



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

REPORT #2

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 80-006195	LOCATION OF INSTRUMENT CARTHAGE POLICE DEPT	DATE OF INSPECTION 01/11/2015	TIME OF INSPECTION 04:33
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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	04:39	DRY	33913100	01/01/2016
Cal Check	0.099	04:40	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	04:40	N/A	N/A	N/A
Cal Check	0.098	04:41	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	04:41	0.100	ILMO	
Cal Check	0.098	04:41	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	04:41	0.099		
Cal Check	0.098	04:41	CALIBRATION CHECK RESULT 2		
Air Blank	0.000	04:42	0.098		
Pass			CALIBRATION CHECK RESULT 3		
			0.098		
			MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .005 OR LESS)	
			2.0%	0.001	

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
Test	Result	Time	Test	g/210L	Time
Voltage/Current Test	Pass		Air Blank	0.000	04:43
RAM Test	Pass		Subject Test	RFI*	04:43
EEPROM Checksum Test	Pass		Air Blank	0.000	04:43
Real Time Clock Test	Pass		*RFI Detect		
DSP Test	Pass		Pass		
Analytical Stability Test	Pass				
Modem Test	Pass				
Temperature Regulation Test	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	
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).
Time-Date changed.

INSPECTING OFFICER			
SIGNATURE 		PRINT NAME BUTLER, JUSTIN	
TYPE II PERMIT NUMBER 240427	EXPIRATION DATE 12/12/2016	TELEPHONE NUMBER 4172377200	



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: 5971
Part #: BAC105L100T
Cylinder Size: 105L
Lot Number: 33913100A3
Expiration: 1/1/2016

0.100 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	260 PPM	+/- 0.002 or 2%	NDIR
Nitrogen	BaIance	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

12/17/13
Date

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





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



PERMIT
TYPE II
JUSTIN BUTLER

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

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 12/12/2014

NUMBER 240427

EXPIRES 12/12/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

,acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES



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 BUTLER, JUSTIN
 Permit No 240427
 Date Issued 12/12/2014 Date Expires 12/12/2016