

**RECEIVED**

By Tracy Crews at 11:59 am, Apr 26, 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 04/07/2021	TIME OF INSPECTION 18:29
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CALIBRATION CHECK RESULTS			CALIBRATION CHECK SUMMARY		
Test	g/210L	Time	STANDARD TYPE DRY	STANDARD LOT # AG000606	STANDARD EXPIRATION DATE 01/06/2022
Air Blank	0.000	18:32	SIM TEMPERATURE N/A	SIM SERIAL NUMBER N/A	SIM CERTIFICATE EXPIRATION N/A
Cal Check	0.082	18:32	STANDARD VALUE 0.080	STANDARD SUPPLIER INTOXIMETERS	
Air Blank	0.000	18:33	CALIBRATION CHECK RESULT 1 0.082		
Cal Check	0.082	18:33	CALIBRATION CHECK RESULT 2 0.082		
Air Blank	0.000	18:33	CALIBRATION CHECK RESULT 3 0.082		
Cal Check	0.082	18:34	MAXIMUM DEVIATION (MUST BE WITHIN 5%) 2.5%		
Air Blank	0.000	18:34	SPREAD (MUST BE .005 OR LESS) 0.000		

**Pass**

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
Voltage/Current Test	Pass		Test	g/210L	Time
RAM Test	Pass		Air Blank	RFI*	18:35
EEPROM Checksum Test	Pass		Air Blank	0.000	18:35
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
2	1	0	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 MCGINNESS, JASON	
TYPE II PERMIT NUMBER 290184	EXPIRATION DATE 08/19/2021	TELEPHONE NUMBER 816-537-7900



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



**PERMIT  
TYPE II**

**JASON M MCGINNESS**

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 8/19/2019

NUMBER 290184

EXPIRES 8/19/2021

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)

MO 580-0771 (6-10)

 **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** MCGINNESS, JASON  
**Permit No** 290184  
**Date issued** 8/19/2019    **Date Expires** 8/19/2021

