



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

INTOX EC/IR II MAINTENANCE REPORT

REPORT #3

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35 days). Complete this report whenever the instrument is serviced or repaired and whenever it is placed into service. Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

INTOX EC/IR II SN 12820	NAME OF AGENCY WASHINGTON POLICE DEPT	DATE OF INSPECTION 04/05/2024
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LOCATION OF INSTRUMENT (STREET AND CITY) 301 Jefferson St. Washington	TIME OF INSPECTION 12:37 CDT
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CHECKLIST: 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.

DIAGNOSTIC RECORD

<input checked="" type="checkbox"/> BLANK CHECK	<input checked="" type="checkbox"/> CO2 CHECK
<input checked="" type="checkbox"/> FC 1 TEMP	<input checked="" type="checkbox"/> FLOW CHECK
<input checked="" type="checkbox"/> SRC TEMP	<input checked="" type="checkbox"/> FCB CHECK
<input checked="" type="checkbox"/> DET TEMP	<input checked="" type="checkbox"/> CRC COMP CHECK
<input checked="" type="checkbox"/> BT TEMP	<input checked="" type="checkbox"/> CRC CAL CHECK
<input checked="" type="checkbox"/> STD 2 TEMP	<input checked="" type="checkbox"/> PRINT TEST
<input checked="" type="checkbox"/> ETH CHECK	

BREATH ANALYZER ACCURACY STANDARDS

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER INTOXIMETER	LOT# AG305102 EXP. DATE 02/20/2025
<input type="checkbox"/> SIMULATOR TEMP (34°C ±0.2°C)	SIM. SN SIM. NIST EXP DATE

CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

Run three tests using a standard solution. All three tests must be within +5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard solution being used.

- 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE
- 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE
- 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

TEST 1 → 0.099 g/210L	TEST 2 → 0.099 g/210L	TEST 3 → 0.099 g/210L
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INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:

REFUSALS	1	0-.04	4	.05-.09	0	.10-.14	3	.15-.19	1	OVER .19	0
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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 FULL NAME TOLLISON, DOUGLAS
TYPE II PERMIT NUMBER 230055	TELEPHONE NUMBER (636) 390-1050
EXPIRATION DATE 03/27/2025	

RETURN COMPLETED REPORT TO THE:

Breath Alcohol Program, Missouri Department of Health and Senior Services,
 by mail, fax, or e-mail

STATE OF MISSOURI)
)
COUNTY OF FRANKLIN) SS

AFFIDAVIT

Before me, the undersigned authority, personally appeared, Douglas A. Tollison who, being by me duly sworn, deposed as follows:

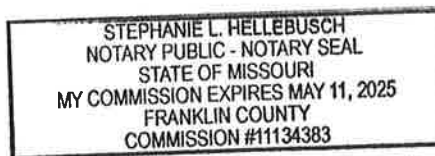
My name is Douglas A. Tollison I am of sound mind, capable of making this affidavit, and personally acquainted with the facts herein stated:

I am the custodian of maintenance records of the INTOX EC/IR II, SERIAL #12820. Attached hereto are 3 pages of records from the Washington Police Department for the month of April, 2024. These 3 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.

SGT. [Signature] #285

In witness whereof I have hereunto subscribed my name and affixed my official seal this 10 day of April, 2024.

Stephanie L Hellebusch
Notary Public



ALC4 4/29/14



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 breath analyzer(s):

INTOX EC/IR II

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 3/27/2023

NUMBER 230055

EXPIRES 3/27/2025

Mike Massum

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Douglas A. Tollison

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

 **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 TOLLISON, DOUGLAS
Permit No 230055
Date Issued 3/27/2023 **Date Expires** 3/27/2025

