

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

CMI INTOXILYZER 8000 MAINTENANCE REPORT

REPORT #2

STRUMENT SERIAL NUMBER 80-005854			DATE OF INSPECTION TIME OF INSPECTION 10:19				
ALIBRATION CHECK	CLAY COUNTY	.,	CALIBRATION		<u> </u>		
ALIDIOTION ONLON			STANDARD TYPE	STANDARD LO		STANDARD EX	PIRATION DATE
Test	g/210L	Time	DRY	AG32	0002	07/1	9/2025
			SIM TEMPERATURE	SIM SERIAL NU	JMBER S	SIM CERTIFICA	ATE EXPIRATION
Air Blank	0.000	10:21	N/A	N/A		N/A	
Cal Check	0.100	10:21	STANDARD VALUE STANDARD SUPPLIER				
Air Blank	0.000	10:22	0.100 INTOXIMETERS				
Cal Check	0.100	10:22	CALIBRATION CHECK RESULT 1				
Air Blank	0.000	10:23	0.100				
Cal Check	0.100	10:23	CALIBRATION CHECK RESULT 2				
Air Blank	0.000	10:23	0.100				
AII DIAIM	0.000	10.23	CALIBRATION CHECK RESULT 3				
_			0.100				
Pass			MAXIMUM DEVIATION (N	MAXIMUM DEVIATION (MUST BE WITHIN 5%) SPREAD (MUST BE .005 OR LESS)			R LESS)
			0.0% 0.		0.0	000	
AGNOSTIC TEST RES	SULTS		RFI TEST RES	ULTS			1
		_	l <u> </u>		/01.01	-	m:
Voltage/Current Test		Pass	Test g/21		g/210	L	Time
RAM Test		Pass	7 (1) 7 (1)				1000
		Pass			0.00	U	10:24
Real Time Clock Test		Pass			RFI*	^	10:24
DSP Test Pas			Air Blan	ĸ	0.00	U	10:25
Analytical Stability Test Pass							
Modem Test Pass Temperature Regulation Test Pass			*RFI Detect				
Temperature F							
Pass				D	ass	•	
Г	a33				a 53		
	S AND SUBJECT BRE			INCE LAST	MAINTENA	OVER .19	ORT
FUSALS .00	O .050	Ω	.1014	.1519	0	OVER.II	0
0		<u> </u>					

INSPECTING OFFICER		
SIGNATURE	PRINT NAME	
239	BENJAMIN	LAUGHLIN
TYPE II PERMIT NUMBER	EXPIRATION DATE	TELEPHONE NUMBER
230106	05/30/2025	816.439.4701