



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 80-005850	LOCATION OF INSTRUMENT LAKE WINNEBAGO PD	DATE OF INSPECTION 04/05/2020	TIME OF INSPECTION 10:46
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CALIBRATION CHECK RESULTS			CALIBRATION CHECK SUMMARY		
Test	g/210L	Time	STANDARD TYPE DRY	STANDARD LOT # AG000606	STANDARD EXPIRATION DATE 01/06/2022
Air Blank	0.000	10:47	SIM TEMPERATURE N/A	SIM SERIAL NUMBER N/A	SIM CERTIFICATE EXPIRATION N/A
Cal Check	0.082	10:47	STANDARD VALUE 0.080	STANDARD SUPPLIER INTOXIMETERS	
Air Blank	0.000	10:48	CALIBRATION CHECK RESULT 1 0.082		
Cal Check	0.082	10:48	CALIBRATION CHECK RESULT 2 0.082		
Air Blank	0.000	10:49	CALIBRATION CHECK RESULT 3 0.083		
Cal Check	0.083	10:49	MAXIMUM DEVIATION (MUST BE WITHIN 5%) 3.7%		
Air Blank	0.000	10:49	SPREAD (MUST BE .005 OR LESS) 0.001		

Pass

DIAGNOSTIC TEST RESULTS		RFI TEST RESULTS	
Voltage/Current Test	Pass	Test	g/210L
RAM Test	Pass		Time
EEPROM Checksum Test	Pass	Air Blank	RFI*
Real Time Clock Test	Pass	Air Blank	0.000
DSP Test	Pass		
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	10	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).
Time-Date changed.

INSPECTING OFFICER			
SIGNATURE 		PRINT NAME MCGINNESS, JASON	
TYPE II PERMIT NUMBER 290184	EXPIRATION DATE 08/19/2021	TELEPHONE NUMBER 816-537-7900	



STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM

2

PERMIT
TYPE II
JASON M MCGINNESS

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 8/19/2019

NUMBER 290184

EXPIRES 8/19/2021

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)



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 MCGINNESS, JASON
Permit No 290184
Date issued 8/19/2019 **Date Expires** 8/19/2021

