



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY
CMI INTOXILYZER 8000 MAINTENANCE REPORT

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 80-005842	LOCATION OF INSTRUMENT KANSAS CITY POLICE	DATE OF INSPECTION 03/02/2016	TIME OF INSPECTION 00:07
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CALIBRATION CHECK RESULTS			CALIBRATION CHECK SUMMARY		
Test	g/210L	Time	STANDARD TYPE	STANDARD LOT #	STANDARD EXPIRATION DATE
Air Blank	0.000	00:09	DRY	05514080A1	04/01/2016
Cal Check	0.081	00:10	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	00:10	N/A	N/A	N/A
Cal Check	0.081	00:10	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	00:11	0.080	CMI	
Cal Check	0.081	00:11	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	00:11	0.081		
Cal Check	0.081	00:11	CALIBRATION CHECK RESULT 2		
Air Blank	0.000	00:12	0.081		
Pass			CALIBRATION CHECK RESULT 3		
			0.081		
			MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .005 OR LESS)	
			1.2%	0.000	

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
Test	Result	Time	Test	g/210L	Time
Voltage/Current Test	Pass		Air Blank	0.000	00:12
RAM Test	Pass		Subject Test	RFI*	00:13
EEPROM Checksum Test	Pass		Air Blank	0.000	00:13
Real Time Clock Test	Pass		*RFI Detect		
DSP Test	Pass		Pass		
Analytical Stability Test	Pass				
Modem Test	Pass				
Temperature Regulation Test	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 LAWRENCE POLLARD	
TYPE II PERMIT NUMBER 250132	EXPIRATION DATE 06/08/2017	TELEPHONE NUMBER 8162345000



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

2

PERMIT
TYPE II
LAWRENCE POLLARD

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 250132

EXPIRES 6/8/2017

MO 580-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
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 POLLARD, LAWRENCE
Permit No 250132
Date Issued 6/8/2015 Date Expires 6/8/2017

Cyl 000



7 Eastgate Dr. • P.O. Box 790 • Jacksonville, IL 62651-0790
217-245-2183 • Fax: 217-243-7634 • www.ilmo-products.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	288 ppm	+/- 0.002 or 2%	NDIR
Nitrogen	Balance	BAC whichever is greater	

*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

03/24/14
Date

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

