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

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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 25-30.01 General Provisions for the Determination of Blood, Breath, Saliva, and Urine Analysis

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 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 to 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.


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.
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

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 (TYPE IN "BLOOD," "SALIVA" OR "URINE") utilizing approved standard chemical methods.

Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE ____________________________________________
NUMBER __________________________________________
EXPIRES __________________________________________

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-1242 (6-10)

ROBIN CARNAHAN (11/30/12)  CODE OF STATE REGULATIONS  5
**MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES**
**STATE PUBLIC HEALTH LABORATORY**
**APPLICATION FOR TYPE I PERMIT**

**19 CSR 25-30—DEPARTMENT OF HEALTH AND SENIOR SERVICES**
**BREATH ALCOHOL PROGRAM**

**APPLICATION FOR TYPE I PERMIT**

**THIS APPLICATION IS FOR**

- [ ] NEW PERMIT
- [ ] 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:

http://www.health.mo.gov/lab/breathalcohol/

**ORGANIZATION**

**EMAIL ADDRESS**

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

**DIRECTOR'S NAME**

**TELEPHONE NUMBER**

**ALCOHOL ANALYSIS:**

- [ ] BLOOD
- [ ] URINE
- [ ] SALIVA

**DRUG ANALYSIS:**

- [ ] BLOOD
- [ ] URINE
- [ ] SALIVA

**FOR DRUG TESTING ONLY**

**PROVIDE NAME OF PROVIDING TESTING PROGRAM(S) YOUR FACILITY SUBSCRIBES TO**

**EDUCATION**

<table>
<thead>
<tr>
<th>COLLEGE OR UNIVERSITY</th>
<th>YEARS ATTENDED</th>
<th>HOURS QTTRSEM</th>
<th>MAJOR</th>
<th>MINOR</th>
<th>DEGREE</th>
<th>GRADUATED</th>
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**OTHER RELEVANT TRAINING**

<table>
<thead>
<tr>
<th>COURSE OR PROGRAM TITLE</th>
<th>AGENCY OR INSTITUTION</th>
<th>DATES</th>
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**ANALYTICAL EXPERIENCE**

<table>
<thead>
<tr>
<th>ORGANIZATION</th>
<th>DATES EMPLOYED</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

**RESULTS OF SAMPLES FOR ANALYSIS:**

**METHODS OF ANALYSIS USED**

**DRUGS**

- Enzyme Immunoassay (EIA)
- Radioimmunoassay (RIA)
- Thin Layer Chromatography (TLC)
- High-Performance Liquid Chromatography (HPLC)
- Liquid Chromatography/Mass Spectrometry (LC/MS)
- Cloned Enzyme Donor Immunoassay (CEDIA)
- Ultra-Violet/Visible Spectrophotometry (UV/Vis)

**ALCOHOL**

- Gas Chromatography/Mass Spectrometry (GC/MS)
- Fluorescence Polarization Immunoassay (FPIA)
- Enzyme-Linked Immunosorbent Assay (ELISA)
- Other

**RETURN COMPLETED APPLICATION TO THE:**

Breath Alcohol Program, Missouri Department of Health and Senior Services, Southeast District Office, 2875 James Boulevard, Poplar Bluff, MO 63901


**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(b) 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 and completed on maintenance checks referred to in sections (3)–(5) of this rule shall be considered valid under the conditions of this rule.

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

(A) When performing a maintenance check on the Intox DMT, the report incorporated in the instrument software shall be used (see Report No. 1 included herein for example);

(B) When performing a maintenance check on the CMI Intoxilyzer 8000, the report incorporated in the instrument software shall be used (see Report No. 2 included herein for example);

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

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

(E) 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 ____________________________
NUMBER __________________________
EXPIRES __________________________

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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 ____________________________
NUMBER __________________________
EXPIRES __________________________

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
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

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY
BREATH ALCOHOL PROGRAM
APPLYING FOR TYPE II PERMIT FOR OPERATION OF BREATH ALCOHOL ANALYZERS

<table>
<thead>
<tr>
<th>APPLICATION IS FOR</th>
<th>CURRENT PERMIT NUMBER AND EXPIRATION DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEW PERMIT</td>
<td>RENEWAL</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PRINT FULL NAME</th>
<th>TITLE</th>
<th>AGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Security Number</td>
<td>A disclosure concerning your SSN number is available at: <a href="http://www.health.mo.gov/lab/breathalcohol/">http://www.health.mo.gov/lab/breathalcohol/</a></td>
<td></td>
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<table>
<thead>
<tr>
<th>DEPARTMENT OR TROOP</th>
<th>TELEPHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business Address (Street, City, State, ZIP Code)</td>
<td></td>
</tr>
</tbody>
</table>

| EMAIL ADDRESS | |
|---------------||

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

<table>
<thead>
<tr>
<th>DATES OF COURSE</th>
<th>LOCATION OF COURSE</th>
<th>COURSE LENGTH (HRS.)</th>
<th>NAME &amp; MODEL OF BREATH ANALYZER</th>
<th>PLACE OF INSTRUCTOR INSTRUMENT</th>
<th>NAME OF INSTRUCTOR</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

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

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

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

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

SIGNATURE OF APPLICANT

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

CODE OF STATE REGULATIONS 9
MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY
BREATH ALCOHOL PROGRAM
INTOX 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.

