

**RECEIVED**

By Brian Lutmer at 9:59 am, Jan 19, 2016



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<br>80-005855 | LOCATION OF INSTRUMENT<br>CARTHAGE POLICE | DATE OF INSPECTION<br>01/19/2016 | TIME OF INSPECTION<br>00:05 |
|---------------------------------------|---|----------------------------------|-----------------------------|

| CALIBRATION CHECK RESULTS |        |       | CALIBRATION CHECK SUMMARY                     |                            |  |
|---------------------------|--------|-------|---|----------------------------|--|
| Test                      | g/210L | Time  | STANDARD TYPE<br>DRY                          | STANDARD LOT #<br>AG408501 | STANDARD EXPIRATION DATE<br>03/26/2016 |
| -----                     | -----  | ----- | SIM TEMPERATURE<br>N/A                        | SIM SERIAL NUMBER<br>N/A   | SIM CERTIFICATE EXPIRATION<br>N/A      |
| Air Blank                 | 0.000  | 00:07 | STANDARD VALUE<br>0.100                       |                            |  |
| Cal Check                 | 0.100  | 00:08 | STANDARD SUPPLIER<br>INTOXIMETERS             |                            |  |
| Air Blank                 | 0.000  | 00:08 | CALIBRATION CHECK RESULT 1<br>0.100           |                            |  |
| Cal Check                 | 0.100  | 00:08 | CALIBRATION CHECK RESULT 2<br>0.100           |                            |  |
| Air Blank                 | 0.000  | 00:09 | CALIBRATION CHECK RESULT 3<br>0.100           |                            |  |
| Cal Check                 | 0.100  | 00:09 | MAXIMUM DEVIATION (MUST BE WITHIN 5%)<br>0.0% |                            |  |
| Air Blank                 | 0.000  | 00:10 | SPREAD (MUST BE .005 OR LESS)<br>0.000        |                            |  |

**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  | 00:10 |
| Real Time Clock Test        | Pass |  | Subject Test     | RFI*   | 00:11 |
| DSP Test                    | Pass |  | Air Blank        | 0.000  | 00:11 |
| Analytical Stability Test   | Pass |  | *RFI Detect      |        |       |
| 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        | 7     | 4     | 2     | 5     | 1       |

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).

JAN 2016

**INSPECTING OFFICER**

|                                 |                               |                                |
|---------------------------------|-------------------------------|--------------------------------|
| SIGNATURE<br>                   | PRINT NAME<br>BUTLER, JUSTIN  |                                |
| TYPE II PERMIT NUMBER<br>240427 | EXPIRATION DATE<br>12/12/2016 | TELEPHONE NUMBER<br>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

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