



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 80-005854	LOCATION OF INSTRUMENT LIBERTY POLICE DEPT.	DATE OF INSPECTION 01/06/2021	TIME OF INSPECTION 12:18
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CALIBRATION CHECK RESULTS			CALIBRATION CHECK SUMMARY		
Test	g/210L	Time	STANDARD TYPE DRY	STANDARD LOT # AG924701	STANDARD EXPIRATION DATE 09/04/2021
Air Blank	0.000	12:20	SIM TEMPERATURE N/A	SIM SERIAL NUMBER N/A	SIM CERTIFICATE EXPIRATION N/A
Cal Check	0.100	12:20	STANDARD VALUE 0.100	STANDARD SUPPLIER INTOXIMETERS	
Air Blank	0.000	12:21	CALIBRATION CHECK RESULT 1 0.100		
Cal Check	0.101	12:21	CALIBRATION CHECK RESULT 2 0.101		
Air Blank	0.000	12:22	CALIBRATION CHECK RESULT 3 0.100		
Cal Check	0.100	12:22	MAXIMUM DEVIATION (MUST BE WITHIN 5%) 1.0%		
Air Blank	0.000	12:23	SPREAD (MUST BE .005 OR LESS) 0.001		

Pass

DIAGNOSTIC TEST RESULTS		RFI TEST RESULTS		
Voltage/Current Test	Pass	Test	g/210L	Time
RAM Test	Pass	Air Blank	0.000	12:23
EEPROM Checksum Test	Pass	Subject Test	RFI*	12:23
Real Time Clock Test	Pass	Air Blank	0.000	12:24
DSP Test	Pass	*RFI Detect		
Analytical Stability Test	Pass	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	1	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).
OPERATING WITHIN SPECIFICATIONS

INSPECTING OFFICER		
SIGNATURE 	PRINT NAME ROBERT D BRATCHER	
TYPE # PERMIT NUMBER 290182	EXPIRATION DATE 08/19/2021	TELEPHONE NUMBER 8164394701

