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By Carol Day at 12:31 pm, Aug 09, 2016



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 80-005838		LOCATION OF INSTRUMENT KCMO POLICE DEPT.		DATE OF INSPECTION 08/02/2016		TIME OF INSPECTION 13:23	
CALIBRATION CHECK RESULTS				CALIBRATION CHECK SUMMARY			
Test	g/210L	Time	STANDARD TYPE DRY	STANDARD LOT # 01316080A2	STANDARD EXPIRATION DATE 02/05/2018		
Air Blank	0.000	13:24	SIM TEMPERATURE N/A	SIM SERIAL NUMBER N/A	SIM CERTIFICATE EXPIRATION N/A		
Cal Check	0.079	13:25	STANDARD VALUE 0.080	STANDARD SUPPLIER CMI			
Air Blank	0.000	13:25	CALIBRATION CHECK RESULT 1 0.079				
Cal Check	0.079	13:25	CALIBRATION CHECK RESULT 2 0.079				
Air Blank	0.000	13:26	CALIBRATION CHECK RESULT 3 0.078				
Cal Check	0.078	13:26	MAXIMUM DEVIATION (MUST BE WITHIN 5%) 2.5%		SPREAD (MUST BE .005 OR LESS) 0.001		
Air Blank	0.000	13:27					
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	13:27		
Real Time Clock Test		Pass	Subject Test	RFI*	13:28		
DSP Test		Pass	Air Blank	0.000	13:28		
Analytical Stability Test		Pass	*RFI Detect				
Modem Test		Pass					
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	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 				PRINT NAME OFFICER TIM FILLPOT #4162			
TYPE II PERMIT NUMBER 250125			EXPIRATION DATE 06/18/2017			TELEPHONE NUMBER 8164828195	



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

2

PERMIT
TYPE II
TIMOTHY L FILLPOT

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 250125

EXPIRES 6/8/2017

MO 580-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-1 (16-10)

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 FILLPOT, TIMOTHY
Permit No 250125
Date Issued 6/8/2015 Date Expires 6/8/2017



ISO/IEC 17025:2005 Accredited Laboratory

Certificate of Analysis

Certificate ID: 8789
Part #: BAC105L080T
Cylinder Size: 105L
Lot Number: 01316080A2
Expiration: 2/5/2018

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. 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

02/04/16
Date

Distributed by:

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

