



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 STATE PUBLIC HEALTH LABORATORY  
**CMI INTOXILYZER 8000 MAINTENANCE REPORT**

**RECEIVED**  
 By Carol Day at 12:34 pm, Apr 08, 2014

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 <b>80-005827</b>	LOCATION OF INSTRUMENT <b>ORONO GO POLICE DEPT</b>	DATE OF INSPECTION <b>04/07/2014</b>	TIME OF INSPECTION <b>16:04</b>
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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	16:07	DRY	33913080	01/01/2016
Cal Check	0.080	16:07	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	16:08	N/A	N/A	N/A
Cal Check	0.081	16:08	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	16:08	0.080	CMI INC	
Cal Check	0.081	16:09	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	16:09	0.080		
			CALIBRATION CHECK RESULT 2		
			0.081		
			CALIBRATION CHECK RESULT 3		
			0.081		
			MAXIMUM DEVIATION (MUST BE WITHIN (%))	SPREAD (MUST BE .006 OR LESS)	
			1.2%	0.001	

**Pass**

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
Test	Pass/Fail		Test	g/210L	Time
Voltage/Current Test	Pass		Air Blank	0.000	16:10
RAM Test	Pass		Subject Test	RFI*	16:10
EEPROM Checksum Test	Pass		Air Blank	0.000	16:11
Real Time Clock Test	Pass				
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		
1	0	0	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).

DRY GAS LOT NUMBER IS 33913080A4

**INSPECTING OFFICER**

SIGNATURE

PRINT NAME  
**SETH TALBOTT**

TYPE INSTRUMENT NUMBER  
**230336**

EXPIRATION DATE  
**12/23/2015**

TELEPHONE NUMBER  
**4176731916**



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:** 5972  
**Part #:** BAC105L080Y  
**Cylinder Size:** 105L  
**Lot Number:** 33913080A4  
**Expiration:** 1/1/2016

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

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

Component:	Concentration:	Accuracy:	Method:
Ethanol	208 PPM	+/- 0.002 or 2%	NDIR
Nitrogen	Balance	BAC whichever is greater	

\*NIST Standard Reference Material  
 Cylinder No. CCI4290 / Job No. 09160202  
 Certified 212.8 µmol/mol Ethanol in Nitrogen  
 for ILMO Products Co., Jacksonville, IL

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

*James Mattes*  
 Specialty Gas Lab Tech

12/17/13  
 Date

Distributed by: CMI Inc.  
 316 East Ninth Street  
 Owensboro, KY 42303  
 Phone 866-835-0690  
[www.alcoholtest.com](http://www.alcoholtest.com)





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



**PERMIT**  
**TYPE II**  
**SETH TALBOTT**

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

**INTOXILYZER 5000, 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 12/23/2013

NUMBER 230336

EXPIRES 12/23/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

, acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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 TALBOTT, SETH  
Permit No 230336  
Date Issued 12/23/2013 Date Expires 12/23/2015