

## MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

## **CMI INTOXILYZER 8000 MAINTENANCE REPORT**

REPORT #2

NSTRUMENT SERIAL NUMBER	LOCATION OF INSTRUMENT  MSC		03/04/202		time of inspection 12:06		
CALIBRATION CHECK			CALIBRATION				
CALIBRATION CHECK	RESULIS		STANDARD TYPE	STANDARD LOT #	MAK I	STANDAF	RD EXPIRATION DATE
Test	g/210L	Time	DRY	AG9247	01	08/04/2021 SIM CERTIFICATE EXPIRATION	
1050	9/2101	111110	SIM TEMPERATURE	SIM SERIAL NUMB	ER		
Air Blank	0.000	12:11	N/A	N/A	N/A		
Cal Check	0.102	12:12	STANDARD VALUE	STANDARD SUPPLIER			
Air Blank	0.000	12:12	0.100 INTOXIMETERS				
Cal Check	0.102	12:12	CALIBRATION CHECK RESULT 1				
Air Blank	0.000	12:13	0.102				
Cal Check	0.102	12:13	CALIBRATION CHECK RESULT 2				
Air Blank	0.000	12:14	0.102				
			CALIBRATION CHECK R				
			0.102				
	ass		MAXIMUM DEVIATION (MUST BE WITHIN 5%) SPREAD (MUST BE .005 OR LESS)				
	ass		2.0%		0.000		
DIAGNOSTIC TEST RE	SULTS		RFI TEST RESI	ULTS			
170 ] h o mo / Green	ent Meat	Doga	Test		~/210	١T	Time
<b>-</b>		Pass	lesc		g/210L		1 11116
RAM Test Pass EEPROM Checksum Test Pass			Air Blank		0.000		12:14
		Pass			RFI*		12:15
DSP Test Pass					0.00		12:15
	tability Test	Pass	All blan		0.00	, 0	12.1.
Analytical Stability Test Pass Modem Test Pass			*RFI Det	ect			
	Regulation Test		KII Dee				
romporacaro .	guzuozon zob	1455					
	ass			Pa	100		
	<b>a33</b>			Га	133	•	
NUMBER OF REFUSAL	LS AND SUBJECT BREA	TH TESTS IN	EACH RANGE S				REPORT
REFUSALS .00	04 .0509		.1014	.1519			ER .19
0	0	0	0	1	0		0

and within established limits (use other side if necessary).

OPERATION WITHIN SPECIFICATIONS

INSPECTING OFFICER		
SIGNATURE	PRINT NAME	
Caix 1. Trade	ROBERT BRATCHER	
TYPE IT PERMIT NUMBER	EXPIRATION DATE TELEPHONE NUMBER	
290182	08/19/2021 8164394701	