## RECEIVED

By Tracy Crews at 7:11 am, Nov 10, 2024



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

### CMI INTOXILYZER 8000 MAINTENANCE REPORT

SCPA

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 LOCATION OF INSTRUMENT DATE OF INSPECTION TIME OF INSPECTION 80-007511 KANSAS CITY POLICE 05/13/2024 00:11 **CALIBRATION CHECK RESULTS** CALIBRATION CHECK SUMMARY STANDARD EXPIRATION DATE STANDARD TYPE STANDARD LOT # 14323080A4 DRY 06/05/2025 g/210L Time Test SIM TEMPERATURE SIM SERIAL NUMBER SIM CERTIFICATE EXPIRATION N/AN/AN/A 0.000 00:12 Air Blank STANDARD VALUE STANDARD SUPPLIER 00:12 Cal Check 0.080 0.080 CMI INC 0.000 00:13 Air Blank CALIBRATION CHECK RESULT 1 00:13 Cal Check 0.079 0.080 Air Blank 0.000 00:14 CALIBRATION CHECK RESULT 2 Cal Check 00:14 0.080 0.079 Air Blank 0.000 00:14 CALIBRATION CHECK RESULT 3 0.080 MAXIMUM DEVIATION (MUST BE WITHIN 5%) SPREAD (MUST BE .005 OR LESS) 1.28 0.001 **RFI TEST RESULTS DIAGNOSTIC TEST RESULTS** Voltage/Current Test Pass Test g/210L Time RAM Test Pass EEPROM Checksum Test Air Blank 0.000 00:15 Pass Real Time Clock Test Subject Test RFI\* 00:15 Pass 0.000 00:16 DSP Test Pass Air Blank Analytical Stability Test Pass \*RFI Detect Modem Test Pass Temperature Regulation Test Pass NUMBER OF REFUSALS AND SUBJECT BREATH TESTS IN EACH RANGE SINCE LAST MAINTENANCE REPORT REFLISALS .10-.14 0 0 0 0 List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily

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 MEETS ALL DHSS STANDARDS & GUIDELINES

INSPECTING OFFICER			
SIGNATURE		PRINT NAME	
1)11/ () og	4856	R. KAIGHEN	
TYPE II PERMIT NUMBER	EXPIRATION DATE		TELEPHONE NUMBER
230209	09/22/20	25	8164828190



## STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES BREATH ALCOHOL PROGRAM



## RYAN KAIGHEN PERMIT TYPE II

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.

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY Dones J. Michaeler

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES LAB-4 (R5-10)

MO 589-0771 (G-10)

NUMBER 230209 DATE 9/22/2023

EXPIRES 9/22/2025

KAIGHEN, RYAN 230208 392208 Date Expires 9/22/2025 STATE OF MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BREATH ALCOHOL PROGRAM INSTRUMENT OPERATOR CARD



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

# Certificate of Analysis

Cylinder Size: Part# Certificate ID: Lot Number: 105L 15762 6/5/2025 14323080A4 BAC105L080T

Expiration:

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

Contents: 105 Liters @ 1000 psig 70°F (21°C)

Ethanol Nitrogen Component 208 ppm Balance Concentration: Reported Accuracy (U, k=2): Analytical Analytical Method:

Distributed by:

+/-0.002 BAC(G/210L) NDIR [5.2 ppm]

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

Ethanol in Nitrogen - Serial No. ND7017 Lot No. 080722E2 FTraceable to:
Certified Reference Mazerial - 261.0 µmol/mol

Ola - 01 - 2023

Jaky Gas Lab Tech

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

Shanous recommendation in the control of the

ISO/IEC 17025;2017 Accredited Laboratory