

RECEIVED

By Tracy Crews at 12:53 pm, Aug 31, 2022



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 80-005853	LOCATION OF INSTRUMENT JOPLIN POLICE DEPT. <i>Rosdyne/Parma</i>	DATE OF INSPECTION 08/27/2022	TIME OF INSPECTION 21:46
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CALIBRATION CHECK RESULTS

Test	g/210L	Time
Air Blank	0.000	21:48
Cal Check	0.101	21:48
Air Blank	0.000	21:49
Cal Check	0.100	21:49
Air Blank	0.000	21:50
Cal Check	0.100	21:50
Air Blank	0.000	21:51

Pass

CALIBRATION CHECK SUMMARY

STANDARD TYPE DRY	STANDARD LOT # AG125707	STANDARD EXPIRATION DATE 09/14/2023
SIM TEMPERATURE N/A	SIM SERIAL NUMBER N/A	SIM CERTIFICATE EXPIRATION N/A
STANDARD VALUE 0.100	STANDARD SUPPLIER INTOXIMETERS	
CALIBRATION CHECK RESULT 1 0.101		
CALIBRATION CHECK RESULT 2 0.100		
CALIBRATION CHECK RESULT 3 0.100		
MAXIMUM DEVIATION (MUST BE WITHIN 5%) 1.0%	SPREAD (MUST BE .005 OR LESS) 0.001	

DIAGNOSTIC TEST RESULTS

Voltage/Current Test	Pass
RAM Test	Pass
EEPROM Checksum Test	Pass
Real Time Clock Test	Pass
DSP Test	Pass
Analytical Stability Test	Pass
Modem Test	Pass
Temperature Regulation Test	Pass

Pass

RFI TEST RESULTS

Test	g/210L	Time
Air Blank	RFI*	21:51
Air Blank	0.000	21:51

*RFI Detect

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

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).

INSPECTING OFFICER

SIGNATURE
John F. Hicks

PRINT NAME
JOHN HICKS

TYPE II PERMIT NUMBER
210221

EXPIRATION DATE
09/22/2023

TELEPHONE NUMBER
4173588177