



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

RECEIVED

By Carol Day at 12:18 pm, Jul 15, 2016

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 80-005827	LOCATION OF INSTRUMENT ORONO GO POLICE DEPT	DATE OF INSPECTION 07/14/2016	TIME OF INSPECTION 01:05
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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	01:07	DRY	34015080A2	01/05/2018
Cal Check	0.079	01:07	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	01:08	N/A	N/A	N/A
Cal Check	0.079	01:08	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	01:09	0.080	CMI INC	
Cal Check	0.079	01:09	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	01:10		0.079	
			CALIBRATION CHECK RESULT 2		
				0.079	
			CALIBRATION CHECK RESULT 3		
				0.079	
			MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .005 OR LESS)	
			1.2%	0.000	

Pass

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
			Test	g/210L	Time
Voltage/Current Test	Pass		Air Blank	0.000	01:10
RAM Test	Pass		Subject Test	RFI*	01:11
EEPROM Checksum Test	Pass		Air Blank	0.000	01:11
Real Time Clock Test	Pass		*RFI Detect		
DSP Test	Pass				
Analytical Stability Test	Pass				
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

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 CHRISTOPHER SHONK	
TYPE II PERMIT NUMBER 250170	EXPIRATION DATE 07/23/2017	TELEPHONE NUMBER 4176731911



ISO/IEC 17025:2005 Accredited Laboratory

Certificate of Analysis

Certificate ID: 8666
Part #: BAC105L080T
Cylinder Size: 105L
Lot Number: 34015080A2
Expiration: 1/5/2018

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%	NDIR
Nitrogen	Balance	BAC whichever is greater	

*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

01/21/16
Date



Distributed by:

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



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

2

**PERMIT
TYPE II**

CHRISTOPHER SHONK

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

INTOX DMT, INTOXILYZER 8000, ALCO-SENSOR IV W/PRINTER

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 7/23/2015

NUMBER 250170

EXPIRES 7/23/2017

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (115 12)

MO 560-0771 (6-10)



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 SHONK, CHRISTOPHER
Permit No 250170
Date Issued 7/23/2015 Date Expires 7/23/2017