

**RECEIVED**

By Tracy Crews at 7:08 am, Jul 14, 2023

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 80-005852	LOCATION OF INSTRUMENT JOPLIN POLICE DEPT	DATE OF INSPECTION 07/05/2023	TIME OF INSPECTION 19:14
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CALIBRATION CHECK RESULTS			CALIBRATION CHECK SUMMARY		
Test	g/210L	Time	STANDARD TYPE DRY	STANDARD LOT # AG125707	STANDARD EXPIRATION DATE 09/14/2023
Air Blank	0.000	19:16	SIM TEMPERATURE N/A	SIM SERIAL NUMBER N/A	SIM CERTIFICATE EXPIRATION N/A
Cal Check	0.100	19:16	STANDARD VALUE 0.100	STANDARD SUPPLIER INTOXIMETERS	
Air Blank	0.000	19:17	CALIBRATION CHECK RESULT 1 0.100		
Cal Check	0.102	19:17	CALIBRATION CHECK RESULT 2 0.102		
Air Blank	0.000	19:18	CALIBRATION CHECK RESULT 3 0.101		
Cal Check	0.101	19:18	MAXIMUM DEVIATION (MUST BE WITHIN 5%) 2.0%		
Air Blank	0.000	19:18	SPREAD (MUST BE .005 OR LESS) 0.002		

**Pass**

DIAGNOSTIC TEST RESULTS		RFI TEST RESULTS	
Voltage/Current Test	Pass	Test	g/210L
RAM Test	Pass		Time
EEPROM Checksum Test	Pass	Air Blank	0.000
Real Time Clock Test	Pass	Subject Test	RFI*
DSP Test	Pass	Air Blank	0.000
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	
0	0	0	0	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).

N/A

**INSPECTING OFFICER**

SIGNATURE 	PRINT NAME HINKLE
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TYPE II PERMIT NUMBER 210271	EXPIRATION DATE 11/26/2023	TELEPHONE NUMBER 4176233131
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STATE OF MISSOURI  
DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BREATH ALCOHOL PROGRAM



**PERMIT**  
**TYPE II**  
**HAYDEN HINKLE**

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 11/26/2021

*Laura G. Way*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 210271

*Donna S. Kamm*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 11/26/2023

MO 580-0771 (6-10)

LAB-4 (R6-10)

 **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** HINKLE, HAYDEN  
**Permit No** 210271  
**Date Issued** 11/26/2021 **Date Expires** 11/26/2023

