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**Rules of  
Department of Health and  
Senior Services**

**Division 25—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**

| <b>Title</b>  | <b>Page</b> |
|---|-------------|
| <b>19 CSR 25-30.011</b> General Provisions for the Determination of Blood, Breath, Saliva,<br>or Urine Analysis and Drug Testing .....      | 3           |
| <b>19 CSR 25-30.021</b> Type I Permit.....  | 4           |
| <b>19 CSR 25-30.031</b> Type II Permit.....   | 7           |
| <b>19 CSR 25-30.041</b> Type III Permit.....  | 16          |
| <b>19 CSR 25-30.050</b> Approved Breath Analyzers .....   | 19          |
| <b>19 CSR 25-30.051</b> Breath Analyzer Calibration and Accuracy Verification Standards .....   | 19          |
| <b>19 CSR 25-30.060</b> Operating Procedures for Breath Analyzers .....   | 20          |
| <b>19 CSR 25-30.070</b> Approval of Methods for the Determination of Blood Alcohol Content<br>From Samples of Blood, Saliva, or Urine ..... | 27          |
| <b>19 CSR 25-30.080</b> Approval of Methods for the Analysis of Blood, Saliva, and Urine for the<br>Presence of Drugs.....                  | 27          |



**Title 19—DEPARTMENT OF  
HEALTH AND SENIOR SERVICES  
Division 25—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**

**19 CSR 25-30.011 General Provisions for  
the Determination of Blood, Breath,  
Saliva, or Urine Analysis and Drug Testing**

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

(1) 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 577.020–577.041, RSMo, and sections 306.111–306.119, RSMo—are subject to the rules in this chapter.

(2) 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.

(3) The chemical analysis of a person's blood, breath, saliva, or urine conducted under the provisions of sections 577.020–577.041, RSMo, and sections 306.111–306.119, 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.

(4) Applications for permits and renewals of permits shall be made on forms (see 19 CSR 25-30.021, 19 CSR 25-30.031, or 19 CSR 25-30.041) available from the Breath Alcohol Program, State Public Health Laboratory—Southeast Branch, 2875 James Boulevard, Poplar Bluff, MO 63901. 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, State Public Health Laboratory, c/o Breath Alcohol Program. Criteria and

standards used for approval purposes shall be provided upon request by the State Public Health Laboratory.

(5) 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.

(6) 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 permit.

(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.

*AUTHORITY: sections 192.006 and 577.026, RSMo 2000, and sections 306.114, 306.117, 577.020, and 577.037, RSMo Supp. 2011.\* This rule previously filed as 19 CSR 20-30.011. Original rule filed July 15, 1988, effective Sept. 29, 1988. Changed to 19 CSR 25-30.011 Jan. 1, 1995. Emergency amendment filed May 10, 2001, effective May 22, 2001, expired Nov. 17, 2001. Amended: Filed May 10, 2001, effective Oct. 30, 2001. Amended: Filed May 31, 2012, effective Dec. 30, 2012.*

*\*Original authority: 192.006, RSMo 1993, amended 1995; 306.114, RSMo 1993, amended 2004, 2005, 2008; 306.117, RSMo 1993, amended 2005, 2008; 577.020, RSMo 1977, amended 1982, 1983, 1996, 1998, 2001, 2006; 577.026, RSMo 1982; and 577.037, RSMo 1982, amended 1983, 1988, 1993, 1996, 2001.*



*Collins v. Director of Revenue*, 691 S.W.2d 246 (Mo. banc. 1985); *Jannett v. King*, 687 S.W.2d 252 (Mo. App. 1985); *Stuart v. Director of Revenue*, 761 S.W.2d 234 (Mo. App. 1988). *Prima facie* case for admission of breath analysis test results is made if the test is administered by a certified operator in accordance with promulgated operating procedures.

*Collins v. Director of Revenue*, 691 S.W.2d 246 (Mo. banc 1985); *Stuart v. Director of Revenue*, 761 S.W.2d 234 (Mo. App. 1988). A contention that a breath analysis instrument was not functioning properly can only be made if supported by some evidence which suggests that a malfunction occurred despite adherence to correct test methods.

*Williams v. Director of Revenue*, 721 S.W.2d 797 (Mo. App. 1986). The results of approved breath analysis tests are measured by weight.

*Daniels v. Director of Revenue*, 48 S.W.3d 42 (Mo. App. 2001), overruled on other grounds by *Verdoorn v. Director of Revenue*, 119 S.W.3d 543 (Mo. 2003). "Belching" does not constitute "vomiting" because stomach contents are not disgorged through the mouth.

*Misener v. Director of Revenue*, 134 S.W.3d 761 (Mo. App. 2004). Subject waived any defense based upon the breath test result being contaminated by an antacid tablet in his mouth because he did not respond truthfully when asked whether he was taking any medication.

### 19 CSR 25-30.021 Type I Permit

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

(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 or shall have at least two (2) years of relevant analytical experience and the equivalent of at least two (2) years of college-level education with at least half of the credit hours earned in the chemical, physical, or biological sciences.

The applicant shall also complete an application for a Type I permit, included herein.

(A) To perform analyses of blood, saliva, or urine for blood alcohol content, the department shall send three (3) check specimens to the applicant for analysis. The applicant shall perform the analyses within the time set by the department. 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.

(B) Effective July 1, 2014, to perform analyses of blood, saliva, or urine for the presence of drugs, the applicant shall be an employee of a laboratory that holds a national accreditation through the College of American Pathologists (CAP), the American Board of Forensic Toxicologists (ABFT), or through the American Society of Crime Laboratory Directors/Laboratory Accreditation Board (ASCLD/Lab). This accreditation shall include an annual forensic proficiency test on each biological matrix (blood, saliva, or urine) tested. A copy of the certification for each laboratory shall be supplied to the State Public Health Laboratory upon request.

(3) A Type I permittee 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.

(4) All provisions of subsection (2)(A) of this rule shall apply for renewal of a permit authorizing the analysis of blood, saliva, or urine for blood alcohol content. A set of three (3) check samples shall be satisfactorily analyzed during the last year of the current permit, and the applicant shall complete an application for a Type I permit, included herein.

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

(6) 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 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE \_\_\_\_\_

\_\_\_\_\_  
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER \_\_\_\_\_

EXPIRES \_\_\_\_\_

\_\_\_\_\_  
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-1242 (6-10)

LAB-2 (6-10)



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 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE \_\_\_\_\_

\_\_\_\_\_  
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER \_\_\_\_\_

EXPIRES \_\_\_\_\_

\_\_\_\_\_  
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-1242 (6-10)

LAB-2 (6-10)



