



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

RECEIVED  
By: Tracy Overton at 2:42pm, Apr 11, 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 80-006195	LOCATION OF INSTRUMENT CARTHAGE POLICE DEPT	DATE OF INSPECTION 04/04/2023	TIME OF INSPECTION 20:48
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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	20:50	DRY	AG222301	08/11/2024
Cal Check	0.100	20:51	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	20:51	N/A	N/A	N/A
Cal Check	0.099	20:51	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	20:52	0.100	INTOXIMETERS	
Cal Check	0.099	20:52	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	20:53	0.100		
<b>Pass</b>			CALIBRATION CHECK RESULT 2		
			0.099		
			CALIBRATION CHECK RESULT 3		
			0.099		
			MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .005 OR LESS)	
			1.0%	0.001	

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
Test	Result		Test	g/210L	Time
Voltage/Current Test	Pass		Air Blank	0.000	20:53
RAM Test	Pass		Subject Test	RFI*	20:53
EEPROM Checksum Test	Pass		Air Blank	0.000	20:54
Real Time Clock Test	Pass		*RFI Detect		
DSP Test	Pass				
Analytical Stability Test	Pass				
Modem Test	Pass				
Temperature Regulation Test	Pass				
<b>Pass</b>			<b>Pass</b>		

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	3	1	4	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).  
MARCH MAINT. 2023

INSPECTING OFFICER			
SIGNATURE 		PRINT NAME BUTLER, JUSTIN	
TYPE II PERMIT NUMBER 220263	EXPIRATION DATE 12/02/2024	TELEPHONE NUMBER 417-237-7200	





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

*Mike Mason*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Paula J. Nickelson*

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

