



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
STATE PUBLIC HEALTH LABORATORY

**RECEIVED**

By Tracy Crews at 3:19 pm, Jan 23, 2025

**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 80-006195	LOCATION OF INSTRUMENT CARTHAGE POLICE DEPT	DATE OF INSPECTION 01/12/2025	TIME OF INSPECTION 17:20
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CALIBRATION CHECK RESULTS			CALIBRATION CHECK SUMMARY		
Test	g/210L	Time	STANDARD TYPE	STANDARD LOT #	STANDARD EXPIRATION DATE
-----	-----	-----	DRY	AG417101	06/19/2026
Air Blank	0.000	17:25	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Cal Check	0.104	17:25	N/A	N/A	N/A
Air Blank	0.000	17:25	STANDARD VALUE	STANDARD SUPPLIER	
Cal Check	0.104	17:26	0.100	INTOXIMETERS	
Air Blank	0.000	17:26	CALIBRATION CHECK RESULT 1		
Cal Check	0.103	17:27	0.104		
Air Blank	0.000	17:27	CALIBRATION CHECK RESULT 2		
			0.104		
			CALIBRATION CHECK RESULT 3		
			0.103		
			MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .005 OR LESS)	
			4.0%	0.001	

**Pass**

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
			Test	g/210L	Time
Voltage/Current Test	Pass		-----	-----	-----
RAM Test	Pass		Air Blank	0.000	17:28
EEPROM Checksum Test	Pass		Subject Test	RFI*	17:28
Real Time Clock Test	Pass		Air Blank	0.000	17:28
DSP Test	Pass				
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	.00-.04	.05-.09	.10-.14	.15-.19	OVER .19		
1	3	0	6	1	5		

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).

DECEMBER 2024 MAINT.

**INSPECTING OFFICER**

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