



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 04/07/2021	TIME OF INSPECTION 10:45
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CALIBRATION CHECK RESULTS			CALIBRATION CHECK SUMMARY		
Test	g/210L	Time	STANDARD TYPE DRY	STANDARD LOT # AG924701	STANDARD EXPIRATION DATE 08/04/2021
Air Blank	0.000	10:47	SIM TEMPERATURE N/A	SIM SERIAL NUMBER N/A	SIM CERTIFICATE EXPIRATION N/A
Cal Check	0.102	10:47	STANDARD VALUE 0.100	STANDARD SUPPLIER INTOXIMETERS	
Air Blank	0.000	10:48	CALIBRATION CHECK RESULT 1 0.102		
Cal Check	0.101	10:48	CALIBRATION CHECK RESULT 2 0.101		
Air Blank	0.000	10:48	CALIBRATION CHECK RESULT 3 0.101		
Cal Check	0.101	10:49	MAXIMUM DEVIATION (MUST BE WITHIN 5%) 2.0%	SPREAD (MUST BE .005 OR LESS) 0.001	
Air Blank	0.000	10:49	<h1>Pass</h1>		

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
Voltage/Current Test	Pass		Test	g/210L	Time
RAM Test	Pass		Air Blank	RFI*	10:50
EEPROM Checksum Test	Pass		Air Blank	0.000	10:50
Real Time Clock Test	Pass		<h1>Pass</h1>		
DSP Test	Pass				
Analytical Stability Test	Pass				
Modem Test	Pass				
Temperature Regulation Test	Pass		<h1>Pass</h1>		

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
1	1	1	2	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).
OPERATING WITHIN SPECIFICATIONS

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

