



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

**RECEIVED**

REPORT #2  
By Carol Day at 3:15 pm, Dec 18, 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 80-005841	LOCATION OF INSTRUMENT KCMO POLICE DEPT.	DATE OF INSPECTION 12/08/2014	TIME OF INSPECTION 00:04
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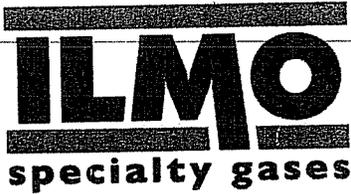
CALIBRATION CHECK RESULTS			CALIBRATION CHECK SUMMARY		
Test	g/210L	Time	STANDARD TYPE	STANDARD LOT #	STANDARD EXPIRATION DATE
Air Blank	0.000	00:06	DRY	05514080A1	04/01/2016
Cal Check	0.080	00:07	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	00:07	N/A	N/A	N/A
Cal Check	0.080	00:07	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	00:08	0.080	CMI	
Cal Check	0.080	00:08	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	00:08	0.080		
Cal Check	0.080	00:08	CALIBRATION CHECK RESULT 2		
Air Blank	0.000	00:09	0.080		
<b>Pass</b>			CALIBRATION CHECK RESULT 3		
			0.080		
			MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .005 OR LESS)	
			0.0%	0.000	

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	00:09
Real Time Clock Test	Pass		Subject Test	RFI*	00:10
DSP Test	Pass		Air Blank	0.000	00:10
Analytical Stability Test	Pass		*RFI Detect		
Modem Test	Pass		<b>Pass</b>		
Temperature Regulation Test	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	1	0	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).  
TESTED & CERTIFIED WITHIN DHSS GUIDELINES

INSPECTING OFFICER			
SIGNATURE <i>Kori Smeiska</i>		PRINT NAME KORI SMEISKA	
TYPE II PERMIT NUMBER 230169	EXPIRATION DATE 08/14/2015	TELEPHONE NUMBER 8162345000	



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

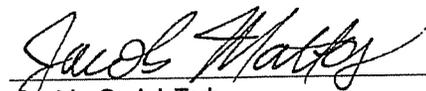
**0.080 BAC** (For the calibration of instruments used to determine breath alcohol concentration)

**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 µmol/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

03/24/14  
Date

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

