



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 80-002092	LOCATION OF INSTRUMENT KCI POLICE DEPT.	DATE OF INSPECTION 09/18/2024	TIME OF INSPECTION 07:48
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CALIBRATION CHECK RESULTS			CALIBRATION CHECK SUMMARY		
Test	g/210L	Time	STANDARD TYPE DRY	STANDARD LOT # 1432080A3	STANDARD EXPIRATION DATE 09/05/2025
Air Blank	0.000	07:51	SIM TEMPERATURE N/A	SIM SERIAL NUMBER N/A	SIM CERTIFICATE EXPIRATION N/A
Cal Check	0.079	07:51	STANDARD VALUE 0.080	STANDARD SUPPLIER CMI	
Air Blank	0.000	07:52	CALIBRATION CHECK RESULT 1 0.079		
Cal Check	0.080	07:52	CALIBRATION CHECK RESULT 2 0.080		
Air Blank	0.000	07:53	CALIBRATION CHECK RESULT 3 0.080		
Cal Check	0.080	07:53	MAXIMUM DEVIATION (MUST BE WITHIN 5%) 1.2%	SPREAD (MUST BE .005 OR LESS) 0.001	
Air Blank	0.000	07:54	Pass		

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
Voltage/Current Test	Pass		Test	g/210L	Time
RAM Test	Pass		Air Blank	0.000	07:54
EEPROM Checksum Test	Pass		Subject Test	RFI*	07:55
Real Time Clock Test	Pass		Air Blank	0.000	07:55
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).

INSPECTING OFFICER			
SIGNATURE <i>Alan H. Randolph Jr</i>	PRINT NAME ALAN H. RANDOLPH JR		
TYPE II PERMIT NUMBER 240019	EXPIRATION DATE 01/25/2026	TELEPHONE NUMBER 8162344000	