



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 80-005853	LOCATION OF INSTRUMENT JOPLIN POLICE DEPT.	DATE OF INSPECTION 09/01/2016	TIME OF INSPECTION 16:51
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CALIBRATION CHECK RESULTS			CALIBRATION CHECK SUMMARY		
Test	g/210L	Time	STANDARD TYPE DRY	STANDARD LOT # AG609604	STANDARD EXPIRATION DATE 12/05/2017
Air Blank	0.000	16:53	SIM TEMPERATURE N/A	SIM SERIAL NUMBER N/A	SIM CERTIFICATE EXPIRATION N/A
Cal Check	0.100	16:53	STANDARD VALUE 0.100	STANDARD SUPPLIER INTOXIMETERS, INC	
Air Blank	0.000	16:54	CALIBRATION CHECK RESULT 1 0.100		
Cal Check	0.100	16:54	CALIBRATION CHECK RESULT 2 0.100		
Air Blank	0.000	16:54	CALIBRATION CHECK RESULT 3 0.100		
Cal Check	0.100	16:55	MAXIMUM DEVIATION (MUST BE WITHIN 5%) 0.0%		
Air Blank	0.000	16:55	SPREAD (MUST BE .005 OR LESS) 0.000		

**Pass**

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
Voltage/Current Test	Pass		Test	g/210L	Time
RAM Test	Pass		Air Blank	0.000	16:56
EEPROM Checksum Test	Pass		Subject Test	RFI*	16:56
Real Time Clock Test	Pass		Air Blank	0.000	16:57
DSP Test	Pass		*RFI Detect		
Analytical Stability Test	Pass				
Modem Test	Pass				
Temperature Regulation Test	Pass				

**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	
1	0	2	5	0	3	

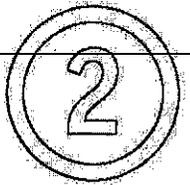
List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).

<b>INSPECTING OFFICER</b>		
SIGNATURE 	PRINT NAME JARED SWANN	
TYPE II PERMIT NUMBER 260219	EXPIRATION DATE 05/05/2018	TELEPHONE NUMBER 4176233131





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



**PERMIT**  
**TYPE II**  
**JARED S SWANN**

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 5/5/2016

NUMBER 260219

EXPIRES 5/5/2018

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 SWANN, JARED  
 Permit No 260219  
 Date Issued 5/5/2016 Date Expires 5/5/2018