



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

RECEIVED
By Carol Day at 9:27 am, Apr 24, 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 80-005850		LOCATION OF INSTRUMENT LAKE WINNEBAGO PD		DATE OF INSPECTION 04/09/2014	TIME OF INSPECTION 02:50
CALIBRATION CHECK RESULTS			CALIBRATION CHECK SUMMARY		
Test	g/210L	Time	STANDARD TYPE WET	STANDARD LOT # 12002	STANDARD EXPIRATION DATE 08/29/2014
Air Blank	0.000	02:55	SIM TEMPERATURE 34.0	SIM SERIAL NUMBER SD2251	SIM CERTIFICATE EXPIRATION 07/30/2014
Cal Check	0.101	02:56	STANDARD VALUE 0.100	STANDARD SUPPLIER REPCO MARKETING INC.012002	
Air Blank	0.000	02:57	CALIBRATION CHECK RESULT 1 0.101		
Cal Check	0.101	02:57	CALIBRATION CHECK RESULT 2 0.101		
Air Blank	0.000	02:58	CALIBRATION CHECK RESULT 3 0.102		
Cal Check	0.102	02:58	MAXIMUM DEVIATION (MUST BE WITHIN 5%) 2.0%		
Air Blank	0.000	02:59	SPREAD (MUST BE .005 OR LESS) 0.001		

Pass

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
Voltage/Current Test	Pass		Test	g/210L	Time
RAM Test	Pass		Air Blank	RFI*	02:59
EEPROM Checksum Test	Pass		Air Blank	0.000	03:00
Real Time Clock Test	Pass		*RFI Detect		
DSP Test	Pass		Pass		
Analytical Stability Test	Pass				
Modem Test	Pass				
Temperature Regulation Test	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	
2	0	0	0	0	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).

INSPECTING OFFICER		
SIGNATURE 	PRINT NAME JASON MCGINNESS	
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

2

**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

MO 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