

**RECEIVED**

By Tracy Crews at 8:06 am, Jan 04, 2024



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 01/04/2024	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
Air Blank	0.000	03:49	DRY	AG320002	07/19/2025
Cal Check	0.102	03:49	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	03:50	N/A	N/A	N/A
Cal Check	0.101	03:50	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	03:51	0.100	INTOXIMETERS	
Cal Check	0.102	03:51	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	03:51	0.102		
			CALIBRATION CHECK RESULT 2		
			0.101		
			CALIBRATION CHECK RESULT 3		
			0.102		
			MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .005 OR LESS)	
			2.0%	0.001	

Pass

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
Test	Pass/Fail		Test	g/210L	Time
Voltage/Current Test	Pass		Air Blank	0.000	03:52
RAM Test	Pass		Subject Test	RFI*	03:52
EEPROM Checksum Test	Pass		Air Blank	0.000	03:53
Real Time Clock Test	Pass				
DSP Test	Pass		*RFI Detect		
Analytical Stability Test	Pass				
Modem Test	Pass				
Temperature Regulation Test	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	
3	0	1	1	1	5	

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).

FUNCTIONING PROPERLY

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