



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

**RECEIVED**

REPORT #2

Complete this report in duplicate at the time of the regular monthly preventive  
repaired. Send one copy to Department of Health and Senior Services, and re

By Carol Day at 2:02 pm, Sep 08, 2015  
tain one copy in department file

INSTRUMENT SERIAL NUMBER 80-005829	LOCATION OF INSTRUMENT JASPER CO. SHERIFF	DATE OF INSPECTION 08/24/2015	TIME OF INSPECTION 13:15
---------------------------------------	--	----------------------------------	-----------------------------

CALIBRATION CHECK RESULTS			CALIBRATION CHECK SUMMARY		
Test	g/210L	Time	STANDARD TYPE	STANDARD LOT #	STANDARD EXPIRATION DATE
Air Blank	0.000	13:16	DRY	AG502603	01/26/2017
Cal Check	0.079	13:17	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	13:17	N/A	N/A	N/A
Cal Check	0.079	13:17	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	13:18	0.080	INTOXIMETERS	
Cal Check	0.079	13:18	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	13:19	0.079		
			CALIBRATION CHECK RESULT 2		
			0.079		
			CALIBRATION CHECK RESULT 3		
			0.079		
			MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .005 OR LESS)	
			1.2%	0.000	

**Pass**

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
Voltage/Current Test	Pass		Test	g/210L	Time
RAM Test	Pass				
EEPROM Checksum Test	Pass		Air Blank	0.000	13:19
Real Time Clock Test	Pass		Subject Test	RFI*	13:20
DSP Test	Pass		Air Blank	0.000	13:20
Analytical Stability Test	Pass		*RFI Detect		
Modem Test	Pass				
Temperature Regulation Test	Pass				

**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	5	1	3	2	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 JOHN HICKS
TYPE II PERMIT NUMBER 250180	EXPIRATION DATE 08/10/2017
	TELEPHONE NUMBER 4173588177