

**RECEIVED**

By Tracy Crews at 9:26 am, Aug 25, 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 08/16/2021		TIME OF INSPECTION 09:35	
<b>CALIBRATION CHECK RESULTS</b>				<b>CALIBRATION CHECK SUMMARY</b>			
Test	g/210L	Time		STANDARD TYPE DRY	STANDARD LOT # AG000606	STANDARD EXPIRATION DATE 01/06/2022	
Air Blank	0.000	09:37		SIM TEMPERATURE N/A	SIM SERIAL NUMBER N/A	SIM CERTIFICATE EXPIRATION N/A	
Cal Check	0.082	09:37		STANDARD VALUE 0.080	STANDARD SUPPLIER INTOXIMETERS		
Air Blank	0.000	09:38		CALIBRATION CHECK RESULT 1 0.082			
Cal Check	0.082	09:38		CALIBRATION CHECK RESULT 2 0.082			
Air Blank	0.000	09:39		CALIBRATION CHECK RESULT 3 0.081			
Cal Check	0.081	09:39		MAXIMUM DEVIATION (MUST BE WITHIN 5%) 2.5%		SPREAD (MUST BE .005 OR LESS) 0.001	
Air Blank	0.000	09:39		<b>Pass</b>			
<b>DIAGNOSTIC TEST RESULTS</b>				<b>RFI TEST RESULTS</b>			
Voltage/Current Test		Pass		Test	g/210L	Time	
RAM Test		Pass		Air Blank	0.000	09:40	
EEPROM Checksum Test		Pass		Subject Test	RFI*	09:40	
Real Time Clock Test		Pass		Air Blank	0.000	09:41	
DSP Test		Pass		*RFI Detect			
Analytical Stability Test		Pass		<b>Pass</b>			
Modem Test		Pass					
Temperature Regulation Test		Pass					
<b>NUMBER OF REFUSALS AND SUBJECT BREATH TESTS IN EACH RANGE SINCE LAST MAINTENANCE REPORT</b>							
REFUSALS	.00-.04	.05-.09	.10-.14	.15-.19	OVER .19		
1	0	1	0	1	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).							
<b>INSPECTING OFFICER</b>							
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

MO 580-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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

