

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. TIME OF INSPECTION DATE OF INSPECTION INSTRUMENT SERIAL NUMBER LOCATION OF INSTRUMENT 07/03/2024 08:32 CLAY COUNTY, MO DET. 80-005854 **CALIBRATION CHECK SUMMARY CALIBRATION CHECK RESULTS** STANDARD EXPIRATION DATE STANDARD LOT# STANDARD TYPE 03/18/2026 DRY AG407801 Test g/210L Time SIM TEMPERATURE SIM CERTIFICATE EXPIRATION SIM SERIAL NUMBER N/A N/AN/AAir Blank 08:34 0.000 STANDARD VALUE STANDARD SUPPLIER 08:35 Cal Check 0.105 0.100 INTOXIMETERS Air Blank 0.000 08:35 **CALIBRATION CHECK RESULT 1** 08:36 Cal Check 0.105 0.105 Air Blank 08:36 0.000 **CALIBRATION CHECK RESULT 2** Cal Check 0.105 08:36 0.105 08:37 Air Blank 0.000 **CALIBRATION CHECK RESULT 3** 0.105 MAXIMUM DEVIATION (MUST BE WITHIN 5%) SPREAD (MUST BE .005 OR LESS) 0.000 5.0% **RFI TEST RESULTS DIAGNOSTIC TEST RESULTS** Time q/210L Voltage/Current Test Pass Test RAM Test Pass EEPROM Checksum Test Pass Air Blank 0.000 08:37 Real Time Clock Test Pass Subject Test RFI* 08:38 08:38 Air Blank 0.000 DSP Test Pass Analytical Stability Test Pass *RFI Detect Modem Test Pass Temperature Regulation Test Pass **Pass** NUMBER OF REFUSALS AND SUBJECT BREATH TESTS IN EACH RANGE SINCE LAST MAINTENANCE REPORT REFUSALS .10-.14 0 0 2 1

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).

PASS. NEW DRY STANDARD

INSPECTING OFFICER			
SIGNATURE	PR	INT NAME	
289		BENJAMIN LAUGHLIN	
TYPE II PERMIT NUMBER	EXPIRATION DATE		TELEPHONE NUMBER
230106	05/30/2025		816.439.4701