Rules of
Department of Health and Senior Services
Division 25—Division of Administration
Chapter 30—Determination of Blood Alcohol by Blood, Breath, Saliva and Urine Analysis; and Determination for the Presence of Drugs in Blood and Urine

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Title 19—DEPARTMENT OF HEALTH

Division 25—Division of Administration

Chapter 30—Determination of Blood Alcohol by Blood, Breath, Saliva and Urine Analysis; and Determination for the Presence of Drugs in Blood 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, urine or saliva for the determination of blood alcohol content, or of blood and urine for the presence of drugs—at the direction of a law enforcement officer acting under the provisions of sections 577.020–577.039, RSMo, 577.041, RSMo and 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 (alveolar) air;

(C) Department is the Missouri Department of Health;

(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 repairs are the 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

(G) Permit is the written authorization from the Department of Health for an individual to perform analyses of blood, breath, urine or saliva for blood alcohol content; to perform analyses on blood 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 repairs and maintenance checks on breath analyzers.

(3) The chemical analysis of a person's blood, breath, urine or saliva conducted under the provisions of 577.020–577.039, RSMo, 577.041, RSMo, and 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 director, State Public Health Laboratory, 307 W. McCarty Street, Jefferson City, MO 65101. Requests for approval of instruments, methods or training courses shall be made to the director, State Public Health Laboratory. 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 shall initiate proceedings to 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 repeatedly demonstrated an inability to accurately and properly perform analyses or satisfactorily meet the responsibilities of the permit.

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

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

AUTHORITY: sections 192.006, 306.114, 306.117, 577.020, 577.023, 577.026, 577.029, 577.031, 577.033, 577.037, 577.039 and 577.041, RSMo 2000. 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.*

**Original authority: 192.006, RSMo 1993, amended 1995; 306.114, RSMo 1993; 306.117, RSMo 1993; 577.020, RSMo 1977, amended 1982, 1983, 1996, 1998; 577.023, RSMo 1982, amended 1983, 1991, 1993, 1998; 577.026, RSMo 1982; 577.029, RSMo 1982; 577.031, RSMo 1982; 577.033, RSMo 1982; 577.037, RSMo 1982, amended 1983, 1988, 1993, 1996; 577.039, RSMo 1982, amended 1996; and 577.041, RSMo 1982, amended 1987, 1991, 1993, 1996, 1998.*

***Collins v. Director of Revenue**, 691 SW2d 246 (Mo. banc. 1985); **Jannett v. King**, 687 SW2d 252 (Mo. App. 1985); **Stuart v. Director of Revenue**, 761 SW2d 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 SW2d 246 (Mo. banc 1985); **Stuart v. Director of Revenue**, 761 SW2d 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 SW2d 797 (Mo. App. 1986). The results of approved breath analysis tests are measured by weight.*

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 authorizes an individual to perform analyses of blood, breath, urine and saliva for blood alcohol content and to perform analyses of blood 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.

(A) To perform tests using a breath analyzer, the applicant shall meet the requirements for operators of breath analyzers in 19 CSR 25-30.041.

(B) To perform analyses of blood, urine or saliva 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 must 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.

(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) The Permittee Shall Make Request for Renewal of the Permit.

(A) If the permittee is authorized to perform breath testing, the provisions for renewal of permits of 19 CSR 25-30.041(3) shall apply.

(B) All provisions of subsection (2)(B) of this rule shall apply for renewal of a permit authorizing the analysis of blood, urine or saliva for blood alcohol content. A set of three (3) check samples shall be satisfactorily analyzed during the last year of the current permit.

(5) Type I permits issued before September 29, 1988 shall be considered valid under the conditions of this rule for determination of blood alcohol content. Individuals presently holding Type I permits who wish to perform analyses for drugs must apply for a new Type I permit.

AUTHORITY: sections 192.005.2 and 577.020, 577.026, 577.029, 577,031, 577.033, 577.039, RSMo 1986, 577.023, 577.041, RSMo Supp. 1991 and 577.037, RSMo Supp. 1988. 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.*

**Original authority: 192.005.2, RSMo 1985; 577.020, RSMo 1977, amended 1982, 1983; 577.023, RSMo 1982, amended 1983, 1991; 577.026, 577.029, 577.031, 577.033, RSMo 1982; 577.037, RSMo 1912, amended 1983, 1988; 577.039, RSMo 1982; and 577.041, RSMo 1982, amended 1987, 1991.*

***Stuart v. Director of Revenue**, 761 SW2d 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 SW2d 787 (Mo. banc 1986); **Elkins v. Director of Revenue**, 728 SW2d 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.*

MISSOURI DEPARTMENT OF HEALTH

PERMIT
TYPE 1

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 (1986).

