



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

**RECEIVED**  
 By Carol Day at 11:29 am, Sep 08, 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 80-005851	LOCATION OF INSTRUMENT JASPER COUNTY SO	DATE OF INSPECTION 08/30/2014	TIME OF INSPECTION 13:08
---------------------------------------	--	----------------------------------	-----------------------------

CALIBRATION CHECK RESULTS			CALIBRATION CHECK SUMMARY		
Test	g/210L	Time	STANDARD TYPE	STANDARD LOT #	STANDARD EXPIRATION DATE
WET			WET	13002	06/19/2015
SIM TEMPERATURE			SIM SERIAL NUMBER		SIM CERTIFICATE EXPIRATION
34.0			SD3152		05/01/2015
STANDARD VALUE			STANDARD SUPPLIER		
0.100			REPCO		
CALIBRATION CHECK RESULT 1			0.096		
CALIBRATION CHECK RESULT 2			0.096		
CALIBRATION CHECK RESULT 3			0.097		
MAXIMUM DEVIATION (MUST BE WITHIN 5%)			SPREAD (MUST BE .005 OR LESS)		
4.0%			0.001		

**Pass**

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
Voltage/Current Test	Pass		Test	g/210L	Time
RAM Test	Pass		---	---	---
EEPROM Checksum Test	Pass		Air Blank	0.000	13:20
Real Time Clock Test	Pass		Subject Test	RFI*	13:21
DSP Test	Pass		Air Blank	0.000	13:22
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	
1	5	3	3	2	2	

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 HOUDYSHELL	
TYPE II PERMIT NUMBER 230163	EXPIRATION DATE 08/14/2015	TELEPHONE NUMBER N/A



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

2

**PERMIT  
 TYPE II**

**JOSEPH L HOUDYSHELL**

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

**DATAMASTER, INTOXILYZER 8000, ALCO-SENSOR IV W/PRINTER**

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 8/14/2013

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 230163

acting director

EXPIRES 8/14/2015

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 660 9771 (9-10)

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 HOUDYSHELL, JOSEPH  
 Permit No 230163  
 Date Issued 8/14/2013 Date Expires 8/14/2015