



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

RECEIVED 2/14/14-CD

**REVIEWED**  
 By Carol Day at 4:20 pm, Mar 31, 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 80-005845	LOCATION OF INSTRUMENT KANSAS CITY PD	DATE OF INSPECTION 02/06/2014	TIME OF INSPECTION 01:24
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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	01:26	DRY	21713080	09/01/2015
Cal Check	0.080	01:26	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	01:27	N/A	N/A	N/A
Cal Check	0.081	01:27	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	01:28	0.080	CMi	
Cal Check	0.081	01:28	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	01:28	0.080		
Cal Check	0.081	01:28	CALIBRATION CHECK RESULT 2		
Air Blank	0.000	01:28	0.081		
<b>Pass</b>			CALIBRATION CHECK RESULT 3		
			0.081		
			MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .005 OR LESS)	
			1.2%	0.001	

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
			Test	g/210L	Time
Voltage/Current Test	Pass		Air Blank	0.000	01:29
RAM Test	Pass		Subject Test	RFI*	01:29
EEPROM Checksum Test	Pass		Air Blank	0.000	01:30
Real Time Clock Test	Pass		*RFI Detect		
DSP Test	Pass		<b>Pass</b>		
Analytical Stability Test	Pass		<b>Pass</b>		
Modem Test	Pass		<b>Pass</b>		
Temperature Regulation Test	Pass		<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	1	0	0	1	1	

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).  
**INSTRUMENT TESTED AND CERTIFIED WITHIN MDHSS GUIDLINES**

INSPECTING OFFICER			
SIGNATURE <i>Tim Fillpot</i>		PRINT NAME TIM FILLPOT	
TYPE II PERMIT NUMBER 230158	EXPIRATION DATE 08/14/2015	TELEPHONE NUMBER 8164828195	



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





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

2

**PERMIT  
 TYPE II**

**TIMOTHY L FILLPOT**

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 230158

EXPIRES 8/14/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

,acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

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 FILLPOT, TIMOTHY  
 Permit No 230158  
 Date Issued 8/14/2013 Date Expires 8/14/2015