RULES OF
Department of Health and Senior Services
Division 25—Missouri State Public Health Laboratory
Chapter 30—Determination of Blood Alcohol by Blood, Breath, Saliva, and Urine Analysis; and Determination for the Presence of Drugs in Blood, Saliva, and Urine

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TITLE 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES

Division 25—Missouri State Public Health Laboratory

Chapter 30—Determination of Blood Alcohol by Blood, Breath, Saliva, and Urine Analysis; and Determination for the Presence of Drugs in Blood, Saliva, and Urine


PURPOSE: This rule provides general information regarding the applicability of the rules in this chapter, definitions of terms, permits, and operation of breath analyzers.

I. Only those laboratories or persons performing analysis of blood, breath, saliva, or urine for the determination of blood alcohol content, or of blood, saliva, or urine for the presence of drugs—at the direction of a law enforcement officer acting under the provisions of sections 577.001–577.041, RSMo—are subject to the rules in this chapter.

II. The following definitions shall be used in the interpretation and enforcement of the rules in this chapter:

(A) Blood alcohol content is the alcohol content of blood expressed as a percentage based on grams of alcohol per one hundred (100) milliliters of blood or grams of alcohol per two hundred ten (210) liters of breath;

(B) Breath analyzer is an instrument which measures and expresses the blood alcohol content from a sample of expired air;

(C) Department is the Missouri Department of Health and Senior Services;

(D) Drugs are illegal or controlled chemical substances, other than alcohol, that are capable of impairing an individual's ability to operate a motor vehicle;

(E) Field service and repairs are the service and repairs on breath analyzers at locations other than at a manufacturer's facility;

(F) Maintenance checks are the standardized and prescribed procedures used to determine that a breath analyzer is functioning properly and is operating in accordance with the operational procedures established by the Department of Health and Senior Services;

(G) Permit is the written authorization from the Department of Health and Senior Services for an individual to perform analyses of blood, breath, saliva, or urine for blood alcohol content; to perform analyses of blood, saliva, or urine for drugs; to operate breath analyzers; to supervise operators of breath analyzers; to serve as instructors of training courses; and to perform field service and repairs and maintenance checks on breath analyzers;

(H) Observation period is the minimum fifteen- (15-) minute continuous period that ends when a breath sample has been provided into the approved breath analyzer, during which time the operator shall remain close enough to a subject to reasonably ensure, using the senses of sight, hearing, or smell, that a test subject does not smoke, vomit, or have any oral intake during the fifteen- (15-) minute observation period. Direct observation is not necessary to ensure the validity or accuracy of the test result;

(I) Oral intake is the act of placing a substance from outside the body into the mouth during the observation period. The mouthpiece used to provide a breath sample shall not constitute oral intake;

(J) Vomiting is the act of ejecting the solid and/or liquid contents of the stomach through the mouth, and does not include belching or burping;

(K) Examination is a limited visual examination of a test subject's mouth and/or denial by a subject that he or she has any substance in his or her mouth; and

(L) Substance is any foreign matter, solid or liquid, not to include dentures, dental work, studs, piercing, or tongue jewelry.

III. The chemical analysis of a person's blood, breath, saliva, or urine conducted under the provisions of sections 577.001–577.041, RSMo, shall be performed by licensed medical personnel or by personnel possessing a valid permit issued by the department.

(A) Permits are valid for two (2) years from the date of issuance.

(B) A permittee is authorized to perform only those tests for analysis, or to operate or maintain those breath analyzers that are specified on the permit.

(C) A permit may not be used as an endorsement from the department for promotional or commercial purposes.

IV. Applications for permits and renewals of permits shall be made on forms available from the Breath Alcohol Program, Missouri State Public Health Laboratory. Forms are also available at http://health.mo.gov/lab/breathalcohol/. Requests for approval of instruments, methods, or training courses shall be made to the director, Missouri State Public Health Laboratory, c/o Breath Alcohol Program. Requests for copies of permits, submitted maintenance records, submitted permit applications, and simulator certifications shall also be made to the director, Missouri State Public Health Laboratory, c/o Breath Alcohol Program. Criteria and standards used for certification and approval purposes shall be provided upon request by the Missouri State Public Health Laboratory.

V. Breath analyzers shall be operated strictly in accordance with the procedures set forth in 19 CSR 25-30.060.

(A) An operational checklist, including the certification section, shall be completed with each breath test at the time of the test, by the individual performing the test.

(B) An individual permitted to operate a breath analyzer shall—

1. Immediately suspend use of a breath analyzer that is not functioning properly; and

2. Submit to periodic reviews, examinations or surveys conducted by the department.

VI. The department may initiate proceedings to deny, suspend, or revoke a permit when there is evidence of false or misrepresented information given on an application or renewal for a permit; when there is evidence that the permittee has falsified reports, negligently performed analyses or reported results, used an instrument or method not approved by the department, performed analyses not authorized by the permit, or has used the permit for promotional or commercial purposes; or when the permittee has demonstrated an inability to accurately and properly perform analyses or satisfactorily meet the qualifications and competence standards required of the permittee.

(A) The department shall provide written notice of the disciplinary action to the permittee and the employee of the permittee.

(B) The notice shall contain a summary of the evidence supporting the disciplinary action.

19 CSR 25-30.021 Type I Permit

PURPOSE: This rule establishes the qualifications, duties, and responsibilities of a Type I permittee and the standards for laboratories in which Type I permittees perform testing.

