



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

received 2/1/14-cd

REVIEWED

By Carol Day at 2:25 pm, Feb 04, 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 80-005838	LOCATION OF INSTRUMENT KCMO POLICE DEPT.	DATE OF INSPECTION 01/20/2014	TIME OF INSPECTION 18:17
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CALIBRATION CHECK RESULTS			CALIBRATION CHECK SUMMARY		
Test	g/210L	Time	STANDARD TYPE DRY	STANDARD LOT # 21713080	STANDARD EXPIRATION DATE 09/01/2015
Air Blank	0.000	18:20	SIM TEMPERATURE N/A	SIM SERIAL NUMBER N/A	SIM CERTIFICATE EXPIRATION N/A
Cal Check	0.080	18:20	STANDARD VALUE 0.080	STANDARD SUPPLIER CMI	
Air Blank	0.000	18:21	CALIBRATION CHECK RESULT 1 0.080		
Cal Check	0.080	18:21	CALIBRATION CHECK RESULT 2 0.080		
Air Blank	0.000	18:21	CALIBRATION CHECK RESULT 3 0.081		
Cal Check	0.081	18:22	MAXIMUM DEVIATION (MUST BE WITHIN 5%) 1.2%	SPREAD (MUST BE .005 OR LESS) 0.001	
Air Blank	0.000	18:22	Pass		

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
Voltage/Current Test	Pass		Test	g/210L	Time
RAM Test	Pass		Air Blank	0.000	18:23
EEPROM Checksum Test	Pass		Subject Test	RFI*	18:24
Real Time Clock Test	Pass		Air Blank	0.000	18:24
DSP Test	Pass		*RFI Detect		
Analytical Stability Test	Pass		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	29	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).

INSPECTING OFFICER

SIGNATURE <i>Lo Pollard 50244</i>	PRINT NAME LAWRENCE POLLARD
TYPE II PERMIT NUMBER 230167	EXPIRATION DATE 08/14/2015
	TELEPHONE NUMBER 816-482-8141



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. CCI4290 / Job No. 09160202
Certified 212.3 µmol/mol Ethanol in Nitrogen
for ILMO Products Co., Jacksonville, IL

Jacob Mattes
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





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

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**PERMIT
 TYPE II**

LAWRENCE POLLARD

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 8/14/2013

NUMBER 230167

EXPIRES 8/14/2015

MO 580-0771 (5-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)

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 POLLARD, LAWRENCE
 Permit No 230167
 Date Issued 8/14/2013 Date Expires 8/14/2015