

EPD



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

RECEIVED  
By Carol Day at 11:51 am, Sep 10, 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 09/02/2014	TIME OF INSPECTION 23:56
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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	23:57	DRY	05514080	04/01/2016
Cal Check	0.082	23:57	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	23:58	N/A	N/A	N/A
Cal Check	0.082	23:58	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	23:59	0.080	CMI	
Cal Check	0.081	23:59	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	00:00	0.082		
			CALIBRATION CHECK RESULT 2		
			0.082		
			CALIBRATION CHECK RESULT 3		
			0.081		
			MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .005 OR LESS)	
			2.5%	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	00:00
Real Time Clock Test	Pass		Subject Test	RFI*	00:00
DSP Test	Pass		Air Blank	0.000	00:01
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		
2	1	1	2	1	3		

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 THE DEPARTMENT OF HEALTH AND SENIOR SERVICES GUIDELINES  
INSTRUMENT TESTED AND CERTIFIED WITHIN THE DEPARTMENT OF HEALTH AND SENIOR SERVICES GUIDELINES

INSPECTING OFFICER

SIGNATURE <i>Rob Pollard 5044</i>	PRINT NAME POLLARD
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TYPE II PERMIT NUMBER 230167	EXPIRATION DATE 08/14/2015	TELEPHONE NUMBER 816-482-8141
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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:** 6358  
**Part #:** BAC105L080T  
**Cylinder Size:** 105L  
**Lot Number:** 05514080A1  
**Expiration:** 4/1/2016

**0.080 BAC** (For the calibration of instruments used to determine breath alcohol concentration)

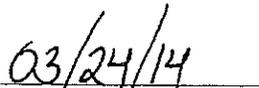
**Contents:** 105 Liters @ 1000 psig 70°F (21°C)

Component:	Concentration:	Accuracy:	Method:
Ethanol	208 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  $\mu\text{mol/mol}$  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).

  
Specialty Gas Lab Tech

  
Date

Distributed by: CMI Inc.  
316 East Ninth Street  
Owensboro, KY 42303  
Phone 866-835-0690  
[www.alcoholtest.com](http://www.alcoholtest.com)