(1) A Type I permit, included herein, authorizes an individual to perform analyses of blood, saliva, or urine for blood alcohol content and to perform analyses of blood, saliva, or urine for the presence of drugs.

(2) An applicant for a Type I permit shall not be less than twenty-one (21) years of age and shall possess a baccalaureate degree in chemical, physical, or biological science from an accredited college or university. The applicant shall also complete an application for a Type I permit, included herein.

(A) To perform analyses of blood, saliva, or urine for drugs or blood alcohol content, the applicant shall have performed a biennial forensic proficiency test performed by an outside laboratory. The results reported on the three (3) samples shall be within five percent (5%) of the true value. A second set of three (3) check samples shall be sent to the applicant if the results from the first set were unsatisfactory. If the results from the second set of check samples are unsatisfactory, the department shall return the application. Any further efforts to meet this condition for completion of the application shall be made at the discretion of the department based on the nature of the problem; the ability of the applicant; and the facility, equipment, and methods that were employed. A copy of the check specimen results achieved shall accompany the permit application.

(B) Laboratories wherein analyses are performed by Type I permit holders shall maintain complete records of testing, quality assurance data, logbooks, and other documentation related to the performance of tests as established under general standards of laboratory practice and chain-of-custody procedures. A copy of the certification for each laboratory shall be supplied to the Missouri State Public Health Laboratory upon request.

(4) Type I permits issued prior to the effective date of this rule shall be considered valid under the conditions of this rule.

(5) Type I permit applications completed prior to the effective date of this rule shall be considered valid under the conditions of this rule.
STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM.

PERMIT
TYPE 1

is hereby authorized to determine the content of ___________________________ (TYPE IN "ALCOHOL" OR "DRUGS" OR BOTH)

from a sample of ___________________________ utilizing approved standard chemical methods.

(TYPE IN "BLOOD", "SALIVA" OR "URINE")

Permit issued under the provisions of sections 577.001 through 577.041, RSMo.

DATE ___________________________

NUMBER ___________________________

EXPIRES ___________________________

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-1242 (5-19)
19 CSR 25-30.031 Type II Permit

PURPOSE: This rule establishes the qualifications, duties, and responsibilities of a Type II permittee and establishes a maintenance report to be used for each of the approved breath analyzers in 19 CSR 25-30.050.

(1) A Type II permit, included herein, authorizes an individual to operate a breath analyzer and to perform any of the following duties: to conduct training courses for the operation of breath analyzers that are approved by the department, to conduct training courses approved by the department to qualify for a Type II permit, to perform field service and repairs on breath analyzers as indicated on the permit, to perform maintenance checks on breath analyzers as required by the department, and to supervise operators of breath analyzers.

(2) An applicant for a Type II permit shall not be less than twenty-one (21) years of age. In addition, the applicant successfully shall complete a training course approved by the department for obtaining a Type II permit and complete an application for a Type II permit, included herein.

(3) A Type II permittee shall perform maintenance checks on breath analyzers under his/her supervision at intervals not to exceed thirty-five (35) days. The permittee shall retain the original report of the maintenance check and submit a copy of the report so that it shall be received by the department within fifteen (15) days from the date the maintenance check was performed. In addition, maintenance checks shall be completed when—

(A) A new instrument is placed into service; or
(B) The instrument has been serviced, repaired, or recalibrated.

(4) Type II permittees shall maintain complete records as required in 19 CSR 25-30.021(3) and in 19 CSR 25-30.011(5)(A). Type II permittees shall provide oversight and assistance to assure the competency of the operators under their supervision. They shall conduct training courses as approved by the department.

(5) To renew a Type II permit, the applicant shall have completed at least two (2) maintenance checks and at least ten (10) tests on drinking subjects, following the operational checklists, within the past year on each breath analyzer for which renewal is requested. If these conditions are not met or if the permit has expired for more than thirty (30) days, the applicant shall perform two (2) maintenance checks and five (5) self-administered tests for each breath analyzer for which renewal is requested. Copies of the maintenance checks and the operational checklists and printouts for the five (5) self-administered tests shall accompany the application for renewal.

(6) Type II permits issued prior to the effective date of this rule shall be considered valid under the conditions of this rule.

(7) For the maintenance checks referred to in sections (3)–(5) of this rule, the appropriate maintenance report form for the specific instrument being checked shall be used—

(A) When performing a maintenance check on the Intox DMT, the report incorporated in the instrument software shall be used (see Report No. 1 included herein for example);
(B) When performing a maintenance check on the CMI Intoxilyzer 8000, the report incorporated in the instrument software shall be used (see Report No. 2 included herein for example);
(C) When performing a maintenance check on the Intox EC/IR II, the report incorporated in the instrument software shall be used (see Report No. 3 included herein for example); and
(D) When performing a maintenance check on the Alco-Sensor IV with printer, Report No. 7 included herein shall be used.

(8) Maintenance report forms required in section (7) of this rule prior to the effective date of this rule and completed on maintenance checks before that date shall be considered valid under this rule. Maintenance report forms completed on maintenance checks within ninety (90) days after the effective date of this rule shall be considered valid if the maintenance checks and maintenance report forms were completed in compliance with the rules in effect at the time the checks and forms were completed or the rules in effect immediately prior to the effective date of this rule.