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
STATE PUBLIC HEALTH LABORATORY  
BREATH ALCOHOL PROGRAM  
**APPLICATION FOR TYPE I PERMIT**

|   |   |   |  |  |  |  |
|---|---|---|--|--|--|--|
| THIS APPLICATION IS FOR<br><input type="checkbox"/> NEW PERMIT <input type="checkbox"/> RENEWAL   |   | CURRENT PERMIT NUMBER AND EXPIRATION DATE   |  |  |  |  |
| PRINT FULL NAME   |   |   | AGE  | TELEPHONE NUMBER   |  |  |
| SOCIAL SECURITY NUMBER  |   | A disclosure concerning your SSN number is available at:<br><a href="http://www.health.mo.gov/lab/breathalcohol/">http://www.health.mo.gov/lab/breathalcohol/</a> |  |  |  |  |
| ORGANIZATION  |   |   |  | EMAIL ADDRESS  |  |  |
| BUSINESS ADDRESS (STREET, CITY, STATE, ZIP CODE)  |   |   |  |  |  |  |
| DIRECTOR'S NAME   |   |   |  | TELEPHONE NUMBER   |  |  |
| ALCOHOL ANALYSIS:   |   | <input type="checkbox"/> BLOOD  | <input type="checkbox"/> URINE   | <input type="checkbox"/> SALIVA  |  |  |
| DRUG ANALYSIS:  |   | <input type="checkbox"/> BLOOD  | <input type="checkbox"/> URINE   | <input type="checkbox"/> SALIVA  |  |  |
| <b>FOR DRUG TESTING ONLY</b>  |   |   |  |  |  |  |
| PROVIDE NAME OF PROFICIENCY TESTING PROGRAM(S) YOUR FACILITY SUBSCRIBES TO  |   |   |  |  |  |  |
| <b>EDUCATION</b>  |   |   |  |  |  |  |
| COLLEGE OR UNIVERSITY   | YEARS ATTENDED  | HOURS QTRS/SEM.   | MAJOR  | MINOR  | DEGREE   | GRADUATED  |
|   |   |   |  |  |  |  |
|   |   |   |  |  |  |  |
| <b>OTHER RELEVANT TRAINING</b>  |   |   |  |  |  |  |
| COURSE OR PROGRAM TITLE   |   | AGENCY OR INSTITUTION   |  |  | DATES  |  |
|   |   |   |  |  |  |  |
|   |   |   |  |  |  |  |
| <b>ANALYTICAL EXPERIENCE</b>  |   |   |  |  |  |  |
| ORGANIZATION  |   |   |  | DATES EMPLOYED   |  |  |
|   |   |   |  |  |  |  |
|   |   |   |  |  |  |  |
| <b>RESULTS OF SAMPLES FOR ANALYSIS:</b>   |   |   |  |  |  |  |
|   |   |   |  |  |  |  |
| <b>METHODS OF ANALYSIS USED</b>   |   |   |  |  |  |  |
| <b>DRUGS</b>  |   | <b>ALCOHOL</b>  |  |  |  |  |
| <input type="checkbox"/> Enzyme Immunoassay (EIA)   | <input type="checkbox"/> Radioimmunoassay (RIA)                       | <input type="checkbox"/> Thin Layer Chromatography (TLC)  | <input type="checkbox"/> High-Performance Liquid Chromatography (HPLC) | <input type="checkbox"/> Liquid Chromatography/Mass Spectrometry (LC/MS) | <input type="checkbox"/> Cloned Enzyme Donor Immunoassay (CEDIA) | <input type="checkbox"/> Ultra-Violet/Visible Spectrophotometry (UV/Vis) |
| <input type="checkbox"/> Gas Chromatography/Mass Spectrometry (GC/MS)   | <input type="checkbox"/> Fluorescence Polarization Immunoassay (FPIA) | <input type="checkbox"/> Gas Chromatography (GC)  | <input type="checkbox"/> Enzyme-Linked Immunosorbent Assay (ELISA)     | <input type="checkbox"/> Other _____                                     | <input type="checkbox"/> Gas or Liquid Chromatography            |  |
| <input type="checkbox"/> Other _____  |   |   |  | <input type="checkbox"/> Other _____                                     |  |  |
| SIGNATURE OF APPLICANT  |   |   |  | DATE   |  |  |
|   |   |   |  |  |  |  |
| <b>RETURN COMPLETED APPLICATION TO THE:</b>   |   |   |  |  |  |  |
| Breath Alcohol Program, Missouri Department of Health and Senior Services,<br>Southeast District Office, 2875 James Boulevard, Poplar Bluff, MO 63901 |   |   |  |  |  |  |



*AUTHORITY: sections 192.006 and 577.026, RSMo 2000, and sections 577.020 and 577.037, RSMo Supp. 2011.\* This rule previously filed as 19 CSR 20-30.021. Original rule filed July 15, 1988, effective Sept. 29, 1988. Changed to 19 CSR 25-30.021 Jan. 1, 1995. Amended: Filed May 31, 2012, effective Dec. 30, 2012.*

*\*Original authority: 192.006, RSMo 1993, amended 1995; 577.020, RSMo 1977, amended 1982, 1983, 1996, 1998, 2001, 2006; 577.026, RSMo 1982; and 577.037, RSMo 1982, amended 1983, 1988, 1993, 1996, 2001.*

*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 25-30.031 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 20-30.050.*

(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 DataMaster 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);

(D) When performing a maintenance check on the CMI Intoxilyzer 5000, Report No. 4 included herein shall be used;

(E) When performing a maintenance check on the DataMaster, Report No. 6 included herein shall be used; and

(F) 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.

(9) Type II 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 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 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE \_\_\_\_\_

\_\_\_\_\_  
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER \_\_\_\_\_

EXPIRES \_\_\_\_\_

\_\_\_\_\_  
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)



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 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE \_\_\_\_\_

\_\_\_\_\_  
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER \_\_\_\_\_

EXPIRES \_\_\_\_\_

\_\_\_\_\_  
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)



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

2

**APPLICATION FOR TYPE II PERMIT FOR OPERATION OF BREATH ALCOHOL ANALYZERS**

|   |  |   |     |
|---|--|---|-----|
| THIS APPLICATION IS FOR<br><input type="checkbox"/> NEW PERMIT <input type="checkbox"/> RENEWAL |  | CURRENT PERMIT NUMBER AND EXPIRATION DATE   |     |
| PRINT FULL NAME   |  | TITLE   | AGE |
| SOCIAL SECURITY NUMBER  |  | A disclosure concerning your SSN number is available at:<br><a href="http://www.health.mo.gov/lab/breathalcohol/">http://www.health.mo.gov/lab/breathalcohol/</a> |     |
| 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.)

| DATES OF COURSE | LOCATION OF COURSE | COURSE LENGTH (HRS.) | NAME & MODEL OF BREATH ANALYZER | PLACE A ✓ BESIDE INSTRUMENTS FOR WHICH YOU REQUEST | NAME OF INSTRUCTOR |
|-----------------|--------------------|----------------------|---------------------------------|--|--------------------|
|                 |                    |                      |                                 | <input type="checkbox"/>                           |                    |
|                 |                    |                      |                                 | <input type="checkbox"/>                           |                    |
|                 |                    |                      |                                 | <input type="checkbox"/>                           |                    |
|                 |                    |                      |                                 | <input type="checkbox"/>                           |                    |

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.

| MANUFACTURER AND NAME OF INSTRUMENT | NUMBER OF MAINTENANCE REPORTS | NUMBER OF SUBJECT TESTS |
|-------------------------------------|-------------------------------|-------------------------|
| 1.                                  |                               |                         |
| 2.                                  |                               |                         |
| 3.                                  |                               |                         |

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<br>▶ | DATE |
|-----------------------------|------|

**RETURN COMPLETED APPLICATION TO THE:**    Breath Alcohol Program, Missouri Department of Health and Senior Services  
Southeast District Office  
2875 James Blvd.  
Poplar Bluff, MO 63901





MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
STATE PUBLIC HEALTH LABORATORY  
BREATH ALCOHOL PROGRAM  
**DATAMASTER DMT MAINTENANCE REPORT**

REPORT #1

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.

