



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 11/01/2023	TIME OF INSPECTION 21:24
---------------------------------------	--	----------------------------------	-----------------------------

CALIBRATION CHECK RESULTS			CALIBRATION CHECK SUMMARY		
Test	g/210L	Time	STANDARD TYPE	STANDARD LOT #	STANDARD EXPIRATION DATE
-----	-----	-----	DRY	AG320002	07/19/2025
Air Blank	0.000	21:26	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Cal Check	0.102	21:26	N/A	N/A	N/A
Air Blank	0.000	21:27	STANDARD VALUE	STANDARD SUPPLIER	
Cal Check	0.102	21:27	0.100	INTOXIMETERS	
Air Blank	0.000	21:27	CALIBRATION CHECK RESULT 1		
Cal Check	0.102	21:28	0.102		
Air Blank	0.000	21:28	CALIBRATION CHECK RESULT 2		
Cal Check	0.102	21:28	0.102		
Air Blank	0.000	21:28	CALIBRATION CHECK RESULT 3		
			0.102		
			MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .005 OR LESS)	
			2.0%	0.000	

**Pass**

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
			Test	g/210L	Time
Voltage/Current Test	Pass		-----	-----	-----
RAM Test	Pass		Air Blank	RFI*	21:29
EEPROM Checksum Test	Pass		Air Blank	0.000	21:29
Real Time Clock Test	Pass				
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	
0	0	0	0	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).  
 OPERATING WITHIN REQ.

INSPECTING OFFICER			
SIGNATURE 		PRINT NAME BENJAMIN LAUGHLIN	
TYPE II PERMIT NUMBER 230106	EXPIRATION DATE 05/30/2025	TELEPHONE NUMBER 816.439.4701	