DATE	NUMBER	EXPIRES

DIRECTOR, STATE PUBLIC HEALTH LABORATORIES	DIRECTOR, DEPARTMENT OF HEALTH

MO 580-1242 (9-88) LAB-2 (R9-88)

MISSOURI DEPARTMENT OF HEALTH
STATE PUBLIC HEALTH LABORATORY

APPLICATION FOR TYPE I PERMIT

NAME	AGE	TELEPHONE NUMBER

ORGANIZATION

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

DIRECTOR'S NAME	TELEPHONE

☐ NEW PERMIT ☐ RENEWAL	PERMIT NUMBER	EXPIRATION DATE

ALCOHOL ANALYSIS: ☐ BLOOD ☐ SALIVA ☐ URINE

DRUG ANALYSIS ☐ BLOOD ☐ URINE

EDUCATION

COLLEGE OR UNIVERSITY	YEARS ATTENDED	HOURS QTRS/SEM.	MAJOR	MINOR	DEGREE	GRADUATED

OTHER RELEVANT TRAINING

COURSE OR PROGRAM TITLE	AGENCY OR INSTITUTION	DATES

ANALYTICAL EXPERIENCE

ORGANIZATION	DATES EMPLOYED

FOR DRUG TESTING ONLY, Provide name of proficiency testing program(s) your facility subscribes to: _____

METHODS USED FOR ANALYSIS

ALCOHOL
- ☐ Gas or liquid chromatography
- ☐ Spectrophotometric or colorimetric analysis
- ☐ Titration (dichromate reduction)

DRUGS
- ☐ Enzymeimmunoassay (EIA)
- ☐ Fluorescence Immunoassay (FIA)
- ☐ Radioimmunoassay (RIA)
- ☐ Gas-Liquid Chromatography (GLC)
- ☐ Thin Layer Chromatography (TLC)
- ☐ High-Pressure Liquid Chromatography (HPLC)
- ☐ Ultra-Violet Spectrophotometry (UV)
- ☐ Gas Chromatography/Mass Spectrometry (GC/MS)

MO 580-0777 (10-90) LAB. 1 (10-90)

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 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 make field 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.

(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 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) subject 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) subject tests shall accompany the application for renewal.

(6) Type II permits issued before September 29, 1988, 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 CMI Intoxilyzer, Model 5000, Report No. 4 shall be used;

(B) When performing a maintenance check on the BAC Verifier, Report No. 5 shall be used;

(C) When performing a maintenance check on the Data Master, Report No. 6 shall be used;

(D) When performing a maintenance check on the Alco-Sensor IV/RBT IV, Report No. 7 shall be used;

(E) When performing a maintenance check on the Intoxilyzer 1400, Report No. 8 shall be used; and

(F) When performing a maintenance check on the CMI Intoxilyzer 5000 CD, Report No. 9, shall be used.

(8) Maintenance report forms required in section (7) of this rule prior to June 7, 1993, and completed on maintenance checks before that date shall be considered valid under this rule.

(9) Maintenance reports completed before the effective date of this rule, including maintenance reports completed prior to March 26, 1996, and not having a certificate of analysis for the simulator solution, shall be considered valid under this rule.

AUTHORITY: sections 192.006, 577.020 and 577.041, RSMo Supp. 1997 and 577.026, RSMo 1994. 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.*

**Original authority: 192.006, RSMo 1993, amended 1995; 577.020, RSMo 1977, amended 1982, 1983, 1996; 577.026, RSMo 1982; and 577.041, RSMo 1982, amended 1987, 1991, 1993, 1996.*

***Stuart v. Director of Revenue**, 761 SW2d 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 SW2d 787 (Mo. banc 1986); **Elkins v. Director of Revenue**, 728 SW2d 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.*

State of Missouri
DEPARTMENT OF HEALTH

PERMIT
TYPE II

_____

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

_____

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date _____

Number _____

Expires _____

_____
Director of State Public Health Laboratory

_____
Director, Department of Health

MO 580-0771 (7-88)

Lab. 4 (R7-88)

MISSOURI DEPARTMENT OF HEALTH
STATE PUBLIC HEALTH LABORATORY
BREATH ALCOHOL PROGRAM

APPLICATION FOR TYPE II PERMIT FOR OPERATION OF BREATH ALCOHOL ANALYZERS

THIS APPLICATION IS FOR ☐ NEW PERMIT ☐ RENEWAL	PERMIT NUMBER	EXP. DATE	DPS CERT. NUMBER AND DATE

NAME	TITLE	AGE

DEPARTMENT OR TROOP	TELEPHONE ( )

BUSINESS ADDRESS (STREET, TOWN, ZIP)

LIST ALL ORIGINAL TRAINING COURSES FOR OPERATION OF BREATH ANALYZERS.
(Also, please be sure an X is placed beside ALL breath analyzer(s) for which you are requesting a permit.)

DATES OF COURSE	LOCATION OF COURSE	COURSE LENGTH (CLOCK HRS.)	NAME & MODEL OF BREATH ANALYZER	PLACE AN X BESIDE INSTRUMENTS FOR WHICH YOU REQUEST A PERMIT	NAME OF INSTRUCTOR

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. ***(Include copies of reports.)***

MANUFACTURER AND NAME OF INSTRUMENT	NUMBER OF MAINTENANCE REPORTS	NUMBER OF SUBJECT TESTS
1.		
2.		
3.		
4.		

