



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY
CMI INTOXILYZER 8000 MAINTENANCE REPORT

SPD

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 80-005839	LOCATION OF INSTRUMENT KCMO POLICE DEPT	DATE OF INSPECTION 02/03/2022	TIME OF INSPECTION 23:52
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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	23:53	DRY	14020080A2	07/05/2022
Cal Check	0.082	23:54	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	23:54	N/A	N/A	N/A
Cal Check	0.082	23:54	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	23:55	0.080	CMI	
Cal Check	0.082	23:55	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	23:56	0.082		
Pass			CALIBRATION CHECK RESULT 2		
			0.082		
			CALIBRATION CHECK RESULT 3		
			0.082		
			MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .005 OR LESS)	
			2.5%	0.000	

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
Test	Result	Time	Test	g/210L	Time
Voltage/Current Test	Pass		Air Blank	0.000	23:56
RAM Test	Pass		Subject Test	RFI*	23:57
EEPROM Checksum Test	Pass		Air Blank	0.000	23:58
Real Time Clock Test	Pass		*RFI Detect		
DSP Test	Pass		Pass		
Analytical Stability Test	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	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 WADE ROBINSON
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TYPE II PERMIT NUMBER 210266	EXPIRATION DATE 11/18/2023	TELEPHONE NUMBER 8162345000
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