

RECEIVED

By Tracy Crews at 2:37 pm, Nov 09, 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 80-005854	LOCATION OF INSTRUMENT LIBERTY POLICE DEPT.	DATE OF INSPECTION 08/03/2020	TIME OF INSPECTION 13:38
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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	13:41	DRY	AG924701	09/04/2021
Cal Check	0.100	13:41	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	13:42	N/A	N/A	N/A
Cal Check	0.100	13:42	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	13:42	0.100	INTOXIMETERS	
Cal Check	0.100	13:43	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	13:43	0.100		
Cal Check	0.100	13:43	CALIBRATION CHECK RESULT 2		
Air Blank	0.000	13:43	0.100		
Cal Check	0.100	13:43	CALIBRATION CHECK RESULT 3		
Air Blank	0.000	13:43	0.100		
Pass			MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .005 OR LESS)	
			0.0%	0.000	

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
			Test	g/210L	Time
Voltage/Current Test	Pass		---	---	---
RAM Test	Pass		Air Blank	0.000	13:44
EEPROM Checksum Test	Pass		Subject Test	RFI*	13:44
Real Time Clock Test	Pass		Air Blank	0.000	13:45
DSP Test	Pass		*RFI Detect		
Analytical Stability Test	Pass				
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	5	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).

OPERATING WITHIN SPECIFICATIONS

INSPECTING OFFICER		
SIGNATURE 	PRINT NAME ROBERT D BRATCHER	
TYPE II PERMIT NUMBER 290182	EXPIRATION DATE 08/19/2021	TELEPHONE NUMBER 8164394701