(9) Type II permit applications completed prior to the effective date of this rule shall be considered valid under the conditions of this rule.
APPLICATION FOR TYPE II PERMIT FOR OPERATION OF BREATH ALCOHOL ANALYZERS

☐ NEW PERMIT  ☐ RENEWAL

CURRENT PERMIT NUMBER AND EXPIRATION DATE

PRINT FULL NAME

TITLE

AGE

SOCIAL SECURITY NUMBER

A disclosure concerning your SSN number is available at: http://www.health.mo.gov/lab/breathalcohol/

DEPARTMENT OR TROOP

TELEPHONE

( )

BUSINESS ADDRESS (STREET, CITY, STATE, ZIP CODE)

EMAIL ADDRESS

LIST ALL ORIGINAL TRAINING COURSES FOR OPERATION OF BREATH ANALYZERS
(Also, please place a checkmark beside ALL breath analyzer(s) for which you are requesting a permit.)

<table>
<thead>
<tr>
<th>DATES OF COURSE</th>
<th>LOCATION OF COURSE</th>
<th>COURSE LENGTH (HRS.)</th>
<th>NAME &amp; MODEL OF BREATH ANALYZER</th>
<th>PLACE A ✓ AGAINST INSTRUMENTS FOR WHICH YOU ARE REQUESTING A PERMIT</th>
<th>NAME OF INSTRUCTOR</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

List the manufacturer and name of instruments for which you are currently performing maintenance reports on and the number of maintenance reports performed on EACH type in the last year.

<table>
<thead>
<tr>
<th>MANUFACTURER AND NAME OF INSTRUMENT</th>
<th>NUMBER OF MAINTENANCE REPORTS</th>
<th>NUMBER OF SUBJECT TESTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

When adding a new instrument, you receive a new two (2) year permit. Therefore, normal renewal procedures apply for the instrument(s) on your current permit that you wish to transfer to the new permit. Disregarding these renewal procedures will result in a new permit for the new instrument only.

To renew a Type II Permit, the applicant shall have completed two (2) Maintenance Reports and shall have performed at least ten (10) tests on drinking subjects in the past year on each instrument for which renewal is requested. If these conditions are not met, or the permit has expired for more than thirty (30) days, the applicant shall perform two (2) Maintenance Reports and five (5) self-administered tests for each breath analyzer for which renewal is requested. Copies of the Maintenance Reports along with the Operational checklists and printouts for the five (5) self-administered tests shall accompany the application for renewal.

SIGNATURE OF APPLICANT

DATE

RETURN COMPLETED APPLICATION TO THE: Breath Alcohol Program, Missouri Department of Health and Senior Services
1903 Northwood Drive, Suite #4
Prairie Village, MO 66208

MO 680-0767 (6-18)  LAB-3
STATE OF MISSOURI  
DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BREATH ALCOHOL PROGRAM  

PERMIT  
TYPE II

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.001 through 577.041, RSMo.

DATE ____________________________   DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER ____________________________
EXPIRES ____________________________   DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 590-0771 (5-19)
## INTOX DMT MAINTENANCE REPORT

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 36 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.

<table>
<thead>
<tr>
<th>INTOX DMT SN</th>
<th>NAME OF AGENCY</th>
<th>DATE OF INSPECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LOCATION OF INSTRUMENT (STREET AND CITY)</th>
<th>TIME OF INSPECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### CHECKLIST:
Place a mark on the line 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
  - DATE AND TIME
  - DETECTOR
  - PROGRAM
  - FILTER 1
  - SAMPLE CHAMBER
  - FILTER 2
  - BREATH TUBE
  - FILTER 3
  - PUMP
  - INTERNAL STANDARD

### BREATH ANALYZER ACCURACY STANDARDS
- [ ] SIMULATOR SOLUTION
- [ ] COMPRESSED ETHANOL-GAS MIXTURE
- [ ] STANDARD SUPPLIER
- [ ] LOT #
- [ ] EXP. DATE
- [ ] 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: TEST 2: TEST 3:

- [ ] PERFORM R.F.I. TEST

### INDICATE THE NUMBER OF BREATH TEST IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:

<table>
<thead>
<tr>
<th>REFUSALS</th>
<th>0.04</th>
<th>0.05-09</th>
<th>0.10-14</th>
<th>0.15-19</th>
<th>OVER .19</th>
</tr>
</thead>
</table>

LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORYLY AND WITHIN ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)

---

INSPECTING OFFICER

SIGNATURE

PRINT FULL NAME

TYPE II PERMIT NUMBER

EXPIRATION DATE

TELEPHONE NUMBER

RETURN COMPLETED REPORT TO THE Breath Alcohol Program, Missouri Department of Health and Senior Services by mail, fax, or email

MO 580-2899 (5-19) AN EQUAL OPPORTUNITY/ Affirmative Action Employer services provided on a nondiscriminatory basis

LAB-100

CODE OF STATE REGULATIONS (5/31/23) JOHN R. ASHCROFT Secretary of State
**MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES**

**STATE PUBLIC HEALTH LABORATORY**

**CMI INTOXILYZER 8000 MAINTENANCE REPORT**

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.

