



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
STATE PUBLIC HEALTH LABORATORY  
**CMI INTOXYLZER 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 <b>80-005837</b>	LOCATION OF INSTRUMENT <b>KANSAS CITY PD</b>	DATE OF INSPECTION <b>06/06/2014</b>	TIME OF INSPECTION <b>02:59</b>
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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	03:04	DRY	05514080	04/01/2016
Cal Check	0.080	03:04	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	03:05	N/A	N/A	N/A
Cal Check	0.080	03:05	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	03:06	0.080	CMI	
Cal Check	0.081	03:06	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	03:06	0.080		
Cal Check	0.081	03:06	CALIBRATION CHECK RESULT 2		
Air Blank	0.000	03:06	0.080		
<b>Pass</b>			CALIBRATION CHECK RESULT 3		
			0.081		
			MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .005 OR LESS)	
			1.2%	0.001	

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
Test	Result		Test	g/210L	Time
Voltage/Current Test	Pass		Air Blank	0.000	03:07
RAM Test	Pass		Subject Test	RFI*	03:07
EEPROM Checksum Test	Pass		Air Blank	0.000	03:08
Real Time Clock Test	Pass		*RFI Detect		
DSP Test	Pass		<b>Pass</b>		
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	
7	3	5	6	6	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).

**INSTRUMENT TESTED WITHIN DOHSS GUIDELINES**

INSPECTING OFFICER		
SIGNATURE 	PRINT NAME <b>MAGERS</b>	
TYPE II PERMIT NUMBER <b>240265</b>	EXPIRATION DATE <b>06/02/2016</b>	TELEPHONE NUMBER <b>8162345000</b>