When adding a new instrument, you receive a new two (2) year permit. Therefore, normal renewal procedures apply for the instruments on your current permit that you wish to transfer to the new permit. Disregarding those 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) subject tests for each breath analyzer for which renewal is requested. Copies of the maintenance reports, operational checklists, and printouts for the five (5) subject tests shall accompany the application for renewal.

SIGNATURE OF APPLICANT ▶	DATE

RETURN COMPLETED APPLICATION TO THE:
DIRECTOR OF LABORATORIES, MISSOURI DEPARTMENT OF HEALTH, 307 W. McCARTY, JEFFERSON CITY, MO 65101

MO 580-0767 (10-94) LAB-3

MISSOURI DEPARTMENT OF HEALTH
STATE PUBLIC HEALTH LABORATORY

CMI INTOXILYZER 5000 MAINTENANCE REPORT

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

INTOXILYZER 5000 SN	DATE OF INSPECTION
LOCATION OF INSTRUMENT (STREET AND CITY)	TIME OF INSPECTION

CHECKLIST

Place a check (✓) to the left of each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unchecked items must be corrected before using instrument.

☐ DVM TEST: (.350 ± .150) _____

☐ DIAGNOSTIC CHECK (PRINTOUT ATTACHED) _____

☐ CHARACTER DISPLAY TEST _____

☐ PRINT TEST (PRINTOUT ATTACHED) _____

☐ TIME AND DATE _____

☐ CALIBRATION CHECK —

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. (USE CAL. CHECK MODE) (PRINTOUT ATTACHED)

☐ 0.100% STANDARD — MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE
☐ 0.040% STANDARD — MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE
(ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

TEST 1 ☛	TEST 2 ☛	TEST 3 ☛

☐ SIMULATOR TEMPERATURE (34° ± .2°C) _____

☐ PERFORM RFI TEST (PRINTOUT ATTACHED) _____

☐ NUMBER OF REFUSALS, SINCE LAST MAINTENANCE REPORT, AND NUMBER OF SUBJECT BREATH TESTS IN EACH RANGE AS FOLLOWS: **(DO NOT INCLUDE SIMULATOR 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

MO 580-1355 (9-94) AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER services provided on a nondiscriminatory basis LAB-64

Form #5

MISSOURI DEPARTMENT OF HEALTH
STATE PUBLIC HEALTH LABORATORY

BAC VERIFIER MAINTENANCE REPORT

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

BAC VERIFIER SN	DATE OF INSPECTION
LOCATION OF INSTRUMENT (STREET AND CITY)	TIME OF INSPECTION

CHECKLIST: Place a check (✓) to the left of each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unchecked items must be corrected before using instrument.

☐ DIAGNOSTIC CHECK (PRINTOUT ATTACHED)

☐ COMPUTER	☐ DETECTOR
☐ PROGRAM	☐ FILTERS
☐ HEATERS SAMPLE CHAMBER	☐ ACETONE SWITCH
☐ SET _____ °C	☐ QUARTZ STANDARD
☐ ACTUAL _____ °C	☐ CALIBRATION
☐ PUMP HIGH SPEED	☐ PRINTER

☐ INDICATOR LIGHTS

☐ TIME AND DATE

☐ SIMULATOR TEMPERATURE (34 °C ± 0.2°C)

☐ CALIBRATION CHECK -

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
☐ 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE
(ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

TEST 1 ☛	TEST 2 ☛	TEST 3 ☛

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

☐ NUMBER OF REFUSALS, SINCE LAST MAINTENANCE REPORT, AND NUMBER OF BREATH TESTS IN EACH RANGE AS FOLLOWS: **(DO NOT INCLUDE SIMULATOR 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

MO 580-1147 (9-94) AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER services provided on a nondiscriminatory basis Lab-111

Form #6

MISSOURI DEPARTMENT OF HEALTH
STATE PUBLIC HEALTH LABORATORY

DATAMASTER MAINTENANCE REPORT

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

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

CHECKLIST: Place a check (✓) to the left of each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unchecked items must be corrected before using instrument.

