



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<br>80-007512 | LOCATION OF INSTRUMENT<br>KANSAS CITY POLICE | DATE OF INSPECTION<br>03/01/2025 | TIME OF INSPECTION<br>17:10 |
|---------------------------------------|--|----------------------------------|-----------------------------|

| CALIBRATION CHECK RESULTS |        |       | CALIBRATION CHECK SUMMARY             |                               |                            |
|---------------------------|--------|-------|---------------------------------------|-------------------------------|----------------------------|
| Test                      | g/210L | Time  | STANDARD TYPE                         | STANDARD LOT #                | STANDARD EXPIRATION DATE   |
| Air Blank                 | 0.000  | 17:12 | DRY                                   | 14323080A4                    | 06/05/2025                 |
| Cal Check                 | 0.082  | 17:12 | SIM TEMPERATURE                       | SIM SERIAL NUMBER             | SIM CERTIFICATE EXPIRATION |
| Air Blank                 | 0.000  | 17:13 | N/A                                   | N/A                           | N/A                        |
| Cal Check                 | 0.082  | 17:13 | STANDARD VALUE                        | STANDARD SUPPLIER             |                            |
| Air Blank                 | 0.000  | 17:14 | 0.080                                 | INTOXIMETERS                  |                            |
| Cal Check                 | 0.082  | 17:14 | CALIBRATION CHECK RESULT 1            |                               |                            |
| Air Blank                 | 0.000  | 17:14 | 0.082                                 |                               |                            |
| Cal Check                 | 0.082  | 17:14 | CALIBRATION CHECK RESULT 2            |                               |                            |
| Air Blank                 | 0.000  | 17:14 | 0.082                                 |                               |                            |
| <b>Pass</b>               |        |       | CALIBRATION CHECK RESULT 3            |                               |                            |
|                           |        |       | 0.082                                 |                               |                            |
|                           |        |       | MAXIMUM DEVIATION (MUST BE WITHIN 5%) | SPREAD (MUST BE .005 OR LESS) |                            |
|                           |        |       | 2.5%                                  | 0.000                         |                            |

| DIAGNOSTIC TEST RESULTS     |        |      | RFI TEST RESULTS |        |       |
|-----------------------------|--------|------|------------------|--------|-------|
| Test                        | Result | Time | Test             | g/210L | Time  |
| Voltage/Current Test        | Pass   |      | Air Blank        | 0.000  | 17:15 |
| RAM Test                    | Pass   |      | Subject Test     | RFI*   | 17:15 |
| EEPROM Checksum Test        | Pass   |      | Air Blank        | 0.000  | 17:16 |
| Real Time Clock Test        | Pass   |      | *RFI Detect      |        |       |
| DSP Test                    | Pass   |      | <b>Pass</b>      |        |       |
| Analytical Stability Test   | Pass   |      |                  |        |       |
| Modem Test                  | Pass   |      |                  |        |       |
| Temperature Regulation Test | 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   | 4       | 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).  
TESTED AND CERTIFIED

| INSPECTING OFFICER              |                               |                                |
|---------------------------------|-------------------------------|--------------------------------|
| SIGNATURE<br>                   | PRINT NAME<br>WADE ROBINSON   |                                |
| TYPE II PERMIT NUMBER<br>230228 | EXPIRATION DATE<br>10/23/2025 | TELEPHONE NUMBER<br>8164828141 |



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

2

**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 580 0771 (6-10)

*Mike Mason*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*David J. Nicholson*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB 4 (98-10)

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

**INSTRUMENT OPERATOR CARD**

The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.

Operator: ROBINSON, WADE  
Permit No: 230228  
Date Issued 10/23/2023 Date Expires 10/23/2025



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: 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 Accuracy (U, k=2): | Analytical Method: | Distributed by:   |
|------------|-------------------------|-------------------------------|--------------------|---|
| Ethanol    | 208 ppm                 | +/- 0.002 BAC(6/238L)         | NDIR               | CMI Inc.<br>316 East Ninth Street<br>Owensboro, KY 42303<br>Phone 866-835-0690<br>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

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

*[Signature]*  
Specialty Gas Lab Tech

06-01-2023  
Issuance Date

The calibration results within this certificate were obtained at the facility listed above using equipment and standards capable of producing analytical results traceable to NIST, and apply only to the items contained on this certificate. ILMO Products Company makes no warranty or representation as to the suitability of the use of any information provided for any particular purpose. The information use is at the sole discretion and risk of the user. Liability shall be limited to established replacement cost of this material or service. This certificate applies only to the items described and shall not be reproduced other than in full, without written approval from the issuing facility.



ISO/IEC 17025:2017 Accredited Laboratory