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By Tracy Crews at 7:23 am, Sep 20, 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 80-007514	LOCATION OF INSTRUMENT KANSAS CITY POLICE	DATE OF INSPECTION 09/10/2022	TIME OF INSPECTION 16:24
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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	16:30	DRY	33321080A3	01/05/2024
Cal Check	0.079	16:30	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	16:31	N/A	N/A	N/A
Cal Check	0.079	16:31	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	16:32	0.080	CMI INC	
Cal Check	0.078	16:32	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	16:32	0.079		
Cal Check	0.078	16:32	CALIBRATION CHECK RESULT 2		
Air Blank	0.000	16:32	0.079		
Pass			CALIBRATION CHECK RESULT 3		
			0.078		
			MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .005 OR LESS)	
			2.5%	0.001	

DIAGNOSTIC TEST RESULTS		RFI TEST RESULTS		
Voltage/Current Test	Pass	Test	g/210L	Time
RAM Test	Pass	-----		
EEPROM Checksum Test	Pass	Air Blank	0.000	16:33
Real Time Clock Test	Pass	Subject Test	RFI*	16:33
DSP Test	Pass	Air Blank	0.000	16:34
Analytical Stability Test	Pass	*RFI Detect		
Modem Test	Pass	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
0	0	1	4	6	5

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).

INSTRUMENT TESTED AND CERTIFIED. NO CHANGES MADE

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: 217-245-7634 • www.ilmo-products.com

Certificate of Analysis

Certificate ID: 14496
Part #: BAC1051080T
Cylinder Size: 105L
Lot Number: 33321080A3
Expiration: 1/5/2024

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

Component	Reported Concentration	Analytical Accuracy (U, I=2)	Analytical Method	Dispersed by:
Ethanol	288 ppm	+/- 0.002 BAC(g/200L)	NDIR	CM1 Inc 316 East Ninth Street Owensboro, KY 42303 Phone 866-835-0690 www.alcoholtest.com
Nitrogen	Balance	+/- 0.002 BAC(g/200L)	NDIR	

Traceable to:
Certified Reference Material - 2624 (methylalcohol)
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 results from this certificate were obtained using equipment and standards capable of producing analytical results traceable to NIST and apply only to the items covered 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. This information is for informational purposes only and does not constitute an offer of any product 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 HSMo.

DATE 11/18/2021
NUMBER 210266
EXPIRES 11/18/2023
MO 960-0771 (6-10)

[Signature]
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
[Signature]
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)

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

The instrument operator is authorized to operate an evidential breath alcohol device in accordance with the administrative code of the alcoholic content in breath form of evidence and is subject to the provisions of the Missouri Revised Statutes.

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