



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
STATE PUBLIC HEALTH LABORATORY

**CMI INTOXILYZER 8000 MAINTENANCE REPORT**

**RECEIVED**

By Tracy Crews at 7:11 am, Nov 10, 2024

EPD

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<br>80-007514 | LOCATION OF INSTRUMENT<br>KANSAS CITY POLICE | DATE OF INSPECTION<br>05/13/2024 | TIME OF INSPECTION<br>02:18 |
|---------------------------------------|--|----------------------------------|-----------------------------|

| CALIBRATION CHECK RESULTS |        |       | CALIBRATION CHECK SUMMARY             |                               |                            |
|---------------------------|--------|-------|---------------------------------------|-------------------------------|----------------------------|
| Test                      | g/210L | Time  | STANDARD TYPE                         | STANDARD LOT #                | STANDARD EXPIRATION DATE   |
| Air Blank                 | 0.000  | 02:19 | DRY                                   | 14323080A4                    | 06/05/2025                 |
| Cal Check                 | 0.079  | 02:19 | SIM TEMPERATURE                       | SIM SERIAL NUMBER             | SIM CERTIFICATE EXPIRATION |
| Air Blank                 | 0.000  | 02:20 | N/A                                   | N/A                           | N/A                        |
| Cal Check                 | 0.080  | 02:20 | STANDARD VALUE                        | STANDARD SUPPLIER             |                            |
| Air Blank                 | 0.000  | 02:21 | 0.080                                 | CMI INC                       |                            |
| Cal Check                 | 0.079  | 02:21 | CALIBRATION CHECK RESULT 1            |                               |                            |
| Air Blank                 | 0.000  | 02:22 | 0.079                                 |                               |                            |
| <b>Pass</b>               |        |       | CALIBRATION CHECK RESULT 2            |                               |                            |
|                           |        |       | 0.080                                 |                               |                            |
|                           |        |       | CALIBRATION CHECK RESULT 3            |                               |                            |
|                           |        |       | 0.079                                 |                               |                            |
|                           |        |       | MAXIMUM DEVIATION (MUST BE WITHIN 5%) | SPREAD (MUST BE .005 OR LESS) |                            |
|                           |        |       | 1.2%                                  | 0.001                         |                            |

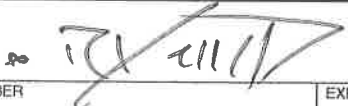
| DIAGNOSTIC TEST RESULTS     |      | RFI TEST RESULTS |       |
|-----------------------------|------|------------------|-------|
| Test                        | Pass | Test             | Time  |
| Voltage/Current Test        | Pass | Air Blank        | 02:22 |
| RAM Test                    | Pass | Subject Test     | 02:23 |
| EEPROM Checksum Test        | Pass | Air Blank        | 02:23 |
| Real Time Clock Test        | Pass | *RFI Detect      |       |
| DSP Test                    | Pass |                  |       |
| Analytical Stability Test   | Pass |                  |       |
| Modem Test                  | Pass |                  |       |
| Temperature Regulation Test | Pass |                  |       |
| <b>Pass</b>                 |      | <b>Pass</b>      |       |

| 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   | 2       | 0       | 2       | 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).

INSTRUMENT MEETS ALL DHSS STANDARDS & GUIDELINES

**INSPECTING OFFICER**

|  |                          |
|--|--------------------------|
| SIGNATURE<br> | PRINT NAME<br>R. KAIGHEN |
|--|--------------------------|

|                                 |                               |                                |
|---------------------------------|-------------------------------|--------------------------------|
| TYPE II PERMIT NUMBER<br>230209 | EXPIRATION DATE<br>09/22/2025 | TELEPHONE NUMBER<br>8164828190 |
|---------------------------------|-------------------------------|--------------------------------|

