



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

RECEIVED
 By Carol Day at 2:20 pm, Jun 26, 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 06/19/2014		TIME OF INSPECTION 05:50	
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	06:01		SIM TEMPERATURE 34.0	SIM SERIAL NUMBER SD2251	SIM CERTIFICATE EXPIRATION 07/30/2014	
Cal Check	0.096	06:02		STANDARD VALUE 0.100	STANDARD SUPPLIER REPCO MARKETING INC.012002		
Air Blank	0.000	06:02		CALIBRATION CHECK RESULT 1 0.096			
Cal Check	0.096	06:03		CALIBRATION CHECK RESULT 2 0.096			
Air Blank	0.000	06:04		CALIBRATION CHECK RESULT 3 0.096			
Cal Check	0.096	06:04		MAXIMUM DEVIATION (MUST BE WITHIN 5%) 4.0%		SPREAD (MUST BE .005 OR LESS) 0.000	
Air Blank	0.000	06:05		Pass			

DIAGNOSTIC TEST RESULTS				RFI TEST RESULTS		
Voltage/Current Test	Pass	Test	g/210L	Time		
RAM Test	Pass	Air Blank	RFI*	06:05		
EEPROM Checksum Test	Pass	Air Blank	0.000	06:06		
Real Time Clock Test	Pass	*RFI Detect				
DSP Test	Pass	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	
0	0	1	0	1	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).

INSPECTING OFFICER		
SIGNATURE <i>Jason M. McGinness</i>	PRINT NAME MCGINNESS, JASON	
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.

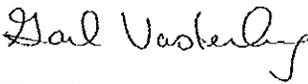
DATE 8/14/2013

NUMBER 230165

EXPIRES 8/14/2015



DIRECTOR OF STATE PUBLIC HEALTH LABORATORY



,acting director
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 589-0771 (6-10)

LAB-4 (R6-10)

 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