



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

RECEIVED

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. **By Carol Day at 11:23 am, Aug 07, 2015**

INSTRUMENT SERIAL NUMBER 80-005837	LOCATION OF INSTRUMENT KANSAS CITY PD	DATE OF INSPECTION 08/04/2015	TIME OF INSPECTION 23:38
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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	05514080A1	04/01/2016
Cal Check	0.080	23:40	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	23:40	N/A	N/A	N/A
Cal Check	0.080	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	23:42	0.080		
Cal Check	0.080	23:41	CALIBRATION CHECK RESULT 2		
Air Blank	0.000	23:42	0.080		
Pass			CALIBRATION CHECK RESULT 3		
			0.080		
			MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .005 OR LESS)	
			0.0%	0.000	

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
Test	Pass	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				
Pass			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	2	0	1	0	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).

INSPECTING OFFICER

SIGNATURE <i>Kori Smeiska</i>	PRINT NAME KORI SMEISKA
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TYPE II PERMIT NUMBER 250133	EXPIRATION DATE 06/08/2017	TELEPHONE NUMBER 8162345000
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STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM

PERMIT
TYPE II

KORI SMEJSKA



Is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

ALCO-SENSOR IV WITH PRINTER, 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 6/8/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Shad Vukobraty

NUMBER 250133

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 6/8/2017

LAB-4 (HS-10)



Cyl 059



7 Baegle Dr. • P.O. Box 799 • Jackson, IL 62451-0799
217-265-1183 • Fax: 217-265-7634 • www.ilmo.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 ±0.1% BAC with dilution	NDIR
Nitrogen	Balanced	± 0.002	

*NIST Standard Reference Material
Cylinder No. CCI 4290 / Job No. 09160202
Certified 2128 umol/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).

Shad Vukobraty
Specialty Gas Lab Tech

Date 03/24/14

Distributed by:

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