<table>
<thead>
<tr>
<th>INSTRUMENT SERIAL NUMBER</th>
<th>LOCATION OF INSTRUMENT</th>
<th>DATE OF INSPECTION</th>
<th>TIME OF INSPECTION</th>
</tr>
</thead>
</table>

### CALIBRATION CHECK RESULTS

<table>
<thead>
<tr>
<th>TEST</th>
<th>g/210L</th>
<th>TIME</th>
</tr>
</thead>
</table>

### CALIBRATION CHECK SUMMARY

<table>
<thead>
<tr>
<th>STANDARD TYPE</th>
<th>STANDARD LOT NO.</th>
<th>STANDARD EXPIRATION DATE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>SIM TEMPERATURE</th>
<th>SIM SERIAL NUMBER</th>
<th>SIM CERTIFICATE EXPIRATION</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>STANDARD VALUE</th>
<th>STANDARD SUPPLIER</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>CALIBRATION CHECK RESULT 1</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>CALIBRATION CHECK RESULT 2</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>CALIBRATION CHECK RESULT 3</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>MAXIMUM DEVIATION (MUST BE WITHIN 2%)</th>
<th>SPREAD (MUST BE .005 OR LESS)</th>
</tr>
</thead>
</table>

### DIAGNOSTIC TEST RESULTS

- Voltage/Current Test
- RAM Test
- EEPROM Checksum Test
- Real Time Clock Test
- DSP Test
- Analytical Stability Test
- Modem Test
- Temperature Regulation Test

### RFI TEST RESULTS

<table>
<thead>
<tr>
<th>TEST</th>
<th>g/210L</th>
<th>TIME</th>
</tr>
</thead>
</table>

### NUMBER OF REFUSALS AND SUBJECT BREATH TESTS IN EACH RANGE SINCE LAST MAINTENANCE REPORT

<table>
<thead>
<tr>
<th>REFUSALS</th>
<th>00-04</th>
<th>05-09</th>
<th>10-14</th>
<th>15-19</th>
<th>OVER .19</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>SIGNATURE</th>
<th>PRINT NAME</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>TYPE II PERMIT NUMBER</th>
<th>EXPIRATION DATE</th>
<th>TELEPHONE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>MO 060-2901 (6-10)</td>
<td>AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER services provided on a nondiscriminatory basis</td>
<td>LAB-167</td>
</tr>
</tbody>
</table>

**JOHN R. ASHCROFT (5/31/23)\* Secretary of State**

**CODE OF STATE REGULATIONS** 11
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.

<table>
<thead>
<tr>
<th>INTOX EC/IR II SN</th>
<th>NAME OF AGENCY</th>
<th>DATE OF INSPECTION</th>
<th>LOCATION OF INSTRUMENT (STREET AND CITY)</th>
<th>TIME OF INSPECTION</th>
</tr>
</thead>
</table>

**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**
- ☐ BLANK CHECK
- ☐ FC 1 TEMP
- ☐ SRC TEMP
- ☐ DET TEMP
- ☐ BT TEMP
- ☐ STD 2 TEMP
- ☐ ETH CHECK
- ☐ CO2 CHECK
- ☐ FLOW CHECK
- ☐ FCB CHECK
- ☐ CRC COMP CHECK
- ☐ CRC CAL CHECK
- ☐ PRINT TEST

**BREATHE ANALYZER ACCURACY STANDARDS**
- ☐ SIMULATOR SOLUTION
- ☐ COMPRESSED ETHANOL-GAS MIXTURE
- ☐ STANDARD SUPPLIER ___________________ LOT # ___________ EXP. DATE ___________
- ☐ 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** ⬅️ **TEST 2** ⬅️ **TEST 3** ⬅️

**INDICATE THE NUMBER OF BREATH TEST IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:**

<table>
<thead>
<tr>
<th>REFUSALS</th>
<th>0-.04</th>
<th>.05-.09</th>
<th>.10-.14</th>
<th>.15-19</th>
<th>OVER .19</th>
</tr>
</thead>
</table>

LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORY AND WITHIN ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)

**INSPECTING OFFICER**

<table>
<thead>
<tr>
<th>SIGNATURE</th>
<th>PRINT FULL NAME</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>TYPE II PERMIT NUMBER</th>
<th>EXPIRATION DATE</th>
<th>TELEPHONE NUMBER</th>
</tr>
</thead>
</table>

**RETURN COMPLETED REPORT TO THE:** Breath Alcohol Program, Missouri Department of Health and Senior Services by mail, fax, or email.
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.

<table>
<thead>
<tr>
<th>ALCO SENSOR IV SN</th>
<th>NAME OF AGENCY</th>
<th>DATE OF INSPECTION</th>
</tr>
</thead>
<tbody>
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<table>
<thead>
<tr>
<th>LOCATION OF INSTRUMENT (STREET AND CITY)</th>
<th>TIME OF INSPECTION</th>
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</table>

**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

<table>
<thead>
<tr>
<th>STANDARD SUPPLIER</th>
<th>LOT #</th>
<th>EXP. DATE</th>
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<table>
<thead>
<tr>
<th>SIMULATOR TEMPERATURE (34°C ± 0.2°C)</th>
<th>SIM. SN</th>
<th>SIM. NIST EXP DATE</th>
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</table>

- [ ] 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**

**TEST 2**

**TEST 3**

- [ ] RFI DETECTOR OPERATING

**INDICATE THE NUMBER OF BREATHE TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:**

<table>
<thead>
<tr>
<th>REFUSALS</th>
<th>(0-.04)</th>
<th>(.05-.09)</th>
<th>(.10-.14)</th>
<th>(.15-.19)</th>
<th>(OVER .19)</th>
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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**

<table>
<thead>
<tr>
<th>SIGNATURE</th>
<th>PRINT NAME</th>
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<table>
<thead>
<tr>
<th>TYPE II PERMIT NUMBER/EXPIRATION DATE</th>
<th>TELEPHONE NUMBER</th>
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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.
(1) A Type III permit, included herein, authorizes an individual to operate breath analyzers.

