



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

RECEIVED

By Carol Day at 10:59 am, Aug 11, 2015

REPORT #2

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

INSTRUMENT SERIAL NUMBER 80-005855	LOCATION OF INSTRUMENT CARTHAGE POLICE	DATE OF INSPECTION 08/11/2015	TIME OF INSPECTION 01:08
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CALIBRATION CHECK RESULTS			CALIBRATION CHECK SUMMARY		
Test	g/210L	Time	STANDARD TYPE DRY	STANDARD LOT # AG408501	STANDARD EXPIRATION DATE 03/26/2016
-----	-----	-----	SIM TEMPERATURE N/A	SIM SERIAL NUMBER N/A	SIM CERTIFICATE EXPIRATION N/A
Air Blank	0.000	01:10	STANDARD VALUE 0.100	STANDARD SUPPLIER INTOXIMETERS	
Cal Check	0.099	01:10	CALIBRATION CHECK RESULT 1 0.099		
Air Blank	0.000	01:11	CALIBRATION CHECK RESULT 2 0.100		
Cal Check	0.100	01:11	CALIBRATION CHECK RESULT 3 0.100		
Air Blank	0.000	01:12	MAXIMUM DEVIATION (MUST BE WITHIN 5%) 1.0%		
Cal Check	0.100	01:12	SPREAD (MUST BE .005 OR LESS) 0.001		
Air Blank	0.000	01:13			
Pass					

DIAGNOSTIC TEST RESULTS		RFI TEST RESULTS		
Voltage/Current Test	Pass	Test	g/210L	Time
RAM Test	Pass	-----	-----	-----
EEPROM Checksum Test	Pass	Air Blank	0.000	01:13
Real Time Clock Test	Pass	Subject Test	RFI*	01:13
DSP Test	Pass	Air Blank	0.000	01:14
Analytical Stability Test	Pass	*RFI Detect		
Modem Test	Pass	Pass		
Temperature Regulation Test	Pass			
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	1	0	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).
 AUGUST 2015

INSPECTING OFFICER		
SIGNATURE 	PRINT NAME BUTLER, JUSTIN	
TYPE II PERMIT NUMBER 240427	EXPIRATION DATE 12/12/2016	TELEPHONE NUMBER 4172377200



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

2

PERMIT
TYPE II
JUSTIN BUTLER

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 12/12/2014

NUMBER 240427

EXPIRES 12/12/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

,acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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 BUTLER, JUSTIN
 Permit No 240427
 Date Issued 12/12/2014 Date Expires 12/12/2016