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By Tracy Crews at 8:13 am, Jun 23, 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 80-005848	LOCATION OF INSTRUMENT JCSO SATELLITE	DATE OF INSPECTION 06/20/2022	TIME OF INSPECTION 08:09
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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	08:11	DRY	AG128602	10/13/2023
Cal Check	0.081	08:11	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	08:12	N/A	N/A	N/A
Cal Check	0.080	08:12	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	08:12	0.080	INTOXIMETERS	
Cal Check	0.080	08:13	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	08:13	0.081		
Pass			CALIBRATION CHECK RESULT 2		
			0.080		
			CALIBRATION CHECK RESULT 3		
			0.080		
			MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .005 OR LESS)	
			1.2%	0.001	

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
Test	Pass		Test	g/210L	Time
Voltage/Current Test	Pass		Air Blank	0.000	08:14
RAM Test	Pass		Subject Test	RFI*	08:14
EEPROM Checksum Test	Pass		Air Blank	0.000	08:14
Real Time Clock Test	Pass		*RFI Detect		
DSP Test	Pass				
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	
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).

INSPECTING OFFICER		
SIGNATURE <i>Scott Calvin #349</i>	PRINT NAME CHRISTOPHER CALVIN	
TYPE II PERMIT NUMBER 220052	EXPIRATION DATE 02/19/2024	TELEPHONE NUMBER 4173588177



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 2/19/2022

NUMBER 220052

EXPIRES 2/19/2024

Laura E. Way

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Christopher Calvin

acting director
 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (8-10)

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



