



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 80-002092	LOCATION OF INSTRUMENT KCI POLICE DEPT.	DATE OF INSPECTION 02/21/2016	TIME OF INSPECTION 17:51
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CALIBRATION CHECK RESULTS			CALIBRATION CHECK SUMMARY		
Test	g/210L	Time	STANDARD TYPE	STANDARD LOT #	STANDARD EXPIRATION DATE
---	---	---	DRY	15615080A2	07/05/2017
Air Blank	0.000	17:53	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Cal Check	0.079	17:53	N/A	N/A	N/A
Air Blank	0.000	17:54	STANDARD VALUE	STANDARD SUPPLIER	
Cal Check	0.080	17:54	0.080	CMI	
Air Blank	0.000	17:55	CALIBRATION CHECK RESULT 1		
Cal Check	0.080	17:55	0.079		
Air Blank	0.000	17:55	CALIBRATION CHECK RESULT 2		
Cal Check	0.080	17:55	0.080		
Air Blank	0.000	17:55	CALIBRATION CHECK RESULT 3		
			0.080		
			MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .005 OR LESS)	
			1.2%	0.001	

Pass

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
Voltage/Current Test	Pass		Test	g/210L	Time
RAM Test	Pass		---	---	---
EEPROM Checksum Test	Pass		Air Blank	0.000	17:56
Real Time Clock Test	Pass		Subject Test	RFI*	17:56
DSP Test	Pass		Air Blank	0.000	17:57
Analytical Stability Test	Pass				
Modem Test	Pass		*RFI Detect		
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	
0	0	0	1	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).
FEBRUARY MAINTENANCE

INSPECTING OFFICER			
SIGNATURE 		PRINT NAME NICHOLE HOWE	
TYPE II PERMIT NUMBER 250065	EXPIRATION DATE 03/10/2017	TELEPHONE NUMBER 8162434000	



ISO/IEC 17025:2005 Accredited Laboratory

Certificate of Analysis

Certificate ID: 8176
Part #: BAC105L080T
Cylinder Size: 105L
Lot Number: 15615080A2
Expiration: 7/5/2017

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	208 ppm	+/- 0.002 or 2%	NDIR
Nitrogen	Balance	BAC whichever is greater	

*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).


Specialty Gas Lab Tech

06/25/15
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

2

**PERMIT
 TYPE II**

NICHOLE M HOWE

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 3/10/2015

NUMBER 250065

EXPIRES 3/10/2017

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 HOWE, NICHOLE
Permit No 250065
Date Issued 3/10/2015 **Date Expires** 3/10/2017