



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

RECEIVED
By Carol Day at 8:38 am, Aug 19, 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 80-005837	LOCATION OF INSTRUMENT KANSAS CITY PD	DATE OF INSPECTION 08/06/2014	TIME OF INSPECTION 00:15
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CALIBRATION CHECK RESULTS			CALIBRATION CHECK SUMMARY		
Test	g/210L	Time	STANDARD TYPE	STANDARD LOT #	STANDARD EXPIRATION DATE
-----	-----	-----	DRY	05514080	04/01/2016
Air Blank	0.000	00:16	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Cal Check	0.080	00:17	N/A	N/A	N/A
Air Blank	0.000	00:17	STANDARD VALUE	STANDARD SUPPLIER	
Cal Check	0.081	00:18	0.080	CMI	
Air Blank	0.000	00:18	CALIBRATION CHECK RESULT 1		
Cal Check	0.080	00:18	0.080		
Air Blank	0.000	00:19	CALIBRATION CHECK RESULT 2		
Cal Check	0.081	00:19	0.081		
Air Blank	0.000	00:19	CALIBRATION CHECK RESULT 3		
			0.080		
			MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .005 OR LESS)	
			1.2%	0.001	

Pass

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	00:19
Real Time Clock Test	Pass		Subject Test	RFI*	00:20
DSP Test	Pass		Air Blank	0.000	00:20
Analytical Stability Test	Pass		*RFI Detect		
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		
0	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).

BREATH INSTRUMENT TESTED AND CERTIFIED WITHIN THE MISSOURI DOHSS
BREATH INSTRUMENT TESTED AND CERTIFIED WITHIN THE MISSOURI DOHSS GUIDE
LINES

INSPECTING OFFICER			
SIGNATURE <i>P.O. n</i>		PRINT NAME BUTKOVICH	
TYPE II PERMIT NUMBER 240270	EXPIRATION DATE 06/12/2016	TELEPHONE NUMBER 8163825873	



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



PERMIT
TYPE II

THOMAS F BUTKOVICH

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 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 6/12/2014

NUMBER 240270

EXPIRES 6/12/2016

MO 585-0771 (6-10)

W. A. ...
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Shad Vokobely
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

Lab-4 (66-10)



7 Eastgate Dr • P.O. Box 790 • Jacksonville, IL 62161-0790
217-245-2183 • Fax: 217-243-7694 • www.ilmoproducts.com

Certificate of Analysis

Certificate ID: 6358

Part #: BAC105L080T

Cylinder Size: 105L

Lot Number: 0551A080A1

Expiration: 4/1/2016

0.080 BAC (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	± 0.002 or 2% BAC whichever is greater	NDIR
Nitrogen	Balance		

*NIST Standard Reference Material
Cylinder No. CCI4290 / Job No. 09160202
Certified 212.8 mmol/mol Ethanol in Nitrogen
for LHM 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).

Shad Vokobely
Specialty Gas Lab Tech

03/24/14
Date

Distributed by:

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

ISO/IEC 17025:2005 Accredited Laboratory

