



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

RECEIVED  
By: [Name] Date: [Date]

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 80-005835	LOCATION OF INSTRUMENT IPD DETENTION	DATE OF INSPECTION 07/13/2023	TIME OF INSPECTION 11:33
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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	11:35	DRY	AG306503	03/06/2025
Cal Check	0.098	11:35	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	11:36	N/A	N/A	N/A
Cal Check	0.099	11:36	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	11:37	0.100	INTOXIMETERS, INC	
Cal Check	0.098	11:37	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	11:37	0.098		
Cal Check	0.098	11:37	CALIBRATION CHECK RESULT 2		
Air Blank	0.000	11:37	0.099		
<b>Pass</b>			CALIBRATION CHECK RESULT 3		
			0.098		
			MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .005 OR LESS)	
			2.0%	0.001	

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
Test	Result	Time	Test	g/210L	Time
Voltage/Current Test	Pass		Air Blank	0.000	11:38
RAM Test	Pass		Subject Test	RFI*	11:38
EEPROM Checksum Test	Pass		Air Blank	0.000	11:39
Real Time Clock Test	Pass		*RFI Detect		
DSP Test	Pass		<b>Pass</b>		
Analytical Stability Test	Pass				
Modem Test	Pass				
Temperature Regulation Test	Pass				
<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		
1	6	2	3	4	4		

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).

APPEARS TO BE FUNCTIONING PROPERLY

INSPECTING OFFICER			
SIGNATURE <i>[Signature]</i>		PRINT NAME KENNETH GIBSON	
TYPE II PERMIT NUMBER 210218		EXPIRATION DATE 09/16/2023	TELEPHONE NUMBER 8163257300





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

2

**PERMIT**  
**TYPE II**  
**KENNETH GIBSON**

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 9/16/2021

*Laura E. Way*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 210218

*Donald A. Korman*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 9/16/2023

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** GIBSON, KENNETH  
**Permit No** 210218  
**Date Issued** 9/16/2021 **Date Expires** 9/16/2023

