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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

Boat Cave

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 80-005844	LOCATION OF INSTRUMENT KCMO POLICE DEPT.	DATE OF INSPECTION 05/15/2021	TIME OF INSPECTION 17:56
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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	17:58	DRY	14020080A2	07/05/2022
Cal Check	0.079	17:58	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	17:59	N/A	N/A	N/A
Cal Check	0.079	17:59	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	18:00	0.080	CMI	01402008
Cal Check	0.079	18:00	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	18:00	0.079		
Cal Check	0.080	18:00	CALIBRATION CHECK RESULT 2		
Air Blank	0.000	18:00	0.079		
Pass			CALIBRATION CHECK RESULT 3		
			0.080		
			MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .005 OR LESS)	
			1.2%	0.001	

0A2

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
			Test	g/210L	Time
Voltage/Current Test	Pass		Air Blank	0.000	18:01
RAM Test	Pass		Subject Test	RFI*	18:01
EEPROM Checksum Test	Pass		Air Blank	0.000	18:02
Real Time Clock Test	Pass		*RFI Detect		
DSP Test	Pass		Pass		
Analytical Stability Test	Pass				
Modem Test	Pass				
Temperature Regulation Test	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	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. G. 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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