

**RECEIVED**

By Tracy Crews at 7:46 am, Jun 04, 2021



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
STATE PUBLIC HEALTH LABORATORY  
**CMI INTOXILYZER 8000 MAINTENANCE REPORT**

SCPD

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 80-005842	LOCATION OF INSTRUMENT KANSAS CITY POLICE	DATE OF INSPECTION 05/15/2021	TIME OF INSPECTION 20:49
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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	20:51	DRY	14020080A2	07/05/2022
Cal Check	0.080	20:51	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	20:52	N/A	N/A	N/A
Cal Check	0.081	20:52	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	20:52	0.080	CMI	
Cal Check	0.081	20:53	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	20:53	0.080		
Cal Check	0.081	20:53	CALIBRATION CHECK RESULT 2		
Air Blank	0.000	20:53	0.081		
<b>Pass</b>			CALIBRATION CHECK RESULT 3		
			0.081		
			MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .005 OR LESS)	
			1.2%	0.001	

DIAGNOSTIC TEST RESULTS		RFI TEST RESULTS		
Test	Result	Test	g/210L	Time
Voltage/Current Test	Pass	Air Blank	0.000	20:54
RAM Test	Pass	Subject Test	RFI*	20:54
EEPROM Checksum Test	Pass	Air Blank	0.000	20:55
Real Time Clock Test	Pass	*RFI Detect		
DSP Test	Pass	<b>Pass</b>		
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	0	0	0	0	2

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).

TESTED AND CERTIFIED.

**INSPECTING OFFICER**

SIGNATURE <i>P.D. R 5396</i>	PRINT NAME SHAWN DAVIS
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TYPE II PERMIT NUMBER 210059	EXPIRATION DATE 04/06/2023	TELEPHONE NUMBER 816-234-5000
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