



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

RECEIVED 2/11/14-CD

REVIEWED

By Carol Day at 2:35 pm, Mar 31, 2014

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 80-005850	LOCATION OF INSTRUMENT LAKE WINNEBAGO PD	DATE OF INSPECTION 02/06/2014	TIME OF INSPECTION 01:51
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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	01:59	WET	12002	08/29/2014
Cal Check	0.097	01:59	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	02:00	34.0	SD2251	07/30/2014
Cal Check	0.096	02:00	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	02:01	0.100	REPCO MARKETING INC.012002	
Cal Check	0.096	02:02	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	02:02	0.097		
Cal Check	0.096	02:02	CALIBRATION CHECK RESULT 2		
Air Blank	0.000	02:02	0.096		
Pass			CALIBRATION CHECK RESULT 3		
			0.096		
			MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .005 OR LESS)	
			4.0%	0.001	

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
			Test	g/210L	Time
Voltage/Current Test	Pass		Air Blank	RFI*	02:03
RAM Test	Pass		Air Blank	0.000	02:03
EEPROM Checksum Test	Pass		*RFI Detect		
Real Time Clock Test	Pass				
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	
0	0	0	0	1	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).

INSPECTING OFFICER		
SIGNATURE <i>Jason Mc Ginness</i>	PRINT NAME MCGINNESS, JASON	
TYPE II PERMIT NUMBER 230165	EXPIRATION DATE 08/14/2015	TELEPHONE NUMBER 816-537-7900



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

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**PERMIT
TYPE II**

JASON M MCGINNESS

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 8/14/2013

NUMBER 230165

EXPIRES 8/14/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MD 580-0771 (6-10)

LAB-4 (16-10)

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 MCGINNESS, JASON
Permit No 230165
Date issued 8/14/2013 Date Expires 8/14/2015