



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 STATE PUBLIC HEALTH LABORATORY  
**ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT**

REPORT #7

Complete this report in duplicate at the time of the regular monthly preventative maintenance check, and whenever instrument is repaired. Send copy to Department of Health and Senior Services; retain original in department file.

ALCO SENSOR IV SN 119729	NAME OF AGENCY Newton County Sheriff's Office	DATE OF INSPECTION 12/19/2024
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LOCATION OF INSTRUMENT (STREET AND CITY) 208 W Coler Street, Neosho, MO 64850	TIME OF INSPECTION 1:30 pm
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**CHECKLIST:** Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

- DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)
- TEMPERATURE OF ALCO SENSOR (10°C - 40°C)
- PRINTER WORKING PROPERLY
- TIME AND DATE DISPLAYING PROPERLY

**BREATH ALCOHOL ACCURACY STANDARDS**

- SIMULATOR SOLUTION  COMPRESSED ETHANOL-GAS MIXTURE
- STANDARD SUPPLIER Guth Laboratories LOT # 23390 EXP. DATE 10/17/2025
- SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIM. SN DR 6930 SIM. NIST EXP DATE 07/23/2025

- 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. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)
  - 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE
  - 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE
  - 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

TEST 1  .103	TEST 2  .103	TEST 3  .103
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- RFI DETECTOR OPERATING

**INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS)**

REFUSALS	(0-.04)	(.05-.09)	(.10-.14)	(.15-.19)	(OVER .19)
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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 NAME Taylor Lombard
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TYPE II PERMIT NUMBER/EXPIRATION DATE 230169 08/08/2025	TELEPHONE NUMBER (417) 451-8300
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**Return completed report to the:** Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office by mail, fax, or email.

AS IV Serial no: 119729  
Version no: 532C

TEST RECORD 00162

Temp Date Time <sup>9/</sup>210L

Air Blank:  
12/19/24 13:33 .000  
Calibration Check:  
22 12/19/24 13:33 .103

Subject Name

Test

Subject I.D.

Test 1

Operator Name, I.D.

Taylor Lombard 230169  
Location

208 W Coler St

Neosho, MO 64850

AS IV Serial no: 119729  
Version no: 532C

TEST RECORD 00163

Temp Date Time <sup>9/</sup>210L

Air Blank:  
12/19/24 13:35 .000  
Calibration Check:  
23 12/19/24 13:35 .103

Subject Name

Test

Subject I.D.

Test 2

Operator Name, I.D.

Taylor Lombard 230169  
Location

208 W Coler St

Neosho, MO 64850

AS IV Serial no: 119729  
Version no: 532C

TEST RECORD 00164

Temp Date Time <sup>9/</sup>210L

Air Blank:  
12/19/24 13:43 .000  
Calibration Check:  
24 12/19/24 13:43 .103

Subject Name

Test

Subject I.D.

Test 3

Operator Name, I.D.

Taylor Lombard 230169  
Location

208 W Coler St

Neosho, MO 64850

AS IV Serial no: 119729  
Version no: 532C

TEST RECORD 00165

Temp Date Time <sup>9/</sup>210L

VOID: RF1  
12 12/19/24 13:56

Subject Name

Test

Subject I.D.

Test 4

Operator Name, I.D.

Taylor Lombard 230169  
Location

208 W Coler St.

Neosho, MO 64850



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



**PERMIT**  
**TYPE II**  
**TAYLOR LOMBARD**

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**

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 8/8/2023

NUMBER 230169

EXPIRES 8/8/2025

*Mike Massman*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Paula J. Nielson*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R9-10)

MO 680-0771 (3-10)

 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 LOMBARD, TAYLOR  
 Permit No 230169  
 Date Issued 8/8/2023 Date Expires 8/8/2025