(2) An applicant for a Type III permit shall not be less than twenty-one (21) years of age. The applicant shall have successfully completed a training course approved by the department for operation of breath analyzers or shall offer proof of equivalent qualifications to the satisfaction of the department. The applicant must also complete an application for a Type III permit, included herein.

(3) To renew a Type III permit, the applicant shall have performed at least ten (10) tests on drinking subjects in the past year on each instrument for which renewal is requested. If this condition is not met or the permit has expired for more than thirty (30) days, the applicant shall complete a two- (2-) hour refresher training course under the supervision of an individual with a valid Type II permit. The refresher training course shall include the performance of the five (5) self-administered tests for each breath analyzer for which renewal is requested. Copies of the completed operational checklists and printout for the self-administered tests shall accompany the renewal application.

(4) Type III permits issued prior to the effective date of this rule shall be considered valid under the conditions of this rule.

(5) Type III permit applications completed prior to the effective date of this rule shall be considered valid under the conditions of this rule.

Stuart v. Director of Revenue, 761 S.W.2d 234 (Mo. App. 1988). A Type II permittee is qualified to testify as an expert on technical matters and permissible temperature tolerances.

Miller v. Director of Revenue, 719 S.W.2d 787 (Mo. banc 1986); Elkins v. Director of Revenue, 728 S.W.2d 567 (Mo. App. 1987). Possession of a permit is a matter within the personal knowledge of the permittee. Testimony by a permittee is sufficient to prove the permittee’s qualifications to administer the tests.

19 CSR 25-30.041 Type III Permit

PURPOSE: This rule establishes the qualifications, duties, and responsibilities of a Type III permittee.

19 CSR 25-30.031 Type II Permit

PURPOSE: This rule establishes the qualifications, duties, and responsibilities of a Type II permittee.
### Application for Type III Permit for Operation of Breath Alcohol Analyzers

**This Application is for** [ ] New Permit  [ ] Renewal

**Current Permit Number and Expiration Date**

**Email Address for Completed Permit**

**Print Full Name**

**Title**

**Age**

**Department or Troop**

**Telephone**

**Business Address (Street, City, State, Zip Code)**

---

**List All Original Training Courses for Operation of Breath Analyzers.**

(Also, please be sure an ✓ is placed beside ALL breath analyzer(s) for which you are requesting a permit.)

<table>
<thead>
<tr>
<th>Dates of Course</th>
<th>Location of Course</th>
<th>Course Length (HRS.)</th>
<th>Name &amp; Model of Breath Analyzer</th>
<th>Place ✓ if Require Instruc. for Which Permit is Requested</th>
<th>Name of Instructor</th>
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</table>

**If this is an Application for a New Permit, Include a Copy of Applicant's Exam**

**If this is a Renewal Application, and/or you are adding a new instrument to your current permit, read the following instructions and provide the following additional information:**

When adding a new instrument, you receive a new two (2) year permit. Therefore, normal renewal procedures apply for the instrument(s) on your current permit that you wish to transfer to the new permit. Disregarding these renewal procedures will result in a new permit for the new instrument only.

To renew a Type III Permit, the applicant shall have performed at least ten (10) tests on drinking subjects in the past year on each instrument for which renewal is requested. If this condition is not met or the permit has expired for more than thirty (30) days, the applicant shall complete a two (2) hour refresher-training course under the supervision of an individual with a valid Type II Permit. The refresher-training course shall include the performance of five (5) self-administered tests for each breath analyzer for which renewal is requested. Copies of the completed operational checklists and printouts for the self-administered tests shall accompany the renewal application.

<table>
<thead>
<tr>
<th>Name of Instrument</th>
<th>Number of Subject Tests</th>
<th>Number of Self-Tests</th>
<th>Refresher Training Complete</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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<tr>
<td>2.</td>
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<tr>
<td>3.</td>
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</tbody>
</table>

**Signature of Applicant**

**Date**

---

**Recommendation of Supervisor Type II**

I certify that ______________________________ (Print Type II Applicant Full Name) is qualified to operate the breath analyzer instrument(s) as requested in this application.

**Print Type II Applicant Full Name**

**Business Phone**

**Signature of Type II Permittee**

**Permit Number/Expiration Date**

**Return Completed Application to the:**

Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office
1003 Northwood Drive, Suite #4, Poplar Bluff, MO 63901

MO 580-0909 (5-19)

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**John R. Ashcroft**

(5/31/23)

**Secretary of State**
STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM

PERMIT
TYPE III

is hereby authorized to operate the following breath analyzer(s):

For the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.001 through 577.041, RSMo.

DATE ________________
NUMBER __________________
EXPIRES __________________

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0772 (5-19)
19 CSR 25-30.050 Approved Breath Analyzers

PURPOSE: This rule enumerates those breath analyzers which are approved by the Department of Health and Senior Services for the determination of the alcoholic content of blood from a sample of expired air.

(1) Approved breath analyzers are—

NAME OR ITEM

Alco-Sensor IV with printer, Intox EC/IR II, and Intox DMT

MANUFACTURER OR SUPPLIER

Intoximeters, Inc.

