



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

REPORT #2

**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.

INSTRUMENT SERIAL NUMBER 80-005840	LOCATION OF INSTRUMENT KCMO POLICE DEPT.	DATE OF INSPECTION 08/04/2015	TIME OF INSPECTION 00:42
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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	00:44	DRY	05514080A1	04/01/2016
Cal Check	0.078	00:44	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	00:44	N/A	N/A	N/A
Cal Check	0.077	00:45	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	00:45	0.080	CMI	
Cal Check	0.078	00:46	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	00:46	0.078		
Cal Check	0.078	00:46	CALIBRATION CHECK RESULT 2		
Air Blank	0.000	00:46	0.077		
<b>Pass</b>			CALIBRATION CHECK RESULT 3		
			0.078		
			MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .005 OR LESS)	
			3.7%	0.001	

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
Test	Result		Test	g/210L	Time
Voltage/Current Test	Pass		Air Blank	0.000	00:47
RAM Test	Pass		Subject Test	RFI*	00:47
EEPROM Checksum Test	Pass		Air Blank	0.000	00:48
Real Time Clock Test	Pass		*RFI Detect		
DSP Test	Pass		<b>Pass</b>		
Analytical Stability Test	Pass				
Modem Test	Pass				
Temperature Regulation Test	Pass				
<b>Pass</b>					

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	0	0	0	0	0	0	

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 \_\_\_\_\_  
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

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

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



Cyl 059



7 Esageza Dr. • P.O. Box 790 • Jadenoville, IL 62451-0790  
217-245-2183 • Fax 217-245-7634 • 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)

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 2128 umol/dm<sup>3</sup> Ethanol in Nitrogen  
for ILMO Products Co., Jadenoville, 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

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

Date 03/24/14

