



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

**RECEIVED**  
 and whenever instrument is repaired.  
 By Carol Day at 10:43 am, Aug 04, 2015

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 80-005850	LOCATION OF INSTRUMENT LAKE WINNEBAGO PD	DATE OF INSPECTION 07/29/2015	TIME OF INSPECTION 04:59
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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	05:01	DRY	AG421103	07/30/2016
Cal Check	0.081	05:02	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	05:02	N/A	N/A	N/A
Cal Check	0.082	05:03	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	05:03	0.080	INTOXIMETERS	
Cal Check	0.081	05:03	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	05:04	0.081		
<b>Pass</b>			CALIBRATION CHECK RESULT 2		
			0.082		
			CALIBRATION CHECK RESULT 3		
			0.081		
			MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .005 OR LESS)	
			2.5%	0.001	

DIAGNOSTIC TEST RESULTS		RFI TEST RESULTS		
Voltage/Current Test	Pass	Test	g/210L	Time
RAM Test	Pass	-----		
EEPROM Checksum Test	Pass	Air Blank	RFI*	05:04
Real Time Clock Test	Pass	Air Blank	0.000	05:05
DSP Test	Pass	*RFI Detect		
Analytical Stability Test	Pass	<b>Pass</b>		
Modem Test	Pass			
Temperature Regulation Test	Pass			
<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	
0	1	0	2	0	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 <i>Jason Mc Ginness</i>	PRINT NAME MCGINNESS, JASON	
TYPE II PERMIT NUMBER 230165	EXPIRATION DATE 08/14/2015	TELEPHONE NUMBER 816-537-7900



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



**PERMIT  
TYPE II**

**JASON M MCGINNESS**

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 8/14/2013

NUMBER 230165

EXPIRES 8/14/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R5-10)

**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 MCGINNESS, JASON  
Permit No 230165  
Date Issued 8/14/2013 Date Expires 8/14/2015