



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 80-005852	LOCATION OF INSTRUMENT JOPLIN POLICE DEPT	DATE OF INSPECTION 05/11/2022	TIME OF INSPECTION 07:18
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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	07:20	DRY	AG125707	09/14/2023
Cal Check	0.101	07:20	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	07:21	N/A	N/A	N/A
Cal Check	0.101	07:21	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	07:21	0.100	INTOXIMETERS	
Cal Check	0.101	07:22	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	07:22	0.101		
Cal Check	0.101	07:22	CALIBRATION CHECK RESULT 2		
Air Blank	0.000	07:22	0.101		
Pass			CALIBRATION CHECK RESULT 3		
			0.101		
			MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .005 OR LESS)	
			1.0%	0.000	

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
Test	Pass/Fail		Test	g/210L	Time
Voltage/Current Test	Pass		Air Blank	0.000	07:23
RAM Test	Pass		Subject Test	RFI*	07:23
EEPROM Checksum Test	Pass		Air Blank	0.000	07:24
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	1	1	2	4	2	

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).

NONE

INSPECTING OFFICER		
SIGNATURE	PRINT NAME	
	MORA, NETISHA	
TYPE II PERMIT NUMBER	EXPIRATION DATE	TELEPHONE NUMBER
210165	08/04/2023	9564011447



STATE OF MISSOURI
 DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BREATH ALCOHOL PROGRAM



PERMIT
TYPE II
NETISHA MORA

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

INTOXILYZER 8000

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE **8/4/2021**

NUMBER **210165**

EXPIRES **8/4/2023**

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

STATE OF MISSOURI
 DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BREATH ALCOHOL PROGRAM

INSTRUMENT OPERATOR CARD

The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.

Operator MORA, NETISHA
Permit No 210165
Date Issued 8/4/2021 **Date Expires** 8/4/2023