



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

**RECEIVED**

By Tracy Crews at 4:27 pm, Nov 02, 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 11/02/2022	TIME OF INSPECTION 05:01
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CALIBRATION CHECK RESULTS			CALIBRATION CHECK SUMMARY		
Test	g/210L	Time	STANDARD TYPE	STANDARD LOT #	STANDARD EXPIRATION DATE
Air Blank	0.000	05:03	DRY	AG108404	03/25/2023
Cal Check	0.100	05:03	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	05:04	N/A	N/A	N/A
Cal Check	0.101	05:04	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	05:05	0.100	INTOXIMETERS	
Cal Check	0.100	05:05	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	05:06	0.100		
<b>Pass</b>			CALIBRATION CHECK RESULT 2		
			0.101		
			CALIBRATION CHECK RESULT 3		
			0.100		
			MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .005 OR LESS)	
			1.0%	0.001	

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
			Test	g/210L	Time
Voltage/Current Test	Pass		Air Blank	0.000	05:06
RAM Test	Pass		Subject Test	RFI*	05:07
EEPROM Checksum Test	Pass		Air Blank	0.000	05:07
Real Time Clock Test	Pass		*RFI Detect		
DSP Test	Pass		<b>Pass</b>		
Analytical Stability Test	Pass				
Modem Test	Pass				
Temperature Regulation Test	Pass				
<b>Pass</b>					

**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	1	1	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	TELEPHONE NUMBER 4176731911
EXPIRATION DATE 06/30/2023	





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

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**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