000		22:52 22:52 22:53
			*RFI Dete	ect			
P			ass		34		
NUMBER OF REFUSALS AND SUBJECT BREATH TESTS IN EACH RANGE SINCE LAST MAINTENANCE REPORT REFUSALS .0004 .0509 .1014 .1519 .0009							
0	56	0	.1014	.1519	0	0	VER .19

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								
Po May	R. KAIGHEN								
TYPE II PERMIT NUMBER 210227	10/06/2023	TELEPHONE NUMBER 8164828190							



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

Certificate of Analysis

Certificate ID: 13021

BAC105L080T

Expiration: Cylinder Size: Lot Number: 1951 7/5/2022 14020986A2

0,080 BAC (For the culibration of Instruments used to determine breath alcohol concentration)

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

Concentration: Accuracy
(U, k=2): Analytical Analytical Method:

+/-8-802 BAC(G/Z18L) NDIR [5.2 ppm]

Distributed by:

Nitrogen Ethanol Component:

Balance 208 ppm

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

*Traceable to:
Cerdified Reference Material - 2624 µmol/mol Ethanol in Nicrogen - 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).

0 (--15-2020 Issuance Date

The calcination results which the configure were extended using explorence for annotated consists of producing analysists founds repende to 50°C, and trapp only to the born moreovers on the configure. 115°C revision of company registers are consistent and the extensional production produced for any particular extension. The information was to the size described and the first of the same of the sound of the same of the sound of the same of the sound of the same of the sa

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ISO/IEC 17025:2017 Accredited Laboratory



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES BREATH ALCOHOL PROGRAM

PERMIT TYPE ||

RYAN KAIGHEN

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.

NUMBER 210227 DATE 10/6/2021

EXPIRES 10/6/2023

MO 580-0771 (6-10)

Lama C Day DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SEMIDR SERVICES lound D. Kame

LAB-4 (R6-10)



STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIORS
BREATH ALCOHOL PROGRAM

INSTRUMENT OPERATOR CARD

KAIGHEN, RYAN 210227 ad 10/6/2021 Date Expires 10/6/2023

