



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 80-007511	LOCATION OF INSTRUMENT KANSAS CITY POLICE	DATE OF INSPECTION 08/31/2024	TIME OF INSPECTION 16:59
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CALIBRATION CHECK RESULTS			CALIBRATION CHECK SUMMARY		
Test	g/210L	Time	STANDARD TYPE DRY	STANDARD LOT # 14323080A4	STANDARD EXPIRATION DATE 06/05/2025
Air Blank	0.000	17:01	SIM TEMPERATURE N/A	SIM SERIAL NUMBER N/A	SIM CERTIFICATE EXPIRATION N/A
Cal Check	0.080	17:02	STANDARD VALUE 0.080	STANDARD SUPPLIER CMI INC	
Air Blank	0.000	17:02	CALIBRATION CHECK RESULT 1 0.080		
Cal Check	0.079	17:02	CALIBRATION CHECK RESULT 2 0.079		
Air Blank	0.000	17:03	CALIBRATION CHECK RESULT 3 0.079		
Cal Check	0.079	17:03	MAXIMUM DEVIATION (MUST BE WITHIN 5%) 1.2%		
Air Blank	0.000	17:04	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	17:04
EEPROM Checksum Test	Pass		Subject Test	RFI*	17:05
Real Time Clock Test	Pass		Air Blank	0.000	17:05
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	1	0	0	0	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).

TESTED AND CERTIFIED

INSPECTING OFFICER

SIGNATURE 	PRINT NAME WADE ROBINSON
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TYPE II PERMIT NUMBER 230228	EXPIRATION DATE 10/23/2025	TELEPHONE NUMBER 8164828141
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