



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

RECEIVED
 By Carol Day at 2:55 pm, Dec 18, 2014 #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 80-005842	LOCATION OF INSTRUMENT KANSAS CITY POLICE	DATE OF INSPECTION 12/07/2014	TIME OF INSPECTION 22:41
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CALIBRATION CHECK RESULTS			CALIBRATION CHECK SUMMARY		
Test	g/210L	Time	STANDARD TYPE DRY	STANDARD LOT # 05514080A1	STANDARD EXPIRATION DATE 04/01/2016
-----	-----	-----	SIM TEMPERATURE N/A	SIM SERIAL NUMBER N/A	SIM CERTIFICATE EXPIRATION N/A
Air Blank	0.000	22:44	STANDARD VALUE 0.080	STANDARD SUPPLIER CMI	
Cal Check	0.080	22:44	CALIBRATION CHECK RESULT 1 0.080		
Air Blank	0.000	22:45	CALIBRATION CHECK RESULT 2 0.081		
Cal Check	0.081	22:45	CALIBRATION CHECK RESULT 3 0.080		
Air Blank	0.000	22:45	MAXIMUM DEVIATION (MUST BE WITHIN 5%) 1.2%		
Cal Check	0.080	22:46	SPREAD (MUST BE .005 OR LESS) 0.001		
Air Blank	0.000	22:46	<h1>Pass</h1>		

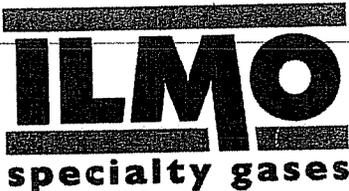
DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
Voltage/Current Test	Pass		Test	g/210L	Time
RAM Test	Pass		-----	-----	-----
EEPROM Checksum Test	Pass		Air Blank	0.000	22:47
Real Time Clock Test	Pass		Subject Test	RFI*	22:47
DSP Test	Pass		Air Blank	0.000	22:48
Analytical Stability Test	Pass		*RFI Detect		
Modem Test	Pass		<h1>Pass</h1>		
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	
2	2	3	6	3	11	

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 AND 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

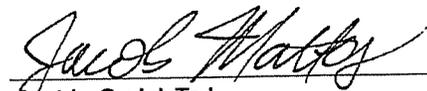
0.080 BAC (For the calibration of instruments used to determine breath alcohol concentration)

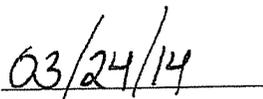
Contents: 105 Liters @ 1000 psig 70°F (21°C)

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


Date

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

