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By Tracy Crews at 3:19 pm, Oct 11, 2024



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 10/01/2024	TIME OF INSPECTION 18:42
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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	18:43	DRY	14323080A4	06/05/2025
Cal Check	0.079	18:44	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	18:44	N/A	N/A	N/A
Cal Check	0.079	18:45	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	18:45	0.080	CMI INC	
Cal Check	0.080	18:45	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	18:46	0.079		
<b>Pass</b>			CALIBRATION CHECK RESULT 2		
			0.079		
			CALIBRATION CHECK RESULT 3		
			0.080		
			MAXIMUM DEVIATION (MUST BE WITHIN 5%)		SPREAD (MUST BE .005 OR LESS)
			1.2%		0.001

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
			Test	g/210L	Time
Voltage/Current Test	Pass		Air Blank	0.000	18:47
RAM Test	Pass		Subject Test	RFI*	18:47
EEPROM Checksum Test	Pass		Air Blank	0.000	18:47
Real Time Clock Test	Pass		*RFI Detect		
DSP Test	Pass		<b>Pass</b>		
Analytical Stability Test	Pass				
Modem Test	Pass				
Temperature Regulation Test	Pass				
<b>Pass</b>					

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	4	1	3	1	1		

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).  
Time-Date changed.

INSPECTING OFFICER			
SIGNATURE 		PRINT NAME FRANK DeMARCO	
TYPE II PERMIT NUMBER 240076	EXPIRATION DATE 04/02/2026	TELEPHONE NUMBER 8167665068	



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 #:** BACL05L080T  
**Cylinder Size:** 105L  
**Lot Number:** 14323080A4  
**Expiration:** 6/5/2025

**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:	Analytical		Distributed by:
		Accuracy (U, k=2):	Method:	
Ethanol	288 ppm	±0.002 BAC(0.288%) 10TR		CMI Inc.
Nitrogen	Balance	±5.2 ppm		316 East Ninth Street Owensboro, KY 42303 Phone 866-835-0690 <a href="http://www.alcoholtest.com">www.alcoholtest.com</a>

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

*[Signature]*  
Specialty Gas Lab Tech

06-01-2023  
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).

The calibration certificate is valid only if the certificate holder is the facility that uses the equipment and maintains complete records of production analytical results traceable to NIST, and only if the information is used for the purposes stated in the certificate. It is not valid for any other use. The validity of the use of any information provided for any particular purpose is the responsibility of the user. Retention and use of the certificate is conditional upon payment of the fee. The certificate holder is responsible for the accuracy of the information provided. The information provided is for informational purposes only and should not be reproduced other than in full, without written approval from the issuing facility.

ISO/IEC 17025:2017 Accredited Laboratory



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



## PERMIT TYPE II

**FRANK DeMARCO**

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 4/2/2024 NUMBER 240076 EXPIRES 4/2/2026  
MIC 990-0771 (9-11)

*Mike Mason*  
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*David J. Richards*  
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES (LAC-4 (98-10))

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

**INSTRUMENT OPERATOR CARD**

The owner certifies that the holder of this instrument is qualified to use the instrument in accordance with the provisions of the Missouri Alcohol Program.

Operator Name: **FRANK DE MARCO, FRANK**  
Permit No. **240076**  
Date Issued **4/2/2024**  
Date Expires **4/2/2026**