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By Tracy Crews at 10:46 am, Mar 27, 2025



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 80-005854	LOCATION OF INSTRUMENT CLAY COUNTY, MO DET.	DATE OF INSPECTION 03/24/2025	TIME OF INSPECTION 10:02
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CALIBRATION CHECK RESULTS			CALIBRATION CHECK SUMMARY		
Test	g/210L	Time	STANDARD TYPE DRY	STANDARD LOT # AG320002	STANDARD EXPIRATION DATE 07/19/2025
Air Blank	0.000	10:05	SIM TEMPERATURE N/A	SIM SERIAL NUMBER N/A	SIM CERTIFICATE EXPIRATION N/A
Cal Check	0.102	10:05	STANDARD VALUE 0.100	STANDARD SUPPLIER INTOXIMETERS	
Air Blank	0.000	10:06	CALIBRATION CHECK RESULT 1 0.102		
Cal Check	0.101	10:06	CALIBRATION CHECK RESULT 2 0.101		
Air Blank	0.000	10:07	CALIBRATION CHECK RESULT 3 0.101		
Cal Check	0.101	10:07	MAXIMUM DEVIATION (MUST BE WITHIN 5%) 2.0%	SPREAD (MUST BE .005 OR LESS) 0.001	
Air Blank	0.000	10:07	Pass		

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
Voltage/Current Test	Pass		Test	g/210L	Time
RAM Test	Pass		Air Blank	0.000	10:08
EEPROM Checksum Test	Pass		Subject Test	RFI*	10:09
Real Time Clock Test	Pass		Air Blank	0.000	10:09
DSP Test	Pass		*RFI Detect		
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	0	.00-.04	0	.05-.09	0	.10-.14	0	.15-.19	2	OVER .19	1

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 RYAN SCHILDKNECHT
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TYPE II PERMIT NUMBER 230225	EXPIRATION DATE 10/19/2025	TELEPHONE NUMBER 6605434573
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STATE OF MISSOURI
 DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BREATH ALCOHOL PROGRAM

2

**PERMIT
 TYPE II**

RYAN SCHILDKNECHT

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, INTOX EC/IR II, ASIV 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 10/19/2023

NUMBER 230225

EXPIRES 10/19/2025

Laura Q. Day

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

[Signature]

, 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 SCHILDKNECHT, RYAN
 Permit No 230225
 Date Issued 10/19/2023 Date Expires 10/19/2025