|  |                |                    |
|--|----------------|--------------------|
| DATAMASTER DMT SN                        | NAME OF AGENCY | DATE OF INSPECTION |
| LOCATION OF INSTRUMENT (STREET AND CITY) |                | TIME OF INSPECTION |

**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 _____                           | <input type="checkbox"/> DETECTOR          |
| <input type="checkbox"/> PROGRAM              | <input type="checkbox"/> FILTER 1          |
| <input type="checkbox"/> SAMPLE CHAMBER _____ | <input type="checkbox"/> FILTER 2          |
| <input type="checkbox"/> BREATH TUBE _____    | <input type="checkbox"/> FILTER 3          |
| <input type="checkbox"/> PUMP                 | <input type="checkbox"/> INTERNAL STANDARD |

**BREATH ANALYZER ACCURACY STANDARDS**

SIMULATOR SOLUTION                       COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER \_\_\_\_\_ LOT # \_\_\_\_\_ EXP. DATE \_\_\_\_\_

SIMULATOR TEMP (34°C ± 0.2°C) \_\_\_\_\_ SIMULATOR SN \_\_\_\_\_ SIMULATOR 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:**

|          |       |         |         |         |          |
|----------|-------|---------|---------|---------|----------|
| REFUSALS | 0-.04 | .05-.09 | .10-.14 | .15-.19 | OVER .19 |
|----------|-------|---------|---------|---------|----------|

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 |
|-----------|-----------------|

|                       |                 |                  |
|-----------------------|-----------------|------------------|
| TYPE II PERMIT NUMBER | EXPIRATION DATE | TELEPHONE NUMBER |
|-----------------------|-----------------|------------------|

**RETURN COMPLETED REPORT TO THE**  
Breath Alcohol Program, Missouri Department of Health and Senior Services, Southeast District Office, 2875 James Blvd, Poplar Bluff, MO 63901



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
STATE PUBLIC HEALTH LABORATORY  
**CMI INTOXILYZER 8000 MAINTENANCE REPORT**

REPORT #2

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.

|                          |                        |                    |                    |
|--------------------------|------------------------|--------------------|--------------------|
| INSTRUMENT SERIAL NUMBER | LOCATION OF INSTRUMENT | DATE OF INSPECTION | TIME OF INSPECTION |
|--------------------------|------------------------|--------------------|--------------------|

| CALIBRATION CHECK RESULTS |        |      | CALIBRATION CHECK SUMMARY             |                               |                            |
|---------------------------|--------|------|---------------------------------------|-------------------------------|----------------------------|
| TEST                      | g/210L | TIME | STANDARD TYPE                         | STANDARD LOT NO.              | STANDARD EXPIRATION DATE   |
|                           |        |      | SIM TEMPERATURE                       | SIM SERIAL NUMBER             | SIM CERTIFICATE EXPIRATION |
|                           |        |      | STANDARD VALUE                        | STANDARD SUPPLIER             |                            |
|                           |        |      | CALIBRATION CHECK RESULT 1            |                               |                            |
|                           |        |      | CALIBRATION CHECK RESULT 2            |                               |                            |
|                           |        |      | CALIBRATION CHECK RESULT 3            |                               |                            |
|                           |        |      | MAXIMUM DEVIATION (MUST BE WITHIN 5%) | SPREAD (MUST BE .005 OR LESS) |                            |

| DIAGNOSTIC TEST RESULTS     | RFI TEST RESULTS |        |      |
|-----------------------------|------------------|--------|------|
|                             | TEST             | g/210L | TIME |
| Voltage/Current Test        |                  |        |      |
| RAM Test                    |                  |        |      |
| EEPROM Checksum Test        |                  |        |      |
| Real Time Clock Test        |                  |        |      |
| DSP Test                    |                  |        |      |
| Analytical Stability Test   |                  |        |      |
| Modem Test                  |                  |        |      |
| Temperature Regulation Test |                  |        |      |

| NUMBER OF REFUSALS AND SUBJECT BREATH TESTS IN EACH RANGE SINCE LAST MAINTENANCE REPORT |         |         |         |         |          |
|---|---------|---------|---------|---------|----------|
| REFUSALS  | .00-.04 | .05-.09 | .10-.14 | .15-.19 | OVER .19 |
|   |         |         |         |         |          |

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       |  |
| TYPE II PERMIT NUMBER | EXPIRATION DATE | TELEPHONE NUMBER |  |



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                        | NAME OF AGENCY | DATE OF INSPECTION |
| LOCATION OF INSTRUMENT (STREET AND CITY) |                | TIME OF INSPECTION |

**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 type="checkbox"/> <b>DIAGNOSTIC RECORD</b> |   |
| <input type="checkbox"/> BLANK CHECK              | <input type="checkbox"/> CO2 CHECK      |
| <input type="checkbox"/> FC 1 TEMP                | <input type="checkbox"/> FLOW CHECK     |
| <input type="checkbox"/> SRC TEMP                 | <input type="checkbox"/> FCB CHECK      |
| <input type="checkbox"/> DET TEMP                 | <input type="checkbox"/> CRC COMP CHECK |
| <input type="checkbox"/> BT TEMP                  | <input type="checkbox"/> CRC CAL CHECK  |
| <input type="checkbox"/> STD 2 TEMP               | <input type="checkbox"/> PRINT TEST     |
| <input type="checkbox"/> ETH CHECK                | DATE AND TIME _____                     |

**BREATH ANALYZER ACCURACY STANDARDS**

|   |   |
|---|---|
| <input type="checkbox"/> SIMULATOR SOLUTION   | <input type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE |
| <input type="checkbox"/> STANDARD SUPPLIER _____ LOT # _____ EXP. DATE _____  |   |
| <input type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) _____  | SIMULATOR SN _____ SIMULATOR EXP DATE _____             |
| <input type="checkbox"/> <b>CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)</b><br>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. (PRINTOUT ATTACHED) |   |
| <input type="checkbox"/> 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE   |   |
| <input type="checkbox"/> 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE   |   |
| <input type="checkbox"/> 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:**

|          |       |         |         |         |          |
|----------|-------|---------|---------|---------|----------|
| REFUSALS | 0-.04 | .05-.09 | .10-.14 | .15-.19 | OVER .19 |
|----------|-------|---------|---------|---------|----------|

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  |
| TYPE II PERMIT NUMBER | EXPIRATION DATE  |
|                       | TELEPHONE NUMBER |

**RETURN COMPLETED REPORT TO THE:** Breath Alcohol Program, Missouri Department of Health and Senior Services  
Southeast District Office  
2875 James Blvd, Poplar Bluff, MO 63901



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
STATE PUBLIC HEALTH LABORATORY  
BREATH ALCOHOL PROGRAM  
**CMI INTOXILYZER 5000 MAINTENANCE REPORT**

REPORT #4

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.

|  |                |                    |
|--|----------------|--------------------|
| INTOXILYZER 5000 SN                      | NAME OF AGENCY | DATE OF INSPECTION |
| LOCATION OF INSTRUMENT (STREET AND CITY) |                | TIME OF INSPECTION |

**CHECKLIST:** Place a mark 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.

- DVM TEST: (.350 ± .150) \_\_\_\_\_
- DIAGNOSTIC CHECK (PRINTOUT ATTACHED)                      DATE AND TIME (FROM PRINTOUT) \_\_\_\_\_
- CHARACTER DISPLAY TEST
- PRINT TEST (PRINTOUT ATTACHED )
- SIMULATOR SOLUTION SUPPLIER \_\_\_\_\_ LOT # \_\_\_\_\_ EXP. DATE \_\_\_\_\_
- SIMULATOR TEMPERATURE (34°C ± 0.2°C) \_\_\_\_\_ SIMULATOR SN \_\_\_\_\_ 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. (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 ➡ |
|----------|----------|----------|

