

RECEIVED

By Tracy Crews at 8:35 am, Dec 21, 2022



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<br>80-005829 | LOCATION OF INSTRUMENT<br>JASPER CO. SHERIFF | DATE OF INSPECTION<br>12/21/2022 | TIME OF INSPECTION<br>03:53 |
|---------------------------------------|--|----------------------------------|-----------------------------|

| CALIBRATION CHECK RESULTS |        |       | CALIBRATION CHECK SUMMARY             |                               |                            |
|---------------------------|--------|-------|---------------------------------------|-------------------------------|----------------------------|
| Test                      | g/210L | Time  | STANDARD TYPE                         | STANDARD LOT #                | STANDARD EXPIRATION DATE   |
| -----                     | -----  | ----- | DRY                                   | AG128602                      | 10/13/2023                 |
| Air Blank                 | 0.000  | 03:55 | SIM TEMPERATURE                       | SIM SERIAL NUMBER             | SIM CERTIFICATE EXPIRATION |
| Cal Check                 | 0.080  | 03:55 | N/A                                   | N/A                           | N/A                        |
| Air Blank                 | 0.000  | 03:55 | STANDARD VALUE                        | STANDARD SUPPLIER             |                            |
| Cal Check                 | 0.080  | 03:56 | 0.080                                 | INTOXIMETERS                  |                            |
| Air Blank                 | 0.000  | 03:56 | CALIBRATION CHECK RESULT 1            |                               |                            |
| Cal Check                 | 0.080  | 03:57 | 0.080                                 |                               |                            |
| Air Blank                 | 0.000  | 03:57 | CALIBRATION CHECK RESULT 2            |                               |                            |
| Cal Check                 | 0.080  | 03:57 | 0.080                                 |                               |                            |
| Air Blank                 | 0.000  | 03:57 | CALIBRATION CHECK RESULT 3            |                               |                            |
|                           |        |       | 0.080                                 |                               |                            |
|                           |        |       | MAXIMUM DEVIATION (MUST BE WITHIN 5%) | SPREAD (MUST BE .005 OR LESS) |                            |
|                           |        |       | 0.0%                                  | 0.000                         |                            |

Pass

| DIAGNOSTIC TEST RESULTS     |      |  | RFI TEST RESULTS |        |       |
|-----------------------------|------|--|------------------|--------|-------|
|                             |      |  | Test             | g/210L | Time  |
| Voltage/Current Test        | Pass |  | -----            | -----  | ----- |
| RAM Test                    | Pass |  | Air Blank        | RFI*   | 03:58 |
| EEPROM Checksum Test        | Pass |  | Air Blank        | RFI*   | 03:58 |
| Real Time Clock Test        | Pass |  |                  |        |       |
| DSP Test                    | Pass |  | *RFI Detect      |        |       |
| Analytical Stability Test   | Pass |  |                  |        |       |
| 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 |  |
| 2   | 0       | 0       | 3       | 4       | 3        |  |

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).

|                                      |                                  |                                |
|--------------------------------------|----------------------------------|--------------------------------|
| <b>INSPECTING OFFICER</b>            |                                  |                                |
| SIGNATURE<br><i>Sgt. [Signature]</i> | PRINT NAME<br>CHRISTOPHER CALVIN |                                |
| TYPE II PERMIT NUMBER<br>220052      | EXPIRATION DATE<br>02/19/2024    | TELEPHONE NUMBER<br>4173588177 |





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

2

**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 2/19/2022

NUMBER 220052

EXPIRES 2/19/2024

*Laura Q. Wag*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Christopher Calvin*

acting director  
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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 CALVIN, CHRISTOPHER  
Permit No 220052  
Date Issued 2/19/2022 Date Expires 2/19/2024