☐ DIAGNOSTIC CHECK (PRINTOUT ATTACHED)

☐ COMPUTER	☐ DETECTOR
☐ PROGRAM	☐ FILTERS
☐ HEATERS SAMPLE CHAMBER _____ °C	☐ QUARTZ STANDARD
☐ FLOW DETECTOR	☐ CALIBRATION
☐ PUMP HIGH SPEED	☐ PRINTER

☐ INDICATOR LIGHTS

☐ TIME AND DATE

☐ SIMULATOR TEMPERATURE (34 °C ± 0.2°C)

☐ CALIBRATION CHECK -

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) (USE RECIRCULATION PUMP)

☐ 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE
☐ 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE
(ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

TEST 1 ☛	TEST 2 ☛	TEST 3 ☛

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

☐ NUMBER OF REFUSALS, SINCE LAST MAINTENANCE REPORT, AND NUMBER OF BREATH TESTS IN EACH RANGE AS FOLLOWS: **(DO NOT INCLUDE SIMULATOR 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

MO 580-1466 (9-94) AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER services provided on a nondiscriminatory basis Lab.-116

Form #7

MISSOURI DEPARTMENT OF HEALTH
STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV/RBT IV MAINTENANCE REPORT

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

ALCO SENSOR IV SN	RBT IV SN	DATE OF INSPECTION

LOCATION OF INSTRUMENT (STREET AND CITY)	TIME OF INSPECTION

CHECKLIST: Place a check (✓) to the left of each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unchecked items must be corrected before using instruments.

☐ DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)

☐ TEMPERATURE OF ALCO SENSOR (10°C - 40°C)

☐ PRINTER WORKING PROPERLY

☐ TIME AND DATE DISPLAYING PROPERLY

☐ CALIBRATION CHECK -
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
☐ 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE
(ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

TEST 1 ☛	TEST 2 ☛	TEST 3 ☛

☐ SIMULATOR TEMPERATURE (34°± .2°C)

☐ RFI DETECTOR OPERATING

☐ NUMBER OF REFUSALS, SINCE LAST MAINTENANCE REPORT, AND NUMBER OF BREATH TESTS IN EACH RANGE AS FOLLOWS: **(DO NOT INCLUDE SIMULATOR 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

MO 580-1351 (9-94) AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER services provided on a nondiscriminatory basis LAB 114

Form #8

MISSOURI DEPARTMENT OF HEALTH
STATE PUBLIC HEALTH LABORATORY

CMI INTOXILYZER 1400 MAINTENANCE REPORT

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

INTOXILYZER 1400 SN	DATE OF INSPECTION
LOCATION OF INSTRUMENT (STREET AND CITY)	TIME OF INSPECTION

CHECKLIST

Place a check (✓) to the left of each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unchecked items must be corrected before using instrument.

☐ DVM TEST: CHANNEL 1 (100 ± 10) _____
CHANNEL 2 (200 ± 20) _____
CHANNEL 3 (300 ± 30) _____

☐ DIAGNOSTIC CHECK (PRINTOUT ATTACHED) _____

☐ CHARACTER DISPLAY TEST _____

☐ PRINT TEST (PRINTOUT ATTACHED) _____

☐ TIME AND DATE _____

☐ CALIBRATION CHECK —
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. (USE CAL. CHECK MODE) (PRINTOUT ATTACHED)
☐ 0.100% STANDARD — MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE
☐ 0.040% STANDARD — MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE
(ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

TEST 1 ☛	TEST 2 ☛	TEST 3 ☛

☐ SIMULATOR TEMPERATURE (34° ± .2°C) _____

☐ RFI DETECTOR OPERATING (PRINTOUT ATTACHED) _____

☐ NUMBER OF REFUSALS, SINCE LAST MAINTENANCE REPORT, AND NUMBER OF SUBJECT BREATH TESTS IN EACH RANGE AS FOLLOWS: **(DO NOT INCLUDE SIMULATOR 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

MO 580-1427 (9-94) AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER services provided on a nondiscriminatory basis LAB-115

MISSOURI DEPARTMENT OF HEALTH
STATE PUBLIC HEALTH LABORATORY

CMI INTOXILYZER 5000 CD MAINTENANCE REPORT

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

INTOXILYZER 5000 CD SN	DATE OF INSPECTION
LOCATION OF INSTRUMENT (STREET AND CITY)	TIME OF INSPECTION

CHECKLIST

Place a check (✓) to the left of each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unchecked items must be corrected before using instrument.

ALL CHANNEL VALUES MUST BE BETWEEN 2800 AND 3600 INCLUSIVE

☐ DVM TEST: ☐ CHANNEL 0 _____ LESS THAN 50 NOISE COUNTS
☐ CHANNEL 1 _____ LESS THAN 50 NOISE COUNTS
☐ CHANNEL 2 _____ LESS THAN 50 NOISE COUNTS

☐ DIAGNOSTIC CHECK (PRINTOUT ATTACHED) _____
☐ CHARACTER DISPLAY TEST _____
☐ PRINT TEST (PRINTOUT ATTACHED) _____
☐ TIME AND DATE _____

☐ CALIBRATION CHECK —
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. (USE CAL. CHECK MODE) (PRINTOUT ATTACHED)
☐ 0.100% STANDARD — MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE
☐ 0.040% STANDARD — MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE
(ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

TEST 1 ☛	TEST 2 ☛	TEST 3 ☛

☐ SIMULATOR TEMPERATURE (34° ± .2°C) _____

☐ PERFORM RFI TEST (PRINTOUT ATTACHED) _____

☐ NUMBER OF REFUSALS, SINCE LAST MAINTENANCE REPORT, AND NUMBER OF SUBJECT BREATH TESTS IN EACH RANGE AS FOLLOWS: **(DO NOT INCLUDE SIMULATOR 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

MO 580-1961 (9-94) AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER services provided on a nondiscriminatory basis LAB 117 (R9-94)

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 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.

