

SLPD



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

**RECEIVED**  
By Carol Day at 11:13 am, Nov 17, 2015

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<br>80-005837 | LOCATION OF INSTRUMENT<br>KANSAS CITY PD | DATE OF INSPECTION<br>11/04/2015 | TIME OF INSPECTION<br>23:57 |
|---------------------------------------|--|----------------------------------|-----------------------------|

| CALIBRATION CHECK RESULTS |        |       | CALIBRATION CHECK SUMMARY                     |                              |  |
|---------------------------|--------|-------|---|------------------------------|--|
| Test                      | g/210L | Time  | STANDARD TYPE<br>DRY                          | STANDARD LOT #<br>05514080A1 | STANDARD EXPIRATION DATE<br>04/01/2016 |
| Air Blank                 | 0.000  | 00:00 | SIM TEMPERATURE<br>N/A                        | SIM SERIAL NUMBER<br>N/A     | SIM CERTIFICATE EXPIRATION<br>N/A      |
| Cal Check                 | 0.080  | 00:00 | STANDARD VALUE<br>0.080                       | STANDARD SUPPLIER<br>CMI     |  |
| Air Blank                 | 0.000  | 00:01 | CALIBRATION CHECK RESULT 1<br>0.080           |                              |  |
| Cal Check                 | 0.080  | 00:01 | CALIBRATION CHECK RESULT 2<br>0.080           |                              |  |
| Air Blank                 | 0.000  | 00:01 | CALIBRATION CHECK RESULT 3<br>0.081           |                              |  |
| Cal Check                 | 0.081  | 00:02 | MAXIMUM DEVIATION (MUST BE WITHIN 5%)<br>1.2% |                              |  |
| Air Blank                 | 0.000  | 00:02 | SPREAD (MUST BE .005 OR LESS)<br>0.001        |                              |  |

**Pass**

| DIAGNOSTIC TEST RESULTS     |      |  | RFI TEST RESULTS |        |       |
|-----------------------------|------|--|------------------|--------|-------|
| Voltage/Current Test        | Pass |  | Test             | g/210L | Time  |
| RAM Test                    | Pass |  | Air Blank        | 0.000  | 00:03 |
| EEPROM Checksum Test        | Pass |  | Subject Test     | RFI*   | 00:03 |
| Real Time Clock Test        | Pass |  | Air Blank        | 0.000  | 00:03 |
| DSP Test                    | Pass |  | *RFI Detect      |        |       |
| 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 |   |
|   | 2       | 21      | 0       | 3       | 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).

|                                 |                                |                                  |
|---------------------------------|--------------------------------|----------------------------------|
| <b>INSPECTING OFFICER</b>       |                                |                                  |
| SIGNATURE<br>                   | PRINT NAME<br>LAWRENCE POLLARD |                                  |
| TYPE II PERMIT NUMBER<br>250132 | EXPIRATION DATE<br>06/08/2017  | TELEPHONE NUMBER<br>816-234-5000 |



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



**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):

**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

NUMBER 250132

EXPIRES 6/8/2017

MO 580-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY  
  
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 250132  
Date Issued 6/8/2015 Date Expires 6/8/2017



7 Essegree Dr. • P.O. Box 790 • Jacksonville, IL 62651-0790  
217-245-2183 • Fax: 217-243-7634 • www.ilmoproducts.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    | 288 ppm        | +/- 0.002 or 2%          | NDIR    |
| Nitrogen   | Balance        | BAC whichever is greater |         |

\*NIST Standard Reference Material  
Cylinder No. CCI-4290 / Job No. 09160202  
Certified 212.8 µmol/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).

Specialty Gas Lab Tech

03/24/14  
Date

Distributed by: CMI Inc.  
316 East Ninth Street  
Owensboro, KY 42303  
Phone 866-835-0690  
[www.alcoholtest.com](http://www.alcoholtest.com)



ISO/IEC 17025:2005 Accredited Laboratory