

### MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

## **CMI INTOXILYZER 8000 MAINTENANCE REPORT**

REPORT #2

Complete this report in du repaired. Send one copy							trument is	
INSTRUMENT SERIAL NUMBER 80-007513	LOCATION OF INSTRUMENT  KANSAS CITY			8/01/202	- 1	TIME OF INSPECTION 16:26		
CALIBRATION CHECK R	RESULTS		CALIBRATION	CHECK SI	JMMARY			
		[	STANDARD TYPE	STANDARD L		STANDARD EX	PIRATION DATE	
Test	g/210L	Time	DRY	1432	3080A4	06/0	5/2025	
			SIM TEMPERATURE	SIM SERIAL	NUMBER	SIM CERTIFICA	TE EXPIRATION	
Air Blank	0.000	16:28	N/A	N/A		N/A	ľ	
Cal Check	0.080	16:29	STANDARD VALUE	STANDARD S	SUPPLIER	I		
Air Blank	0.000	16:29	0.080	BO CMI, INC.				
Cal Check	0.079	16:30	CALIBRATION CHECK RESULT 1					
Air Blank	0.000	16:30	0.080					
	0.000	16:31	CALIBRATION CHECK RESULT 2					
Cal Check		l .	0.079					
Air Blank	0.000   16:31   0.079							
			ONEIDITATION ONEOICT		0.079			
	000		MAXIMUM DEVIATION (			(MUST BE .005 C	DIECE)	
	ass		1.28	MIOST BE WITHIN	.	001	in LESS)	
		<u> </u>			0.	001		
DIAGNOSTIC TEST RES	ULTS		RFI TEST RES	ULTS				
Voltage/Current Test Pass			Test g		g/21	210L Time		
RAM Test Pass								
EEPROM Checksum Test Pass			Air Blan	Air Blank			16:32	
Real Time Clock Test Pass			Subject	Subject Test RFI* 16:3			16:32	
DSP Test Pass						16:33		
Analytical Stability Test Pass								
Modem Test Pass			*RFI Det	ect.				
Temperature Regulation Test Pass								
Tomporatare it	09414011 100	1 455						
	000				000			
	ass				ass	5		
NUMBER OF REFUSALS		TH TESTS IN						
REFUSALS .000			.1014	.1518		OVER .1		
1 1	0	0	2		3		1	
List any new parts and de	escribe any alteration or	modification th	at was made to re	estore the i	nstrument to	operate sa	atisfactorily	
and within established lim						•	,	
TESTED AND CE	RTIFIED ·	-						
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1								
INSPECTING OFFICER	胡 \$P ( )	and delication	いた 有用 原料		the relative to the			
			RINT NAME					
//./			WADE ROBINSON					
~ Apr			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
TYPE II PERMIT NUMBER		EXPIRATION DATE			TELEPHONE NUMBER			
230228	1	0/23/202	5		8164828	3141		
MO 580-2901 (6-10)	AN FO	AN EQUAL OPPORTUNITY/AFFIRM					LAB-10	



#### 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.

DATE10/23/2023	Mike Masson
NUMBER 230228	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
EXPIRES 10/23/2025	Davla I. Nichelson
MO 580-0771 (6-10)	DIRECTOR OF DEPARTMENT OF HEALTH AND SEN, OR SERVICES
	LABA (DE-





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 6/5/2025 Expiration:

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

Analytical

Reported Accuracy Analytical

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

Component: Concentration (U, k=2):

+/-0.002 BAC(G/210L) NDIR [5.2 ppm] Ethanol 208 ppm Nitrogen Balance

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

Distributed by:

CMI Inc.

\*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).

06-01-2023



ISO/IEC 17025:2017 Accredited Laboratory