

RECEIVED

By Tracy Crews at 2:25 pm, Jan 27, 2023



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

MPD

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 80-007512	LOCATION OF INSTRUMENT KANSAS CITY POLICE	DATE OF INSPECTION 10/15/2022	TIME OF INSPECTION 10:40
---------------------------------------	--	----------------------------------	-----------------------------

CALIBRATION CHECK RESULTS			CALIBRATION CHECK SUMMARY		
Test	g/210L	Time	STANDARD TYPE	STANDARD LOT #	STANDARD EXPIRATION DATE
Air Blank	0.000	10:41	DRY	33321080A3	01/05/2024
Cal Check	0.078	10:42	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	10:42	N/A	N/A	N/A
Cal Check	0.080	10:43	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	10:43	0.080	CMI INC	
Cal Check	0.079	10:43	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	10:44	0.078		
Pass			CALIBRATION CHECK RESULT 2		
			0.080		
			CALIBRATION CHECK RESULT 3		
			0.079		
			MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .005 OR LESS)	
			2.5%	0.002	

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
Test	Pass	Time	Test	g/210L	Time
Voltage/Current Test	Pass		Air Blank	0.000	10:45
RAM Test	Pass		Subject Test	RFI*	10:46
EEPROM Checksum Test	Pass		Air Blank	0.000	10:46
Real Time Clock Test	Pass		*RFI Detect		
DSP Test	Pass		Pass		
Analytical Stability Test	Pass				
Modem Test	Pass				
Temperature Regulation Test	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		
1	1	1	4	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).

TESTED & CERTIFIED

INSPECTING OFFICER			
SIGNATURE PO [Signature] 4826	PRINT NAME R. KAIGHEN		
TYPE II PERMIT NUMBER 210227	EXPIRATION DATE 10/06/2023	TELEPHONE NUMBER 8164828190	



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: 33321080A3
Expiration: 1/75/2024

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:	Accuracy (U, K=2):	Analytical Method:	Distributed by:
Ethanol	268 ppm	±/ - 0.002 BAC (0.294) NDIR		CFM Inc.
Nitrogen	Balance	[± 2 ppm]		316 East Ninth Street Owensboro, KY 42303 Phone 866-835-0690 www.alcoholtest.com

*Traceable to: Certified Reference Material - 2624 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 calibration results on this certificate were obtained using equipment and standard capabilities of producing analytical results traceable to NIST, and apply only to the items specified in 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 on a certificate is a true, accurate, and reliable representation of the data.

ISO/IEC 17025:2017 Accredited Laboratory



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



PERMIT TYPE II

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, INTOXLYZER 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 10/06/2021

NUMBER 210227

EXPIRES 10/06/2023

MO 580.077, (6-19)

[Signature]
Laura G. Wray

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

[Signature]
Donald A. Keenan

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LSB-4 (06-19)

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

INSTRUMENT OPERATOR CARD

This permit cardholder is authorized to operate an examiner breath analyzer in Missouri. For the laboratory of the applicant, contain in the form of expired air.

Operator: KAIGHEN, RYAN
Permit No: 210227
Date Issued: 10/06/2021 Date Expires: 10/06/2023