



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 09/10/2022	TIME OF INSPECTION 17:39
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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	17:44	SIM TEMPERATURE N/A	SIM SERIAL NUMBER N/A	SIM CERTIFICATE EXPIRATION N/A
Cal Check	0.078	17:44	STANDARD VALUE 0.080	STANDARD SUPPLIER CMI	
Air Blank	0.000	17:45	CALIBRATION CHECK RESULT 1 0.078		
Cal Check	0.078	17:45	CALIBRATION CHECK RESULT 2 0.078		
Air Blank	0.000	17:45	CALIBRATION CHECK RESULT 3 0.079		
Cal Check	0.079	17:46	MAXIMUM DEVIATION (MUST BE WITHIN 5%) 2.5%		
Air Blank	0.000	17:46	SPREAD (MUST BE .005 OR LESS) 0.001		

**Pass**

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
Voltage/Current Test	Pass		Test	g/210L	Time
RAM Test	Pass		Air Blank	0.000	17:47
EEPROM Checksum Test	Pass		Subject Test	RFI*	17:47
Real Time Clock Test	Pass		Air Blank	0.000	17:47
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	30	0	0	1	2	

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).  
 Time-Date changed.

<b>INSPECTING OFFICER</b>		
SIGNATURE 	PRINT NAME WADE ROBINSON	
TYPE II PERMIT NUMBER 210266	EXPIRATION DATE 11/18/2023	TELEPHONE NUMBER 8164828141



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

### Certificate of Analysis

Certificate ID: 14496  
Part #: BAC105L080T  
Cylinder Size: 105L  
Lot Number: 33321090A3  
Expiration: 1/5/2024

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

Contents:	Reported Concentration:	Analytical Accuracy	Analytical Method:	Distributed by:
105 Liters @ 1000 psig 70°F (21°C)	(U, 1e-2)	±0.002 BAC(71%) NDIR	NDIR	CMI Inc. 316 East Ninth Street Owensboro, KY 42303 Phone 866-835-0690 www.alcoholtest.com
Component:	288 ppm			
Ethanol:	Balance			
Nitrogen:				

Traceable to:  
Central Reference Material - 2824.4 umol/mol Ethanol in Nitrogen - Serial No. GN0015026 Lot No. 050319E11

Score 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 expiration dates shown on this certificate were obtained using equipment and materials capable of producing certified results according to NIST and apply only to the items described 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 use is at the sole discretion and risk of the user. Liability shall be limited to established replacement costs of this material 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 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE: 11/18/2021  
NUMBER: 210266  
EXPIRES: 11/18/2023  
MO 886-0711 (5-10)

*[Signature]*  
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY  
*[Signature]*  
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES  
LMS 4 (06-19)

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

The named cardholder is authorized to operate an Intoxilyzer breath alcohol instrument for the determination of the alcoholic content of breath from or expired air in Missouri.

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