

**RECEIVED**

By Tracy Crews at 11:08 am, Mar 18, 2021

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 80-005850	LOCATION OF INSTRUMENT LAKE WINNEBAGO PD	DATE OF INSPECTION 02/28/2021	TIME OF INSPECTION 14:20
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**CALIBRATION CHECK RESULTS**

Test	g/210L	Time
Air Blank	0.000	14:23
Cal Check	0.083	14:24
Air Blank	0.000	14:24
Cal Check	0.082	14:25
Air Blank	0.000	14:25
Cal Check	0.083	14:25
Air Blank	0.000	14:26

**Pass**

**CALIBRATION CHECK SUMMARY**

STANDARD TYPE DRY	STANDARD LOT # AG000606	STANDARD EXPIRATION DATE 01/06/2022
SIM TEMPERATURE N/A	SIM SERIAL NUMBER N/A	SIM CERTIFICATE EXPIRATION N/A
STANDARD VALUE 0.080	STANDARD SUPPLIER INTOXIMETERS	
CALIBRATION CHECK RESULT 1 0.083		
CALIBRATION CHECK RESULT 2 0.082		
CALIBRATION CHECK RESULT 3 0.083		
MAXIMUM DEVIATION (MUST BE WITHIN 5%) 3.7%	SPREAD (MUST BE .005 OR LESS) 0.001	

**DIAGNOSTIC TEST RESULTS**

Voltage/Current Test	Pass
RAM Test	Pass
EEPROM Checksum Test	Pass
Real Time Clock Test	Pass
DSP Test	Pass
Analytical Stability Test	Pass
Modem Test	Pass
Temperature Regulation Test	Pass

**Pass**

**RFI TEST RESULTS**

Test	g/210L	Time
Air Blank	0.000	14:26
Subject Test	RFI*	14:27
Air Blank	0.000	14:27
*RFI Detect		

**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	1	1	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).

**INSPECTING OFFICER**

SIGNATURE 	PRINT NAME KURT DONEY
TYPE II PERMIT NUMBER 200299	EXPIRATION DATE 12/11/2022
TELEPHONE NUMBER 816-537-7900	



STATE OF MISSOURI  
DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BREATH ALCOHOL PROGRAM

2

**PERMIT**  
**TYPE II**  
**KURT DONEY**

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

**INTOXILYZER 8000**

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 12/11/2020

NUMBER 200299

EXPIRES 12/11/2022

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)

**STATE OF MISSOURI**  
DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BREATH ALCOHOL PROGRAM

**INSTRUMENT OPERATOR CARD**

*The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.*

**Operator** DONEY, KURT  
**Permit No** 200299  
**Date Issued** 12/11/2020 **Date Expires** 12/11/2022