



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 80-005829	LOCATION OF INSTRUMENT JASPER CO. SHERIFF	DATE OF INSPECTION 06/08/2016	TIME OF INSPECTION 03:47
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CALIBRATION CHECK RESULTS			CALIBRATION CHECK SUMMARY		
Test	g/210L	Time	STANDARD TYPE DRY	STANDARD LOT # AG502603	STANDARD EXPIRATION DATE 01/26/2017
Air Blank	0.000	03:49	SIM TEMPERATURE N/A	SIM SERIAL NUMBER N/A	SIM CERTIFICATE EXPIRATION N/A
Cal Check	0.079	03:49	STANDARD VALUE 0.080	STANDARD SUPPLIER INTOXIMETERS	
Air Blank	0.000	03:50	CALIBRATION CHECK RESULT 1 0.079		
Cal Check	0.080	03:50	CALIBRATION CHECK RESULT 2 0.080		
Air Blank	0.000	03:50	CALIBRATION CHECK RESULT 3 0.079		
Cal Check	0.079	03:51	MAXIMUM DEVIATION (MUST BE WITHIN 5%) 1.2%	SPREAD (MUST BE .005 OR LESS) 0.001	
Air Blank	0.000	03:51	Pass		

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
Voltage/Current Test	Pass		Test	g/210L	Time
RAM Test	Pass		Air Blank	0.000	03:52
EEPROM Checksum Test	Pass		Subject Test	RFI*	03:52
Real Time Clock Test	Pass		Air Blank	0.000	03:52
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	3	2	2	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).
IS OPERATING WITHIN DOHSS STANDARDS

INSPECTING OFFICER		
SIGNATURE <i>Christopher Calvin</i> #349	PRINT NAME CHRISTOPHER CALVIN	
TYPE II PERMIT NUMBER 250286	EXPIRATION DATE 02/25/2018	TELEPHONE NUMBER 417-358-8177



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



PERMIT
TYPE II
CHRISTOPHER CALVIN

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

ALCO-SENSOR IV WITH PRINTER, 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 2/25/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 250286

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 2/25/2018

 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 CALVIN, CHRISTOPHER
 Permit No 250286
 Date Issued 2/25/2016 Date Expires 2/25/2018