CMIMPH, Operations of MPD, Inc.

(2) Breath analyzers are to be used within buildings or vehicles used for driving-while-intoxicated enforcement. These breath analyzers are not approved for mobile use in boats or in outside areas.

(3) Maintenance checks and breath tests performed on previously approved breath analyzers prior to the effective date of this rule shall be considered valid under this rule if such tests were completed in compliance with the rules in effect at the time the test was conducted.


19 CSR 25-30.051 Breath Analyzer Calibration and Accuracy Verification Standards

PURPOSE: This rule defines the standard simulator solutions or compressed ethanol-gas mixtures to be used in verifying and calibrating breath analyzers, as well as the annual checks required on simulators used in conjunction with the standard simulator solution.

(1) Standards used for the purpose of verifying and calibrating breath analyzers shall consist of standard simulator solutions or compressed ethanol-gas standard mixtures.

(2) Standard simulator solutions, used to verify and calibrate evidential breath analyzers, shall be solutions from approved suppliers. The standard simulator solutions used shall have a vapor concentration within five percent (5%) of the following values:

(A) 0.10%;
(B) 0.08%; or
(C) 0.04%.

(3) Approved suppliers of standard simulator solutions are—

(A) Alcohol Countermeasure Systems, Inc.;
(B) CMI/MPH, Operations of MPD, Inc.;
(C) RepCo Marketing, Inc.; and
(D) Draeger Safety, Inc.

(4) Any breath alcohol simulator used in the verification or calibration of evidential breath analyzers with the standard simulator solutions referred to in sections (2) and (3) of this rule shall be certified against a National Institute of Standards and Technology (NIST) traceable reference thermometer or
thermocouple between January 1, 2013, and December 31, 2013, and annually thereafter. Proof that the simulator is in certification shall be shown by entry of the simulator serial number and expiration date of the certification period on the maintenance report required under 19 CSR 25-30.031, or by certification report as issued by the department.

(5) Compressed ethanol-gas standard mixtures used to verify and calibrate evidential breath analyzers shall be mixtures provided from approved suppliers. The compressed ethanol-gas mixtures used shall have a concentration within five percent (5%) of the following values:
(A) 0.10%;
(B) 0.08%; or
(C) 0.04%.

(6) Approved suppliers of standard compressed ethanol-gas mixtures are—
(A) Intoximeters, Inc.;
(B) CMI, Inc.;
(C) Draeger Safety Diagnostic, Inc.;
(D) ILMO Products Company, Inc.; and
(E) Guth Laboratories, Inc.

(7) Maintenance reports completed prior to the effective date of this rule shall be considered valid under this rule if the maintenance report was completed in compliance with the rules in effect at the time the maintenance was conducted.


19 CSR 25-30.060 Operating Procedures for Breath Analyzers

PURPOSE: This rule establishes an operational checklist (including certification by the operator) for each of the approved breath analyzers in 19 CSR 25-30.050. Prosecuting attorneys have requested that these procedures be included as a rule so they can be introduced in court to show that operators of breath analyzers have adhered strictly to the operating procedures set forth and approved by the Department of Health and Senior Services.

(1) When using Alco-Sensor IV with printer, the procedures on the form included herein shall be performed and the form shall be completed (see form #8).

(2) When using Intox DMT, the procedures on the form incorporated within the instrument software shall be performed and the form shall be completed (see form #11 included herein for example).

(3) When using Intoxilyzer, Model 8000, the procedures on the form incorporated within the instrument software shall be performed and the form shall be completed (see form #12 included herein for example).

(4) When using Intox EC/IR II, the procedures on the form incorporated within the instrument software shall be performed and the form shall be completed (see form #13 included herein for example).

(5) The fifteen- (15-) minute observation of the subject, which is the second procedure on the forms in sections (1)–(6) of this rule, shall be done by a current Type II or Type III permit holder. The observation period is intended to ensure that any alcohol in a test subject’s mouth has time to dissipate before a breath sample is taken so that mouth alcohol does not affect the accuracy of a test result. A fifteen- (15-) minute observation period is deemed to be sufficient for the dissipation of any mouth alcohol to a reasonable degree of scientific certainty.

(6) Results of subject tests shall be recorded on the operational checklist in a manner consistent with the breath analyzer’s digital display and/or printout. For example, if the display and/or the printout reads one hundred forty-nine thousandths percent (0.149%), the result shall be recorded as one hundred forty nine thousandths percent (0.149%).

(7) Operational Checklists and breath tests completed prior to the effective date of this rule shall be considered valid if such tests were completed in compliance with the rules in effect at the time the test was conducted. Operational Checklists and breath tests completed within ninety (90) days after the effective date of this rule shall be considered valid if such tests were completed in compliance with the rules in effect at the time the tests were conducted or the rules in effect immediately prior to the effective date of this rule.

