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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 80-007514	LOCATION OF INSTRUMENT KANSAS CITY POLICE	DATE OF INSPECTION 11/12/2022	TIME OF INSPECTION 16:13
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CALIBRATION CHECK RESULTS

Test	g/210L	Time
Air Blank	0.000	16:16
Cal Check	0.079	16:16
Air Blank	0.000	16:17
Cal Check	0.079	16:17
Air Blank	0.000	16:17
Cal Check	0.079	16:18
Air Blank	0.000	16:18

Pass

CALIBRATION CHECK SUMMARY

STANDARD TYPE DRY	STANDARD LOT # 33321080A3	STANDARD EXPIRATION DATE 01/05/2024
SIM TEMPERATURE N/A	SIM SERIAL NUMBER N/A	SIM CERTIFICATE EXPIRATION N/A
STANDARD VALUE 0.080	STANDARD SUPPLIER CMI INC	
CALIBRATION CHECK RESULT 1 0.079		
CALIBRATION CHECK RESULT 2 0.079		
CALIBRATION CHECK RESULT 3 0.079		
MAXIMUM DEVIATION (MUST BE WITHIN 5%) 1.2%	SPREAD (MUST BE .005 OR LESS) 0.000	

DIAGNOSTIC TEST RESULTS

Voltage/Current Test	Pass
RAM Test	Pass
EEPROM Checksum Test	Pass
Real Time Clock Test	Pass
DSP Test	Pass
Analytical Stability Test	Pass
Modem Test	Pass
Temperature Regulation Test	Pass

Pass

RFI TEST RESULTS

Test	g/210L	Time
Air Blank	0.000	16:19
Subject Test	RFI*	16:19
Air Blank	0.000	16:20

*RFI Detect

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

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).
NONE

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
217-245-2185 • Fax: 217-245-7634 • www.ilmoproducts.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)

Component	Reported Concentration:	Analytical Accuracy	Analytical Method:
Ethanol	288 ppm	(U, L=2%)	NDIR
Nitrogen	Balance	(+/- 0.002 BAC (g/21vL))	NDIR

Distributed by:
CMI, Inc
316 East Ninth Street
Owensboro, KY 42303
Phone 866-835-0690
www.alcoholtest.com

*Traceable to:
Certified Reference Material - 2624 - Immolon
Ethanol in Nitrogen - Serial No. GND0150926 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).

01-04-2022
Issuance Date



The calibration results shown on this certificate were obtained using equipment and standards capable of producing analytical results traceable to NIST, and apply only to the item
sampled on this certificate. ILMO Products Company makes no warranty or representation as to the accuracy of the results shown on this certificate for any other purpose.
Purpose: This information is for the sole information and use of the user. Liability shall be limited to established replacement cost of this instrument or service.

ISOIEC 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 580-0771 (6-10)

Laura A. Day
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

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

LAB-4 (9-10)

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

INSTRUMENT OPERATOR CARD

This permit card is valid for the use of the operator on the specified instrument only. It is not valid for the determination of alcohol concentration in blood or urine. It is not valid for the determination of alcohol concentration in breath.

Operator: **ROBINSON, WADE**
Instrument: **INTOXILYZER 8000**
Date Issued: **11/18/2021** Date Expires: **11/18/2023**