PERFORM RFI TEST (PRINTOUT ATTACHED)

**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 |
|----------|-------|---------|---------|---------|----------|

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).

|                                       |                  |
|---------------------------------------|------------------|
| <b>INSPECTING OFFICER</b>             |                  |
| SIGNATURE<br>▶                        | 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  
Southeast District Office  
2875 James Blvd.  
Poplar Bluff, MO 63901



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
STATE PUBLIC HEALTH LABORATORY  
BREATH ALCOHOL PROGRAM  
**DATAMASTER MAINTENANCE REPORT**

REPORT #6

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.

|  |                |                    |
|--|----------------|--------------------|
| DATAMASTER SN                            | NAME OF AGENCY | DATE OF INSPECTION |
| LOCATION OF INSTRUMENT (STREET AND CITY) |                | TIME OF INSPECTION |

**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.

|   |  |
|---|--|
| <input type="checkbox"/> DIAGNOSTIC CHECK (PRINTOUT ATTACHED)   | DATE AND TIME (from printout) _____      |
| <input type="checkbox"/> COMPUTER                               | <input type="checkbox"/> DETECTOR        |
| <input type="checkbox"/> PROGRAM                                | <input type="checkbox"/> FILTERS         |
| <input type="checkbox"/> HEATERS SAMPLE CHAMBER _____ °C        | <input type="checkbox"/> QUARTZ STANDARD |
| <input type="checkbox"/> FLOW DETECTOR                          | <input type="checkbox"/> CALIBRATION     |
| <input type="checkbox"/> PUMP HIGH SPEED                        | <input type="checkbox"/> PRINTER         |
| <input type="checkbox"/> INDICATOR LIGHTS                       |  |
| <input type="checkbox"/> SIMULATOR SOLUTION SUPPLIER _____      | LOT # _____ EXP. DATE _____              |
| <input type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) _____ °C | SIMULATOR SN _____ 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. (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 ➡ |
|----------|----------|----------|

PERFORM R.F.I. TEST (PRINTOUT ATTACHED)

**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 |
|----------|---------|-----------|-----------|-----------|----------|

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  |
| TYPE II PERMIT NUMBER/EXPIRATION DATE | TELEPHONE NUMBER |

**RETURN COMPLETED REPORT TO THE:** Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office  
2875 James Blvd.  
Poplar Bluff, MO 63901



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                        | PRINTER SN | DATE OF INSPECTION |
| LOCATION OF INSTRUMENT (STREET AND CITY) |            | TIME OF INSPECTION |

**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 \_\_\_\_\_ LOT # \_\_\_\_\_ EXP. DATE \_\_\_\_\_
- SIMULATOR TEMPERATURE (34°C ± 0.2°C) \_\_\_\_\_ SIMULATOR SN \_\_\_\_\_ SIMULATOR 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. 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 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) |
|----------|---------|-----------|-----------|-----------|------------|

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       |
| TYPE II PERMIT NUMBER/EXPIRATION DATE | TELEPHONE NUMBER |

**Return completed report to the:** Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office  
2875 James Boulevard  
Poplar Bluff, MO 63901



*AUTHORITY: sections 192.006 and 577.026, RSMo 2000, and sections 306.114, 306.117, 577.020, and 577.037, RSMo Supp. 2011.\* This rule previously filed as 19 CSR 20-30.031. Original rule filed July 15, 1988, effective Sept. 29, 1988. Emergency amendment filed Dec. 2, 1992, effective Dec. 12, 1992, expired April 10, 1993. Emergency amendment filed April 1, 1993, effective April 11, 1993, expired June 6, 1993. Amended: Filed Dec. 2, 1992, effective June 7, 1993. Emergency amendment filed Nov. 9, 1993, effective Nov. 19, 1993, expired March 18, 1994. Emergency amendment filed March 1, 1994, effective March 11, 1994, expired July 8, 1994. Emergency amendment filed July 12, 1994, effective July 22, 1994, expired Nov. 18, 1994. Emergency amendment filed Oct. 28, 1994, effective Nov. 7, 1994, expired March 6, 1995. Amended: Filed July 22, 1994, effective Dec. 30, 1994. Changed to 19 CSR 25-30.031 Jan. 1, 1995. Emergency amendment filed March 3, 1995, effective March 13, 1995, expired July 1, 1995. Emergency amendment filed June 21, 1995, effective July 1, 1995, expired Oct. 28, 1995. Amended: Filed March 3, 1995, effective July 30, 1995. Emergency amendment filed March 15, 1996, effective March 25, 1996, expired Sept. 20, 1996. Amended: Filed March 15, 1996, effective Aug. 30, 1996. Amended: Filed Aug. 25, 1997, effective Feb. 28, 1998. Amended: Filed May 31, 2012, effective Dec. 30, 2012.*

*\*Original authority: 192.006, RSMo 1993, amended 1995; 306.114, RSMo 1993, amended 2004, 2005, 2008; 306.117, RSMo 1993, amended 2005, 2008; 577.020, RSMo 1977, amended 1982, 1983, 1996, 1998, 2001, 2006; 577.026, RSMo 1982; and 577.037, RSMo 1982, amended 1983, 1988, 1993, 1996, 2001.*

*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.*

(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.



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 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE \_\_\_\_\_

\_\_\_\_\_  
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER \_\_\_\_\_

EXPIRES \_\_\_\_\_

\_\_\_\_\_  
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0772 (6-10)

LAB-6 (R6-10)



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 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE \_\_\_\_\_

\_\_\_\_\_  
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER \_\_\_\_\_

EXPIRES \_\_\_\_\_

\_\_\_\_\_  
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0772 (6-10)

LAB-6 (R6-10)





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

**APPLICATION FOR TYPE III PERMIT FOR OPERATION OF BREATH ALCOHOL ANALYZERS**

|   |   |   |                                    |
|---|---|---|------------------------------------|
| THIS APPLICATION IS FOR<br><input type="checkbox"/> NEW PERMIT <input type="checkbox"/> RENEWAL |   | CURRENT PERMIT NUMBER AND EXPIRATION DATE | EMAIL ADDRESS FOR COMPLETED PERMIT |
| PRINT FULL NAME   |   | TITLE                                     | AGE                                |
| SOCIAL SECURITY NUMBER  | A disclosure concerning your SSN number is available at:<br><a href="http://www.health.mo.gov/lab/breathalcohol/">http://www.health.mo.gov/lab/breathalcohol/</a> |   |                                    |
| 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.)

| DATES OF COURSE | LOCATION OF COURSE | COURSE LENGTH (HRS.) | NAME & MODEL OF BREATH ANALYZER | PLACE AN <input type="checkbox"/> BESIDE INSTRUMENTS FOR WHICH YOU ARE REQUESTING A PERMIT | NAME OF INSTRUCTOR |
|-----------------|--------------------|----------------------|---------------------------------|--|--------------------|
|                 |                    |                      |                                 | <input type="checkbox"/>   |                    |
|                 |                    |                      |                                 | <input type="checkbox"/>   |                    |
|                 |                    |                      |                                 | <input type="checkbox"/>   |                    |

