



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

RECEIVED
By Carol Day at 9:37 am, Jul 11, 2014

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 80-005837	LOCATION OF INSTRUMENT KANSAS CITY PD	DATE OF INSPECTION 07/03/2014	TIME OF INSPECTION 16:56
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CALIBRATION CHECK RESULTS			CALIBRATION CHECK SUMMARY		
Test	g/210L	Time	STANDARD TYPE	STANDARD LOT #	STANDARD EXPIRATION DATE
-----	-----	-----	DRY	21713080	09/01/2015
Air Blank	0.000	17:02	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Cal Check	0.081	17:02	N/A	N/A	N/A
Air Blank	0.000	17:03	STANDARD VALUE	STANDARD SUPPLIER	
Cal Check	0.080	17:03	0.080	CMI	
Air Blank	0.000	17:04	CALIBRATION CHECK RESULT 1		
Cal Check	0.080	17:04	0.081		
Air Blank	0.000	17:05	CALIBRATION CHECK RESULT 2		
Cal Check	0.080	17:05	0.080		
Air Blank	0.000	17:05	CALIBRATION CHECK RESULT 3		
			0.080		
			MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .005 OR LESS)	
			1.2%	0.001	

Pass

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
			Test	g/210L	Time
Voltage/Current Test	Pass		-----	-----	-----
RAM Test	Pass		Air Blank	0.000	17:05
EEPROM Checksum Test	Pass		Subject Test	RFI*	17:05
Real Time Clock Test	Pass		Air Blank	0.000	17:06
DSP Test	Pass				
Analytical Stability Test	Pass		*RFI Detect		
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	2	6	5	2

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 WITHIN DHSS GUIDELINES

INSPECTING OFFICER		
SIGNATURE <i>P.O. Smersh #5200</i>	PRINT NAME K. SMEISKA	
TYPE II PERMIT NUMBER 230169	EXPIRATION DATE 08/14/2015	TELEPHONE NUMBER 816-234-5000



7 Eastgate Dr. • P.O. Box 790 • Jacksonville, IL 62651-0790
217-245-2183 • Fax: 217-243-7634 • www.ilmoproducts.com

Certificate of Analysis

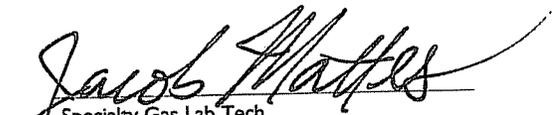
Certificate ID: 5288
Part #: BAC105L080T
Cylinder Size: 105L
Lot Number: 21713080A1
Expiration: 9/1/2015

0.080 BAC (For use with breath alcohol testing instruments)

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

Component:	Concentration:	Accuracy:	Method:
Ethanol	208.4 ppm	+/- 0.002 or 2%	NDIR
Nitrogen	Balance	BAC whichever is greater	

*NIST Standard Reference Material
Cylinder No. CC14290 / Job No. 09160202
Certified 212.8 µmol/mol Ethanol in Nitrogen
for ILMO Products Co., Jacksonville, IL


Specialty Gas Lab Tech

08/16/13
Date

Distributed by: CMI Inc.
316 East Ninth Street
Owensboro, KY 42303
Phone 866-835-0690
www.alcoholtest.com