INTOX DMT SN ___________________________ NAME OF AGENCY ___________________________
LOCATION OF INSTRUMENT (STREET AND CITY) ___________________________ DATE 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 ___________________________ DETECTOR ___________________________
PROGRAM ___________________________ FILTER 1 ___________________________
SAMPLE CHAMBER ___________________________ FILTER 2 ___________________________
BREATH TUBE ___________________________ FILTER 3 ___________________________
PUMP ___________________________ INTERNAL STANDARD ___________________________

BREATH ANALYZER ACCURACY STANDARDS

☐ SIMULATOR SOLUTION ___________________________ ☐ COMPRESSED ETHANOL-GAS MIXTURE ___________________________

☐ SIMULATOR TEMP (34°C ± 0.2°C) ___________________________ LOT # ___________________________ 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 0.078% 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.L TEST

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

REFUSALS 0.04 0.05-09 0.10-14 0.15-19 OVER .19

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

INSPECTING OFFICER
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, 2975 James Blvd, Poplar Bluff, MO 63901

10 CODE OF STATE REGULATIONS
(1/29/14) JASON KANDER
Secretary of State
MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY
CMI INTOXILYZER 8000 MAINTENANCE REPORT

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

<table>
<thead>
<tr>
<th>INSTRUMENT SERIAL NUMBER</th>
<th>LOCATION OF INSTRUMENT</th>
<th>DATE OF INSPECTION</th>
<th>TIME OF INSPECTION</th>
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**CALIBRATION CHECK RESULTS**

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

**CALIBRATION CHECK SUMMARY**

<table>
<thead>
<tr>
<th>STANDARD TYPE</th>
<th>STANDARD LOT NO.</th>
<th>STANDARD EXPIRATION DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>SIM TEMPERATURE</td>
<td>SIM SERIAL NUMBER</td>
<td>SIM CERTIFICATE EXPIRATION</td>
</tr>
<tr>
<td>STANDARD VALUE</td>
<td>STANDARD SUPPLIER</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>CALIBRATION CHECK RESULT 1</th>
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<thead>
<tr>
<th>CALIBRATION CHECK RESULT 2</th>
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</thead>
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<table>
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<tr>
<th>CALIBRATION CHECK RESULT 3</th>
</tr>
</thead>
</table>

**MAXIMUM DEVIATION (MUST BE WITHIN 5%)**

<table>
<thead>
<tr>
<th>SPREAD (MUST BE .005 OR LESS)</th>
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</thead>
</table>

**DIAGNOSTIC TEST RESULTS**

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

**RFI TEST RESULTS**

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

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

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

List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).

**INSPECTING OFFICER**

<table>
<thead>
<tr>
<th>SIGNATURE</th>
<th>PRINT NAME</th>
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**TYPE & PERMIT NUMBER**

<table>
<thead>
<tr>
<th>TYPE &amp; PERMIT NUMBER</th>
<th>EXPIRATION DATE</th>
<th>TELEPHONE NUMBER</th>
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</table>

MO 592-2001 (6-16) AN EQUAL OPPORTUNITY/AFRIRATIVE ACTION EMPLOYER services provided on a nondiscriminatory basis

JASON KANDER (1/29/14) CODE OF STATE REGULATIONS 11
19 CSR 25-30—DEPARTMENT OF HEALTH AND
SENIOR SERVICES

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY
BREATH ALCOHOL PROGRAM
INTOX EC/AR II MAINTENANCE REPORT

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/AR 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.

☐ DIAGNOSTIC RECORD

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

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. (PRINTOUT ATTACHED)

☐ 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE
☐ 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE
☐ 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

TEST 1  ☐ TEST 2  ☐ TEST 3  ☐

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

REFUSALS 0.04 0.05-0.09 0.10-0.14 0.15-0.19 OVER 0.19

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

INSPECTING OFFICER

SIGNATURE  PRINT FULL NAME

TYPE 1 PERMIT NUMBER  EXPIRATION DATE  TELEPHONE NUMBER

RETURN COMPLETED REPORT TO THE: Breath Alcohol Program, Missouri Department of Health and Senior Services
Southeast District Office
3755 James Blvd, Poplar Bluff, MO 63901

LAB-163
MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY
BREATH ALCOHOL PROGRAM
CMI INTOXILYZER 5000 MAINTENANCE REPORT

REPORT #4

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

CODE OF STATE REGULATIONS

JASON KANDER (1/29/14)
Secretary of State

19 CSR 25-30

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

☐ 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 0.05-.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 SATISFACTORY AND WITHIN ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY).

