

RECEIVED

By Tracy Crews at 8:15 am, Jun 25, 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 80-007514	LOCATION OF INSTRUMENT KANSAS CITY POLICE	DATE OF INSPECTION 06/10/2024	TIME OF INSPECTION 22:36
---------------------------------------	--	----------------------------------	-----------------------------

CALIBRATION CHECK RESULTS			CALIBRATION CHECK SUMMARY		
Test	g/210L	Time	STANDARD TYPE	STANDARD LOT #	STANDARD EXPIRATION DATE
Air Blank	0.000	22:37	DRY	14323080A4	06/05/2025
Cal Check	0.081	22:38	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	22:38	N/A	N/A	N/A
Cal Check	0.081	22:38	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	22:39	0.080	CMI INC	
Cal Check	0.081	22:39	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	22:40	0.081		
Cal Check	0.081	22:39	CALIBRATION CHECK RESULT 2		
Air Blank	0.000	22:40	0.081		
Cal Check	0.081	22:39	CALIBRATION CHECK RESULT 3		
Air Blank	0.000	22:40	0.081		
<b>Pass</b>			MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .005 OR LESS)	
			1.2%	0.000	

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
			Test	g/210L	Time
Voltage/Current Test	Pass		Air Blank	RFI*	22:40
RAM Test	Pass		Air Blank	0.000	22:40
EEPROM Checksum Test	Pass		*RFI Detect		
Real Time Clock Test	Pass				
DSP Test	Pass				
Analytical Stability Test	Pass				
Modem Test	Pass				
Temperature Regulation Test	Pass				
<b>Pass</b>			<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	0	0	0	1	3

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).

N

INSPECTING OFFICER

SIGNATURE <i>PO [Signature]</i>	PRINT NAME LITTLETON
TYPE II PERMIT NUMBER 230323	EXPIRATION DATE 12/21/2025
TELEPHONE NUMBER 8162189393	

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

**PERMIT  
TYPE II**

**JARED LITTLETON**

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 12/21/2023

NUMBER 210323

EXPIRES 12/21/2025

MO 386-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Paula S. Neelander*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES  
LS-4 (9-4-10)



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 #: BAC105L080T

Cylinder Size: 105L

Lot Number: 14323089A4

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)

Analytical

Reported Accuracy (U, %): ±0.002 BAC (G/210L) NDIR

Concentration: 200 ppb

Component: Ethanol

Mitrogen

Balance

Method: NDIR

Distributed by: CMI Inc.

316 East Ninth Street

Owensboro, KY 42303

Phone 866-835-0690

www.alcoholtest.com

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

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

Specht Gas Lab Tech  
*Specht*

06-01-2023  
Issuance Date



The collection results within this certificate were obtained at the facility listed above using equipment and materials capable of producing analytical results traceable to NIST, and apply only to the items contained on this certificate. I-400 Product Company makes no warranty or representation as to the suitability of this use of any information provided for any particular application. The user assumes all liability for any use of this information. The certificate is valid for the duration of the instrument's calibration period. This certificate applies only to the items identified and shall not be reproduced under any other name 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

**INSTRUMENT OPERATOR CARD**

The user of this instrument is authorized to operate an instrument under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

Operator: LITTLETON, JARED  
Permit No: 210323  
Date Expires: 12/21/2025