

RECEIVED

By Tracy Crews at 10:26 am, Jun 08, 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 05/09/2021	TIME OF INSPECTION 12:56
---------------------------------------	---	----------------------------------	-----------------------------

CALIBRATION CHECK RESULTS

Test	g/210L	Time
Air Blank	0.000	12:58
Cal Check	0.083	12:58
Air Blank	0.000	12:59
Cal Check	0.082	12:59
Air Blank	0.000	13:00
Cal Check	0.084	13:00
Air Blank	0.000	13:00

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 0.084		
MAXIMUM DEVIATION (MUST BE WITHIN 5%) 5.0%	SPREAD (MUST BE .005 OR LESS) 0.002	

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	RFI*	13:01
Air Blank	0.000	13:01
*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	0	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

2

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

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

