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By Tracy Crews at 10:00 am, Jun 23, 2020



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 06/18/2020	TIME OF INSPECTION 19:19
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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	19:21	DRY	AG000606	01/06/2022
Cal Check	0.082	19:22	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	19:22	N/A	N/A	N/A
Cal Check	0.082	19:23	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	19:23	0.080	INTOXIMETERS	
Cal Check	0.082	19:23	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	19:23	0.082		
Cal Check	0.082	19:23	CALIBRATION CHECK RESULT 2		
Air Blank	0.000	19:24	0.082		
Pass			CALIBRATION CHECK RESULT 3		
			0.082		
			MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .005 OR LESS)	
			2.5%	0.000	

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
			Test	g/210L	Time
Voltage/Current Test		Pass	Air Blank	RFI*	19:24
RAM Test		Pass	Air Blank	0.000	19:25
EEPROM Checksum Test		Pass	*RFI Detect		
Real Time Clock Test		Pass	Pass		
DSP Test		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	1	1	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).

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

MO 580-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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

