

**RECEIVED**

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

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
STATE PUBLIC HEALTH LABORATORY

Bat Cave

**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 80-005843	LOCATION OF INSTRUMENT KANSAS CITY P.D.	DATE OF INSPECTION 05/15/2021	TIME OF INSPECTION 17:21
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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	17:23	DRY	14020080A2	07/05/2022
Cal Check	0.080	17:23	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	17:23	N/A	N/A	N/A
Cal Check	0.081	17:24	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	17:24	0.080	CMI	
Cal Check	0.080	17:25	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	17:25	0.080		
<b>Pass</b>			CALIBRATION CHECK RESULT 2		
			0.081		
			CALIBRATION CHECK RESULT 3		
			0.080		
			MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .005 OR LESS)	
			1.2%	0.001	

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
Test	Pass		Test	g/210L	Time
Voltage/Current Test	Pass		Air Blank	0.000	17:26
RAM Test	Pass		Subject Test	RFI*	17:26
EEPROM Checksum Test	Pass		Air Blank	0.000	17:26
Real Time Clock Test	Pass		*RFI Detect		
DSP Test	Pass				
Analytical Stability Test	Pass				
Modem Test	Pass				
Temperature Regulation Test	Pass				
<b>Pass</b>			<b>Pass</b>		

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	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).

TESTED AND CERTIFIED.

**INSPECTING OFFICER**

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