



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
STATE PUBLIC HEALTH LABORATORY

**RECEIVED**

By Tracy Crews at 8:17 am, Aug 02, 2024

**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 80-005854	LOCATION OF INSTRUMENT CLAY COUNTY, MO DET.	DATE OF INSPECTION 08/01/2024	TIME OF INSPECTION 08:14
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CALIBRATION CHECK RESULTS			CALIBRATION CHECK SUMMARY		
Test	g/210L	Time	STANDARD TYPE DRY	STANDARD LOT # AG407801	STANDARD EXPIRATION DATE 03/18/2026
-----	-----	-----	SIM TEMPERATURE N/A	SIM SERIAL NUMBER N/A	SIM CERTIFICATE EXPIRATION N/A
Air Blank	0.000	08:17	STANDARD VALUE 0.100	STANDARD SUPPLIER INTOXIMETERS	
Cal Check	0.105	08:17	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p><b>RECEIVED</b> By Tracy Crews at 8:17 am, Aug 02, 2024</p> </div>		
Air Blank	0.000	08:17			
Cal Check	0.104	08:18			
Air Blank	0.105	08:18			
Cal Check	0.104	08:19	CALIBRATION CHECK RESULT 2		
Air Blank	0.104	08:19	CALIBRATION CHECK RESULT 3		
Cal Check	0.104	08:20	MAXIMUM DEVIATION (MUST BE WITHIN 5%) 5.0%		
Air Blank	0.104	08:20	SPREAD (MUST BE .005 OR LESS) 0.001		

**Pass**

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
Voltage/Current Test	Pass		Test	g/210L	Time
RAM Test	Pass		-----	-----	-----
EEPROM Checksum Test	Pass		Air Blank	0.000	08:20
Real Time Clock Test	Pass		Subject Test	RFI*	08:20
DSP Test	Pass		Air Blank	0.000	08:20
Analytical Stability Test	Pass		*RFI Detect		
Modem Test	Pass				
Temperature Regulation Test	Pass				

**Pass**

**Pass**

NUMBER OF REFUSALS AND SUBJECT BREATH TESTS IN EACH RANGE SINCE LAST MAINTENANCE REPORT											
REFUSALS	0	.00-.04	0	.05-.09	0	.10-.14	0	.15-.19	1	OVER .19	2

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).

WORKING PROPERLY

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