

RECEIVED

By Tracy Crews at 1:05 pm, Nov 28, 2022



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 80-007513	LOCATION OF INSTRUMENT KANSAS CITY POLICE	DATE OF INSPECTION 11/11/2022	TIME OF INSPECTION 16:00
---------------------------------------	----------------------------------------------	----------------------------------	-----------------------------

CALIBRATION CHECK RESULTS			CALIBRATION CHECK SUMMARY		
Test	g/210L	Time	STANDARD TYPE	STANDARD LOT #	STANDARD EXPIRATION DATE
Air Blank	0.000	16:02	DRY	33321080A3	01/05/2024
Cal Check	0.079	16:02	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	16:03	N/A	N/A	N/A
Cal Check	0.080	16:03	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	16:04	0.080	CMI INC	
Cal Check	0.079	16:04	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	16:05	0.079		
Cal Check	0.079	16:04	CALIBRATION CHECK RESULT 2		
Air Blank	0.000	16:05	0.080		
Pass			CALIBRATION CHECK RESULT 3		
			0.079		
			MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .005 OR LESS)	
			1.2%	0.001	

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
Test	Pass/Fail	Time	Test	g/210L	Time
Voltage/Current Test	Pass		Air Blank	0.000	16:05
RAM Test	Pass		Subject Test	RFI*	16:05
EEPROM Checksum Test	Pass		Air Blank	0.000	16:06
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 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.ilmoproducts.com



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



**PERMIT
TYPE II**

WADE ROBINSON

Certificate ID: 14496
Part #: BAC1051088T
Cylinder Size: 105L
Lot Number: 33321080A3
Expiration: 1/5/2024

Certificate of Analysis

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	289 ppm	+/- 0.082 BAC (G/218L)	NDIR	CMII Inc
Nitrogen	Balance	[5.2 ppm]		316 East Ninth Street Owensboro, KY 42303 Phone 866-835-0690 www.alcoholtest.com

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

Signature
Specialty Gas Lab Tech

01-04-2022
Issuance Date



Store in dry area, away from sources of heat, ignition and direct sunlight. Do not allow storage area to exceed 52 °C (125 °F).

Accreditation #1285

The calibration results from this certificate were obtained using equipment and standards capable of producing analytical results equivalent to NIST, and apply only to the items covered on this certificate. LHO Products Company makes no warranty representation as to the accuracy of the information contained herein, and is not responsible for any particular errors. The information set out in this certificate shall not be printed or published without the express consent of this manufacturer or service.

ISO/IEC 17025:2017 Accredited Laboratory

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 11/18/2021

NUMBER 210266

EXPIRES 11/18/2023

MO 896-0771 (8-10)

Laura A. Way
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Donald A. Robinson
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LH54 (88-10)

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

INSTRUMENT OPERATOR CARD

The owner/manufacturer is authorized to operate an individual breath alcohol instrument for the determination of the alcoholic content in breath form of expired air.

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