

**RECEIVED**

By Tracy Crews at 3:49 pm, Dec 11, 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 <b>80-005854</b>	LOCATION OF INSTRUMENT <b>LIBERTY POLICE DEPT.</b>	DATE OF INSPECTION <b>12/01/2020</b>	TIME OF INSPECTION <b>10:41</b>
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CALIBRATION CHECK RESULTS			CALIBRATION CHECK SUMMARY		
Test	g/210L	Time	STANDARD TYPE <b>DRY</b>	STANDARD LOT # <b>AG924701</b>	STANDARD EXPIRATION DATE <b>09/04/2021</b>
-----	-----	-----	SIM TEMPERATURE <b>N/A</b>	SIM SERIAL NUMBER <b>N/A</b>	SIM CERTIFICATE EXPIRATION <b>N/A</b>
Air Blank	0.000	10:44	STANDARD VALUE <b>0.100</b>	STANDARD SUPPLIER <b>INTOXIMETERS</b>	
Cal Check	0.102	10:44	CALIBRATION CHECK RESULT 1 <b>0.102</b>		
Air Blank	0.000	10:45	CALIBRATION CHECK RESULT 2 <b>0.101</b>		
Cal Check	0.101	10:45	CALIBRATION CHECK RESULT 3 <b>0.102</b>		
Air Blank	0.000	10:45	MAXIMUM DEVIATION (MUST BE WITHIN 5%) <b>2.0%</b>	SPREAD (MUST BE .005 OR LESS) <b>0.001</b>	
Cal Check	0.102	10:46			
Air Blank	0.000	10:46			

**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	10:47
Real Time Clock Test	Pass		Subject Test	RFI*	10:47
DSP Test	Pass		Air Blank	0.000	10:48
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	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).  
**OPERATING WITHIN SPECIFICATIONS**

<b>INSPECTING OFFICER</b>		
SIGNATURE 	PRINT NAME <b>ROBERT D BRATCHER</b>	
PERMIT NUMBER <b>290182</b>	EXPIRATION DATE <b>08/19/2021</b>	TELEPHONE NUMBER <b>8164394701</b>

