

RECEIVED

By Tracy Crews at 10:48 am, May 12, 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 80-006267 | | LOCATION OF INSTRUMENT MSC | | DATE OF INSPECTION 05/10/2021 | | TIME OF INSPECTION 11:11 | |
| CALIBRATION CHECK RESULTS | | | | CALIBRATION CHECK SUMMARY | | | |
| Test | g/210L | Time | | STANDARD TYPE DRY | STANDARD LOT # AG924701 | STANDARD EXPIRATION DATE 08/04/2021 | |
| ----- | ----- | ----- | | SIM TEMPERATURE N/A | SIM SERIAL NUMBER N/A | SIM CERTIFICATE EXPIRATION N/A | |
| Air Blank | 0.000 | 11:16 | | STANDARD VALUE 0.100 | STANDARD SUPPLIER INTOXIMETERS | | |
| Cal Check | 0.104 | 11:16 | | CALIBRATION CHECK RESULT 1 0.104 | | | |
| Air Blank | 0.000 | 11:17 | | CALIBRATION CHECK RESULT 2 0.102 | | | |
| Cal Check | 0.102 | 11:17 | | CALIBRATION CHECK RESULT 3 0.103 | | | |
| Air Blank | 0.000 | 11:18 | | MAXIMUM DEVIATION (MUST BE WITHIN 5%) 4.0% | | SPREAD (MUST BE .005 OR LESS) 0.002 | |
| Cal Check | 0.103 | 11:18 | | Pass | | | |
| Air Blank | 0.000 | 11:19 | | | | | |

| | | | | | | |
|--------------------------------|------|--------------|--------|-------------------------|--|--|
| DIAGNOSTIC TEST RESULTS | | | | RFI TEST RESULTS | | |
| Voltage/Current Test | Pass | Test | g/210L | Time | | |
| RAM Test | Pass | ----- | ----- | ----- | | |
| EEPROM Checksum Test | Pass | Air Blank | 0.000 | 11:19 | | |
| Real Time Clock Test | Pass | Subject Test | RFI* | 11:19 | | |
| DSP Test | Pass | Air Blank | 0.000 | 11:20 | | |
| Analytical Stability Test | Pass | *RFI Detect | | | | |
| Modem Test | Pass | Pass | | | | |
| Temperature Regulation Test | 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 | 1 | 1 | 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 <i>Robert Bratcher #209</i> | PRINT NAME ROBERT BRATCHER | |
| TYPE & PERMIT NUMBER 290182 | EXPIRATION DATE 08/19/2021 | TELEPHONE NUMBER 8164394701 |

