



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

**RECEIVED**  
 By Carol Day at 9:35 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 80-005844	LOCATION OF INSTRUMENT KCMO POLICE DEPT.	DATE OF INSPECTION 07/03/2014	TIME OF INSPECTION 21:54
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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	21:56	DRY	21713080	09/01/2015
Cal Check	0.078	21:57	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	21:57	N/A	N/A	N/A
Cal Check	0.078	21:58	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	21:58	0.080	CMI	
Cal Check	0.079	21:58	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	21:59	0.078		
<b>Pass</b>			CALIBRATION CHECK RESULT 2		
			0.078		
			CALIBRATION CHECK RESULT 3		
			0.079		
			MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .005 OR LESS)	
			2.5%	0.001	

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
Test	Result	Time	Test	g/210L	Time
Voltage/Current Test	Pass		Air Blank	0.000	21:59
RAM Test	Pass		Subject Test	RFI*	22:00
EEPROM Checksum Test	Pass		Air Blank	0.000	22:00
Real Time Clock Test	Pass		*RFI Detect		
DSP Test	Pass				
Analytical Stability Test	Pass				
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	
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).  
**TESTED & CERTIFIED WITHIN MISSOURI DHSS GUIDELINES**

INSPECTING OFFICER		
SIGNATURE <i>P.O. Smieszka #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

*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](http://www.alcoholtest.com)

