



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

RECEIVED
10/7/2023 10:37:31 AM

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 10/06/2023	TIME OF INSPECTION 03:47
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CALIBRATION CHECK RESULTS			CALIBRATION CHECK SUMMARY		
Test	g/210L	Time	STANDARD TYPE	STANDARD LOT #	STANDARD EXPIRATION DATE
-----	-----	-----	DRY	AG222301	08/11/2024
Air Blank	0.000	03:49	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Cal Check	0.099	03:49	N/A	N/A	N/A
Air Blank	0.000	03:50	STANDARD VALUE	STANDARD SUPPLIER	
Cal Check	0.099	03:50	0.100	INTOXIMETERS	
Air Blank	0.000	03:51	CALIBRATION CHECK RESULT 1		
Cal Check	0.098	03:51	0.099		
Air Blank	0.000	03:52	CALIBRATION CHECK RESULT 2		
<h1>Pass</h1>			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	g/210L	Time
Voltage/Current Test	Pass		-----	-----	-----
RAM Test	Pass		Air Blank	0.000	03:52
EEPROM Checksum Test	Pass		Subject Test	RFI*	03:53
Real Time Clock Test	Pass		Air Blank	0.000	03:53
DSP Test	Pass		*RFI Detect		
Analytical Stability Test	Pass		<h1>Pass</h1>		
Modem Test	Pass				
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	2	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).
SEPT MAINT 2023

INSPECTING OFFICER			
SIGNATURE 		PRINT NAME BUTLER, JUSTIN	
TYPE II PERMIT NUMBER 220263	EXPIRATION DATE 12/02/2024	TELEPHONE NUMBER 4172377200	



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



PERMIT
TYPE II
JUSTIN K. BUTLER

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 12/2/2022

NUMBER 220263

EXPIRES 12/2/2024

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 BUTLER, JUSTIN
Permit No 220263
Date Issued 12/2/2022 **Date Expires** 12/2/2024