



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 80-007512	LOCATION OF INSTRUMENT KANSAS CITY POLICE	DATE OF INSPECTION 12/07/2022	TIME OF INSPECTION 01:45
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CALIBRATION CHECK RESULTS			CALIBRATION CHECK SUMMARY		
Test	g/210L	Time	STANDARD TYPE	STANDARD LOT #	STANDARD EXPIRATION DATE
Air Blank	0.000	01:47	DRY	33321080A3	01/05/2024
Cal Check	0.079	01:47	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	01:48	N/A	N/A	N/A
Cal Check	0.077	01:48	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	01:49	0.080	CMI INC	
Cal Check	0.077	01:49	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	01:50	0.079		
Cal Check	0.077	01:50	CALIBRATION CHECK RESULT 2		
Air Blank	0.000	01:50	0.077		
Cal Check	0.077	01:50	CALIBRATION CHECK RESULT 3		
Air Blank	0.000	01:50	0.077		
Pass			MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .005 OR LESS)	
			3.7%	0.002	

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
Test	Pass	Time	Test	g/210L	Time
Voltage/Current Test	Pass		Air Blank	0.000	01:50
RAM Test	Pass		Subject Test	RFI*	01:50
EEPROM Checksum Test	Pass		Air Blank	0.000	01:51
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 & CERTIFIED

INSPECTING OFFICER		
SIGNATURE 	PRINT NAME DOUGLAS DAVIDSON	
TYPE II PERMIT NUMBER 210058	EXPIRATION DATE 04/06/2023	TELEPHONE NUMBER 8162345000



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

Certificate of Analysis

Certificate ID: 14496
Part #: BAC105L080T
Cylinder Size: 105L
Lot Number: 33321080A3
Expiration: 1/5/2024

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:	Analytical Accuracy (U, k=2):	Analytical Method:	Distributed by:
Ethanol	288 ppm	+/- 0.003 uac (0.210%)	NDIR	CMI, Inc.
Nitrogen	Balance	[5:2 ppm]		316 East Ninth Street Owensboro, KY 42303 Phone 866-835-0690 www.alcoboltest.com

*Traceable to:
Certified Reference Material - 262.4 µmol/mol
Ethanol in Nitrogen - Serial No. GN0015026 Lot No. 050319E11

John P. ...
Specialty Gas Lab Tech

01-04-2022
Issuance Date



The certificate number on this certificate was obtained using equipment and apparatus capable of producing analytical results traceable to NIST, and apply only to the item certified on this certificate. ILMO Products Company makes no warranty or representation as to the suitability of this use of any information provided for any particular purpose. The information set in this certificate is the sole responsibility and risk of the user. Liability shall be limited to established replacement cost of the material or service.

ISO/IEC 17025:2017 Accredited Laboratory



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



PERMIT TYPE II

DOUGLAS DAVIDSON

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 4/6/2021
NUMBER 210058
EXPIRES 4/6/2023
MO 08-0771 (6-19)

W.A. Davidson
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Douglas Davidson
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
LHA- (6-10)

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

The permit supervisor is authorized to operate, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s) for the determination of the alcoholic content in breath from of expired air in Missouri:
Operator: **DAVIDSON, DOUGLAS**
Permit No: **210058**
Date Issued: **4/6/2021**
Date Expires: **4/6/2023**