



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 <b>80-005845</b>	LOCATION OF INSTRUMENT <b>KANSAS CITY PD</b>	DATE OF INSPECTION <b>05/02/2014</b>	TIME OF INSPECTION <b>01:22</b>
--	---	---	------------------------------------

CALIBRATION CHECK RESULTS			CALIBRATION CHECK SUMMARY		
Test	g/210L	Time	STANDARD TYPE	STANDARD LOT #	STANDARD EXPIRATION DATE
Air Blank	0.000	01:24	DRY	05514080	04/01/2016
Cal Check	0.081	01:25	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	01:25	N/A	N/A	N/A
Cal Check	0.081	01:26	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	01:26	0.080	CMI	
Cal Check	0.081	01:26	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	01:26	0.081		
Cal Check	0.081	01:26	CALIBRATION CHECK RESULT 2		
Air Blank	0.000	01:27	0.081		
<b>Pass</b>			CALIBRATION CHECK RESULT 3		
			0.081		
			MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .005 OR LESS)	
			1.2%	0.000	

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
Test	Pass/Fail	Time	Test	g/210L	Time
Voltage/Current Test	Pass		Air Blank	0.000	01:28
RAM Test	Pass		Subject Test	RFI*	01:28
EEPROM Checksum Test	Pass		Air Blank	0.000	01:28
Real Time Clock Test	Pass		*RFI Detect		
DSP Test	Pass		<b>Pass</b>		
Analytical Stability Test	Pass				
Modem Test	Pass				
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	1	0	1	1	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).

INSTRUMENT TESTED AND CERTIFIED WITHIN MISSOURI DHSS GUIDELINES

INSPECTING OFFICER			
SIGNATURE <i>Tim Fillpot</i>		PRINT NAME <b>TIM FILLPOT</b>	
TYPE II PERMIT NUMBER <b>230158</b>	EXPIRATION DATE <b>08/14/2015</b>	TELEPHONE NUMBER <b>816-482-8195</b>	



7 Baegesa Dr. • P.O. Box 790 • Jacksonville, IL 62651-0790  
217-245-2183 • Fax 217-243-7694 • www.ilmoproducts.com

### Certificate of Analysis

Certificate ID: 6358  
Part #: BAC1051880T  
Cylinder Size: 105L  
Lot Number: 05514088A1  
Expiration: 4/1/2016

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

Component	Concentration:	Accuracy:	Method:
Ethanol	208 ppm	±0.003 or 2% BAC whichever is greater	NDIR
Nitrogen	Balance		

\*NIST Standard Reference Material  
Cylinder No. CCI-4290 / Job No. 09160202  
Certified 21.28 ppm Ethanol in Nitrogen  
for LHO 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 866-835-0690  
www.alcoholtest.com

03/24/14  
Date



ISO/IEC 17025:2005 Accredited Laboratory



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

**PERMIT**  
TYPE II

**TIMOTHY L FILIPOT**

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 308.111 through 308.119 RSMo.

DATE 8/14/2013  
NUMBER 230158  
EXPIRES 8/14/2015  
MO 4848-971 (6-10)

*[Signature]*  
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY  
*[Signature]*  
acting director  
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES  
LMO-4 (pre-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 following instrument model  
equipment for the determination of the alcoholic content of breath from an  
individual in Missouri.

Operator: **FILIPOT, TIMOTHY**  
Permit No: **230158**  
Date Issued: **8/14/2013**  
Date Expires: **8/14/2015**

