



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

**RECEIVED**  
 By Carol Day at 10:18 am, May 14, 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 80-005837	LOCATION OF INSTRUMENT KANSAS CITY PD	DATE OF INSPECTION 05/02/2014	TIME OF INSPECTION 00:47
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CALIBRATION CHECK RESULTS			CALIBRATION CHECK SUMMARY		
Test	g/210L	Time	STANDARD TYPE DRY	STANDARD LOT # 05514080	STANDARD EXPIRATION DATE 04/01/2016
Air Blank	0.000	00:48	SIM TEMPERATURE N/A	SIM SERIAL NUMBER N/A	SIM CERTIFICATE EXPIRATION N/A
Cal Check	0.081	00:49	STANDARD VALUE 0.080	STANDARD SUPPLIER CMI	
Air Blank	0.000	00:49	CALIBRATION CHECK RESULT 1 0.081		
Cal Check	0.082	00:49	CALIBRATION CHECK RESULT 2 0.082		
Air Blank	0.000	00:50	CALIBRATION CHECK RESULT 3 0.081		
Cal Check	0.081	00:50	MAXIMUM DEVIATION (MUST BE WITHIN 5%) 2.5%		
Air Blank	0.000	00:51	SPREAD (MUST BE .005 OR LESS) 0.001		

**Pass**

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
Voltage/Current Test	Pass		Test	g/210L	Time
RAM Test	Pass		Air Blank	0.000	00:51
EEPROM Checksum Test	Pass		Subject Test	RFI*	00:52
Real Time Clock Test	Pass		Air Blank	0.000	00:52
DSP Test	Pass		*RFI Detect		
Analytical Stability Test	Pass				
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	1	4	2	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 WITHIN MISSOURI DHSS GUIDELINES**

<b>INSPECTING OFFICER</b>			
SIGNATURE <i>Tim Fillpot</i>		PRINT NAME TIM FILLPOT	
TYPE II PERMIT NUMBER 230158	EXPIRATION DATE 08/14/2015	TELEPHONE NUMBER 816-482-8195	



7 Burgard Dr. • P.O. Box 790 • Jacksonville, IL 62151-0790  
217-245-2183 • Fax: 217-243-7634 • www.ilmoproducts.com

### Certificate of Analysis

Certificate ID: 6358  
Part #: BAC105L080T  
Cylinder Size: 105L  
Lot Number: 05514080A1  
Expiration: 4/1/2016

0.080 24°C (For the calibration of instruments used to determine breath alcohol concentration)

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

Component	Concentration:	Accuracy:	Method:
Ethanol	288 ppm	± 0.001 or 2% EAC whichever is greater	NDIR
Nitrogen	Balance		

\*NIST Standard Reference Material  
Cylinder No. CCI-4290 / Job No. 0916-0022  
Certified 212.8 mmol/mol Ethanol in Nitrogen  
for ILMO Products Co., Jacksonville, IL

Store in dry area, away from sources of heat, ignition  
and direct sunlight. Do not allow storage area to  
exceed 52 °C (125 °F).

*[Signature]*  
Specialty Gas Lab Tech

03/24/14  
Date

Distributed by:

CMH Inc.  
316 East Ninth Street  
Owensboro, KY 42303  
Phone 866-835-0690  
www.alcoholtest.com

ISO/IEC 17025:2005 Accredited Laboratory



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

**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

MO 580-9771 (6-10)

*[Signature]*  
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY  
*[Signature]*  
active director  
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES  
LMS- (96-10)

STATE OF MISSOURI  
DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BREATH ALCOHOL PROGRAM  
INSTRUMENT OPERATOR CARD

The named operator is authorized to operate an indicated brand, model 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**