MISSOURI DEPARTMENT OF HEALTH A
STATE PUBLIC HEALTH LABORATORY
**CMI INTOXILYZER 8000 MAINTE**

**RECEIVED**
*By Carol Day at 1:35 pm, Aug 05, 2016*

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 | LOCATION OF INSTRUMENT | DATE OF INSPECTION | TIME OF INSPECTION |
|---|---|---|---|
| 80-005827 | ORONOGO POLICE DEPT | 08/04/2016 | 04:16 |

## CALIBRATION CHECK RESULTS

| Test | g/210L | Time |
|---|---|---|
| Air Blank | 0.000 | 04:18 |
| Cal Check | 0.080 | 04:18 |
| Air Blank | 0.000 | 04:19 |
| Cal Check | 0.079 | 04:19 |
| Air Blank | 0.000 | 04:20 |
| Cal Check | 0.080 | 04:20 |
| Air Blank | 0.000 | 04:21 |

**Pass**

## CALIBRATION CHECK SUMMARY

| STANDARD TYPE | STANDARD LOT # | STANDARD EXPIRATION DATE |
|---|---|---|
| DRY | 34015080A2 | 01/05/2018 |
| SIM TEMPERATURE | SIM SERIAL NUMBER | SIM CERTIFICATE EXPIRATION |
| N/A | N/A | N/A |
| STANDARD VALUE | STANDARD SUPPLIER | |
| 0.080 | CMI INC | |

CALIBRATION CHECK RESULT 1: 0.080

CALIBRATION CHECK RESULT 2: 0.079

CALIBRATION CHECK RESULT 3: 0.080

| MAXIMUM DEVIATION (MUST BE WITHIN 5%) | SPREAD (MUST BE 20% OR LESS) |
|---|---|
| 1.2% | 0.001 |

## 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 | 04:21 |
| Subject Test | RFI* | 04:22 |
| Air Blank | 0.000 | 04:22 |

*RFI Detect

**Pass**

## NUMBER OF REFUSALS AND SUBJECT BREATH TESTS IN EACH RANGE SINCE LAST MAINTENANCE REPORT

| REFUSALS | 02-04 | 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).

## INSPECTING OFFICER

SIGNATURE

FIRST NAME: CHRISTOPHER SHONK

TYPE EXAM NUMBER: 250170

EXPIRATION DATE: 07/23/2017

TELEPHONE NUMBER: 4176731911

AN EQUAL OPPORTUNITY AFFIRMATIVE ACTION EMPLOYER
services provided on a nondiscriminatory basis

LAB-167

ILMO specialty gases

ISO/IEC 17025:2005 Accredited Laboratory

# Certificate of Analysis

**Certificate ID:** 8666

**Part #:** BAC105L080T
**Cylinder Size:** 105L
**Lot Number:** 34015080A2
**Expiration:** 1/5/2018

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% 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 Martin
Specialty Gas Lab Tech

01/21/16
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
## CHRISTOPHER SHONK

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

INTOX DMT, INTOXILYZER 8000, ALCO-SENSOR IV W/PRINTER

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 7/23/2015

NUMBER 250170

EXPIRES 7/23/2017

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (05-10)

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 SHONK, CHRISTOPHER
Permit No 250170
Date Issued 7/23/2015 Date Expires 7/23/2017