



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 80-005832	LOCATION OF INSTRUMENT CMI INC	DATE OF INSPECTION 03/02/2022	TIME OF INSPECTION 01:22
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CALIBRATION CHECK RESULTS			CALIBRATION CHECK SUMMARY		
Test	g/210L	Time	STANDARD TYPE	STANDARD LOT #	STANDARD EXPIRATION DATE
Air Blank	0.000	01:29	DRY	33321080A3	01/05/2024
Cal Check	0.082	01:30	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	01:30	N/A	N/A	N/A
Cal Check	0.082	01:30	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	01:31	0.080	ILMO	
Cal Check	0.083	01:31	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	01:32	0.082		
Cal Check	0.083	01:31	CALIBRATION CHECK RESULT 2		
Air Blank	0.000	01:32	0.082		
Cal Check	0.083	01:31	CALIBRATION CHECK RESULT 3		
Air Blank	0.000	01:32	0.083		
Pass			MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .005 OR LESS)	
			3.7%	0.001	

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
			Test	g/210L	Time
Voltage/Current Test	Pass		Air Blank	0.000	01:32
RAM Test	Pass		Subject Test	RFI*	01:32
EEPROM Checksum Test	Pass		Air Blank	0.000	01:33
Real Time Clock Test	Pass		*RFI Detect		
DSP Test	Pass				
Analytical Stability Test	Pass				
Modem Test	Pass				
Temperature Regulation Test	Pass				
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	0	0	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).

TESTED & CERTIFIED

INSPECTING OFFICER

SIGNATURE 	PRINT NAME COREY CARLISLE
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TYPE II PERMIT NUMBER 200123	EXPIRATION DATE 03/09/2022	TELEPHONE NUMBER 8162345000
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 STATE PUBLIC HEALTH LABORATORY
CMI INTOXILYZER 8000 MAINTENANCE REPORT

REPORT #2

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INSTRUMENT SERIAL NUMBER 80-005851	LOCATION OF INSTRUMENT STATE OF MISSOURI	DATE OF INSPECTION 03/02/2022	TIME OF INSPECTION 00:53
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CALIBRATION CHECK RESULTS			CALIBRATION CHECK SUMMARY		
Test	g/210L	Time	STANDARD TYPE	STANDARD LOT #	STANDARD EXPIRATION DATE
Air Blank	0.000	00:57	DRY	33321080A3	01/05/2024
Cal Check	0.079	00:57	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	00:58	N/A	N/A	N/A
Cal Check	0.080	00:58	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	00:59	0.080	INTOXIMETERS	
Cal Check	0.079	00:59	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	00:59	0.079		
Cal Check	0.079	00:59	CALIBRATION CHECK RESULT 2		
Air Blank	0.000	00:59	0.080		
Pass			CALIBRATION CHECK RESULT 3		
			0.079		
			MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .005 OR LESS)	
			1.2%	0.001	

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
Voltage/Current Test	Pass	Test	g/210L	Time	
RAM Test	Pass	Air Blank	0.000	01:00	
EEPROM Checksum Test	Pass	Subject Test	RFI*	01:00	
Real Time Clock Test	Pass	Air Blank	0.000	01:01	
DSP Test	Pass	*RFI Detect			
Analytical Stability Test	Pass				
Modem Test	Pass				
Temperature Regulation Test	Pass				
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	1	0	0	0	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).
TESTED & CERTIFIED

INSPECTING OFFICER		
SIGNATURE 	PRINT NAME COREY CARLISLE	
TYPE II PERMIT NUMBER 200123	EXPIRATION DATE 03/09/2022	TELEPHONE NUMBER 8162345000