



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

RECEIVED
 BY: [Name] DATE: [Date]

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 80-005835	LOCATION OF INSTRUMENT IPD DETENTION	DATE OF INSPECTION 11/14/2024	TIME OF INSPECTION 16:47
---------------------------------------	---	----------------------------------	-----------------------------

CALIBRATION CHECK RESULTS			CALIBRATION CHECK SUMMARY		
Test	g/210L	Time	STANDARD TYPE	STANDARD LOT #	STANDARD EXPIRATION DATE
---	---	---	DRY	AG306503	03/06/2025
Air Blank	0.000	16:48	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Cal Check	0.100	16:49	N/A	N/A	N/A
Air Blank	0.000	16:49	STANDARD VALUE	STANDARD SUPPLIER	
Cal Check	0.100	16:50	0.100	INTOXIMETERS, INC	
Air Blank	0.000	16:50	CALIBRATION CHECK RESULT 1		
Cal Check	0.100	16:50	0.100		
Air Blank	0.000	16:51	CALIBRATION CHECK RESULT 2		
Cal Check	0.100	16:51	0.100		
Air Blank	0.000	16:51	CALIBRATION CHECK RESULT 3		
Pass			0.100		
			MAXIMUM DEVIATION (MUST BE WITHIN 5%)		
			0.0%		0.000

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
			Test	g/210L	Time
Voltage/Current Test	Pass		---	---	---
RAM Test	Pass		Air Blank	0.000	16:51
EEPROM Checksum Test	Pass		Subject Test	RFI*	16:52
Real Time Clock Test	Pass		Air Blank	0.000	16:52
DSP Test	Pass		*RFI Detect		
Analytical Stability Test	Pass		Pass		
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	4	2	3	5	6		

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).

INSTRUMENT OPERATED WITHIN STATE STANDARDS

INSPECTING OFFICER			
SIGNATURE			PRINT NAME
	#1460		RON BALTZER
TYPE II PERMIT NUMBER	EXPIRATION DATE	TELEPHONE NUMBER	
230132	07/06/2025	816-325-7300	



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

2

PERMIT
TYPE II
RON BALTZER

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 7/6/2023

NUMBER 230132

EXPIRES 7/6/2025

Mike Mason

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Paula J. Nielson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

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 BALTZER, RON
 Permit No 230132
 Date Issued 7/6/2023 Date Expires 7/6/2025

