



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

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 80-005840	LOCATION OF INSTRUMENT KCMO POLICE DEPT.	DATE OF INSPECTION 05/02/2014	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
Air Blank	0.000	00:18	DRY	05514080	04/01/2016
Cal Check	0.079	00:18	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	00:19	N/A	N/A	N/A
Cal Check	0.080	00:19	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	00:19	0.080	CMI	
Cal Check	0.080	00:20	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	00:20	0.079		
Cal Check	0.080	00:20	CALIBRATION CHECK RESULT 2		
Air Blank	0.000	00:20	0.080		
Pass			CALIBRATION CHECK RESULT 3		
			0.080		
			MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .005 OR LESS)	
			1.2%	0.001	

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
Test	Pass	Time	Test	g/210L	Time
Voltage/Current Test	Pass		Air Blank	0.000	00:21
RAM Test	Pass		Subject Test	RFI*	00:21
EEPROM Checksum Test	Pass		Air Blank	0.000	00:22
Real Time Clock Test	Pass		*RFI Detect		
DSP Test	Pass				
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		
5	3	2	6	11	7		

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

INSPECTING OFFICER			
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 Bargaña Dr. • P.O. Box 790 • Jacksonville, IL 62651-0790
217-245-2183 • Fax: 217-243-7694 • www.ilmoпродукts.com

Certificate of Analysis

Certificate ID: 6358
Part #: BAC105L089T
Cylinder Size: 105L
Lot Number: 0551A080A1
Expiration: 4/1/2016

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

Component	Concentration:	Accuracy:	Method:
Ethanol	208 ppm	±1.00% or 2% BAC Imbalance	NDIR
Nitrogen	Balance	± 0.002% in Gross	

*NIST Standard Reference Material
Cylinder No. CCI-4290 / Job No. 09160202
Certified 212.8 umol/mol Ethanol in Nitrogen
for ILMO Products Co., Jacksonville, IL

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

David M. Miller
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



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

PERMIT
TYPE II

TIMOTHY I. FILIPOT

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 220158
EXPIRES 8/14/2015
MO 08-071 (8-10)

W. M. ...
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
Shelley ...
ACTING DIRECTOR
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
LMO-PR-01

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

This permit authorizes an individual to operate an indicated brand alcohol
instrument for the determination of the alcoholic content of breath from an expired air
in Missouri.

Operator: **FILIPOT, TIMOTHY**
Permit No: **220158** Date Expires: **8/14/2015**

