



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

RECEIVED
 By Carol Day at 2:15 pm, Mar 31, 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 80-005851	LOCATION OF INSTRUMENT JASPER COUNTY SO	DATE OF INSPECTION 03/24/2014	TIME OF INSPECTION 09:41
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CALIBRATION CHECK RESULTS			CALIBRATION CHECK SUMMARY		
Test	g/210L	Time	STANDARD TYPE	STANDARD LOT #	STANDARD EXPIRATION DATE
WET				13002	06/19/2015
SIM TEMPERATURE			34.0	SD1425	SIM CERTIFICATE EXPIRATION 06/19/2014
STANDARD VALUE			0.100	REPCO	
CALIBRATION CHECK RESULT 1			0.097		
CALIBRATION CHECK RESULT 2			0.098		
CALIBRATION CHECK RESULT 3			0.098		
MAXIMUM DEVIATION (MUST BE WITHIN 5%)			SPREAD (MUST BE .005 OR LESS)		
3.0%			0.001		

Pass

DIAGNOSTIC TEST RESULTS		RFI TEST RESULTS		
		Test	g/210L	Time
Voltage/Current Test	Pass	Air Blank	RFI*	09:58
RAM Test	Pass	Air Blank	0.000	09:59
EEPROM Checksum Test	Pass	*RFI Detect		
Real Time Clock Test	Pass			
DSP Test	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	
1	0	2	1	0	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).

INSPECTING OFFICER		PRINT NAME	
SIGNATURE <i>John Hicks</i>		JOHN HICKS	
TYPE II PERMIT NUMBER 230162		EXPIRATION DATE 08/14/2015	
		TELEPHONE NUMBER 3588177	