



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

RECEIVED
 BY: [Name] Date: 7/26/2023

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 80-005855	LOCATION OF INSTRUMENT CARTHAGE POLICE	DATE OF INSPECTION 05/06/2023	TIME OF INSPECTION 04:05
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CALIBRATION CHECK RESULTS			CALIBRATION CHECK SUMMARY		
Test	g/210L	Time	STANDARD TYPE DRY	STANDARD LOT # AG222301	STANDARD EXPIRATION DATE 08/11/2024
-----	-----	-----	SIM TEMPERATURE N/A	SIM SERIAL NUMBER N/A	SIM CERTIFICATE EXPIRATION N/A
Air Blank	0.000	04:06	STANDARD VALUE 0.100	STANDARD SUPPLIER INTOXIMETERS	
Cal Check	0.099	04:07	CALIBRATION CHECK RESULT 1 0.099		
Air Blank	0.000	04:07	CALIBRATION CHECK RESULT 2 0.099		
Cal Check	0.099	04:08	CALIBRATION CHECK RESULT 3 0.099		
Air Blank	0.000	04:08	MAXIMUM DEVIATION (MUST BE WITHIN 5%) 1.0%		
Cal Check	0.099	04:09	SPREAD (MUST BE .005 OR LESS) 0.000		
Air Blank	0.000	04:09	<h1>Pass</h1>		

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
Voltage/Current Test	Pass		Test	g/210L	Time
RAM Test	Pass		-----	-----	-----
EEPROM Checksum Test	Pass		Air Blank	0.000	04:10
Real Time Clock Test	Pass		Subject Test	RFI*	04:10
DSP Test	Pass		Air Blank	0.000	04:10
Analytical Stability Test	Pass		*RFI Detect		
Modem Test	Pass		<h1>Pass</h1>		
Temperature Regulation Test	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	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).
 APRIL 2023 MAINTENANCE

INSPECTING OFFICER

SIGNATURE 		PRINT NAME BRADY LUCE	
TYPE II PERMIT NUMBER 220135		EXPIRATION DATE 05/11/2024	
		TELEPHONE NUMBER 4172377200	



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



PERMIT
TYPE II
BRADY LUCE

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 5/11/2022

NUMBER 220135

EXPIRES 5/11/2024

Laura P. Way

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

David L. Nicholson

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 LUCE, BRADY
 Permit No 220135
 Date Issued 5/11/2022 Date Expires 5/11/2024

