



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 04/19/2016	TIME OF INSPECTION 01:35
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CALIBRATION CHECK RESULTS			CALIBRATION CHECK SUMMARY		
Test	g/210L	Time	STANDARD TYPE DRY	STANDARD LOT # AG421103	STANDARD EXPIRATION DATE 07/30/2016
-----	-----	-----	SIM TEMPERATURE N/A	SIM SERIAL NUMBER N/A	SIM CERTIFICATE EXPIRATION N/A
Air Blank	0.000	01:37	STANDARD VALUE 0.080	STANDARD SUPPLIER INTOXIMETERS	
Cal Check	0.082	01:37	CALIBRATION CHECK RESULT 1 0.082		
Air Blank	0.000	01:38	CALIBRATION CHECK RESULT 2 0.082		
Cal Check	0.082	01:38	CALIBRATION CHECK RESULT 3 0.082		
Air Blank	0.000	01:39	MAXIMUM DEVIATION (MUST BE WITHIN 5%) 2.5%		
Cal Check	0.082	01:39	SPREAD (MUST BE .005 OR LESS) 0.000		
Air Blank	0.000	01:40			
Pass					

DIAGNOSTIC TEST RESULTS		RFI TEST RESULTS		
Voltage/Current Test	Pass	Test	g/210L	Time
RAM Test	Pass	-----	-----	-----
EEPROM Checksum Test	Pass	Air Blank	RFI*	01:40
Real Time Clock Test	Pass	Air Blank	RFI*	01:40
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	
2	0	1	0	0	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).

INSPECTING OFFICER

SIGNATURE <i>Jason Mc Ginness</i>	PRINT NAME MCGINNESS, JASON
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TYPE II PERMIT NUMBER 250191	EXPIRATION DATE 08/18/2017	TELEPHONE NUMBER 816-537-7900
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STATE OF MISSOURI
 DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BREATH ALCOHOL PROGRAM

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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



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