



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 80-005830	LOCATION OF INSTRUMENT 9701 MARION PARK DR	DATE OF INSPECTION 11/12/2021	TIME OF INSPECTION 12:10
---------------------------------------	---	----------------------------------	-----------------------------

CALIBRATION CHECK RESULTS			CALIBRATION CHECK SUMMARY		
Test	g/210L	Time	STANDARD TYPE	STANDARD LOT #	STANDARD EXPIRATION DATE
Air Blank	0.000	12:14	DRY	AG130104	10/28/2023
Cal Check	0.100	12:15	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	12:15	N/A	N/A	N/A
Cal Check	0.101	12:15	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	12:16	0.100	INTOXIMETERS	
Cal Check	0.100	12:16	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	12:17	0.100		
Pass			CALIBRATION CHECK RESULT 2		
			0.101		
			CALIBRATION CHECK RESULT 3		
			0.100		
			MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .005 OR LESS)	
			1.0%	0.001	

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
Test	Result	Time	Test	g/210L	Time
Voltage/Current Test	Pass		Air Blank	0.000	12:17
RAM Test	Pass		Subject Test	RFI*	12:18
EEPROM Checksum Test	Pass		Air Blank	0.000	12:18
Real Time Clock Test	Pass		*RFI Detect		
DSP Test	Pass				
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	1	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 BRATCHER	
TYPE-H PERMIT NUMBER 210192	EXPIRATION DATE 09/02/2023	TELEPHONE NUMBER 8164394701