



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 80-005839	LOCATION OF INSTRUMENT KCMO POLICE DEPT	DATE OF INSPECTION 01/31/2016	TIME OF INSPECTION 23:49
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CALIBRATION CHECK RESULTS			CALIBRATION CHECK SUMMARY		
Test	g/210L	Time	STANDARD TYPE DRY	STANDARD LOT # 05514080A1	STANDARD EXPIRATION DATE 04/01/2016
Air Blank	0.000	23:53	SIM TEMPERATURE N/A	SIM SERIAL NUMBER N/A	SIM CERTIFICATE EXPIRATION N/A
Cal Check	0.081	23:53	STANDARD VALUE 0.080	STANDARD SUPPLIER CMI	
Air Blank	0.000	23:54	CALIBRATION CHECK RESULT 1 0.081		
Cal Check	0.081	23:54	CALIBRATION CHECK RESULT 2 0.081		
Air Blank	0.000	23:55	CALIBRATION CHECK RESULT 3 0.081		
Cal Check	0.081	23:55	MAXIMUM DEVIATION (MUST BE WITHIN 5%) 1.2%		
Air Blank	0.000	23:55	SPREAD (MUST BE .005 OR LESS) 0.000		

**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	23:56
Real Time Clock Test	Pass		Subject Test	RFI*	23:56
DSP Test	Pass		Air Blank	0.000	23:57
Analytical Stability Test	Pass		*RFI Detect		
Modem Test	Pass		<b>Pass</b>		
Temperature Regulation Test	Pass		<b>Pass</b>		

**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	16	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).

<b>INSPECTING OFFICER</b>			
SIGNATURE <i>Kori Smeiska</i>		PRINT NAME KORI SMEISKA	
TYPE II PERMIT NUMBER 250133	EXPIRATION DATE 06/08/2017	TELEPHONE NUMBER 8162345000	



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



**PERMIT**  
**TYPE II**  
**KORI SMEISKA**

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 250133

EXPIRES 6/8/2017

MO 580-0771 (6-10)

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DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

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DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R5-10)

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 SMEISKA, KORI  
Permit No 250133  
Date Issued 6/8/2015 Date Expires 6/8/2017

Cyl 059



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:** 6358  
**Part #:** BAC105L080T  
**Cylinder Size:** 105L  
**Lot Number:** 05514080A1  
**Expiration:** 4/1/2016

**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. CCI-4290 / 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).

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Specialty Gas Lab Tech

03/24/14  
Date

Distributed by: CMI Inc.  
316 East Ninth Street  
Owensboro, KY 42303  
Phone 866-835-0690  
[www.alcoholtest.com](http://www.alcoholtest.com)



ISO/IEC 17025:2005 Accredited Laboratory