



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

received 8/1/14-cd

**REVIEWED** REPORT #2  
 By Carol Day at 11:47 am, Aug 28, 2014

Complete this report in duplicate at the time of the regular monthly preventive maintenance check 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 07/22/2014	TIME OF INSPECTION 19:19
---------------------------------------	---	----------------------------------	-----------------------------

CALIBRATION CHECK RESULTS		
Test	g/210L	Time
Air Blank	0.000	19:43
Cal Check	0.098	19:43
Air Blank	0.000	19:44
Cal Check	0.102	19:44
Air Blank	0.000	19:45
Cal Check	0.103	19:45
Air Blank	0.000	19:46

**Pass**

CALIBRATION CHECK SUMMARY		
STANDARD TYPE DRY	STANDARD LOT # AG414702	STANDARD EXPIRATION DATE 05/27/2016
SIM TEMPERATURE N/A	SIM SERIAL NUMBER N/A	SIM CERTIFICATE EXPIRATION N/A
STANDARD VALUE 0.100	STANDARD SUPPLIER INTOXIMETERS	
CALIBRATION CHECK RESULT 1 0.098		
CALIBRATION CHECK RESULT 2 0.102		
CALIBRATION CHECK RESULT 3 0.103		
MAXIMUM DEVIATION (MUST BE WITHIN 5%) 3.0%		SPREAD (MUST BE .005 OR LESS) 0.005

DIAGNOSTIC TEST RESULTS	
Voltage/Current Test	Pass
RAM Test	Pass
EEPROM Checksum Test	Pass
Real Time Clock Test	Pass
DSP Test	Pass
Analytical Stability Test	Pass
Modem Test	Pass
Temperature Regulation Test	Pass

**Pass**

RFI TEST RESULTS		
Test	g/210L	Time
Air Blank	RFI*	19:46
Air Blank	0.000	19:46
*RFI Detect		

**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	
1	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).

**INSPECTING OFFICER**

SIGNATURE 	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 580-0771 (6-10)

LAB-4 (10-10)

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