MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY

CMI INTOXILYZER 8000 MAINTENANCE REPORT

RECEIVED
By Carol Day at 9:00 am, Jun 19, 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	LOCATION OF INSTRUMENT	DATE OF INSPECTION	TIME OF INSPECTION
80-006195	CARTHAGE POLICE DEPT	06/16/2015	01:30

CALIBRATION CHECK RESULTS

Test	g/210L	Time
Air Blank	0.000	01:31
Cal Check	0.096	01:32
Air Blank	0.000	01:32
Cal Check	0.096	01:33
Air Blank	0.000	01:33
Cal Check	0.096	01:33
Air Blank	0.000	01:34

Pass

CALIBRATION CHECK SUMMARY

STANDARD TYPE	STANDARD LOT #	STANDARD EXPIRATION DATE
DRY	33913100	01/01/2016
SIM TEMPERATURE	**SIM SERIAL NUMBER**	**SIM CERTIFICATE EXPIRATION**
N/A	N/A	N/A
STANDARD VALUE	**STANDARD SUPPLIER**	
0.100	ILMO	

CALIBRATION CHECK RESULT 1: 0.096

CALIBRATION CHECK RESULT 2: 0.096

CALIBRATION CHECK RESULT 3: 0.096

MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .005 OR LESS)
4.0%	0.000

DIAGNOSTIC TEST RESULTS

Voltage/Current Test	Pass
RAM Test	Pass
EEPROM Checksum Test	Pass
Real Time Clock Test	Pass
DSP Test	Pass
Analytical Stability Test	Pass
Modem Test	Pass
Temperature Regulation Test	Pass

Pass

RFI TEST RESULTS

Test	g/210L	Time
Air Blank	0.000	01:34
Subject Test	RFI*	01:35
Air Blank	0.000	01:35

*RFI Detect

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

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).

JUNE 2015

INSPECTING OFFICER

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

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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% BAC whichever is greater	NDIR
Nitrogen	Balance		

*NIST Standard Reference Material
Cylinder No. CC14290 / 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).

Jacob Watts
Specialty Gas Lab Tech

12/17/13
Date

ISO/IEC 17025:2005 Accredited Laboratory

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

2

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

MO 580-0771 (6-10)

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 BUTLER, JUSTIN

Permit No 240427

Date Issued 12/12/2014 **Date Expires** 12/12/2016