(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) subject tests for each breath analyzer for which renewal is requested. Copies of the completed operational checklists and printout for the subject tests shall accompany the renewal application.

(4) Type III permits issued before September 29, 1988, shall be considered valid under the conditions of this rule.

AUTHORITY: sections 192.005.2, 577.023, 577.026, 577.029, 577.031, 577.033 and 577.039, RSMo 1994, 192.006, 577.020, 577.037, 577.039 and 577.041, RSMo Supp. 1997. 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.*

**Original authority: 192.005.2, RSMo 1985, amended 1993; 192.006, RSMo 1993, amended 1995; 577.020, RSMo 1977, amended 1982, 1983, 1996; 577.023, RSMo 1982, amended 1983, 1991, 1993; 577.026, 577.029, 577.031 and 577.033, RSMo 1982, 1996; 577.037, RSMo 1982, amended 1983, 1988, 1993; 577.039, RSMo 1982, amended 1996; and 577.041, RSMo 1982, amended 1987, 1991, 1993, 1996.*

***Stuart v. Director of Revenue**, 761 SW2d 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 SW2d 787 (Mo. banc 1986); **Elkins v. Director of Revenue**, 728 SW2d 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.*

State of Missouri
DEPARTMENT OF HEALTH

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 (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date _____

_____
Director of State Public Health Laboratory

Number _____

Expires _____

_____
Director, Department of Health

MO 580-0772 (5-88) Lab. 6 (R5-88)

MISSOURI DEPARTMENT OF HEALTH
STATE PUBLIC HEALTH LABORATORY
BREATH ALCOHOL PROGRAM

APPLICATION FOR TYPE III PERMIT FOR OPERATION OF BREATH ALCOHOL ANALYZERS

THIS APPLICATION IS FOR ☐ NEW PERMIT ☐ RENEWAL	PERMIT NUMBER	EXP. DATE	DPS CERT. NUMBER AND DATE

NAME	TITLE	AGE

DEPARTMENT OR TROOP	TELEPHONE
	( )

BUSINESS ADDRESS (STREET, TOWN, ZIP)

LIST ALL ORIGINAL TRAINING COURSES FOR OPERATION OF BREATH ANALYZERS.
(Also, please be sure an X is placed beside ALL breath analyzer(s) for which you are requesting a permit.)

DATES OF COURSE	LOCATION OF COURSE	COURSE LENGTH (CLOCK HRS.)	NAME & MODEL OF BREATH ANALYZER	PLACE AN X BESIDE INSTRUMENTS FOR WHICH YOU REQUEST A PERMIT	NAME OF INSTRUCTOR

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 instruments on your current permit that you wish to transfer to the new permit. Disregarding those 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) subject tests for each breath analyzer for which renewal is requested. Copies of the completed operational checklists and printouts for the subject tests shall accompany the renewal application.

NUMBER OF DWI SUBJECT TESTS PERFORMED DURING THE PAST YEAR: (Indicate instrument name and number)

1) INSTRUMENT NAME	SUBJECTS	2) INSTRUMENT NAME	SUBJECTS	3) INSTRUMENT NAME	SUBJECTS

SIGNATURE OF APPLICANT ▶ DATE OF APPLICATION

TO BE COMPLETED BY TYPE II

Recommendation of Supervisor Type II:
Name of Type II (Please Print) _____

I certify that _____ is qualified to operate
(NAME OF APPLICANT)
the breath analyzer devices as requested in this application.

SIGNATURE OF TYPE II PERMITTEE ▶	PERMIT NUMBER	BUSINESS PHONE

COMPLETE APPLICATION AND RETURN TO: DIRECTOR OF LABORATORIES
MISSOURI DEPARTMENT OF HEALTH
307 W. McCARTY
JEFFERSON CITY, MO 65101

MO 580-0909 (10-94) LAB-5

19 CSR 25-30.050 Approved Breath Analyzers

PURPOSE: This rule enumerates those breath analyzers, chemical reagents which are approved by the Department of Health for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. The chemical composition and tolerances for the test ampoules are also defined.

(1) Approved breath analyzers are—

NAME OR ITEM	MANUFACTURER
Alco-Sensor IV with printer*	Intoximeters, Inc., St. Louis, MO
BAC Verifier and Data Master	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	CMI/MPH, Operations of MPD, Inc., Owensboro, KY (formerly CMI, Inc., a subsidiary of Federal Signal Corp., Minturn, CO)

*The Alco-Sensor IV with printer is approved for use as a bench-top instrument to be located within buildings or specially equipped trucks or vans specifically used for driving-while-intoxicated enforcement. This instrument is not approved for mobile use in cars, boats, or outside areas.

