



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 80-005845 | LOCATION OF INSTRUMENT KANSAS CITY PD | DATE OF INSPECTION 01/31/2016 | TIME OF INSPECTION 22:30 |
|---------------------------------------|--|----------------------------------|-----------------------------|

| CALIBRATION CHECK RESULTS | | | CALIBRATION CHECK SUMMARY | | |
|---------------------------|--------|-------|---------------------------------------|-------------------------------|----------------------------|
| Test | g/210L | Time | STANDARD TYPE | STANDARD LOT # | STANDARD EXPIRATION DATE |
| Air Blank | 0.000 | 22:32 | DRY | 05514080A1 | 04/01/2016 |
| Cal Check | 0.082 | 22:32 | SIM TEMPERATURE | SIM SERIAL NUMBER | SIM CERTIFICATE EXPIRATION |
| Air Blank | 0.000 | 22:33 | N/A | N/A | N/A |
| Cal Check | 0.081 | 22:33 | STANDARD VALUE | STANDARD SUPPLIER | |
| Air Blank | 0.000 | 22:33 | 0.080 | CMI | |
| Cal Check | 0.081 | 22:34 | CALIBRATION CHECK RESULT 1 | | |
| Air Blank | 0.000 | 22:34 | 0.082 | | |
| Cal Check | 0.081 | 22:34 | CALIBRATION CHECK RESULT 2 | | |
| Air Blank | 0.000 | 22:34 | 0.081 | | |
| Pass | | | CALIBRATION CHECK RESULT 3 | | |
| | | | 0.081 | | |
| | | | MAXIMUM DEVIATION (MUST BE WITHIN 5%) | SPREAD (MUST BE .005 OR LESS) | |
| | | | 2.5% | 0.001 | |

| DIAGNOSTIC TEST RESULTS | | | RFI TEST RESULTS | | |
|-----------------------------|------|--|------------------|--------|-------|
| | | | Test | g/210L | Time |
| Voltage/Current Test | Pass | | Air Blank | 0.000 | 22:35 |
| RAM Test | Pass | | Subject Test | RFI* | 22:35 |
| EEPROM Checksum Test | Pass | | Air Blank | 0.000 | 22:36 |
| Real Time Clock Test | Pass | | *RFI Detect | | |
| DSP Test | Pass | | Pass | | |
| Analytical Stability Test | Pass | | | | |
| Modem Test | Pass | | | | |
| Temperature Regulation Test | 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 <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)

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 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.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 | 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

03/24/14
Date

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



ISO/IEC 17025:2005 Accredited Laboratory