MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY

CMI INTOXILYZER 8000 MAINTENANCE REPORT

RECEIVED
By Carol Day at 1:54 pm, Feb 04, 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	LOCATION OF INSTRUMENT	DATE OF INSPECTION	TIME OF INSPECTION
80-005845	KANSAS CITY PD	01/20/2014	17:27

CALIBRATION CHECK RESULTS

Test	g/210L	Time
Air Blank	0.000	17:29
Cal Check	0.081	17:30
Air Blank	0.000	17:30
Cal Check	0.080	17:31
Air Blank	0.000	17:31
Cal Check	0.079	17:31
Air Blank	0.000	17:32

Pass

CALIBRATION CHECK SUMMARY

STANDARD TYPE	STANDARD LOT #	STANDARD EXPIRATION DATE
DRY	21713080	09/01/2015
SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
N/A	N/A	N/A
STANDARD VALUE	STANDARD SUPPLIER	
0.080	CMI	

CALIBRATION CHECK RESULT 1: 0.081

CALIBRATION CHECK RESULT 2: 0.080

CALIBRATION CHECK RESULT 3: 0.079

MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .005 OR LESS)
1.2%	0.002

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	17:33
Subject Test	RFI*	17:33
Air Blank	0.000	17:33

*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	19	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).

INSPECTING OFFICER

SIGNATURE	PRINT NAME
[signature] 5041	LAWRENCE POLLARD

TYPE II PERMIT NUMBER	EXPIRATION DATE	TELEPHONE NUMBER
230167	08/14/2015	816-482-8141

ILMO specialty gases

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% BAC whichever is greater	NDIR
Nitrogen	Balance		

*NIST Standard Reference Material
Cylinder No. CC14290 / Job No. 09160202
Certified 212.3 µmol/mol Ethanol in Nitrogen
for ILMO Products Co., Jacksonville, IL

Specialty Gas Lab Tech

08/16/13
Date

ISO/IEC 17025:2005 Accredited Laboratory

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

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Gail Vasterling ,acting director
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

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