



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

RECEIVED REPORT #2
 By Carol Day at 12:07 pm, Jul 06, 2015

Complete this report in duplicate at the time of the regular monthly preventive maintenance check or when the instrument is repaired. Send one copy to Department of Health and Senior Services, and retain one copy in department file.

INSTRUMENT SERIAL NUMBER 80-005849	LOCATION OF INSTRUMENT GRAIN VALLEY POLICE	DATE OF INSPECTION 07/06/2015	TIME OF INSPECTION 03:06
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CALIBRATION CHECK RESULTS			CALIBRATION CHECK SUMMARY		
Test	g/210L	Time	STANDARD TYPE DRY	STANDARD LOT # AG502603	STANDARD EXPIRATION DATE 01/26/2017
-----	-----	-----	SIM TEMPERATURE N/A	SIM SERIAL NUMBER N/A	SIM CERTIFICATE EXPIRATION N/A
Air Blank	0.000	03:09	STANDARD VALUE 0.080	STANDARD SUPPLIER INTOXIMETERS	
Cal Check	0.081	03:10	CALIBRATION CHECK RESULT 1 0.081		
Air Blank	0.000	03:10	CALIBRATION CHECK RESULT 2 0.080		
Cal Check	0.080	03:10	CALIBRATION CHECK RESULT 3 0.080		
Air Blank	0.000	03:11	MAXIMUM DEVIATION (MUST BE WITHIN 5%) 1.2%		
Cal Check	0.080	03:11	SPREAD (MUST BE .005 OR LESS) 0.001		
Air Blank	0.000	03:12	Pass		

DIAGNOSTIC TEST RESULTS		RFI TEST RESULTS		
Voltage/Current Test	Pass	Test	g/210L	Time
RAM Test	Pass	-----	-----	-----
EEPROM Checksum Test	Pass	Air Blank	RFI*	03:12
Real Time Clock Test	Pass	Air Blank	0.000	03:13
DSP Test	Pass	*RFI Detect		
Analytical Stability Test	Pass	Pass		
Modem Test	Pass			
Temperature Regulation Test	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	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).
 TIME CHANGED AND DRY GAS TANK CHANGED

INSPECTING OFFICER

SIGNATURE 	PRINT NAME TRACY, STEVEN	
TYPE II PERMIT NUMBER 230151	EXPIRATION DATE 08/01/2015	TELEPHONE NUMBER 8168476250



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

,acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MC 90-0771 (6-10)

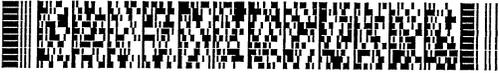
LAB-4 (R6-10)



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