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By Tracy Crews at 7:35 am, Apr 25, 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 80-007514	LOCATION OF INSTRUMENT KANSAS CITY POLICE	DATE OF INSPECTION 04/13/2024	TIME OF INSPECTION 16:17
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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	16:19	DRY	14323080A4	06/05/2025
Cal Check	0.080	16:20	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	16:20	N/A	N/A	N/A
Cal Check	0.079	16:20	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	16:21	0.080	CMI INC	
Cal Check	0.080	16:21	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	16:22	0.080		
Pass			CALIBRATION CHECK RESULT 2		
			0.079		
			CALIBRATION CHECK RESULT 3		
			0.080		
			MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .005 OR LESS)	
			1.2%	0.001	

DIAGNOSTIC TEST RESULTS		RFI TEST RESULTS		
		Test	g/210L	Time
Voltage/Current Test	Pass	Air Blank	0.000	16:22
RAM Test	Pass	Subject Test	RFI*	16:23
EEPROM Checksum Test	Pass	Air Blank	0.000	16:23
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	2	0	0	3	1	

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).
TESTED & CERTIFIED

INSPECTING OFFICER			
SIGNATURE 		PRINT NAME WADE ROBINSON	
TYPE II PERMIT NUMBER 230228	EXPIRATION DATE 10/23/2025	TELEPHONE NUMBER N/A	

