



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 80-005850	LOCATION OF INSTRUMENT LAKE WINNEBAGO PD	DATE OF INSPECTION 07/26/2016	TIME OF INSPECTION 04:03
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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	04:04	DRY	AG421103	07/30/2016
Cal Check	0.081	04:04	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	04:05	N/A	N/A	N/A
Cal Check	0.081	04:05	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	04:05	0.080	INTOXIMETERS	
Cal Check	0.080	04:06	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	04:06	0.081		
<b>Pass</b>			CALIBRATION CHECK RESULT 2		
			0.081		
			CALIBRATION CHECK RESULT 3		
			0.080		
			MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .005 OR LESS)	
			1.2%	0.001	

DIAGNOSTIC TEST RESULTS		RFI TEST RESULTS	
Test	Result	Test	Time
Voltage/Current Test	Pass	Air Blank	04:07
RAM Test	Pass	Air Blank	04:07
EEPROM Checksum Test	Pass		
Real Time Clock Test	Pass	*RFI Detect	
DSP Test	Pass		
Analytical Stability Test	Pass		
Modem Test	Pass		
Temperature Regulation Test	Pass		
<b>Pass</b>		<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	4	3	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).  
Time-Date changed.

INSPECTING OFFICER		
SIGNATURE <i>Jason Mc Ginness</i>	PRINT NAME MCGINNESS, JASON	
TYPE #/PERMIT NUMBER 250191	EXPIRATION DATE 08/18/2017	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 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