



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 11/30/2024	TIME OF INSPECTION 19:51
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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	19:55	SIM TEMPERATURE N/A	SIM SERIAL NUMBER N/A	SIM CERTIFICATE EXPIRATION N/A
Cal Check	0.082	19:56	STANDARD VALUE 0.080	STANDARD SUPPLIER CMI, INC.	
Air Blank	0.000	19:56	CALIBRATION CHECK RESULT 1 0.082		
Cal Check	0.082	19:56	CALIBRATION CHECK RESULT 2 0.082		
Air Blank	0.000	19:57	CALIBRATION CHECK RESULT 3 0.082		
Cal Check	0.082	19:57	MAXIMUM DEVIATION (MUST BE WITHIN 5%) 2.5%		
Air Blank	0.000	19:58	SPREAD (MUST BE .005 OR LESS) 0.000		

Pass

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
Voltage/Current Test	Pass		Test	g/210L	Time
RAM Test	Pass		Air Blank	0.000	19:58
EEPROM Checksum Test	Pass		Reference	RFI*	19:58
Real Time Clock Test	Pass		Air Blank	RFI*	19:59
DSP Test	Pass		*RFI Detect		
Analytical Stability Test	Pass		Pass		
Modem Test	Pass				
Temperature Regulation Test	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	1	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).

INSPECTING OFFICER			
SIGNATURE <i>P.O. [Signature]</i>	PRINT NAME ERIC LYLES	TYPE II PERMIT NUMBER 240189	EXPIRATION DATE 08/29/2026
		TELEPHONE NUMBER 8164420558	

