



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 01/12/2024	TIME OF INSPECTION 19:55
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CALIBRATION CHECK RESULTS			CALIBRATION CHECK SUMMARY		
Test	g/210L	Time	STANDARD TYPE DRY	STANDARD LOT # AG320002	STANDARD EXPIRATION DATE 07/19/2025
-----	-----	-----	SIM TEMPERATURE N/A	SIM SERIAL NUMBER N/A	SIM CERTIFICATE EXPIRATION N/A
Air Blank	0.000	19:57	STANDARD VALUE 0.100	STANDARD SUPPLIER INTOXIMETERS	
Cal Check	0.102	19:57	CALIBRATION CHECK RESULT 1 0.102		
Air Blank	0.000	19:58	CALIBRATION CHECK RESULT 2 0.102		
Cal Check	0.102	19:58	CALIBRATION CHECK RESULT 3 0.102		
Air Blank	0.000	19:59	MAXIMUM DEVIATION (MUST BE WITHIN 5%) 2.0%		
Cal Check	0.102	19:59	SPREAD (MUST BE .005 OR LESS) 0.000		
Air Blank	0.000	19:59			

Pass

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	20:00
Real Time Clock Test	Pass		Subject Test	RFI*	20:00
DSP Test	Pass		Air Blank	0.000	20:01
Analytical Stability Test	Pass		*RFI Detect		
Modem Test	Pass				
Temperature Regulation Test	Pass				

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
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).
 WORKING PROPERLY

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