



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 80-005844	LOCATION OF INSTRUMENT KCMO POLICE DEPT.	DATE OF INSPECTION 05/01/2014	TIME OF INSPECTION 23:37
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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	23:39	DRY	05514080	04/01/2016
Cal Check	0.079	23:39	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	23:40	N/A	N/A	N/A
Cal Check	0.079	23:40	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	23:41	0.080	CMI	
Cal Check	0.080	23:41	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	23:41	0.079		
Cal Check	0.080	23:41	CALIBRATION CHECK RESULT 2		
Air Blank	0.000	23:41	0.079		
<b>Pass</b>			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/Fail	Time	Test	g/210L	Time
Voltage/Current Test	Pass		Air Blank	0.000	23:42
RAM Test	Pass		Subject Test	RFI*	23:42
EEPROM Checksum Test	Pass		Air Blank	0.000	23:43
Real Time Clock Test	Pass		*RFI Detect		
DSP Test	Pass				
Analytical Stability Test	Pass				
Modem Test	Pass				
Temperature Regulation Test	Pass				
<b>Pass</b>			<b>Pass</b>		

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	0	0	0	0	0

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 GUIDLINES

INSPECTING OFFICER			
SIGNATURE 		PRINT NAME TIM FILLPOT	
TYPE II PERMIT NUMBER 230158	EXPIRATION DATE 08/14/2015	TELEPHONE NUMBER 816-482-8195	



7 Energy Dr. • P.O. Box 790 • Jacksonville, IL 62651-0790  
217-245-2183 • Fax: 217-243-7634 • www.ilmo-production.com

### Certificate of Analysis

Certificate ID: 6358  
Part #: BAC1051080T  
Cylinder Size: 165L  
Lot Number: 85514080A1  
Expiration: 4/1/2016

0.080 zAc (per the calibration of instrument used to determine breath alcohol concentration)

Component	Concentration:	Accuracy:	Method:
Ethanol	208 ppm	±1.000 or 2% R/C with 0.005 in grams	NDIR
Nitrogen	Balanced		

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

\*NIST Standard Reference Material  
Cylinder No. CG14290 / Job No. 09160202  
Certified 2128 ppm 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).

Distributed by: *[Signature]*  
Specialty Gas Lab Tech

CMII Inc.  
316 East Ninth Street  
Owensboro, KY 42303  
Phone 866-833-0690  
www.alkoholtest.com

*[Signature]*  
Date: 03/24/14



ISO/IEC 17025:2005 Accredited Laboratory



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

## PERMIT TYPE II

### TIMOTHY L FILLPOT

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 230158  
EXPIRES 8/14/2015  
MO 846-9771 (6-10)

*[Signature]*  
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*[Signature]*  
Acting Director  
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAD- (05-10)

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

The holder of this card is authorized to operate the designated breath alcohol instrument for the determination of the alcoholic content of expired air in Missouri.

Operator: FILLPOT, TIMOTHY  
Permit No: 230158  
Date issued: 07/14/2013  
Date Expires: 07/14/2015