(8) When using the Alco-Sensor IV with printer, the use of the Manual button shall not be allowed to obtain a breath alcohol test result from a subject.
<table>
<thead>
<tr>
<th>OPERATIONAL CHECKLIST: ALCO-SENSOR IV WITH PRINTER</th>
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</thead>
<tbody>
<tr>
<td>ALCO-SENSOR SERIAL NO.</td>
</tr>
<tr>
<td>TIME OBSERVATION PERIOD STARTED</td>
</tr>
</tbody>
</table>

- 1. Examination of mouth conducted. If any substance is observed or indicated to be present, the substance observed or indicated must be removed prior to starting the 15 minute observation period.
- 2. Subject observed for at least 15 minutes by .
  - No smoking, oral intake or vomiting during this time; if vomiting occurs, start over with 15 minute observation period.
- 3. Make sure printer is connected to Alco-Sensor IV.
- 4. Turn printer on.
- 5. Insert mouthpiece into Alco-Sensor IV.
- 6. Observe temperature display, make sure temperature reading is between 10°C and 40°C.
- 7. When "TEST" is displayed on Alco-Sensor IV, take subject breath sample.
- 8. When "SET" is displayed on Alco-Sensor IV, press SET button.
- 9. When printer has completed printing test result, tear off tape and fill in subject and officer information.
- 10. Press red button to eject mouthpiece.
- 11. Attach printout to this report.

<table>
<thead>
<tr>
<th>CERTIFICATION BY OPERATOR</th>
</tr>
</thead>
</table>

As set forth in the rules promulgated by the Department of Health and Senior Services related to the determination of blood alcohol by breath analysis, I certify that:
- 1. There was no deviation from the procedure approved by the department.
- 2. To the best of my knowledge the instrument was functioning properly.
- 3. I am authorized to operate the instrument.
## BLOOD ALCOHOL TEST REPORT - INTOX DMT

**LOCATION OF INSTRUMENT** | **INSTRUMENT SERIAL NUMBER** | **DATE OF TEST** | **TIME OBSERVATION PERIOD STARTED** | **TIME OF TEST**
---|---|---|---|---

**SUBLJCT NAME** |  |  |  |  
**SUBJECT DRIVER’S LICENSE NUMBER** |  |  |  |  
**ARRESTING OFFICER** | **ARRESTING OFFICER’S ID** |  |  |  
**OPERATOR** | **OPERATOR PERMIT** | **PERMIT EXP. DATE** |  |  
**OBSERVER** | **OBSERVER PERMIT** | **PERMIT EXP. DATE** |  |  

### OPERATIONAL CHECKLIST: INTOX DMT

1. Examination of mouth conducted. If any substance is observed or indicated to be present, the substance observed or indicated must be removed prior to starting the 15 minute observation period.
2. Subject observed for at least 15 minutes by __________________________. No smoking, oral intake or vomiting during this time; if vomiting occurs, start over with the 15 minute observation period.
3. Assure that the power switch is ON and the screen is displaying “READY <PUSH RUN>”.
4. Press the Run button on the display screen.
5. Enter subject and officer information.
6. When display reads “Please Blow” and gives audible beep, insert mouthpiece and take the subject’s breath sample.

### SUBJECT TEST RESULTS


**CERTIFICATION BY OPERATOR**

As set forth in the rules promulgated by the Department of Health and Senior Services related to the determination of blood alcohol by breath analysis, I certify that:

1. There was no deviation from the procedure approved by the department.
2. To the best of my knowledge the instrument was functioning properly.
3. I am authorized to operate the instrument.

**SIGNATURE OF OPERATOR**

**DATE**

**WITNESS (IF ANY)**

**DATE**
LOCATION OF INSTRUMENT | INSTRUMENT SERIAL NUMBER | DATE OF TEST | TIME OBSERVATION PERIOD STARTED | TIME OF TEST | DATE OF BIRTH | STATE |
|------------------------|-------------------------|-------------|---------------------------------|-------------|---------------|-------|

SUBJECT NAME
SUBJECT DRIVER'S LICENSE NUMBER
ARRESTING OFFICER | ARRESTING OFFICER ID
OPERATOR | OPERATOR PERMIT | PERMIT EXPIRATION DATE
OBSERVER | OBSERVER PERMIT | PERMIT EXPIRATION DATE

OPERATIONAL CHECKLIST: INTOXILYZER 8000

☐ 1. Examination of mouth conducted. If any substance is observed or indicated to be present, the substance observed or indicated must be removed prior to starting the 15 minute observation period.
☐ 2. Subject observed for at least 15 minutes by ____________________________.
   No smoking, oral intake or vomiting during this time; if vomiting occurs, start over with the 15 minute observation period.
☐ 3. Assure that the power switch is ON and the screen is displaying “Ready Mode”.
☐ 4. Press the START TEST button.
☐ 5. Enter the subject and officer information.
☐ 6. When display reads “Please Blow Until Tone Stops/R”, insert mouthpiece and take the subject's breath sample.

SUBJECT TEST RESULTS

COMMENTS

CERTIFICATION BY OPERATOR

As set forth in the rules promulgated by the Department of Health and Senior Services related to the determination of blood alcohol by breath analysis, I certify that:

☐ 1. There was no deviation from the procedure approved by the department.
☐ 2. To the best of my knowledge the instrument was functioning properly.
☐ 3. I am authorized to operate the instrument.

SIGNATURE OF OPERATOR | DATE

WITNESS (IF ANY) | DATE

MO 580-2902 (5-18) AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER services provided on a nondiscriminatory basis LAB-1076
### OPERATIONAL CHECKLIST: INTOX EC/IR II

1. Examination of mouth conducted. If any substance is observed or indicated to be present, the substance observed or indicated must be removed prior to starting the 15 minute observation period.

2. Subject observed for at least 15 minutes by ____________________.
   No smoking, oral intake or vomiting during this time; if vomiting occurs, start over with the 15 minute observation period.

