



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 06/20/2024	TIME OF INSPECTION 22:28
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CALIBRATION CHECK RESULTS			CALIBRATION CHECK SUMMARY		
Test	g/210L	Time	STANDARD TYPE DRY	STANDARD LOT # 14323080A4	STANDARD EXPIRATION DATE 06/05/2025
Air Blank	0.000	22:30	SIM TEMPERATURE N/A	SIM SERIAL NUMBER N/A	SIM CERTIFICATE EXPIRATION N/A
Cal Check	0.077	22:30	STANDARD VALUE 0.080	STANDARD SUPPLIER INTOXIMETERS	
Air Blank	0.000	22:30	CALIBRATION CHECK RESULT 1 0.077 ^w		
Cal Check	0.079	22:31	CALIBRATION CHECK RESULT 2 0.079		
Air Blank	0.000	22:31	CALIBRATION CHECK RESULT 3 0.078		
Cal Check	0.078	22:32	MAXIMUM DEVIATION (MUST BE WITHIN 5%) 3.7%		
Air Blank	0.000	22:32	SPREAD (MUST BE .005 OR LESS) 0.002		

Pass

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
Voltage/Current Test	Pass		Test	g/210L	Time
RAM Test	Pass		Air Blank	0.000	22:33
EEPROM Checksum Test	Pass		Subject Test	RFI*	22:33
Real Time Clock Test	Pass		Air Blank	0.000	22:33
DSP Test	Pass		*RFI Detect		
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	19	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 230228	EXPIRATION DATE 10/23/2025	TELEPHONE NUMBER 8164828141

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



Certificate of Analysis

Certificate ID: 15762
 Part #: BAC105L088T
 Cylinder Size: 105L
 Lot Number: 14323080A4
 Expiration: 6/5/2025

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

Component	Reported Concentration:	Accuracy (U, K=2):	Analytical Method:	Distributed by:
Ethanol	298 ppm	+/- 0.002 BAC (C/200)	NDIR	CMI Inc 316 East Ninth Street Owensboro, KY 42303 Phone 866-835-0690 www.alcoholtest.com
Nitrogen	Balance	[5.2 ppm]		

*Traceable to:
 Certified Reference Material - 261.0 µmol/mol
 Ethanol in Nitrogen - Serial No. ND7017 Lot No. 080722E2

Score 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

 J. Starnovic

06-01-2023
 Issuance Date



ISO/IEC 17025:2017 Accredited Laboratory

The calibration results within this certificate were obtained by the following stated means using equipment that provides a cycle of producing analytical results traceable to NIST, and apply only to the items identified on this certificate. LMO Products Company is not responsible for the use of any substance provided for any particular purpose. The information on this certificate is for informational purposes only. Liability shall be limited to established requirements of the product. The information on this certificate is not intended to be used for any other purpose. The information on this certificate is not intended to be used for any other purpose. The information on this certificate is not intended to be used for any other purpose.



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 10/23/2023
 NUMBER 230228
 EXPIRES 10/23/2025
 MO 866-0771 (6-10)

Wade Robinson
 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Dave J. Robinson
 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB 198-10

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

This colored cardholder is authorized to operate an individual breath alcohol analyzer of this program under the provisions of the applicable sections of the Revised Statutes of Missouri.
 Operator: **ROBINSON, WADE**
 Permit No: **230228**
 Date Issued: **10/23/2023** Date Expires: **10/23/2025**