



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 80-005840	LOCATION OF INSTRUMENT KCMO POLICE DEPT.	DATE OF INSPECTION 07/03/2014	TIME OF INSPECTION 16:06
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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
-----	-----	-----	SIM TEMPERATURE N/A	SIM SERIAL NUMBER N/A	SIM CERTIFICATE EXPIRATION N/A
Air Blank	0.000	16:08	STANDARD VALUE 0.080	STANDARD SUPPLIER CMI	
Cal Check	0.080	16:09	CALIBRATION CHECK RESULT 1 0.080		
Air Blank	0.000	16:09	CALIBRATION CHECK RESULT 2 0.079		
Cal Check	0.079	16:10	CALIBRATION CHECK RESULT 3 0.079		
Air Blank	0.000	16:10	MAXIMUM DEVIATION (MUST BE WITHIN 5%) 1.2%		
Cal Check	0.079	16:10	SPREAD (MUST BE .005 OR LESS) 0.001		
Air Blank	0.000	16:11			
<b>Pass</b>					

DIAGNOSTIC TEST RESULTS		RFI TEST RESULTS		
Voltage/Current Test	Pass	Test	g/210L	Time
RAM Test	Pass	-----	-----	-----
EEPROM Checksum Test	Pass	Air Blank	0.000	16:11
Real Time Clock Test	Pass	Subject Test	RFI*	16:12
DSP Test	Pass	Air Blank	RFI*	16:12
Analytical Stability Test	Pass	*RFI Detect		
Modem Test	Pass			
Temperature Regulation Test	Pass			
<b>Pass</b>		<b>Pass</b>		

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	
11	6	5	5	13	4	

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 WITHING DEPT. OF HEALTH AND SENIOR SERVICES  
 TESTED AND CERTIFIED WITHING DEPT. OF HEALTH AND SENIOR SERVICES GUIDE  
 LINES

<b>INSPECTING OFFICER</b>		
SIGNATURE <i>P.O. Shewha #5260</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. CCI4290 / 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](http://www.alcoholtest.com)

