



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 maintenance. By *Ellen Strawsine* at 1:20 pm, Nov 25, 2015 repaired. Send one copy to Department of Health and Senior Services, and retain one copy in department file.

INSTRUMENT SERIAL NUMBER <b>80-005829</b>	LOCATION OF INSTRUMENT <b>JASPER CO. SHERIFF</b>	DATE OF INSPECTION <b>11/20/2015</b>	TIME OF INSPECTION <b>08:56</b>
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CALIBRATION CHECK RESULTS			CALIBRATION CHECK SUMMARY		
Test	g/210L	Time	STANDARD TYPE	STANDARD LOT #	STANDARD EXPIRATION DATE
Air Blank	0.000	08:58	DRY	AG502603	01/26/2017
Cal Check	0.081	08:59	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	08:59	N/A	N/A	N/A
Cal Check	0.080	08:59	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	09:00	0.080	INTOXIMETERS	
Cal Check	0.080	09:00	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	09:01	0.081		
Cal Check	0.080	09:00	CALIBRATION CHECK RESULT 2		
Air Blank	0.000	09:01	0.080		
Cal Check	0.080	09:00	CALIBRATION CHECK RESULT 3		
Air Blank	0.000	09:01	0.080		
<b>Pass</b>			MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .005 OR LESS)	
			1.2%	0.001	

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
Test	Result	Time	Test	g/210L	Time
Voltage/Current Test	Pass		Air Blank	0.000	09:01
RAM Test	Pass		Subject Test	RFI*	09:02
EEPROM Checksum Test	Pass		Air Blank	0.000	09:02
Real Time Clock Test	Pass		*RFI Detect		
DSP Test	Pass				
Analytical Stability Test	Pass				
Modem Test	Pass				
Temperature Regulation Test	Pass				
<b>Pass</b>			<b>Pass</b>		

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	3	1	3	5	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		
SIGNATURE <i>John Hicks</i>	PRINT NAME <b>JOHN HICKS</b>	
TYPE II PERMIT NUMBER <b>250180</b>	EXPIRATION DATE <b>08/10/2017</b>	TELEPHONE NUMBER <b>4173588177</b>



STATE OF MISSOURI  
 DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 BREATH ALCOHOL PROGRAM

2

**PERMIT  
 TYPE II**

**JOHN HICKS**

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

**ALCO-SENSOR IV WITH PRINTER, 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 8/10/2015

NUMBER 250180

EXPIRES 8/10/2017

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R8-10)



**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 HICKS, JOHN  
 Permit No 250180  
 Date Issued 8/10/2015 Date Expires 8/10/2017