



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

RECEIVED
By Carol Day at 12:51 pm, Jun 11, 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 80-005839	LOCATION OF INSTRUMENT KCMO POLICE DEPT	DATE OF INSPECTION 06/05/2014	TIME OF INSPECTION 23:44
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CALIBRATION CHECK RESULTS			CALIBRATION CHECK SUMMARY		
Test	g/210L	Time	STANDARD TYPE DRY	STANDARD LOT # 05514080	STANDARD EXPIRATION DATE 04/01/2016
Air Blank	0.000	23:47	SIM TEMPERATURE N/A	SIM SERIAL NUMBER N/A	SIM CERTIFICATE EXPIRATION N/A
Cal Check	0.079	23:47	STANDARD VALUE 0.080	STANDARD SUPPLIER CMI	
Air Blank	0.000	23:48	CALIBRATION CHECK RESULT 1 0.079		
Cal Check	0.079	23:48	CALIBRATION CHECK RESULT 2 0.079		
Air Blank	0.000	23:49	CALIBRATION CHECK RESULT 3 0.079		
Cal Check	0.079	23:49	MAXIMUM DEVIATION (MUST BE WITHIN 5%) 1.2%	SPREAD (MUST BE .005 OR LESS) 0.000	
Air Blank	0.000	23:50	Pass		

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
Voltage/Current Test	Pass		Test	g/210L	Time
RAM Test	Pass		Air Blank	0.000	23:50
EEPROM Checksum Test	Pass		Subject Test	RFI*	23:50
Real Time Clock Test	Pass		Air Blank	0.000	23:51
DSP Test	Pass		*RFI Detect		
Analytical Stability Test	Pass		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
0	0	0	0	0	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).

TESTED WITHIN MISSOURI DOHSS GUIDELINES

INSPECTING OFFICER

SIGNATURE 	PRINT NAME MAGERS
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TYPE II PERMIT NUMBER 240265	EXPIRATION DATE 06/02/2016	TELEPHONE NUMBER 8152345000
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