



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

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 80-005829	LOCATION OF INSTRUMENT JASPER CO. SHERIFF	DATE OF INSPECTION 02/03/2016	TIME OF INSPECTION 10:06
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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
Air Blank	0.000	10:11	SIM TEMPERATURE N/A	SIM SERIAL NUMBER N/A	SIM CERTIFICATE EXPIRATION N/A
Cal Check	0.081	10:11	STANDARD VALUE 0.080	STANDARD SUPPLIER INTOXIMETERS	
Air Blank	0.000	10:12	CALIBRATION CHECK RESULT 1 0.081		
Cal Check	0.081	10:12	CALIBRATION CHECK RESULT 2 0.081		
Air Blank	0.000	10:12	CALIBRATION CHECK RESULT 3 0.082		
Cal Check	0.082	10:13	MAXIMUM DEVIATION (MUST BE WITHIN 6%) 2.5%	SPREAD (MUST BE .005 OR LESS) 0.001	
Air Blank	0.000	10:13	Pass		

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
Voltage/Current Test	Pass		Test	g/210L	Time
RAM Test	Pass		Air Blank	0.000	10:14
EEPROM Checksum Test	Pass		Subject Test	RFI*	10:14
Real Time Clock Test	Pass		Air Blank	0.000	10:15
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	1	1	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 	PRINT NAME JOHN HICKS	
TYPE II PERMIT NUMBER 250180	EXPIRATION DATE 08/10/2017	TELEPHONE NUMBER 4173588177



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

2

PERMIT
TYPE II
JOHN HICKS

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

ALCO-SENSOR IV WITH PRINTER, 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 8/10/2015

NUMBER 250180

EXPIRES 8/10/2017

MO 580-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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 HICKS, JOHN
 Permit No 250180
 Date Issued 8/10/2015 Date Expires 8/10/2017