



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 10/02/2024
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LOCATION OF INSTRUMENT (STREET AND CITY) 301 Jefferson St. Washington	TIME OF INSPECTION 11:52 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.

<input checked="" type="checkbox"/> <b>DIAGNOSTIC RECORD</b>	
<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	0.100 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	0	0-.04	0	.05-.09	1	.10-.14	1	.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 ▶ JGT [Signature] #285	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

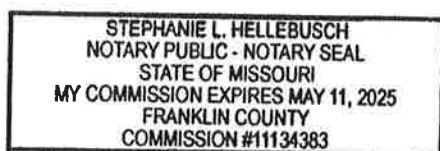
*Before me, the undersigned authority, personally appeared, Douglas A. Tollison who, being by me duly sworn, deposed as follows:*

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 October, 20 24. 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.

 #285

*In witness whereof I have hereunto subscribed my name and affixed my official seal this 2 day of October, 20 24.*



  
Notary Public



Airgas USA LLC (LAB)  
 3500 Bernard Street  
 St. Louis, Mo. 63103  
 Ph: (314) 593-3100  
 Fax: (314) 633-7328

## Certificate of Analysis

**Customer Name**  
 Exclusive Supplier  
 Intoximeters, Inc.  
 2081 Craig Road  
 St. Louis, Mo 63146

**Test Date:** 20-Feb-2023

**Lot # AG305102 Model 108**

<b>Exp Date</b> 20-Feb-2025	<b>Cyl. Type</b> 108	<b>Component</b> Ethanol Nitrogen	<b>Certified Concentration</b> 0.100 ± 2% BrAC (272 ppm)
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**Certification Traceable to N.I.S.T. RGM and to CRM Ethanol Standards:**

<b>RGM Serial No.</b>	<b>Concentration</b>	<b>RGM Serial No.</b>	<b>Concentration</b>
EB0010561	391.8 ppm	EB0010603	392.5 ppm
EB0010570	259.8 ppm	EB0010559	258.9 ppm
EB0010286	209.0 ppm	EB0010562	104.2 ppm
EB0010561	103.7 ppm	EB0010579	52.94 ppm
EB0010681	52.22 ppm		

<b>CRM Serial No.</b>	<b>Concentration</b>	<b>CRM Serial No.</b>	<b>Concentration</b>
CC727481	800.0 ppm	CC727493	390.0 ppm
CC727466	253.0 ppm	CC727498	150.0 ppm

**Analytical Method:** NDIR

Digitally signed by Quality Control  
 Reason: I'm the standard certification of analysis  
 Location: Airgas USA LLC (Lab)  
 Date: 2023.02.20 17:37

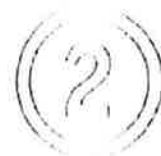
**Approved for Release:**

**Rod Marsala**

**ISO 17025:2017 A2LA accredited. Certificate Number 3082.06**  
**ISO 17034:2016 A2LA accredited. Certificate Number 3082.07**



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 Morgan*

DIRECTOR OF STATE PUBLIC HEALTH SERVICES

*Douglas A. Tollison*



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

**INSTRUMENT OPERATOR CARD**

This card is valid only when used with a breathalyzer instrument that is currently registered with the Department of Health and Senior Services.

Operator TOLLISON, DOUGLAS

Permit No 230055

Date issued 3/27/2023 Date Expires 3/27/2025

