



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

received 2/20/14-cd

REVIEWED REPORT #2
By Carol Day at 11:36 am, Mar 14, 2014

Complete this report in duplicate at the time of the regular monthly preventive maintenance or when the instrument is repaired. Send one copy to Department of Health and Senior Services, and retain one copy in department file.

| | | | |
|---------------------------------------|---|----------------------------------|-----------------------------|
| INSTRUMENT SERIAL NUMBER 80-005849 | LOCATION OF INSTRUMENT GRAIN VALLEY POLICE | DATE OF INSPECTION 02/15/2014 | TIME OF INSPECTION 05:57 |
|---------------------------------------|---|----------------------------------|-----------------------------|

| CALIBRATION CHECK RESULTS | | | CALIBRATION CHECK SUMMARY | | |
|---------------------------|--------|-------|---|--|--|
| Test | g/210L | Time | STANDARD TYPE DRY | STANDARD LOT # AG319702 | STANDARD EXPIRATION DATE 07/16/2015 |
| Air Blank | 0.000 | 06:00 | SIM TEMPERATURE N/A | SIM SERIAL NUMBER N/A | SIM CERTIFICATE EXPIRATION N/A |
| Cal Check | 0.081 | 06:01 | STANDARD VALUE 0.080 | STANDARD SUPPLIER INTOXIMETERS | |
| Air Blank | 0.000 | 06:01 | CALIBRATION CHECK RESULT 1 0.081 | | |
| Cal Check | 0.081 | 06:02 | CALIBRATION CHECK RESULT 2 0.081 | | |
| Air Blank | 0.000 | 06:02 | CALIBRATION CHECK RESULT 3 0.082 | | |
| Cal Check | 0.082 | 06:02 | MAXIMUM DEVIATION (MUST BE WITHIN 5%) 2.5% | SPREAD (MUST BE .005 OR LESS) 0.001 | |
| Air Blank | 0.000 | 06:03 | Pass | | |

| DIAGNOSTIC TEST RESULTS | | RFI TEST RESULTS | | |
|-----------------------------|------|------------------|--------|-------|
| Voltage/Current Test | Pass | Test | g/210L | Time |
| RAM Test | Pass | Air Blank | RFI* | 06:03 |
| EEPROM Checksum Test | Pass | Air Blank | 0.000 | 06:04 |
| Real Time Clock Test | Pass | *RFI Detect | | |
| DSP Test | Pass | Pass | | |
| 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 | | |
| 10 | 10 | 3 | 4 | 3 | 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).
MAINTENANCE

| INSPECTING OFFICER | | | |
|---------------------------------|--|-------------------------------|---------------------------------|
| SIGNATURE <i>[Signature]</i> | | PRINT NAME BEALE | |
| TYPE II PERMIT NUMBER 230144 | | EXPIRATION DATE 08/01/2015 | TELEPHONE NUMBER 98168476250 |



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



PERMIT
TYPE II

JAMES W BEALE SR

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

INTOXILYZER 5000, 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 308.111 through 308.119 RSMo.

DATE 8/1/2013

NUMBER 230144

EXPIRES 8/1/2015

MO 690.0771 (8-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (06-10)

 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 BEALE SR, JAMES
Permit No 230144
Date Issued 8/1/2013 Date Expires 8/1/2015