



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 80-005843	LOCATION OF INSTRUMENT KANSAS CITY P.D.	DATE OF INSPECTION 05/03/2016	TIME OF INSPECTION 03:22
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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	03:24	SIM TEMPERATURE N/A	SIM SERIAL NUMBER N/A	SIM CERTIFICATE EXPIRATION N/A
Cal Check	0.079	03:24	STANDARD VALUE 0.080	STANDARD SUPPLIER CMI	
Air Blank	0.000	03:25	CALIBRATION CHECK RESULT 1 0.079		
Cal Check	0.079	03:25	CALIBRATION CHECK RESULT 2 0.079		
Air Blank	0.000	03:26	CALIBRATION CHECK RESULT 3 0.079		
Cal Check	0.079	03:26	MAXIMUM DEVIATION (MUST BE WITHIN 5%) 1.2%		
Air Blank	0.000	03:27	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	03:27
Real Time Clock Test	Pass		Subject Test	RFI*	03:28
DSP Test	Pass		Air Blank	0.000	03:28
Analytical Stability Test	Pass		*RFI Detect		
Modem Test	Pass		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	6	0	1	2	4	

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).

TESTED AND CERTIFIED WITHIN DOHSS GUIDELINES

INSPECTING OFFICER		
SIGNATURE 	PRINT NAME NATHAN MAGERS	
TYPE II PERMIT NUMBER 250139	EXPIRATION DATE 06/15/2017	TELEPHONE NUMBER 8162345000



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



PERMIT
TYPE II
NATHAN I MAGERS

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 6/15/2015
NUMBER 250139
EXPIRES 6/15/2017

MO 580-0771 (8-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
Gail Vesterly

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 MAGERS, NATHAN
Permit No 250139
Date Issued 6/15/2015 Date Expires 6/15/2017



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)

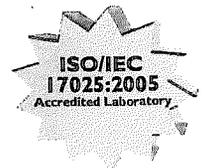
Component:	Concentration:	Accuracy:	Method:
Ethanol	208 ppm	+/- 0.002 or 2% BAC whichever is greater	NDIR
Nitrogen	Balance		

*NIST Standard Reference Material
Cylinder No. 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

02/04/16
Date



Distributed by:

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www.alcoholtest.com