



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 80-007511	LOCATION OF INSTRUMENT KANSAS CITY POLICE	DATE OF INSPECTION 07/08/2022	TIME OF INSPECTION 16:19
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CALIBRATION CHECK RESULTS			CALIBRATION CHECK SUMMARY		
Test	g/210L	Time	STANDARD TYPE DRY	STANDARD LOT # 33321080A3	STANDARD EXPIRATION DATE 01/05/2024
Air Blank	0.000	16:21	SIM TEMPERATURE N/A	SIM SERIAL NUMBER N/A	SIM CERTIFICATE EXPIRATION N/A
Cal Check	0.078	16:21	STANDARD VALUE 0.080	STANDARD SUPPLIER CMI	
Air Blank	0.000	16:22	CALIBRATION CHECK RESULT 1 0.078		
Cal Check	0.079	16:22	CALIBRATION CHECK RESULT 2 0.079		
Air Blank	0.000	16:23	CALIBRATION CHECK RESULT 3 0.079		
Cal Check	0.079	16:23	MAXIMUM DEVIATION (MUST BE WITHIN 5%) 2.5%	SPREAD (MUST BE .005 OR LESS) 0.001	
Air Blank	0.000	16:24			

**Pass**

DIAGNOSTIC TEST RESULTS		RFI TEST RESULTS	
Voltage/Current Test	Pass	Test	g/210L
RAM Test	Pass	Air Blank	0.000
EEPROM Checksum Test	Pass	Subject Test	RFI*
Real Time Clock Test	Pass	Air Blank	0.000
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	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).  
 NONE

**INSPECTING OFFICER**

SIGNATURE 	PRINT NAME WADE ROBINSON
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TYPE II PERMIT NUMBER 210266	EXPIRATION DATE 11/18/2023	TELEPHONE NUMBER 8164828141
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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 #: BAC10510880T  
Cylinder Size: 105L  
Lot Number: 33321088A3  
Expiration: 1/5/2024

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

Component	Reported Concentration	Accuracy (U, K=2)	Analytical Method	Distributed by:
Ethanol	288 ppm	+/- 0.002 BAC(G/100L)	NDRS	CMH Inc. 316 East Ninth Street Owensboro, KY 42303 Phone 866-835-0690 www.alcoholtest.com
Nitrogen	Balance	[± 2 ppm]		

\*Traceable to:  
Certified Reference Material - 262.4 µmol/mol  
Ethanol in Nitrogen - Serial No. GM0015026 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 calibration facilities within this certificate were obtained using equipment and standards capable of producing analytical results traceable to NIST, and apply only to the items indicated. The information herein is for informational purposes only and does not constitute a warranty or representation as to the accuracy of the data. The information provided for any particular purpose. The information herein is for informational purposes only and does not constitute a warranty or representation as to the accuracy of the data.

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 580.0711 (6-10)

*[Signature]*  
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*[Signature]*  
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES  
LMB-4 (66-10)

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

The attached certificate is valid only for the use of the instrument for the determination of the alcoholic content of blood from a sample of expired air. The instrument is not to be used for any other purpose.

INSTRUMENT OPERATOR CARD

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