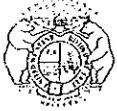


**RECEIVED**  
By Carol Day at 12:51 pm, Jun 11, 2014



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 <b>80-005840</b>	LOCATION OF INSTRUMENT <b>KCMO POLICE DEPT.</b>	DATE OF INSPECTION <b>06/06/2014</b>	TIME OF INSPECTION <b>00:13</b>
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CALIBRATION CHECK RESULTS			CALIBRATION CHECK SUMMARY		
Test	g/210L	Time	STANDARD TYPE <b>DRY</b>	STANDARD LOT # <b>05514080</b>	STANDARD EXPIRATION DATE <b>04/01/2016</b>
Air Blank	0.000	00:15	SIM TEMPERATURE <b>N/A</b>	SIM SERIAL NUMBER <b>N/A</b>	SIM CERTIFICATE EXPIRATION <b>N/A</b>
Cal Check	0.079	00:15	STANDARD VALUE <b>0.080</b>	STANDARD SUPPLIER <b>CMI</b>	
Air Blank	0.000	00:16	CALIBRATION CHECK RESULT 1 <b>0.079</b>		
Cal Check	0.079	00:16	CALIBRATION CHECK RESULT 2 <b>0.079</b>		
Air Blank	0.000	00:17	CALIBRATION CHECK RESULT 3 <b>0.079</b>		
Cal Check	0.079	00:17	MAXIMUM DEVIATION (MUST BE WITHIN 5%) <b>1.2%</b>		
Air Blank	0.000	00:17	SPREAD (MUST BE .005 OR LESS) <b>0.000</b>		

**Pass**

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
Voltage/Current Test	Pass		Test	g/210L	Time
RAM Test	Pass		Air Blank	0.000	00:18
EEPROM Checksum Test	Pass		Subject Test	RFI*	00:18
Real Time Clock Test	Pass		Air Blank	0.000	00:19
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
<b>7</b>	<b>16</b>	<b>3</b>	<b>18</b>	<b>9</b>	<b>10</b>

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>
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TYPE II PERMIT NUMBER <b>240265</b>	EXPIRATION DATE <b>06/02/2016</b>	TELEPHONE NUMBER <b>8162345000</b>
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