



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

**RECEIVED**  
 By Carol Day at 11:23 am, Aug 07, 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 80-005838	LOCATION OF INSTRUMENT KCMO POLICE DEPT.	DATE OF INSPECTION 08/05/2015	TIME OF INSPECTION 02:36
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CALIBRATION CHECK RESULTS			CALIBRATION CHECK SUMMARY		
Test	g/210L	Time	STANDARD TYPE	STANDARD LOT #	STANDARD EXPIRATION DATE
---	---	---	DRY	05514080A1	04/01/2016
Air Blank	0.000	02:37	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Cal Check	0.078	02:37	N/A	N/A	N/A
Air Blank	0.000	02:38	STANDARD VALUE	STANDARD SUPPLIER	
Cal Check	0.079	02:38	0.080	CMI	
Air Blank	0.000	02:39	CALIBRATION CHECK RESULT 1		
Cal Check	0.078	02:39	0.078		
Air Blank	0.000	02:40	CALIBRATION CHECK RESULT 2		
Cal Check	0.078	02:40	0.079		
Air Blank	0.000	02:40	CALIBRATION CHECK RESULT 3		
			0.078		
			MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .005 OR LESS)	
			2.5%	0.001	

**Pass**

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
Test	Result	Time	Test	g/210L	Time
Voltage/Current Test	Pass		---	---	---
RAM Test	Pass		Air Blank	0.000	02:40
EEPROM Checksum Test	Pass		Subject Test	RFI*	02:40
Real Time Clock Test	Pass		Air Blank	0.000	02:41
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	3	1	3	2	6

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	
TYPE II PERMIT NUMBER 250133	EXPIRATION DATE 06/08/2017	TELEPHONE NUMBER 8162345000



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

*W. M. S.*  
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 250133

*Shad Vackley*  
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 6/8/2017

MO 580.071 (6-10)

LAB-4 (05-10)



Cyl 059



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217-245-2183 • Fax: 217-245-7654 • www.ilmoindustrial.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	±4.002 or 2% Relative	NDIR
Nitrogen	Balance	± 0.002 or 2% Relative	

\*NIST Standard Reference Material  
Cylinder No. CCI 4290 / Job No. 09160202  
Certified 212.8 umol/mol Ethanol in Nitrogen  
for ILMCO Products Co., Jacksonville, IL

Score in dry area, away from sources of heat, light and direct sunlight. Do not allow storage area to exceed 52 °C (125 °F).

*Shad Vackley*  
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

