



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 80-005828	LOCATION OF INSTRUMENT WEBB CITY P. D.	DATE OF INSPECTION 04/29/2014	TIME OF INSPECTION 09:17
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CALIBRATION CHECK RESULTS			CALIBRATION CHECK SUMMARY		
Test	g/210L	Time	STANDARD TYPE WET	STANDARD LOT # 13002	STANDARD EXPIRATION DATE 06/19/2015
Air Blank	0.000	09:24	SIM TEMPERATURE 34.0	SIM SERIAL NUMBER SD1425	SIM CERTIFICATE EXPIRATION 06/19/2014
Cal Check	0.100	09:25	STANDARD VALUE 0.100	STANDARD SUPPLIER REPCO LAB	
Air Blank	0.000	09:25	CALIBRATION CHECK RESULT 1 0.100		
Cal Check	0.100	09:26	CALIBRATION CHECK RESULT 2 0.100		
Air Blank	0.000	09:26	CALIBRATION CHECK RESULT 3 0.101		
Cal Check	0.101	09:27	MAXIMUM DEVIATION (MUST BE WITHIN 5%) 1.0%		
Air Blank	0.000	09:28	SPREAD (MUST BE .005 OR LESS) 0.001		

**Pass**

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
Voltage/Current Test	Pass		Test	g/210L	Time
RAM Test	Pass		Air Blank	0.000	09:28
EEPROM Checksum Test	Pass		Subject Test	RFI*	09:28
Real Time Clock Test	Pass		Air Blank	0.000	09:29
DSP Test	Pass		*RFI Detect		
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	60	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 JOHN HICKS	
TYPE & PERMIT NUMBER 230162	EXPIRATION DATE 08/14/2015	TELEPHONE NUMBER 4173588177