

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

| Complete this report at the time of the regular contrily preventive maintenance check (not to exceed 35 days). Complete this report whenever the instrument is serviced or repaired and whenever it a placed into service. Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS. 12820 | INTOX EC/IR II | | | | REPOR | T #3 |
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| NAME OF ABBRECY NAME OF AB | I | | | | | |
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| DOCATION OF INSTRUMENT (STREET AND CITY) TIME OF INSPECTION 12:37 CDT | (ADS-250) 250 (ADS-250) | NAME OF AGENCY | | Constitution and the constitution of the const | | |
| 12:37 CDT | 12820 | WASHINGTON POLI | CE DEPT | 04/05/2024 | | |
| ERREKLIST: Place a mark in the box by each item if found to be satisfactory or is operating within established limits. (Write in observed values where determined). Unmarked items must be corrected before using instrument. | LOCATION OF INSTRUMENT (STREET AND CITY |) | | TIME OF INSPECTION | | |
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| Breath Alcohol Program, Missouri Department of Health and Senior Services, by mail, fax, or e-mail | Breath Alcohol Program, Miss | • | of Health and | Senior Servic | es, | |

| STATE OF MISSOURI) |
|---|
| COUNTY OF FRANKLIN) SS |
| <u>AFFIDAVIT</u> |
| Before me, the undersigned authority, personally appeared, Douglas A. Tollison who, |
| being by me duly sworn, deposed as follows: |
| My name is Douglas A. Tollison I am of sound mind, capable of making this affidavit, |
| and personally acquainted with the facts herein stated: |
| I am the custodian of maintenance records of the INTOX EC/IR II, SERIAL #12820. Attached |
| hereto are3 pages of records from the Washington Police Department for the month of |
| April, 20_24 . These3 pages of records are kept by Washington Police |
| Department in the regular course of business, and it was the regular course of business of |
| Washington Police Department for an employee or representative of Washington Police |
| Department with knowledge of the act, event, condition, opinion or diagnosis recorded to make |
| the record or to transmit information thereof to be included in such record; and the record was |
| made at or near the time of the act, event, condition, opinion or diagnosis. The records attached |
| hereto are the original or exact duplicate of the original. |
| 567. 285 |
| In witness whereof I have hereunto subscribed my name and affixed my official seal this, 20_24 |
| Stephonic L Helbuh Notary Public |

STEPHANIE L. HELLEBUSCH NOTARY PUBLIC - NOTARY SEAL STATE OF MISSOURI MY COMMISSION EXPIRES MAY 11, 2025 FRANKLIN COUNTY COMMISSION #11134383

ALC4 4/29/14



MO 580-0771 (G-10)

STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES **BREATH ALCOHOL PROGRAM**



PERMIT TYPE II

DOUGLAS A. TOLLISON

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs,

| and operate the following | reath analyzer(s): |
|---|--|
| | INTOX EC/IR II |
| for the determination of the 577.020 through 577.041, | alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections RSMo and 306.111 through 306.119 RSMo. |
| DATE 3/27/2023 | Mile Massin |
| v v | DIRECTOR OF STATE PUBLIC HEALTH LABORATORY |

NUMBER 230055 EXPIRES 3/27/2025

Daves J. Nichelson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (H6-10)



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 a

in Missouri. TOLLISON, DOUGLAS

Permit No 230055

Date Issued 3/27/2023 Date Expires 3/27/2025

