



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

RECEIVED
By: Tracy Crowe at 8:05am, Nov 14, 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 11/09/2023	TIME OF INSPECTION 02:50
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CALIBRATION CHECK RESULTS			CALIBRATION CHECK SUMMARY		
Test	g/210L	Time	STANDARD TYPE	STANDARD LOT #	STANDARD EXPIRATION DATE
Air Blank	0.000	02:51	DRY	AG222301	08/11/2024
Cal Check	0.099	02:51	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	02:52	N/A	N/A	N/A
Cal Check	0.099	02:52	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	02:53	0.100	INTOXIMETERS	
Cal Check	0.099	02:53	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	02:54	0.099		
Cal Check	0.099	02:53	CALIBRATION CHECK RESULT 2		
Air Blank	0.000	02:54	0.099		
Pass			CALIBRATION CHECK RESULT 3		
			0.099		
			MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .005 OR LESS)	
			1.0%	0.000	

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
Test	Result	Time	Test	g/210L	Time
Voltage/Current Test	Pass		Air Blank	0.000	02:54
RAM Test	Pass		Subject Test	RFI*	02:54
EEPROM Checksum Test	Pass		Air Blank	0.000	02:55
Real Time Clock Test	Pass		*RFI Detect		
DSP Test	Pass		Pass		
Analytical Stability Test	Pass				
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	0	1	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).
OCTOBER 2023 MAINTENANCE

INSPECTING OFFICER			
SIGNATURE <i>Brady Luce</i>		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

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 220135

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 5/11/2024



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