**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.

| NAME OF INSTRUMENT | NUMBER OF SUBJECT TESTS | NUMBER OF SELF-TESTS | REFRESHER TRAINING COMPLETE |
|--------------------|-------------------------|----------------------|-----------------------------|
| 1.                 |                         |                      | <input type="checkbox"/>    |
| 2.                 |                         |                      | <input type="checkbox"/>    |
| 3.                 |                         |                      | <input type="checkbox"/>    |

|                             |      |
|-----------------------------|------|
| SIGNATURE OF APPLICANT<br>▶ | DATE |
|-----------------------------|------|

**RECOMMENDATION OF SUPERVISOR TYPE II**

I certify that \_\_\_\_\_ is qualified to operate the breath analyzer instrument(s) as requested in this application.  
(PRINT TYPE III APPLICANT FULL NAME)

|  |                |
|--|----------------|
| PRINT TYPE II APPLICANT FULL NAME<br>▶ | BUSINESS PHONE |
|--|----------------|

|                                     |                               |
|-------------------------------------|-------------------------------|
| SIGNATURE OF TYPE II PERMITTEE<br>▶ | PERMIT NUMBER/EXPIRATION DATE |
|-------------------------------------|-------------------------------|

**RETURN COMPLETED APPLICATION TO THE:** Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office  
2875 James Blvd.  
Poplar Bluff, MO 63901



*AUTHORITY: sections 192.006 and 577.026, RSMo 2000, and sections 306.114, 306.117, 577.020, and 577.037, RSMo Supp. 2011.\* This rule previously filed as 19 CSR 20-30.041. Original rule filed July 15, 1988, effective Sept. 29, 1988. Amended: Filed March 15, 1996, effective Aug. 30, 1996. Changed to 19 CSR 25-30.041 Jan. 1, 1995. Emergency amendment filed June 19, 1998, effective July 1, 1998, expired Feb. 25, 1999. Amended: Filed June 19, 1998, effective Jan. 30, 1999. Amended: Filed May 31, 2012, effective Dec. 30, 2012.*

*\*Original authority: 192.006, RSMo 1993, amended 1995; 306.114, RSMo 1993, amended 2004, 2005, 2008; 306.117, RSMo 1993, amended 2005, 2008; 577.020, RSMo 1977, amended 1982, 1983, 1996, 1998, 2001, 2006; 577.026, RSMo 1982; and 577.037, RSMo 1982, amended 1983, 1988, 1993, 1996, 2001.*

*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.*

*Müller 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 25-30.050 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                                   | MANUFACTURER  |
|--|---|
| Alco-Sensor IV with printer and Intox EC/IR II | Intoximeters, Inc.,<br>St. Louis, MO  |
| BAC DataMaster and DataMaster DMT              | National Patent Analytical Systems, Inc., Mansfield, OH (formerly a subsidiary of National Patent Development Corporation, East Hartford, CT, formerly Verax Systems, Inc., Fairport, NY) |

Intoxilyzer, Model 5000 and Intoxilyzer, Model 8000

CMI/MPH, Operations of MPD, Inc., Owensboro, KY (formerly CMI, Inc., a subsidiary of Federal Signal Corp., Minturn, CO)

(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.

*AUTHORITY: sections 192.006 and 577.026, RSMo 2000, and sections 306.114, 306.117, 577.020, and 577.037, RSMo Supp. 2011.\* This rule was previously filed as 13 CSR 50-140.050 and 19 CSR 20-30.050. Original rule filed Oct. 1, 1965, effective Oct. 13, 1965. Amended: Filed Jan. 29, 1970, effective March 30, 1970. Amended: Filed Sept. 10, 1970, effective Nov. 9, 1970. Amended: Filed Dec. 8, 1972, effective Feb. 6, 1973. Emergency amendment filed Aug. 4, 1977, effective Aug. 14, 1977, expired Dec. 12, 1977. Amended: Filed Aug. 4, 1977, effective Nov. 11, 1977. Amended: Filed Feb. 8, 1982, effective May 13, 1982. Emergency amendment filed July 27, 1984, effective Aug. 6, 1984, expired Jan. 4, 1985. Amended: Filed July 17, 1984, effective Dec. 13, 1984. Changed to 19 CSR 20-30.050, effective Aug. 15, 1986. Amended: Filed Oct. 3, 1986, effective Dec. 25, 1986. Emergency amendment filed Jan. 13, 1987, effective Jan. 23, 1987, expired May 22, 1987. Amended: Filed Jan. 16, 1987, effective April 11, 1987. Emergency rescission and emergency rule filed June 2, 1988, effective June 12, 1988, expired Sept. 19, 1988. Rescinded and readopted: Filed June 2, 1988, effective Aug. 25, 1988. Amended: Filed June 16, 1989, effective Sept. 11, 1989. Emergency amendment filed Sept. 5, 1991, effective Sept. 15, 1991, expired Jan. 12, 1992. Amended: Filed Sept. 5, 1991, effective Jan. 13, 1992. Amended: Filed Jan. 15, 1993, effective July 8, 1993. Emergency amendment filed Nov. 9, 1993, effective Nov. 19, 1993, expired March 18, 1994. Emergency amendment filed March 1, 1994, effective March 11, 1994, expired July 8, 1994. Emergency amendment filed July 12, 1994, effective July 22, 1994, expired Nov. 18, 1994. Emergency amendment filed Oct.*

*28, 1994, effective Nov. 7, 1994, expired March 6, 1995. Amended: Filed July 22, 1994, effective Dec. 30, 1994. Changed to 19 CSR 25-30.050 Jan. 1, 1995. Emergency amendment filed March 15, 1996, effective March 25, 1996, expired Sept. 20, 1996. Amended: Filed March 16, 1996, effective Aug. 30, 1996. Emergency amendment filed Aug. 22, 1997, effective Sept. 1, 1997, expired Feb. 27, 1998. Amended: Filed Aug. 25, 1997, effective Feb. 28, 1998. Emergency amendment filed May 10, 2001, effective May 22, 2001, expired Nov. 17, 2001. Amended: Filed May 10, 2001, effective Oct. 30, 2001. Amended: Filed May 31, 2012, effective Dec. 30, 2012.*

*\*Original authority: 192.006, RSMo 1993, amended 1995; 306.114, RSMo 1993, amended 2004, 2005, 2008; 306.117, RSMo 1993, amended 2005, 2008; 577.020, RSMo 1977, amended 1982, 1983, 1996, 1998, 2001, 2006; 577.026, RSMo 1982; and 577.037, RSMo 1982, amended 1983, 1988, 1993, 1996, 2001.*

*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.*

**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%;
- (C) 0.04%.



(3) Approved suppliers of standard simulator solutions are—

- (A) Alcohol Countermeasure Systems, Inc.  
Aurora, CO 80010
- (B) Guth Laboratories, Inc.  
Harrisburg, PA 17111-4511
- (C) RepCo Marketing, Inc.  
Raleigh, NC 27604
- (D) Draeger Safety, Inc.  
Durango, CO 81303-7911

(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.

(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%; and
- (C) 0.04%.

(6) Approved suppliers of standard compressed ethanol-gas mixtures are—

- (A) Intoximeters, Inc.  
St. Louis, MO 63114
- (B) CMI, Inc.  
Owensboro, KY 42303
- (C) Draeger Safety Diagnostic, Inc.  
Durango, CO 81303-7911
- (D) ILMO Products Company, Inc.  
Jacksonville, IL 62651-0790

(7) Compressed ethanol-gas mixtures shall only be used to verify and calibrate evidential breath analyzers listing compressed ethanol-gas mixtures as an option during the maintenance check (see 19 CSR 25-30.031).

