

RECEIVED

By Tracy Crews at 8:49 am, Aug 09, 2023



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 80-005854	LOCATION OF INSTRUMENT LIBERTY POLICE DEPT.	DATE OF INSPECTION 08/05/2023	TIME OF INSPECTION 11:08
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CALIBRATION CHECK RESULTS			CALIBRATION CHECK SUMMARY		
Test	g/210L	Time	STANDARD TYPE	STANDARD LOT #	STANDARD EXPIRATION DATE
-----	-----	-----	DRY	AG130104	10/28/2023
Air Blank	0.000	11:10	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Cal Check	0.100	11:10	N/A	N/A	N/A
Air Blank	0.000	11:11	STANDARD VALUE	STANDARD SUPPLIER	
Cal Check	0.099	11:11	0.100	INTOXIMETERS	
Air Blank	0.000	11:11	CALIBRATION CHECK RESULT 1		
Cal Check	0.100	11:12	0.100		
Air Blank	0.000	11:12	CALIBRATION CHECK RESULT 2		
Cal Check	0.100	11:12	0.099		
Air Blank	0.000	11:12	CALIBRATION CHECK RESULT 3		
Pass			MAXIMUM DEVIATION (MUST BE WITHIN 5%)		SPREAD (MUST BE .005 OR LESS)
			1.0%		0.001

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
			Test	g/210L	Time
Voltage/Current Test	Pass		-----	-----	-----
RAM Test	Pass		Air Blank	0.000	11:13
EEPROM Checksum Test	Pass		Subject Test	RFI*	11:13
Real Time Clock Test	Pass		Air Blank	0.000	11:14
DSP Test	Pass		*RFI Detect		
Analytical Stability Test	Pass		Pass		
Modem Test	Pass		Pass		
Temperature Regulation Test	Pass		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		
0	0	1	2	2	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).

OPERATING WITHIN PERAMETERS

INSPECTING OFFICER			
SIGNATURE	PRINT NAME	TYPE II PERMIT NUMBER	EXPIRATION DATE
	BENJAMIN LAUGHLIN	230106	05/30/2025
			TELEPHONE NUMBER
			8164394701