



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 STATE PUBLIC HEALTH LABORATORY  
**CMI INTOXILYZER 8000 MAINTENANCE REPORT**

RECEIVED  
 BY: [Name] ON: 06/15/2024

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 80-005855	LOCATION OF INSTRUMENT CARTHAGE POLICE	DATE OF INSPECTION 06/15/2024	TIME OF INSPECTION 06:24
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CALIBRATION CHECK RESULTS			CALIBRATION CHECK SUMMARY		
Test	g/210L	Time	STANDARD TYPE DRY	STANDARD LOT # AG222301	STANDARD EXPIRATION DATE 08/11/2024
Air Blank	0.000	06:27	SIM TEMPERATURE N/A	SIM SERIAL NUMBER N/A	SIM CERTIFICATE EXPIRATION N/A
Cal Check	0.098	06:27	STANDARD VALUE 0.100	STANDARD SUPPLIER INTOXIMETERS	
Air Blank	0.000	06:28	CALIBRATION CHECK RESULT 1 0.098		
Cal Check	0.098	06:28	CALIBRATION CHECK RESULT 2 0.098		
Air Blank	0.000	06:28	CALIBRATION CHECK RESULT 3 0.097		
Cal Check	0.097	06:29	MAXIMUM DEVIATION (MUST BE WITHIN 5%) 3.0%		
Air Blank	0.000	06:29	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		Air Blank	0.000	06:30
EEPROM Checksum Test	Pass		Subject Test	RFI*	06:30
Real Time Clock Test	Pass		Air Blank	0.000	06:31
DSP Test	Pass		*RFI Detect		
Analytical Stability Test	Pass				
Modem Test	Pass				
Temperature Regulation Test	Pass				

**Pass**

**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).  
 MAY 2024 MAINT.

INSPECTING OFFICER			
SIGNATURE 		PRINT NAME RANSOME	
TYPE II PERMIT NUMBER 240138	EXPIRATION DATE 06/14/2026	TELEPHONE NUMBER 4172377200	





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



**PERMIT**  
**TYPE II**  
**JACCOB RANSOME**

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 6/14/2024

NUMBER 240138

EXPIRES 6/14/2026

*Mike Massman*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Paula J. Nicholson*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES



**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** RANSOME, JACCOB  
**Permit No** 240138  
**Date Issued** 6/14/2024    **Date Expires** 6/14/2026

