## RECEIVED

By Tracy Crews at 10:23 am, Oct 01, 2024



## 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. DATE OF INSPECTION INSTRUMENT SERIAL NUMBER LOCATION OF INSTRUMENT TIME OF INSPECTION 80-005827 09/30/2024 20:39 ORONOGO POLICE DEPT **CALIBRATION CHECK RESULTS CALIBRATION CHECK SUMMARY** STANDARD EXPIRATION DATE STANDARD TYPE STANDARD LOT# 09/25/2025 AG326805 DRY Test q/210L Time SIM CERTIFICATE EXPIRATION SIM TEMPERATURE SIM SERIAL NUMBER N/A N/A N/A Air Blank 0.000 20:41 STANDARD VALUE STANDARD SUPPLIER Cal Check 0.080 20:41 0.080 AIRGAS Air Blank 0.000 20:41 CALIBRATION CHECK RESULT 1 Cal Check 20:42 0.079 0.080 0.000 Air Blank 20:42 Cal Check CALIBRATION CHECK RESULT 2 0.079 20:43 0.079 Air Blank 0.000 20:43 CALIBRATION CHECK RESULT 3 0.079 MAXIMUM DEVIATION (MUST BE WITHIN 5%) SPREAD (MUST BE .005 OR LESS) 1.2% 0.001 **DIAGNOSTIC TEST RESULTS RFI TEST RESULTS** Pass Voltage/Current Test Test g/210L Time RAM Test Pass EEPROM Checksum Test Pass Air Blank 0.000 20:44 Real Time Clock Test Pass Subject Test RFI\* 20:44 DSP Test Pass Air Blank 0.000 20:44 Analytical Stability Test Pass \*RFI Detect Pass Modem Test Pass Temperature Regulation Test Pass NUMBER OF REFUSALS AND SUBJECT BREATH TESTS IN EACH RANGE SINCE LAST MAINTENANCE REPORT REFUSALS 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	PRINT NAME CHR.	ISTOPHER SHONK
TYPE II PERMITNUMBER 230130	EXPIRATION DATE 06/26/2025	TELEPHONE NUMBER 4176731911
MO 580-2901 (6-10)	AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER	