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

**RECEIVED**  
 By Carol Day at 10:25 am, Nov 17, 2015  
 REPORT #2

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<br>80-005844 | LOCATION OF INSTRUMENT<br>KCMO POLICE DEPT. | DATE OF INSPECTION<br>11/04/2015 | TIME OF INSPECTION<br>22:18 |
|---------------------------------------|---|----------------------------------|-----------------------------|

| CALIBRATION CHECK RESULTS |        |       | CALIBRATION CHECK SUMMARY             |                               |                            |
|---------------------------|--------|-------|---------------------------------------|-------------------------------|----------------------------|
| Test                      | g/210L | Time  | STANDARD TYPE                         | STANDARD LOT #                | STANDARD EXPIRATION DATE   |
| Air Blank                 | 0.000  | 22:20 | DRY                                   | 05514080A1                    | 04/01/2016                 |
| Cal Check                 | 0.078  | 22:21 | SIM TEMPERATURE                       | SIM SERIAL NUMBER             | SIM CERTIFICATE EXPIRATION |
| Air Blank                 | 0.000  | 22:21 | N/A                                   | N/A                           | N/A                        |
| Cal Check                 | 0.078  | 22:22 | STANDARD VALUE                        | STANDARD SUPPLIER             |                            |
| Air Blank                 | 0.000  | 22:22 | 0.080                                 | CMI                           |                            |
| Cal Check                 | 0.077  | 22:22 | CALIBRATION CHECK RESULT 1            |                               |                            |
| Air Blank                 | 0.000  | 22:23 | 0.078                                 |                               |                            |
| <b>Pass</b>               |        |       | CALIBRATION CHECK RESULT 2            |                               |                            |
|                           |        |       | 0.078                                 |                               |                            |
|                           |        |       | CALIBRATION CHECK RESULT 3            |                               |                            |
|                           |        |       | 0.077                                 |                               |                            |
|                           |        |       | MAXIMUM DEVIATION (MUST BE WITHIN 5%) | SPREAD (MUST BE .005 OR LESS) |                            |
|                           |        |       | 3.7%                                  | 0.001                         |                            |

| DIAGNOSTIC TEST RESULTS     |        |      | RFI TEST RESULTS |        |       |
|-----------------------------|--------|------|------------------|--------|-------|
| Test                        | Result | Time | Test             | g/210L | Time  |
| Voltage/Current Test        | Pass   |      | Air Blank        | 0.000  | 22:24 |
| RAM Test                    | Pass   |      | Subject Test     | RFI*   | 22:24 |
| EEPROM Checksum Test        | Pass   |      | Air Blank        | 0.000  | 22:24 |
| 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 |  |
| 2   | 0       | 0       | 2       | 0       | 4        |  |

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

2

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

Cyl 057



7 Eastgate 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

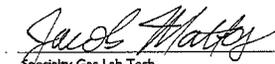
0.080 BAC (For the calibration of instruments used to determine breath alcohol concentration)

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. CCI4290 / 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