MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY

CMI INTOXILYZER 8000 MAINTENANCE REPORT

RECEIVED
By Carol Day at 11:10 am, Mar 06, 2015

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	LOCATION OF INSTRUMENT	DATE OF INSPECTION	TIME OF INSPECTION
80-005849	GRAIN VALLEY POLICE	03/05/2015	02:20

CALIBRATION CHECK RESULTS

Test	g/210L	Time
Air Blank	0.000	02:23
Cal Check	0.081	02:23
Air Blank	0.000	02:24
Cal Check	0.081	02:24
Air Blank	0.000	02:24
Cal Check	0.082	02:25
Air Blank	0.000	02:25

Pass

CALIBRATION CHECK SUMMARY

STANDARD TYPE	STANDARD LOT #	STANDARD EXPIRATION DATE
DRY	AG319702	07/16/2015
SIM TEMPERATURE	**SIM SERIAL NUMBER**	**SIM CERTIFICATE EXPIRATION**
N/A	N/A	N/A
STANDARD VALUE	**STANDARD SUPPLIER**	
0.080	INTOXIMETERS	

CALIBRATION CHECK RESULT 1	0.081
CALIBRATION CHECK RESULT 2	0.081
CALIBRATION CHECK RESULT 3	0.082
MAXIMUM DEVIATION (MUST BE WITHIN 5%)	2.5%
SPREAD (MUST BE .005 OR LESS)	0.001

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	0.000	02:26
Subject Test	RFI*	02:26
Air Blank	0.000	02:26

*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
4	2	1	3	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	PRINT NAME	
	TRACY, STEVEN	
TYPE II PERMIT NUMBER	**EXPIRATION DATE**	**TELEPHONE NUMBER**
230151	08/01/2015	8168476250

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER
services provided on a nondiscriminatory basis

STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES

BREATH ALCOHOL PROGRAM

2

PERMIT

TYPE II

STEVEN K TRACY

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 8/1/2013

NUMBER 230151

EXPIRES 8/1/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Gail Vasterling ,acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (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 TRACY, STEVEN

Permit No 230151

Date Issued 8/1/2013 **Date Expires** 8/1/2015