(2) Subject tests and maintenance reports performed on the Breathalyzer 900 and 900A, the Alco-Analyzer 2000, and the Intoximeter 3000 prior to the effective date of this rule shall be considered valid. Chemical test ampoules, used in the Breathalyzer 900 and 900A, prior to the effective date of this rule shall be considered valid.

(3) Breath tests performed on the Alco-Sensor IV/RBT IV 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, 306.114, 306.117, 577.020, 577.023, 577.026, 577.029, 577.031, 577.033, 577.037, 577.039 and 577.041, RSMo 2000. 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.*

**Original authority: 192.006, RSMo 1993, amended 1995; 306.114, RSMo 1993; 306.117, RSMo 1993; 577.020, RSMo 1977, amended 1982, 1983, 1996, 1998; 577.023, RSMo 1982, amended 1983, 1991, 1993, 1998; 577.026, RSMo 1982; 577.029, RSMo 1982; 577.031, RSMo 1982; 577.033, RSMo 1982; 577.037, RSMo 1982, amended 1983, 1988, 1993, 1996; 577.039, RSMo 1982, amended 1996; and 577.041, RSMo 1982, amended 1987, 1991, 1993, 1996, 1998.*

***Eckhoff v. Director of Revenue**, 745 SW2d 815 (Mo. App. 1988); **Director of Revenue v. Martin**, 752 SW2d 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 Standard Simulator Solutions

PURPOSE: This rule defines the standard simulator solutions to be used in verifying and calibrating breath analyzers.

(1) Standard simulator solutions, used to verify and calibrate evidential breath analyzers at the 0.10% or 0.100% level, shall be solutions from approved suppliers.

(2) Standard simulator solutions, used to verify and calibrate evidential breath analyzers at the 0.04% or 0.040% level, shall be solutions from approved suppliers.

(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) Maintenance reports using Intoximeter standard simulator solution 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 577.020 and 577.037, RSMo Supp. 2003. 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.*

**Original authority: 192.006, RSMo 1993, amended 1995; 577.020, RSMo 1977, amended 1982, 1983, 1996, 1998, 2001; 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.

(1) When using Intoxilyzer, Model 5000, the procedures on the following form shall be performed and the form shall be completed (see form #5).

(2) When using BAC Verifier, the procedures on the following form shall be performed and the form shall be completed (see form #6).

(3) When using Data Master, the procedures on the following form shall be performed and the form shall be completed (see form #7).

(4) When using Alco-Sensor IV/RBT IV, the procedures on the following form shall be performed and the form shall be completed (see form #8).

(5) When using Intoxilyzer 1400, the procedures on the following form shall be performed and the form shall be completed (see form #9).

(6) When using Intoxilyzer, Model 5000 CD, the procedures on the following form shall be performed and the form shall be completed (see form #10).

(7) The fifteen (15)-minute observation of the subject, which is the first procedure on the forms in sections (1)–(6) of this rule, may be done by the operator of the breath analyzer, the arresting officer or by any other competent individual.

(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 completed prior to the effective date of this rule shall be considered valid.

AUTHORITY: sections 192.006, 577.020, 577.037, 577.039 and 577.041, RSMo Supp. 1997 and 577.023, 577.026, 577.029, 577.031, and 577.033, RSMo 1994. 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.*

**Original authority: 192.006.2, RSMo 1993 amended 1995; 577.020, RSMo 1977, amended 1982, 1983, 1996; 577.023, RSMo 1982, amended 1983, 1991, 1993; 577.026, 577.029, 577.031 and 577.033, RSMo 1982 577.039, RSMo 1982 amended 1996; 577.037, RSMo 1982, amended 1983, 1988, 1993; and 577.041, RSMo 1982, amended 1987, 1991, 1993, 1996.*

***Eckhoff v. Director of Revenue**, 745 SW2d 815 (Mo. App. 1988); **Director of Revenue v. Martin**, 752 SW2d 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 SW2d 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 SW2d 127 (Mo. App. 1988); **Bradford v. Director of Revenue**, 735 SW2d 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.*

MISSOURI DEPARTMENT OF HEALTH Form #5

BLOOD ALCOHOL TEST REPORT - INTOXILYZER 5000

SUBJECT'S NAME	DATE OF TEST

OPERATIONAL CHECKLIST: INTOXILYZER 5000

SERIAL NUMBER	LOCATION OF INSTRUMENT

☐ 1. Subject observed for at least 15 minutes by _____. No smoking or oral intake of any material during this time; if vomiting occurs, start over with the 15 minute observation period.

☐ 2. Assure that the power switch is ON and then press the START TEST button.

☐ 3. Enter test record card.

☐ 4. Enter subject and officer information.

☐ 5. When display reads **PLEASE BLOW**, insert mouthpiece and take the subject's breath sample.

☐ 6. When test record is printed, remove test record and attach printout to this report.

CERTIFICATION BY OPERATOR	BAC

As set forth in the rules promulgated by the Department of Health 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.

