



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

RECEIVED  
By: Tracy Drenth on 04/01/2022, 09:26

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 80-005855	LOCATION OF INSTRUMENT CARTHAGE POLICE	DATE OF INSPECTION 04/01/2022	TIME OF INSPECTION 09:26
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CALIBRATION CHECK RESULTS			CALIBRATION CHECK SUMMARY		
Test	g/210L	Time	STANDARD TYPE	STANDARD LOT #	STANDARD EXPIRATION DATE
-----	-----	-----	DRY	AG102002	01/20/2023
Air Blank	0.000	09:27	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Cal Check	0.101	09:28	N/A	N/A	N/A
Air Blank	0.000	09:28	STANDARD VALUE	STANDARD SUPPLIER	
Cal Check	0.101	09:29	0.100	INTOXIMETERS	
Air Blank	0.000	09:29	CALIBRATION CHECK RESULT 1		
Cal Check	0.101	09:29	0.101		
Air Blank	0.000	09:29	CALIBRATION CHECK RESULT 2		
Cal Check	0.101	09:29	0.101		
Air Blank	0.000	09:30	CALIBRATION CHECK RESULT 3		
<b>Pass</b>			MAXIMUM DEVIATION (MUST BE WITHIN 5%)		
			1.0%		
			0.000		

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
			Test	g/210L	Time
Voltage/Current Test	Pass		-----	-----	-----
RAM Test	Pass		Air Blank	0.000	09:31
EEPROM Checksum Test	Pass		Subject Test	RFI*	09:31
Real Time Clock Test	Pass		Air Blank	0.000	09:31
DSP Test	Pass		*RFI Detect		
Analytical Stability Test	Pass		<b>Pass</b>		
Modem Test	Pass				
Temperature Regulation Test	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).  
MARCH 2022

INSPECTING OFFICER		
SIGNATURE 	PRINT NAME BUTLER, JUSTIN	
TYPE II PERMIT NUMBER 200291	EXPIRATION DATE 12/08/2022	TELEPHONE NUMBER 4172377200





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

2

**PERMIT**  
**TYPE II**  
**JUSTIN K. BUTLER**

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 12/8/2020

NUMBER 200291

EXPIRES 12/8/2022

MO 580-0771 (6-10)

  
 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

  
 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)



**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 BUTLER, JUSTIN  
 Permit No 200291  
 Date Issued 12/8/2020 Date Expires 12/8/2022

