



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

**RECEIVED**

REPORT #2

By Carol Day at 11:24 am, Aug 07, 2015

Complete this report in duplicate at the time of the regular monthly preventive maintenance or when the instrument is repaired. Send one copy to Department of Health and Senior Services, and retain one copy in department file.

INSTRUMENT SERIAL NUMBER 80-005839	LOCATION OF INSTRUMENT KCMO POLICE DEPT	DATE OF INSPECTION 08/05/2015	TIME OF INSPECTION 01:52
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CALIBRATION CHECK RESULTS			CALIBRATION CHECK SUMMARY		
Test	g/210L	Time	STANDARD TYPE DRY	STANDARD LOT # 05514080A1	STANDARD EXPIRATION DATE 04/01/2016
Air Blank	0.000	01:55	SIM TEMPERATURE N/A	SIM SERIAL NUMBER N/A	SIM CERTIFICATE EXPIRATION N/A
Cal Check	0.078	01:55	STANDARD VALUE 0.080	STANDARD SUPPLIER CMI	
Air Blank	0.000	01:55	CALIBRATION CHECK RESULT 1 0.078		
Cal Check	0.079	01:56	CALIBRATION CHECK RESULT 2 0.079		
Air Blank	0.000	01:56	CALIBRATION CHECK RESULT 3 0.078		
Cal Check	0.078	01:57	MAXIMUM DEVIATION (MUST BE WITHIN 5%) 2.5%		
Air Blank	0.000	01:57	SPREAD (MUST BE .005 OR LESS) 0.001		

**Pass**

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
Voltage/Current Test	Pass		Test	g/210L	Time
RAM Test	Pass		Air Blank	0.000	01:58
EEPROM Checksum Test	Pass		Subject Test	RFI*	01:58
Real Time Clock Test	Pass		Air Blank	0.000	01:58
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	
4	2	0	0	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).

**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

NUMBER 250133 \_\_\_\_\_  
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 6/8/2017 \_\_\_\_\_  
LAB-4 (06-10)

MO 586-0711 (6-10)



Cyl 059



7 Engage Dr. • P.O. Box 799 • Jackson, IL 62651-0799  
217-243-1183 • Fax: 217-243-7634 • www.ilmo.com

**Certificate of Analysis**

Certificate ID: 6358  
Part #: BAC105L088T  
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% of concentration	NDIR
Nitrogen	Balance	± 0.001 of gas	

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

Distributed by: *[Signature]*  
Specialty Gas Lab Tech

Date: 06/24/14

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

