



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 80-005849 | LOCATION OF INSTRUMENT GRAIN VALLEY POLICE | DATE OF INSPECTION 05/01/2016 | TIME OF INSPECTION 05:42 |
|--|--|---|------------------------------------|

| CALIBRATION CHECK RESULTS | | | CALIBRATION CHECK SUMMARY | | |
|---------------------------|--------|-------|---------------------------------------|-------------------------------|----------------------------|
| Test | g/210L | Time | STANDARD TYPE | STANDARD LOT # | STANDARD EXPIRATION DATE |
| Air Blank | 0.000 | 05:47 | DRY | AG502603 | 01/26/2017 |
| Cal Check | 0.080 | 05:47 | SIM TEMPERATURE | SIM SERIAL NUMBER | SIM CERTIFICATE EXPIRATION |
| Air Blank | 0.000 | 05:48 | N/A | N/A | N/A |
| Cal Check | 0.080 | 05:48 | STANDARD VALUE | STANDARD SUPPLIER | |
| Air Blank | 0.000 | 05:49 | 0.080 | INTOXIMETERS | |
| Cal Check | 0.080 | 05:49 | CALIBRATION CHECK RESULT 1 | | |
| Air Blank | 0.000 | 05:49 | 0.080 | | |
| Cal Check | 0.080 | 05:49 | CALIBRATION CHECK RESULT 2 | | |
| Air Blank | 0.000 | 05:49 | 0.080 | | |
| Pass | | | CALIBRATION CHECK RESULT 3 | | |
| | | | 0.080 | | |
| | | | MAXIMUM DEVIATION (MUST BE WITHIN 5%) | SPREAD (MUST BE .005 OR LESS) | |
| | | | 0.0% | 0.000 | |

| DIAGNOSTIC TEST RESULTS | | | RFI TEST RESULTS | | |
|-----------------------------|--------|------|------------------|--------|-------|
| Test | Result | Time | Test | g/210L | Time |
| Voltage/Current Test | Pass | | Air Blank | 0.000 | 05:50 |
| RAM Test | Pass | | Subject Test | RFI* | 05:50 |
| EEPROM Checksum Test | Pass | | Air Blank | 0.000 | 05:51 |
| Real Time Clock Test | Pass | | *RFI Detect | | |
| DSP Test | Pass | | Pass | | |
| Analytical Stability Test | Pass | | | | |
| Modem Test | 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 | 4 | 0 | 1 | 4 | 4 | |

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 STEVEN TRACY | |
| TYPE II PERMIT NUMBER 250175 | EXPIRATION DATE 07/28/2017 | 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 7/28/2015

NUMBER 250175

EXPIRES 7/28/2017

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

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 TRACY, STEVEN
Permit No 250175
Date Issued 7/28/2015 Date Expires 7/28/2017