MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY

# CMI INTOXILYZER 8000 MAINTENANCE REPORT

REPORT #2

RECEIVED
By Carol Day at 10:30 am, Sep 01, 2015

Complete this report in duplicate at the time of the regular monthly preventive maintenance check, and 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 | LOCATION OF INSTRUMENT | DATE OF INSPECTION | TIME OF INSPECTION |
|---|---|---|---|
| 80-005850 | LAKE WINNEBAGO PD | 08/25/2015 | 05:19 |

## CALIBRATION CHECK RESULTS

| Test | g/210L | Time |
|---|---|---|
| Air Blank | 0.000 | 05:21 |
| Cal Check | 0.081 | 05:22 |
| Air Blank | 0.000 | 05:22 |
| Cal Check | 0.081 | 05:22 |
| Air Blank | 0.000 | 05:23 |
| Cal Check | 0.082 | 05:23 |
| Air Blank | 0.000 | 05:24 |

**Pass**

## CALIBRATION CHECK SUMMARY

| STANDARD TYPE | STANDARD LOT # | STANDARD EXPIRATION DATE |
|---|---|---|
| DRY | AG421103 | 07/30/2016 |
| 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%) | SPREAD (MUST BE .005 OR LESS) |
|---|---|
| 2.5% | 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 | RFI* | 05:24 |
| Air Blank | 0.000 | 05:25 |

*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 |
|---|---|---|---|---|---|
| 0 | 1 | 0 | 0 | 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 | PRINT NAME |
|---|---|
| Jason McGinness | MCGINNESS, JASON |

| TYPE II PERMIT NUMBER | EXPIRATION DATE | TELEPHONE NUMBER |
|---|---|---|
| 250191 | 08/18/2017 | 816-537-7900 |



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

# 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 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 8/18/2015

NUMBER 250191

EXPIRES 8/18/2017

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

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** MCGINNESS, JASON
**Permit No** 250191
**Date Issued** 8/18/2015 **Date Expires** 8/18/2017