



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY
CMI INTOXILYZER 8000 MAINTENANCE REPORT

RECEIVED

By Tracy Crews at 1:37 pm, Jun 15, 2022

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 80-005828	LOCATION OF INSTRUMENT WEBB CITY P. D.	DATE OF INSPECTION 06/03/2022	TIME OF INSPECTION 23:21
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CALIBRATION CHECK RESULTS			CALIBRATION CHECK SUMMARY		
Test	g/210L	Time	STANDARD TYPE DRY	STANDARD LOT # AG108404	STANDARD EXPIRATION DATE 03/25/2023
Air Blank	0.000	23:22	SIM TEMPERATURE N/A	SIM SERIAL NUMBER N/A	SIM CERTIFICATE EXPIRATION N/A
Cal Check	0.101	23:23	STANDARD VALUE 0.100	STANDARD SUPPLIER INTOXIMETERS	
Air Blank	0.000	23:23	CALIBRATION CHECK RESULT 1 0.101		
Cal Check	0.100	23:23	CALIBRATION CHECK RESULT 2 0.100		
Air Blank	0.000	23:24	CALIBRATION CHECK RESULT 3 0.101		
Cal Check	0.101	23:24	MAXIMUM DEVIATION (MUST BE WITHIN 5%) 1.0%	SPREAD (MUST BE .005 OR LESS) 0.001	
Air Blank	0.000	23:25	Pass		

DIAGNOSTIC TEST RESULTS		RFI TEST RESULTS		
Voltage/Current Test	Pass	Test	g/210L	Time
RAM Test	Pass	-----		
EEPROM Checksum Test	Pass	Air Blank	0.000	23:25
Real Time Clock Test	Pass	Subject Test	RFI*	23:26
DSP Test	Pass	Air Blank	0.000	23:26
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	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).

INSPECTING OFFICER		
SIGNATURE	PRINT NAME CHRISTOPHER SHONK	
TYPE II PERMIT NUMBER 210136	EXPIRATION DATE 06/30/2023	TELEPHONE NUMBER 4176731911



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

2

PERMIT
TYPE II
CHRISTOPHER SHONK

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

INTOX DMT, INTOXILYZER 8000, ALCO-SENSOR IV W/PRINTER

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 6/30/2021

NUMBER 210136

EXPIRES 6/30/2023

MO 585-0771 (5-10)

Laura A. Day

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Rob Knud

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (RS-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 SHONK, CHRISTOPHER
Permit No 210136
Date Issued 6/30/2021 Date Expires 6/30/2023