



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

RECEIVED

By Carol Day at 8:57 am, Aug 23, 2016

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 80-006195	LOCATION OF INSTRUMENT CARTHAGE POLICE DEPT	DATE OF INSPECTION 08/22/2016	TIME OF INSPECTION 02:44
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CALIBRATION CHECK RESULTS			CALIBRATION CHECK SUMMARY		
Test	g/210L	Time	STANDARD TYPE DRY	STANDARD LOT # AG530301	STANDARD EXPIRATION DATE 10/30/2017
-----	-----	-----	SIM TEMPERATURE N/A	SIM SERIAL NUMBER N/A	SIM CERTIFICATE EXPIRATION N/A
Air Blank	0.000	02:46	STANDARD VALUE 0.100	STANDARD SUPPLIER INTOXIMETERS	
Cal Check	0.101	02:46	CALIBRATION CHECK RESULT 1 0.101		
Air Blank	0.000	02:47	CALIBRATION CHECK RESULT 2 0.100		
Cal Check	0.100	02:47	CALIBRATION CHECK RESULT 3 0.103		
Air Blank	0.000	02:48	MAXIMUM DEVIATION (MUST BE WITHIN 5%) 3.0%		
Cal Check	0.103	02:48	SPREAD (MUST BE .005 OR LESS) 0.003		
Air Blank	0.000	02:48	<h1>Pass</h1>		

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	02:49
Real Time Clock Test	Pass		Subject Test	RFI*	02:49
DSP Test	Pass		Air Blank	0.000	02:50
Analytical Stability Test	Pass		<h1>Pass</h1>		
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	
0	5	0	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).
AUGUST 2016

INSPECTING OFFICER		
SIGNATURE 	PRINT NAME BUTLER, JUSTIN	
TYPE II PERMIT NUMBER 240427	EXPIRATION DATE 12/12/2016	TELEPHONE NUMBER 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



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