



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

received 8/1/14-cc REPORT #2

Complete this report in duplicate at the time of the regular monthly preventive maintenance check, a repaired. Send one copy to Department of Health and Senior Services, and retain one copy in depa **REVIEWED** instrument is By Carol Day at 10:48 am, Aug 19, 2014

INSTRUMENT SERIAL NUMBER 80-005849	LOCATION OF INSTRUMENT GRAIN VALLEY POLICE	DATE OF INSPECTION 07/23/2014	TIME OF INSPECTION 05:57
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CALIBRATION CHECK RESULTS			CALIBRATION CHECK SUMMARY		
Test	g/210L	Time	STANDARD TYPE DRY	STANDARD LOT # AG319702	STANDARD EXPIRATION DATE 07/16/2015
-----	-----	-----	SIM TEMPERATURE N/A	SIM SERIAL NUMBER N/A	SIM CERTIFICATE EXPIRATION N/A
Air Blank	0.000	05:58	STANDARD VALUE 0.080	STANDARD SUPPLIER INTOXIMETERS	
Cal Check	0.080	05:58	CALIBRATION CHECK RESULT 1 0.080		
Air Blank	0.000	05:59	CALIBRATION CHECK RESULT 2 0.081		
Cal Check	0.081	05:59	CALIBRATION CHECK RESULT 3 0.080		
Air Blank	0.000	06:00	MAXIMUM DEVIATION (MUST BE WITHIN 5%) 1.2%		
Cal Check	0.080	06:00	SPREAD (MUST BE .005 OR LESS) 0.001		
Air Blank	0.000	06:01			

Pass

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
Voltage/Current Test	Pass		Test	g/210L	Time
RAM Test	Pass		-----	-----	-----
EEPROM Checksum Test	Pass		Air Blank	RFI*	06:01
Real Time Clock Test	Pass		Air Blank	0.000	06:01
DSP Test	Pass				
Analytical Stability Test	Pass		*RFI Detect		
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	
6	11	1	3	2	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).
 Time-Date changed.

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

MO-90-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

,acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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