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By Tracy Crews at 12:26 pm, May 30, 2024



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 05/29/2024	TIME OF INSPECTION 08:59
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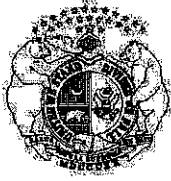
CALIBRATION CHECK RESULTS			CALIBRATION CHECK SUMMARY		
Test	g/210L	Time	STANDARD TYPE	STANDARD LOT #	STANDARD EXPIRATION DATE
Air Blank	0.000	09:00	DRY	AG318003	06/29/2025
Cal Check	0.101	09:00	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	09:01	N/A	N/A	N/A
Cal Check	0.100	09:01	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	09:01	0.100	INTOXIMETERS	
Cal Check	0.102	09:02	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	09:02	0.101		
Pass			CALIBRATION CHECK RESULT 2		
			0.100		
			CALIBRATION CHECK RESULT 3		
			0.102		
			MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .005 OR LESS)	
			2.0%	0.002	

DIAGNOSTIC TEST RESULTS		RFI TEST RESULTS	
Test	Pass	Test	g/210L
Voltage/Current Test	Pass		
RAM Test	Pass		
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		
Modem Test	Pass		
Temperature Regulation Test	Pass	*RFI Detect	
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	4	3	2	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).
Time-Date changed.

INSPECTING OFFICER	
SIGNATURE 	PRINT NAME HINKLE
TYPE PERMIT NUMBER 230262	EXPIRATION DATE 11/24/2025
TELEPHONE NUMBER 4176233131	



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 11/24/2023

NUMBER 230262

EXPIRES 11/24/2025

Mike Mason

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

David J. Nielson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580.0771 (6-10)

LAB-4 (R6-19)



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 230262
Date Issued 11/24/2023 **Date Expires** 11/24/2025

