



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

RECEIVED
 By Carol Day at 9:45 am, Aug 28, 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 08/26/2014 | TIME OF INSPECTION 03:19 |
|---------------------------------------|---|----------------------------------|-----------------------------|

| CALIBRATION CHECK RESULTS | | | CALIBRATION CHECK SUMMARY | | |
|---------------------------|--------|-------|---------------------------------------|-------------------------------|----------------------------|
| Test | g/210L | Time | STANDARD TYPE | STANDARD LOT # | STANDARD EXPIRATION DATE |
| Air Blank | 0.000 | 03:22 | DRY | AG319702 | 07/16/2015 |
| Cal Check | 0.080 | 03:22 | SIM TEMPERATURE | SIM SERIAL NUMBER | SIM CERTIFICATE EXPIRATION |
| Air Blank | 0.000 | 03:23 | N/A | N/A | N/A |
| Cal Check | 0.080 | 03:23 | STANDARD VALUE | STANDARD SUPPLIER | |
| Air Blank | 0.000 | 03:24 | 0.080 | INTOXIMETERS | |
| Cal Check | 0.080 | 03:24 | CALIBRATION CHECK RESULT 1 | | |
| Air Blank | 0.000 | 03:25 | 0.080 | | |
| Pass | | | CALIBRATION CHECK RESULT 2 | | |
| | | | 0.080 | | |
| | | | CALIBRATION CHECK RESULT 3 | | |
| | | | 0.080 | | |
| | | | MAXIMUM DEVIATION (MUST BE WITHIN 5%) | SPREAD (MUST BE .005 OR LESS) | |
| | | | 0.0% | 0.000 | |

| DIAGNOSTIC TEST RESULTS | | | RFI TEST RESULTS | | |
|-----------------------------|-----------|------|------------------|--------|-------|
| Test | Pass/Fail | Time | Test | g/210L | Time |
| Voltage/Current Test | Pass | | Air Blank | RFI* | 03:27 |
| RAM Test | Pass | | Air Blank | 0.000 | 03:27 |
| EEPROM Checksum Test | Pass | | *RFI Detect | | |
| Real Time Clock Test | Pass | | Pass | | |
| DSP Test | Pass | | | | |
| Analytical Stability Test | 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 |
|----------|---------|---------|---------|---------|----------|
| 6 | 0 | 1 | 1 | 6 | 1 |

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: 8168476250



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

MO 580-0771 (8-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R5-10)



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**