



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 <b>80-005850</b>	LOCATION OF INSTRUMENT <b>LAKE WINNEBAGO PD</b>	DATE OF INSPECTION <b>04/06/2024</b>	TIME OF INSPECTION <b>11:37</b>
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CALIBRATION CHECK RESULTS			CALIBRATION CHECK SUMMARY		
Test	g/210L	Time	STANDARD TYPE	STANDARD LOT #	STANDARD EXPIRATION DATE
Air Blank	0.000	11:47	DRY	AG310901	04/19/2025
Cal Check	0.082	11:48	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	11:48	N/A	N/A	N/A
Cal Check	0.083	11:48	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	11:49	0.080	INTOXIMETERS	
Cal Check	0.083	11:49	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	11:50	0.082		
<b>Pass</b>			CALIBRATION CHECK RESULT 2		
			0.083		
			CALIBRATION CHECK RESULT 3		
			0.083		
			MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .005 OR LESS)	
			3.7%	0.001	

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
Test	Result	Time	Test	g/210L	Time
Voltage/Current Test	Pass		Air Blank	RFI*	11:50
RAM Test	Pass		Air Blank	0.000	11:51
EEPROM Checksum Test	Pass		*RFI Detect		
Real Time Clock Test	Pass		<b>Pass</b>		
DSP Test	Pass				
Analytical Stability Test	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	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).  
Time-Date changed.

INSPECTING OFFICER		
SIGNATURE	PRINT NAME	
	MCGINNESS, JASON	
TYPE II PERMIT NUMBER	EXPIRATION DATE	TELEPHONE NUMBER
230148	07/21/2025	816-537-7900



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

2

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

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 7/21/2023

NUMBER 230148

EXPIRES 7/21/2025

*Mike Mason*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Paula J. Nicholson*

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 MCGINNESS, JASON  
 Permit No 230148  
 Date Issued 7/21/2023 Date Expires 7/21/2025