NAME OF OPERATOR	PERMIT NO.	EXPIRATION DATE

WITNESS (IF ANY)	DATE

MO 580-1212 (12-92) AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER services provided on a nondiscriminatory basis LAB 107A (R12-92)

Form #6

MISSOURI DEPARTMENT OF HEALTH

BLOOD ALCOHOL TEST REPORT - BAC VERIFIER

SUBJECT'S NAME	DATE OF TEST

OPERATIONAL CHECKLIST: BAC VERIFIER

SERIAL NO.	LOCATION OF INSTRUMENT

- ☐ 1. Subject observed for at least 15 minutes by _____. No smoking or oral intake of any material during this time; if vomiting occurs, start over with the 15 minute observation period.
- ☐ 2. Assure that the power switch is ON.
- ☐ 3. If traveling dots are present on display board, press RUN button and wait for green status light to appear, or if green status light is already on, proceed with step 4.
- ☐ 4. Press RUN button.
- ☐ 5. When display board reads "BLO" and gives audible beep, take subject's breath sample.
- ☐ 6. When printer has completed printing result, tear off tape, fill in subject's name, officer's name and badge number on printout tape. Attach printout to this report.

CERTIFICATION BY OPERATOR	BAC

As set forth in the rules promulgated by the Department of Health 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.

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

MO 580-1208 (3-93) AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER services provided on a nondiscriminatory basis LAB 111A (R3-93)

MISSOURI DEPARTMENT OF HEALTH Form #7

BLOOD ALCOHOL TEST REPORT - DATAMASTER

SUBJECT'S NAME	DATE OF TEST

OPERATIONAL CHECKLIST: DATAMASTER

SERIAL NO.	LOCATION OF INSTRUMENT

☐ 1. Subject observed for at least 15 minutes by _____. No smoking or oral intake of any material during this time; if vomiting occurs, start over with the 15 minute observation period.

☐ 2. Assure that the power switch is ON.

☐ 3. Press RUN button.

☐ 4. When display requests INSERT TICKET, insert evidence ticket.

☐ 5. Enter subject and officer information.

☐ 6. When display reads PLEASE BLOW and gives audible beep, take subject's breath sample.

☐ 7. When printer has completed printing out test result, remove ticket from printer. Attach printout to this report.

CERTIFICATION BY OPERATOR	BAC

As set forth in the rules promulgated by the Department of Health 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 (12-92) AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER services provided on a nondiscriminatory basis LAB 109 (R12-92)

MISSOURI DEPARTMENT OF HEALTH Form #8

BLOOD ALCOHOL TEST REPORT - ALCO-SENSOR IV/RBT IV

SUBJECT'S NAME	DATE OF TEST

OPERATIONAL CHECKLIST: ALCO-SENSOR IV/RBT IV

ALCO-SENSOR SERIAL NO. .	RBT SERIAL NO.	LOCATION OF INSTRUMENT

- ☐ 1. Subject observed for at least 15 minutes by _____. No smoking or oral intake of any material during this time; if vomiting occurs, start over with the 15 minute observation period.
- ☐ 2. Press the ON button to turn on RBT IV. If display shows LO.BAT., unit needs charging - otherwise, proceed.)
- ☐ 3. Press start button.
- ☐ 4. Insert mouthpiece into Alco Sensor IV.
- ☐ 5. Observe temperature display, make sure temperature reading is between 10°C and 40°C.
- ☐ 6. When "BLNK" is displayed on Alco-Sensor IV, air blank is taken.
- ☐ 7. When "SET" is displayed on Alco-Sensor IV, press SET button.
- ☐ 8. When "RBT" is displayed on Alco-Sensor IV, take subject breath sample.
- ☐ 9. When "SET" is displayed on Alco-Sensor IV, press SET button.
- ☐ 10. Press red button to eject mouthpiece.
- ☐ 11. When printer has completed printing test result, tear off tape and fill in subject and officer information.
- ☐ 12. Turn power off on RBT.
- ☐ 13. Attach printout to this report.

CERTIFICATION BY OPERATOR	BAC

As set forth in the rules promulgated by the Department of Health 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 580-1213 (4-93) AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER services provided on a nondiscriminatory basis LAB 108 (R4-93)

MISSOURI DEPARTMENT OF HEALTH Form #9

BLOOD ALCOHOL TEST REPORT - INTOXILYZER 1400

SUBJECT'S NAME	DATE OF TEST

OPERATIONAL CHECKLIST: INTOXILYZER 1400

SERIAL NUMBER	LOCATION OF INSTRUMENT

☐ 1. Subject observed for at least 15 minutes by _____. No smoking or oral intake of any material during this time; if vomiting occurs, start over with the 15 minute observation period.

☐ 2. Assure that the power switch is ON and then press the START TEST button.

☐ 3. Enter subject and officer information.

☐ 4. When display shows **PLEASE BLOW,** insert mouthpiece and take the subject's breath sample.

☐ 5. When test record is printed, remove test record and attach printout to this report.