3. Assure that the power switch is ON and the screen is displaying “PRESS ENTER TO START”.

4. Press the Enter button.

5. Enter subject and officer information.

6. When display reads “Please Blow/R”, and gives audible beep, insert mouthpiece and take the subject’s breath sample.

### SUBJECT TEST RESULTS


### CERTIFICATION BY OPERATOR

As set forth in the rules promulgated by the Department of Health and Senior Services related to the determination of blood alcohol by breath analysis, I certify that:

1. There was no deviation from the procedure approved by the department.

2. To the best of my knowledge the instrument was functioning properly.

3. I am authorized to operate the instrument.

<table>
<thead>
<tr>
<th>LOCATION OF INSTRUMENT</th>
<th>INSTRUMENT SERIAL NUMBER</th>
<th>DATE OF TEST</th>
<th>TIME OBSERVATION PERIOD STARTED</th>
<th>TIME OF TEST</th>
<th>DATE OF BIRTH</th>
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<table>
<thead>
<tr>
<th>SUBJECT DRIVER'S LICENSE NUMBER</th>
<th>STATE</th>
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<table>
<thead>
<tr>
<th>ARRESTING OFFICER</th>
<th>ARRESTING OFFICER ID</th>
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<th>OPERATOR</th>
<th>OPERATOR PERMIT</th>
<th>PERMIT EXP DATE</th>
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<th>OBSERVER</th>
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<th>COMMENTS</th>
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<thead>
<tr>
<th>SIGNATURE OF OPERATOR</th>
<th>DATE</th>
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<tr>
<th>WITNESS (IF ANY)</th>
<th>DATE</th>
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AUTHORITY: sections 192.006, 577.020, and 577.037, RS Mo 2016.*


Eckhoff v. Director of Revenue, 745 S.W.2d 815 (Mo. App. 1988); Director of Revenue v. Martin, 752 S.W.2d 453 (Mo. App. 1988). For purpose of breath analysis tests, the procedural components of these tests include the testing techniques and methods, the qualifications of the person administering the tests, and the nature and description of the equipment and devices to be used. The designation of approved suppliers of test ampoules for breathalyzer test was procedural only and would be applied retrospectively.

Stuhr v. Director of Revenue, 760 S.W.2d 127 (Mo. App. 1988). Though the operational checklist which was used differed from the rule, the checklist exceeded the minimum established requirements and provided a proper foundation for admitting the results of the breath test.

Stuhr v. Director of Revenue, 760 S.W.2d 127 (Mo. App. 1988); Bradford v. Director of Revenue, 735 S.W.2d 208 (Mo. App. 1987). The time and date component of the BAC Verifier is a separate component from that of the sample collection portion of the unit. The wrong date or time on the printout is not evidence of a malfunction.

19 CSR 25-30.070 Approval of Methods for the Analysis of Blood, Saliva, and Urine for the Determination of Blood Alcohol Content or the Presence of Drugs

PURPOSE: This rule establishes the methods and analytical principles approved for the determination of blood alcohol content or the presence of drugs from samples of blood, urine, or saliva.

(I) Samples of blood, saliva, or urine shall be collected in accordance with the provisions of sections 577.001–577.041, RS Mo, and a sufficient volume of sample shall be collected to provide for duplicate testing.

(A) Blood samples shall be collected in commercially-manufactured blood collection tubes that contain sodium fluoride or an equivalent preservative, as well as potassium oxalate, sodium citrate, or an equivalent anticoagulant.

(B) Urine specimens shall be collected in clean, dry containers. If a preservative, such as sodium fluoride, is employed, a comment stating the type and amount of preservative used should accompany the specimen. Specimens shall be refrigerated or frozen if not tested within one (1) day of collection.

(C) Saliva specimens shall be collected in a commercially-manufactured collection device and collected according to collection device instructions.

(2) The laboratory in which these analyses are performed shall have a director who shall assume full responsibility for the accuracy of tests and reports.

(3) An individual shall have a valid Type I permit in order to perform analyses of blood, saliva, and urine for the presence of drugs.

(4) Methods based on the following analytical principles are approved for the determination of blood alcohol content from a sample of blood, saliva, or urine:

(A) Chromatography, in liquid or vapor phase;

(B) Spectrophotometry;

(C) Colorimetry; or

(D) The quantitative determination of the reduction of dichromate in acid solution by ethanol.

(5) Methods based on the following analytical principles are approved for the analysis of blood, saliva, and urine for the presence of drugs:

(A) Chromatography, in liquid or vapor phase;

(B) Spectrophotometry;

(C) Spectrometry; or

(D) Immunoassay.

(6) All initial testing for the presence of drugs other than alcohol producing positive results shall be confirmed by a method employing mass spectrometry (MS).

(7) Blood, saliva, and urine tests for the determination of blood alcohol content or the presence of drugs performed prior to the effective date of this rule shall be considered valid under this rule if such tests were completed in compliance with the rules in effect at the time the test was conducted.

AUTHORITY: sections 192.006, 577.020, and 577.037, RS Mo 2016.*


State v. Kummer, 741 S.W.2d 285 (Mo. App. 1987). The rules of the Department of Health approving methods of analysis for determining blood alcohol content are procedural and relate to the admissibility of evidence, and thus are to be applied retrospectively.
19 CSR 25-30.080 Approval of Methods for the Analysis of Blood, Saliva, and Urine for the Presence of Drugs
(Rescinded March 30, 2020)