(8) 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.

*AUTHORITY: sections 192.006 and 577.026, RSMo 2000, and sections 577.020 and 577.037, RSMo Supp. 2011. \*Emergency rule filed Aug. 22, 1997, effective Sept. 1, 1997, expired Feb. 27, 1998. Original rule filed Aug. 25, 1997, effective Feb. 28, 1998.*

*Emergency rescission and emergency rule filed April 17, 1998, effective May 4, 1998, expired Oct. 30, 1998. Rescinded and readopted: Filed May 1, 1998, effective Oct. 30, 1998. Amended: Filed Jan. 15, 2004, effective July 30, 2004. Amended: Filed May 31, 2012, effective Dec. 30, 2012.*

*\*Original authority: 192.006, RSMo 1993, amended 1995; 577.020, RSMo 1977, amended 1982, 1983, 1996, 1998, 2001, 2006; 577.026, RSMo 1982; and 577.037, RSMo 1982, amended 1983, 1988, 1993, 1996, 2001.*

**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 Intoxilyzer, Model 5000, the procedures on the form included herein shall be performed and the form shall be completed (see form #5).

(2) When using DataMaster, the procedures on the form included herein shall be performed and the form shall be completed (see form #7).

(3) 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).

(4) When using DataMaster 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).

(5) 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).

(6) 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).

(7) 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.

(8) 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%).

(9) 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.

(10) 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. Any subject breath test conducted with the Manual button 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.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
**BLOOD ALCOHOL TEST REPORT - INTOXILYZER 5000** FORM #5

|   |              |   |                        |
|---|--------------|---|------------------------|
| SUBJECT'S NAME  | DATE OF TEST |   |                        |
| <b>OPERATIONAL CHECKLIST: INTOXILYZER 5000</b>  |              | SERIAL NUMBER   | LOCATION OF INSTRUMENT |
| <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 2. Subject observed for at least 15 minutes by _____<br/>No smoking, oral intake or vomiting during this time; if vomiting occurs, start over with the 15 minute observation period.</p> <p><input type="checkbox"/> 3. Assure that the power switch is ON and then press the START TEST button.</p> <p><input type="checkbox"/> 4. Enter test record card.</p> <p><input type="checkbox"/> 5. Enter subject and officer information</p> <p><input type="checkbox"/> 6. When display reads <b>PLEASE BLOW</b>, insert mouthpiece and take the subject's breath sample.</p> <p><input type="checkbox"/> 7. When test record is printed, remove test record and attach printout to this report.</p> |              |   |                        |
| <b>CERTIFICATION BY OPERATOR</b>  |              |   |                        |
| BAC   |              |   |                        |
| <p>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:</p> <p><input type="checkbox"/> 1. There was no deviation from the procedure approved by the department.</p> <p><input type="checkbox"/> 2. To the best of my knowledge the instrument was functioning properly.</p> <p><input type="checkbox"/> 3. I am authorized to operate the instrument.</p> <p><input type="checkbox"/> 4. No radio transmission occurred inside the room where and when this test was being conducted.</p>   |              |   |                        |
| NAME OF OPERATOR  | PERMIT NO.   | EXPIRATION DATE   | DATE                   |
| WITNESS (IF ANY)  |              |   |                        |
| MO 580-1212 (4-12)  |              | AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER services provided on a nondiscriminatory basis |                        |
| LAB 107A (R4-12)  |              | LAB 107A (R4-12)  |                        |

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
**BLOOD ALCOHOL TEST REPORT - INTOXILYZER 5000** FORM #5

|   |              |   |                        |
|---|--------------|---|------------------------|
| SUBJECT'S NAME  | DATE OF TEST |   |                        |
| <b>OPERATIONAL CHECKLIST: INTOXILYZER 5000</b>  |              | SERIAL NUMBER   | LOCATION OF INSTRUMENT |
| <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 2. Subject observed for at least 15 minutes by _____<br/>No smoking, oral intake or vomiting during this time; if vomiting occurs, start over with the 15 minute observation period.</p> <p><input type="checkbox"/> 3. Assure that the power switch is ON and then press the START TEST button.</p> <p><input type="checkbox"/> 4. Enter test record card.</p> <p><input type="checkbox"/> 5. Enter subject and officer information</p> <p><input type="checkbox"/> 6. When display reads <b>PLEASE BLOW</b>, insert mouthpiece and take the subject's breath sample.</p> <p><input type="checkbox"/> 7. When test record is printed, remove test record and attach printout to this report.</p> |              |   |                        |
| <b>CERTIFICATION BY OPERATOR</b>  |              |   |                        |
| BAC   |              |   |                        |
| <p>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:</p> <p><input type="checkbox"/> 1. There was no deviation from the procedure approved by the department.</p> <p><input type="checkbox"/> 2. To the best of my knowledge the instrument was functioning properly.</p> <p><input type="checkbox"/> 3. I am authorized to operate the instrument.</p> <p><input type="checkbox"/> 4. No radio transmission occurred inside the room where and when this test was being conducted.</p>   |              |   |                        |
| NAME OF OPERATOR  | PERMIT NO.   | EXPIRATION DATE   | DATE                   |
| WITNESS (IF ANY)  |              |   |                        |
| MO 580-1212 (4-12)  |              | AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER services provided on a nondiscriminatory basis |                        |
| LAB 107A (R4-12)  |              | LAB 107A (R4-12)  |                        |



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BLOOD ALCOHOL TEST REPORT - DATAMASTER FORM #7

|  |                        |
|--|------------------------|
| SUBJECT'S NAME                           | DATE OF TEST           |
| <b>OPERATIONAL CHECKLIST: DATAMASTER</b> |                        |
| SERIAL NO.                               | LOCATION OF INSTRUMENT |

- 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.
- 4. Press RUN button.
- 5. When display requests INSERT TICKET, insert evidence ticket.
- 6. Enter subject and officer information.
- 7. When display reads PLEASE BLOW and gives audible beep, take subject's breath sample.
- 8. When printer has completed printing out test result, remove ticket from printer. Attach printout to this report.

**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.
- 4. No radio transmission occurred inside the room where and when this was being conducted.

|                  |            |                 |
|------------------|------------|-----------------|
| NAME OF OPERATOR | PERMIT NO. | EXPIRATION DATE |
| WITNESS (IF ANY) |            | DATE            |

MO 580-1214 (4-12) AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER  
services provided on a nondiscriminatory basis  
LAB 109 (R4-12)

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BLOOD ALCOHOL TEST REPORT - DATAMASTER FORM #7

|  |                        |
|--|------------------------|
| SUBJECT'S NAME                           | DATE OF TEST           |
| <b>OPERATIONAL CHECKLIST: DATAMASTER</b> |                        |
| SERIAL NO.                               | LOCATION OF INSTRUMENT |

- 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.
- 4. Press RUN button.
- 5. When display requests INSERT TICKET, insert evidence ticket.
- 6. Enter subject and officer information.
- 7. When display reads PLEASE BLOW and gives audible beep, take subject's breath sample.
- 8. When printer has completed printing out test result, remove ticket from printer. Attach printout to this report.

