



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

received 1/21/14-cd

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 instrument file.

REVIEWED
By Carol Day at 1:47 pm, Feb 04, 2014

INSTRUMENT SERIAL NUMBER 80-005843	LOCATION OF INSTRUMENT KCMO POLICE DEPT.	DATE OF INSPECTION 01/15/2014	TIME OF INSPECTION 23:50
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CALIBRATION CHECK RESULTS

Test	g/210L	Time
Air Blank	0.000	23:58
Cal Check	0.080	23:58
Air Blank	0.000	23:58
Cal Check	0.080	23:59
Air Blank	0.000	23:59
Cal Check	0.080	00:00
Air Blank	0.000	00:00

Pass

CALIBRATION CHECK SUMMARY

STANDARD TYPE DRY	STANDARD LOT # 21713080	STANDARD EXPIRATION DATE 09/01/2015
SIM TEMPERATURE N/A	SIM SERIAL NUMBER N/A	SIM CERTIFICATE EXPIRATION N/A
STANDARD VALUE 0.080	STANDARD SUPPLIER GUTH	
CALIBRATION CHECK RESULT 1 0.080		
CALIBRATION CHECK RESULT 2 0.080		
CALIBRATION CHECK RESULT 3 0.080		
MAXIMUM DEVIATION (MUST BE WITHIN 5%) 0.0%	SPREAD (MUST BE .005 OR LESS) 0.000	

DIAGNOSTIC TEST RESULTS

Voltage/Current Test	Pass
RAM Test	Pass
EEPROM Checksum Test	Pass
Real Time Clock Test	Pass
DSP Test	Pass
Analytical Stability Test	Pass
Modem Test	Pass
Temperature Regulation Test	Pass

Pass

RFI TEST RESULTS

Test	g/210L	Time
Air Blank	0.000	00:01
Subject Test	RFI*	00:01
Air Blank	0.000	00:01

*RFI Detect

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	1	1	2	2	2

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).

INSPECTING OFFICER

SIGNATURE 	PRINT NAME LAWRENCE POLLARD
TYPE II PERMIT NUMBER 230167	EXPIRATION DATE 08/14/2015
TELEPHONE NUMBER 816-482-8141	



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: 5288
Part #: BAC105L080T
Cylinder Size: 105L
Lot Number: 21713080A1
Expiration: 9/1/2015

0.080 BAC (For use with breath alcohol testing instruments)

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

Component:	Concentration:	Accuracy:	Method:
Ethanol	208.4 ppm	+/- 0.002 or 2%	NDIR
Nitrogen	Balance	BAC whichever is greater	

*NIST Standard Reference Material
Cylinder No. CCI4290 / Job No. 09160202
Certified 212.8 µmol/mol Ethanol in Nitrogen
for ILMO Products Co., Jacksonville, IL

Jacob Mattes
Specialty Gas Lab Tech

08/16/13
Date

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





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

2

**PERMIT
TYPE II**

LAWRENCE POLLARD

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 230167

EXPIRES 8/14/2015

MO 580-0771 (6-10)



DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
Gal Vesterby

acting director
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)

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

INSTRUMENT OPERATOR CARD

The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.



Operator POLLARD, LAWRENCE
Permit No 230167
Date Issued 8/14/2013 Date Expires 8/14/2015