CERTIFICATION BY OPERATOR	BAC

As set forth in the rules promulgated by the Department of Health 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 580-1428 (12-92) AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER services provided on a nondiscriminatory basis LAB 108A (R12-92)

Form #10

MISSOURI DEPARTMENT OF HEALTH

BLOOD ALCOHOL TEST REPORT - INTOXILYZER 5000 CD

SUBJECT'S NAME	DATE OF TEST

OPERATIONAL CHECKLIST: INTOXILYZER 5000 CD

SERIAL NUMBER	LOCATION OF INSTRUMENT

☐ 1. Subject observed for at least 15 minutes by _____. No smoking or oral intake of any material during this time; if vomiting occurs, start over with the 15 minute observation period.

☐ 2. Assure that the power switch is ON and then press the START TEST button.

☐ 3. Insert test record card.

☐ 4. Enter subject and officer information.

☐ 5. When display reads **PLEASE BLOW**, insert mouthpiece and take the subject's breath sample.

☐ 6. When test record is printed, remove test record and attach printout to this report.

CERTIFICATION BY OPERATOR	BAC

As set forth in the rules promulgated by the Department of Health 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.

NAME OF OPERATOR	PERMIT NO.	EXPIRATION DATE

WITNESS (IF ANY)	DATE

MO 580-1991 (12-94) AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER services provided on a nondiscriminatory basis LAB 105

19 CSR 25-30.070 Approval of Methods for the Determination of Blood Alcohol Content From Samples of Blood, Urine or Saliva

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) Blood samples shall be taken in accordance with the provisions of sections 577.029, and 306.111–306.119, RSMo.

(2) A sample of blood, urine or saliva shall be collected in a clean, dry container that has an air-tight, inert stopper—

(A) For blood samples, if whole blood or plasma is required, an anticoagulant may be used that is appropriate for the test method being employed; and

(B) Urine specimens shall be refrigerated immediately after collection or a preservative may be used that is appropriate for the test method being employed.

(3) A sufficient volume of blood, urine or saliva shall be collected to provide for duplicate testing.

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

(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.

AUTHORITY: sections 192.006, 306.114, 306.117, 577.020, 577.023, 577.026, 577.029, 577.031, 577.033, 577.037, 577.039 and 577.041, RSMo 2000. 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.*

**Original authority: 192.006, RSMo 1993, amended 1995; 306.114, RSMo 1993; 306.117, RSMo 1993; 577.020, RSMo 1977, amended 1982, 1983, 1996, 1998; 577.023, RSMo 1982, amended 1983, 1991, 1993, 1998; 577.026, RSMo 1982; 577.029, RSMo 1982; 577.031, RSMo 1982; 577.033, RSMo 1982; 577.037, RSMo 1982, amended 1983, 1988, 1993, 1996; 577.039, RSMo 1982, amended 1996; and 577.041, RSMo 1982, amended 1987, 1991, 1993, 1996, 1998.*

***State v. Kummer**, 741 SW2d 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 and Urine for the Presence of Drugs

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

(1) Samples of blood or urine shall be collected in accordance with the provision 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 a clean, dry container that has an air-tight, inert stopper. If whole blood or plasma is required, an anticoagulant may be used that is appropriate for the test method.

(B) Urine specimens shall be collected in clean, dry containers. Preservatives may be used that are appropriate for the test method. Specimens shall be refrigerated if not tested within one (1) day of collection.

(2) An individual shall have a valid Type I permit in order to perform analyses of blood 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 participate in a proficiency testing program that provides at least three (3) sets of samples per calendar year and covers the screening and confirmatory methods that are used.

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

(A) Enzyme immunoassay (EIA);

(B) Fluorescence immunoassay (FIA);

(C) Radioimmunoassay (RIA);

(D) Gas-liquid chromatography (GLC);

(E) Thin layer chromatography (TLC);

(F) High-pressure liquid chromatography (HPLC);

(G) Ultra-violet spectrophotometry (UV); and

(H) Gas chromatography/mass spectrometry (GC/MS).

(6) All positive results found upon initial testing shall be confirmed by GC/MS. TLC and HPLC methods may be used in conjunction with GC/MS for confirmation.

AUTHORITY: sections 192.006, 306.114, 306.117, 577.020, 577.023, 577.026, 577.029, 577.031, 577.033, 577.037, 577.039 and 577.041, RSMo 2000. 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.*

**Original authority: 192.006, RSMo 1993, amended 1995; 306.114, RSMo 1993; 306.117, RSMo 1993; 577.020, RSMo 1977, amended 1982, 1983, 1996, 1998; 577.023, RSMo 1982, amended 1983, 1991, 1993, 1998; 577.026, RSMo 1982; 577.029, RSMo 1982; 577.031, RSMo 1982; 577.033, RSMo 1982; 577.037, RSMo 1982, amended 1983, 1988, 1993, 1996; 577.039, RSMo 1982, amended 1996; and 577.041, RSMo 1982, amended 1987, 1991, 1993, 1996, 1998.*