**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.
- 4. No radio transmission occurred inside the room where and when this was being conducted.

|                  |            |                 |
|------------------|------------|-----------------|
| NAME OF OPERATOR | PERMIT NO. | EXPIRATION DATE |
| WITNESS (IF ANY) |            | DATE            |

MO 580-1214 (4-12) AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER  
services provided on a nondiscriminatory basis  
LAB 109 (R4-12)



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
**BLOOD ALCOHOL TEST REPORT - ALCO-SENSOR IV  
WITH PRINTER**

FORM #8

|   |                    |
|---|--------------------|
| SUBJECT'S NAME  | DATE OF TEST       |
| <b>OPERATIONAL CHECKLIST: ALCO-SENSOR IV WITH PRINTER</b> |                    |
| ALCO-SENSOR SERIAL NO.                                    | PRINTER SERIAL NO. |
| LOCATION OF INSTRUMENT                                    |                    |

- 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 "BLNK" is displayed on Alco-Sensor IV, air blank is taken.
- 8. When "TEST" is displayed on Alco-Sensor IV, take subject breath sample.
- 9. When "SET" is displayed on Alco-Sensor IV, press SET button.
- 10. When printer has completed printing test result, tear off tape and fill in subject and officer information.
- 11. Press red button to eject mouthpiece.
- 12. Turn printer off.
- 13. Attach printout to this report.

|   |  |     |
|---|--|-----|
| <b>CERTIFICATION BY OPERATOR</b>  |  | BAC |
| 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: |  |     |
| <input type="checkbox"/> 1. There was no deviation from the procedure approved by the department.   |  |     |
| <input type="checkbox"/> 2. To the best of my knowledge the instrument was functioning properly.  |  |     |
| <input type="checkbox"/> 3. I am authorized to operate the instrument.  |  |     |
| <input type="checkbox"/> 4. No radio transmission occurred inside the room where and when this was being conducted.   |  |     |

|                  |            |                 |
|------------------|------------|-----------------|
| NAME OF OPERATOR | PERMIT NO. | EXPIRATION DATE |
| WITNESS (IF ANY) | DATE       |                 |

MO 580-1213 (4-12) AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER  
services provided on a nondiscriminatory basis LAB. 108

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
**BLOOD ALCOHOL TEST REPORT - ALCO-SENSOR IV  
WITH PRINTER**

FORM #8

|   |                    |
|---|--------------------|
| SUBJECT'S NAME  | DATE OF TEST       |
| <b>OPERATIONAL CHECKLIST: ALCO-SENSOR IV WITH PRINTER</b> |                    |
| ALCO-SENSOR SERIAL NO.                                    | PRINTER SERIAL NO. |
| LOCATION OF INSTRUMENT                                    |                    |

- 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 "BLNK" is displayed on Alco-Sensor IV, air blank is taken.
- 8. When "TEST" is displayed on Alco-Sensor IV, take subject breath sample.
- 9. When "SET" is displayed on Alco-Sensor IV, press SET button.
- 10. When printer has completed printing test result, tear off tape and fill in subject and officer information.
- 11. Press red button to eject mouthpiece.
- 12. Turn printer off.
- 13. Attach printout to this report.

|   |  |     |
|---|--|-----|
| <b>CERTIFICATION BY OPERATOR</b>  |  | BAC |
| 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: |  |     |
| <input type="checkbox"/> 1. There was no deviation from the procedure approved by the department.   |  |     |
| <input type="checkbox"/> 2. To the best of my knowledge the instrument was functioning properly.  |  |     |
| <input type="checkbox"/> 3. I am authorized to operate the instrument.  |  |     |
| <input type="checkbox"/> 4. No radio transmission occurred inside the room where and when this was being conducted.   |  |     |

|                  |            |                 |
|------------------|------------|-----------------|
| NAME OF OPERATOR | PERMIT NO. | EXPIRATION DATE |
| WITNESS (IF ANY) | DATE       |                 |

MO 580-1213 (4-12) AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER  
services provided on a nondiscriminatory basis LAB. 108



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
**BLOOD ALCOHOL TEST REPORT - DATAMASTER DMT**

FORM #11

|                        |                                 |                          |                 |              |
|------------------------|---------------------------------|--------------------------|-----------------|--------------|
| LOCATION OF INSTRUMENT |                                 | INSTRUMENT SERIAL NUMBER | DATE OF TEST    | TIME OF TEST |
| SUBJECT NAME           |                                 |                          | DATE OF BIRTH   |              |
| SEX                    | SUBJECT DRIVER'S LICENSE NUMBER |                          | STATE           |              |
| ARRESTING OFFICER      |                                 | ARRESTING OFFICER ID     |                 |              |
| OPERATOR               |                                 | OPERATOR PERMIT          | PERMIT EXP DATE |              |

**OPERATIONAL CHECKLIST: DATAMASTER 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 "PRESS ENTER TO START".
- 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**

Blank area for subject test results.

COMMENTS

Blank area for comments.

**CERTIFICATION BY OPERATOR**

BAC

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.
- 4. No radio transmission occurred inside the room where and when this test was being conducted.

|                       |      |
|-----------------------|------|
| SIGNATURE OF OPERATOR | DATE |
| WITNESS (IF ANY)      | DATE |



STATE OF MISSOURI  
DEPARTMENT OF HEALTH AND SENIOR SERVICES  
**BLOOD ALCOHOL TEST REPORT – INTOXILYZER 8000**

FORM #12

|                        |                                 |                          |                        |              |
|------------------------|---------------------------------|--------------------------|------------------------|--------------|
| LOCATION OF INSTRUMENT |                                 | INSTRUMENT SERIAL NUMBER | DATE OF TEST           | TIME OF TEST |
| SUBJECT NAME           |                                 |                          | DATE OF BIRTH          |              |
| SEX                    | SUBJECT DRIVER'S LICENSE NUMBER |                          | STATE                  |              |
| ARRESTING OFFICER      |                                 | ARRESTING OFFICER ID     |                        |              |
| OPERATOR               |                                 | OPERATOR 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.
- 4. No radio transmission occurred inside the room where and when this test was being conducted.

|                       |      |
|-----------------------|------|
| SIGNATURE OF OPERATOR | DATE |
|-----------------------|------|

|                  |      |
|------------------|------|
| WITNESS (IF ANY) | DATE |
|------------------|------|

BAC





MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BLOOD ALCOHOL TEST REPORT - INTOX EC/R II

FORM #13

|                        |                                 |                          |                 |              |
|------------------------|---------------------------------|--------------------------|-----------------|--------------|
| LOCATION OF INSTRUMENT |                                 | INSTRUMENT SERIAL NUMBER | DATE OF TEST    | TIME OF TEST |
| SUBJECT NAME           |                                 |                          | DATE OF BIRTH   |              |
| SEX                    | SUBJECT DRIVER'S LICENSE NUMBER |                          | STATE           |              |
| ARRESTING OFFICER      |                                 | ARRESTING OFFICER ID     |                 |              |
| OPERATOR               |                                 | OPERATOR PERMIT          | PERMIT EXP DATE |              |

**OPERATIONAL CHECKLIST: INTOX EC/R 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**

Blank area for subject test results.

