



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 09/20/2020 | TIME OF INSPECTION 14:45 |
|---------------------------------------|---|----------------------------------|-----------------------------|

| 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 | 14:46 | SIM TEMPERATURE N/A | SIM SERIAL NUMBER N/A | SIM CERTIFICATE EXPIRATION N/A |
| Cal Check | 0.082 | 14:46 | STANDARD VALUE 0.080 | STANDARD SUPPLIER INTOXIMETERS | |
| Air Blank | 0.000 | 14:47 | CALIBRATION CHECK RESULT 1 0.082 | | |
| Cal Check | 0.081 | 14:47 | CALIBRATION CHECK RESULT 2 0.081 | | |
| Air Blank | 0.000 | 14:47 | CALIBRATION CHECK RESULT 3 0.081 | | |
| Cal Check | 0.081 | 14:48 | MAXIMUM DEVIATION (MUST BE WITHIN 5%) 2.5% | | |
| Air Blank | 0.000 | 14:48 | SPREAD (MUST BE .005 OR LESS) 0.001 | | |

Pass

| DIAGNOSTIC TEST RESULTS | | | RFI TEST RESULTS | | |
|-----------------------------|------|--|------------------|--------|-------|
| Voltage/Current Test | Pass | | Test | g/210L | Time |
| RAM Test | Pass | | Air Blank | RFI* | 14:49 |
| EEPROM Checksum Test | Pass | | Air Blank | 0.000 | 14:49 |
| Real Time Clock Test | Pass | | *RFI Detect | | |
| DSP Test | Pass | | Pass | | |
| Analytical Stability Test | Pass | | Pass | | |
| Modem Test | Pass | | Pass | | |
| Temperature Regulation Test | Pass | | 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 | 2 | 1 | 0 | 0 | 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).

Time-Date changed.

INSPECTING OFFICER

| | |
|----------------------------------|--------------------------------|
| SIGNATURE | PRINT NAME MCGINNESS, JASON |
| TYPE & 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

