

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

CMI INTOXILYZER 8000 MAINTENANCE REPORT

20,96							REPORT #2	
Complete this report in du repaired. Send one copy							instrument is	
INSTRUMENT SERIAL NUMBER LOCATION OF INSTRUMENT			DATE OF INSPECTION TIME OF INSPECTION					
80-005850 LAKE WINNEBAGO PD			04/06/2024 11:37					
CALIBRATION CHECK R	CALIBRATION CHECK SUMMARY							
			STANDARD TYPE	STANDARD L	OT#		EXPIRATION DATE	
Test	g/210L	Time	DRY	AG31	.0901	04/	19/2025	
			SIM TEMPERATURE	SIM SERIAL N	IUMBER		FICATE EXPIRATION	
Air Blank	0.000	11:47	N/A	N/A N/A N/A				
Cal Check	0.082	11:48	STANDARD VALUE STANDARD SUPPLIER					
Air Blank	0.000	11:48	0.080 INTOXIMETERS					
Cal Check	0.083	11:48	CALIBRATION CHECK RESULT 1					
Air Blank	0.000	11:49	0.082					
Cal Check	0.083	11:49	CALIBRATION CHECK RESULT 2					
Air Blank	0.000	11:50	0.083					
			CALIBRATION CHECK R					
				(0.083			
Р	ass		MAXIMUM DEVIATION (N	MUST BE WITHIN	' I	MUST BE .00	05 OR LESS)	
	aoo		3.7%		0.0	001		
DIAGNOSTIC TEST RES	ULTS		RFI TEST RESU	JLTS				
Voltage/Curre	Pass	Test	g/210	ΟL	Time			
		Pass						
EEPROM Checksum Test		Pass	Air Blank RF		RFI;	k	11:50	
Real Time Clock Test Pa			Air Blank 0.000 11			11:51		
DSP Test Pass								
Analytical Stability Test Pass			*RFI Dete	ect				
Modem Test Pass								
Temperature Regulation Test Pass								
							10	
P			ass					
•	ass				433			
NUMBER OF REFUSALS	AND SUBJECT E	REATH TESTS IN	EACH RANGE SI	INCE LAST	MAINTENA	NCE RE	PORT	
REFUSALS .0004		0509	10-14	.1519		OVER		
0	0	0	0		0		0	
List any new parts and dea	scribe any alteratio	n or modification the	t was made to re	store the in	etrument to	onerate (satisfactorily	
			at was made to re		istrament to v	operate t	Satisfactority	
and within established limits (use other side if necessary). Time-Date changed.								
	-5000							
INSPECTING OFFICER	_			T.U.				
INSPECTING OFFICER								

TYPE II PERMIT NUMBER

230148

EXPIRATION DATE

07/21/2025

MCGINNESS, JASON

TELEPHONE NUMBER

816-537-7900



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



PERMIT TYPE II

JASON M. MCGINNESS

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

577.020 through 577.041, RSMo and 306.111 through 306.119	nple of expired air. Permit issued under the provisions of section. RSMo.
DATE7/21/2023	Mile Masson
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

EXPIRES 7/21/2025

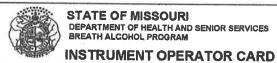
MO 580-0771 (6-10)

NUMBER 230148

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES.

Daves I. Nichelso

LAB-4 (R6-10)



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 MCGINNESS, JASON Permit No 230148

Permit No 230148 Date Issued 7/21/2023

Date Expires 7/21/2025