COMMENTS

**CERTIFICATION BY OPERATOR**

BAC

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.
- 4. No radio transmission occurred inside the room where and when this test was being conducted.

|                       |      |
|-----------------------|------|
| SIGNATURE OF OPERATOR | DATE |
| WITNESS (IF ANY)      | DATE |



*AUTHORITY: sections 192.006 and 577.026, RSMo 2000, and sections 306.114, 306.117, 577.020, and 577.037, RSMo Supp. 2011.\* This rule was previously filed as 13 CSR 50-140.060 and 19 CSR 20-30.060. Original rule filed July 11, 1979, effective Oct. 12, 1979. Amended: Filed Feb. 8, 1982, effective May 13, 1982. Emergency amendment filed July 27, 1984, effective Aug. 6, 1984, expired Jan. 4, 1985. Amended: Filed Aug. 3, 1984, effective Dec. 13, 1984. Changed to 19 CSR 20-30.060, effective Aug. 15, 1986. Emergency rescission and emergency rule filed June 2, 1988, effective June 12, 1988, expired Sept. 19, 1988. Rescinded and readopted: Filed June 2, 1988, effective Aug. 25, 1988. Emergency amendment filed July 11, 1988, effective July 21, 1988, expired Sept. 19, 1988. Amended: Filed June 16, 1989, effective Sept. 11, 1989. Emergency amendment filed Sept. 5, 1991, effective Sept. 15, 1991, expired Jan. 12, 1992. Amended: Filed Sept. 5, 1991, effective Jan. 13, 1992. Amended: Filed Jan. 15, 1993, effective July 8, 1993. Emergency amendment filed Nov. 9, 1993, effective Nov. 19, 1993, expired March 18, 1994. Emergency amendment filed March 1, 1994, effective March 11, 1994, expired July 8, 1994. Emergency amendment filed July 12, 1994, effective July 22, 1994, expired Nov. 18, 1994. Emergency amendment filed Oct. 28, 1994, effective Nov. 7, 1994, expired March 6, 1995. Amended: Filed July 22, 1994, effective Dec. 30, 1994. Changed to 19 CSR 25-30.060 Jan. 1, 1995. Emergency amendment filed March 3, 1995, effective March 13, 1995, expired July 1, 1995. Emergency amendment filed June 21, 1995, effective July 1, 1995, expired Oct. 28, 1995. Amended: Filed March 3, 1995, effective July 30, 1995. Emergency amendment filed March 15, 1996, effective March 25, 1996, expired Sept. 20, 1996. Amended: Filed March 15, 1996, effective Aug. 30, 1996. Amended: Filed Aug. 25, 1997, effective Feb. 28, 1998. Amended: Filed May 31, 2012, effective Dec. 30, 2012.*

*\*Original authority: 192.006, RSMo 1993, amended 1995; 306.114, RSMo 1993, amended 2004, 2005, 2008; 306.117, RSMo 1993, amended 2005, 2008; 577.020, RSMo 1977, amended 1982, 1983, 1996, 1998, 2001, 2006; 577.026, RSMo 1982; and 577.037, RSMo 1982, amended 1983, 1988, 1993, 1996, 2001.*

*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 Determination of Blood Alcohol Content From Samples of Blood, Saliva, or Urine**

*PURPOSE: This rule establishes the methods and analytical principles by which determination of blood alcohol content from samples of blood, urine, or saliva are approved.*

(1) Samples of blood, saliva, or urine shall be collected in accordance with the provisions of sections 577.029, and 306.111–306.119, RSMo, 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) 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) Chromatographic identification and quantization of alcohols, in liquid or vapor phase;

(B) Spectrophotometric or colorimetric measurement of the conversion of alcohol to acetaldehyde by alcohol-dehydrogenase; or

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

(3) Blood, saliva, and urine tests for the determination of blood alcohol content 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 and 577.026, RSMo 2000, and sections 306.114, 306.117, 577.020, 577.037, RSMo Supp. 2011.\* This rule previously filed as 19 CSR 20-30.070. Emergency rule filed May 21, 1987, effective May 31, 1987, expired Sept. 28, 1987. Original rule filed May 21, 1987, effective Aug. 27, 1987. Emergency rescission filed Aug. 14, 1987, effective Aug. 26, 1987, expired Dec 11, 1987. Emergency amendment filed Feb. 16, 1988, effective Feb. 26, 1988, expired June 24, 1988. Amended: Filed Feb. 16, 1988, effective April 28, 1988. Changed to 19 CSR 25-30.070 Jan. 1, 1995. Emergency amendment filed May 10, 2001, effective May 22, 2001, expired Nov. 17, 2001. Amended: Filed May 10, 2001, effective Oct. 30, 2001. Amended: Filed May 31, 2012, effective Dec. 30, 2012.*

*\*Original authority: 192.006, RSMo 1993, amended 1995; 306.114, RSMo 1993, amended 2004, 2005, 2008; 306.117, RSMo 1993, amended 2005, 2008; 577.020, RSMo 1977, amended 1982, 1983, 1996, 1998, 2001, 2006; 577.026, RSMo 1982; and 577.037, RSMo 1982, amended 1983, 1988, 1993, 1996, 2001.*

*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**

*PURPOSE: This rule establishes the approved methods for the analysis of blood, saliva, and urine for the presence of drugs.*

(1) Samples of blood, saliva, or urine shall be collected in accordance with the provisions of sections 577.029, and 306.111–306.119, RSMo, 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 anti-coagulant.

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

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

(4) The laboratory in which these analyses are performed shall have, by July 1, 2014, a national accreditation through the College of American Pathologists (CAP), the American Board of Forensic Toxicologists (ABFT), or through the American Society of Crime Laboratory Directors/Laboratory Accreditation Board (ASCLD/Lab). This accreditation shall continue as long as the laboratory performs analysis of blood, saliva, or urine for the presence of drugs and shall include an annual proficiency test on each biological matrix (blood, saliva, or urine) tested. A copy of the accreditation for each laboratory shall be supplied to the State Public Health Laboratory upon request.

(5) The following methodologies are approved for the analysis of blood, saliva, and urine for the presence of drugs:

- (A) Enzyme immunoassay (EIA);
- (B) Fluorescence immunoassay (FPIA);
- (C) Radioimmunoassay (RIA);
- (D) Gas-liquid chromatography (GC);
- (E) Thin layer chromatography (TLC);
- (F) High-pressure liquid chromatography (HPLC);
- (G) Ultra violet-visible spectrophotometry (UV/Vis);
- (H) Gas chromatography/mass spectrometry (GC/MS);
- (I) Liquid chromatography/mass spectrometry (LC/MS);
- (J) Enzyme-linked immunosorbent assay (ELISA); and

(K) Cloned enzyme donor immunoassay (CEDIA).

(6) All positive results found upon initial testing shall be confirmed by a method employing mass spectrometry (MS).

(7) Blood and urine tests for 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 and 577.026, RSMo 2000, and sections 306.114, 306.117, 577.020, 577.037, RSMo Supp. 2011.\* This rule previously filed as 19 CSR 20-30.080. Original rule filed July 15, 1988, effective Sept. 29, 1988. Changed to 19 CSR 20-30.080 Jan. 1, 1995. Emergency amendment filed May 10, 2001, effective May 22, 2001, expired Nov. 17, 2001. Amended: Filed May 10, 2001, effective Oct. 30, 2001. Amended: Filed May 31, 2012, effective Dec. 30, 2012.*

*\*Original authority: 192.006, RSMo 1993, amended 1995; 306.114, RSMo 1993, amended 2004, 2005, 2008; 306.117, RSMo 1993, amended 2005, 2008; 577.020, RSMo 1977, amended 1982, 1983, 1996, 1998, 2001, 2006; 577.026, RSMo 1982; and 577.037, RSMo 1982, amended 1983, 1988, 1993, 1996, 2001.*