



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 80-005852	LOCATION OF INSTRUMENT JOPLIN POLICE DEPT	DATE OF INSPECTION 05/17/2023	TIME OF INSPECTION 08:43
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CALIBRATION CHECK RESULTS			CALIBRATION CHECK SUMMARY		
Test	g/210L	Time	STANDARD TYPE DRY	STANDARD LOT # AG213101	STANDARD EXPIRATION DATE 05/11/2024
Air Blank	0.000	08:45	SIM TEMPERATURE N/A	SIM SERIAL NUMBER N/A	SIM CERTIFICATE EXPIRATION N/A
Cal Check	0.100	08:46	STANDARD VALUE 0.100		
Air Blank	0.000	08:46	STANDARD SUPPLIER INTOXIMETERS		
Cal Check	0.101	08:46	CALIBRATION CHECK RESULT 1 0.100		
Air Blank	0.000	08:47	CALIBRATION CHECK RESULT 2 0.101		
Cal Check	0.101	08:47	CALIBRATION CHECK RESULT 3 0.101		
Air Blank	0.000	08:48	MAXIMUM DEVIATION (MUST BE WITHIN 5%) 1.0%	SPREAD (MUST BE .005 OR LESS) 0.001	

Pass

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
Voltage/Current Test	Pass		Test	g/210L	Time
RAM Test	Pass		Air Blank	0.000	08:48
EEPROM Checksum Test	Pass		Subject Test	RFI*	08:49
Real Time Clock Test	Pass		Air Blank	0.000	08:49
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	1	2	0	2	

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).

NONE

INSPECTING OFFICER	
SIGNATURE 	PRINT NAME MORA, NETISHA
TYPE II PERMIT NUMBER 210165	TELEPHONE NUMBER 4176233131
EXPIRATION DATE 08/04/2023	



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



PERMIT
TYPE II
NETISHA MORA

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 **8/4/2021**

NUMBER **210165**

EXPIRES **8/4/2023**

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 MORA, NETISHA
Permit No 210165
Date Issued 8/4/2021 **Date Expires** 8/4/2023

