



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

RECEIVED

By Carol Day at 4:01 pm, May 21, 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 05/20/2014	TIME OF INSPECTION 16:00
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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
Air Blank	0.000	16:02	SIM TEMPERATURE N/A	SIM SERIAL NUMBER N/A	SIM CERTIFICATE EXPIRATION N/A
Cal Check	0.080	16:02	STANDARD VALUE 0.080	STANDARD SUPPLIER INTOXIMETERS	
Air Blank	0.000	16:02	CALIBRATION CHECK RESULT 1 0.080		
Cal Check	0.080	16:03	CALIBRATION CHECK RESULT 2 0.080		
Air Blank	0.000	16:03	CALIBRATION CHECK RESULT 3 0.080		
Cal Check	0.080	16:04	MAXIMUM DEVIATION (MUST BE WITHIN 5%) 0.0%		
Air Blank	0.000	16:04	SPREAD (MUST BE .005 OR LESS) 0.000		

Pass

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
Voltage/Current Test	Pass		Test	g/210L	Time
RAM Test	Pass		Air Blank	RFI*	16:04
EEPROM Checksum Test	Pass		Air Blank	0.000	16:05
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	.16-.19	OVER .18	
3	73	0	5	3	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).
MAINTENANCE

INSPECTING OFFICER

SIGNATURE: *[Signature]* PRINT NAME: **BEALE**

TYPE II PERMIT NUMBER: 230144 EXPIRATION DATE: 08/01/2015 TELEPHONE NUMBER: (816) 8476250



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



**PERMIT
 TYPE II**

JAMES W BEALE SR

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 308.119 RSMo.

DATE 8/1/2013

NUMBER 230144

EXPIRES 8/1/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 590-0771 (6-10)

LAB-4 (R8-10)



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 BEALE SR, JAMES
 Permit No 230144
 Date Issued 8/1/2013 Date Expires 8/1/2015