



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

RECEIVED
 By Carol Day at 8:41 am, Jun 20, 2014

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 80-005849	LOCATION OF INSTRUMENT GRAIN VALLEY POLICE	DATE OF INSPECTION 06/20/2014	TIME OF INSPECTION 02:36
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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	02:39	DRY	AG319702	07/16/2015
Cal Check	0.080	02:39	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	02:40	N/A	N/A	N/A
Cal Check	0.079	02:40	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	02:41	0.080	INTOXIMETERS	
Cal Check	0.080	02:41	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	02:42	0.080		
Cal Check	0.080	02:42	CALIBRATION CHECK RESULT 2		
Air Blank	0.000	02:42	0.079		
Cal Check	0.080	02:42	CALIBRATION CHECK RESULT 3		
Air Blank	0.000	02:42	0.080		
Pass			MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .005 OR LESS)	
			1.2%	0.001	

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
Test	Pass/Fail		Test	g/210L	Time
Voltage/Current Test	Pass		Air Blank	0.000	02:42
RAM Test	Pass		Subject Test	RFI*	02:44
EEPROM Checksum Test	Pass		Air Blank	0.000	02:44
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	
1	0	0	3	3	1	

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 TRACY, STEVEN	
TYPE II PERMIT NUMBER 230151	EXPIRATION DATE 08/01/2015	TELEPHONE NUMBER 8168476250	



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



**PERMIT
TYPE II**

STEVEN K TRACY

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 306.111 through 306.119 RSMo.

DATE 8/1/2013

NUMBER 230151

EXPIRES 8/1/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

,acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 90-0771 (6-10)

LAB-4 (R6-10)



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 TRACY, STEVEN
Permit No 230151
Date Issued 8/1/2013 Date Expires 8/1/2015