INSPECTING OFFICER

PRINT FULL NAME

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

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35 days).
Complete this report whenever the instrument is serviced or repaired and whenever it is placed into service.
Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

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

CHECKLIST: Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

- ☐ DIAGNOSTIC CHECK (PRINTOUT ATTACHED) DATE AND TIME (FROM PRINTOUT)
  - ☐ COMPUTER
  - ☐ DETECTOR
  - ☐ PROGRAM
  - ☐ FILTERS
  - ☐ HEATERS SAMPLE CHAMBER °C ☐ QUARTZ STANDARD
  - ☐ FLOW DETECTOR ☐ CALIBRATION
  - ☐ PUMP HIGH SPEED ☐ PRINTER
  - ☐ INDICATOR LIGHTS
  - ☐ SIMULATOR SOLUTION SUPPLIER LOT # EXP. DATE
  - ☐ 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

- ☐ 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 | (.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 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

LAB-115

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

(1/29/14) JASON KANDER
Secretary of State
Complete this report in duplicate at the time of the regular monthly preventative maintenance check, and whenever instrument is repaired. Send copy to Department of Health and Senior Services; retain original in department file.

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

**CHECKLIST:** Place a mark in the box by each item if found to be satisfactory or 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**

<table>
<thead>
<tr>
<th>SIMULATOR SOLUTION</th>
<th>COMPRESSED ETHANOL-GAS MIXTURE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>STANDARD SUPPLIER</th>
<th>LOT #</th>
<th>EXP. DATE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>SIMULATOR TEMPERATURE (34°C ± 0.2°C)</th>
<th>SIMULATOR SN</th>
<th>SIMULATOR EXP DATE</th>
</tr>
</thead>
</table>

**CALIBRATION CHECK** (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

- [ ] 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)

<table>
<thead>
<tr>
<th>REFUSALS</th>
<th>(0.04)</th>
<th>(.05-.09)</th>
<th>(.10-.14)</th>
<th>(.15-.19)</th>
<th>(OVER .19)</th>
</tr>
</thead>
</table>

List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).

**INSPECTING OFFICER**

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

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

Return completed report to: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office
2575 James Boulevard
Poplar Bluff, MO 63901

JASON KANDER (1/29/14)
Secretary of State

CODE OF STATE REGULATIONS 15

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

REPORT #7

19 CSR 25-30

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER
SERVICES PROVIDED ON A NONDISCRIMINATORY BASIS

LAB-114
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.

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
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 ________________________________
NUMBER ________________________________
EXPIRES ________________________________

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 590-0772 (8-10)
MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
STATE PUBLIC HEALTH LABORATORY  
BREATHE ALCOHOL PROGRAM

APPLICATION FOR TYPE III PERMIT FOR OPERATION OF BREATH ALCOHOL ANALYZERS

This application is for

- [ ] NEW PERMIT
- [ ] RENEWAL

Current permit number and expiration date:

Email address for completed permit:

Print full name: ___________________________  
Title: ___________________________  
Age: ___________________________

Social Security number: ___________________________

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

Department or troop: ___________________________

Telephone: ___________________________

Business address (street, city, state, zip code):

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

<table>
<thead>
<tr>
<th>Dates of Course</th>
<th>Location of Course</th>
<th>Course Length (Hrs.)</th>
<th>Name &amp; Model of Breath Analyzer</th>
<th>Name of Instructor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

If this is an application for a new permit, include a copy of applicant's exam.

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

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

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

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

Signature of applicant:

Date: ___________________________

RECOMMENDATION OF SUPERVISOR TYPE II

I certify that ___________________________ (Print type II applicant full name) is qualified to operate the breath analyzer instrument(s) as requested in this application.

Print type II applicant full name:

Signature of type II permittee:

Return completed application to the:

Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office  
2875 James Blvd.  
Pleasant Bluff, MO 53901

MO 580-0008 (3-11)
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


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 25-30.050 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 OR SUPPLIER

| Alco-Sensor IV | Intoximeters, Inc., St. Louis, MO |
| Intoxilyzer, Model 5000 and Intoxalyzer, Model 8000 | CM1/MHP, Operations of MPD, Inc., Owensboro, KY |

(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.


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%; or
(C) 0.04%.

(3) Approved suppliers of standard simulator solutions are—

(A) Alcohol Countermeasure Systems, Inc., Aurora, CO 80010
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.

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

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

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

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).

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

19 CSR 25-30.060 Operating Procedures for Breath Analyzers

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

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

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

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 #9).

When using Intox DMT, the procedures on the form incorporated within the instrument software shall be performed and the form shall be completed (see form #8).

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).

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).

The fifteen- (15-) minute 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.

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%).

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.

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

#### OPERATIONAL CHECKLIST: INTOXILYZER 5000

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

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

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

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

4. Enter test record card.

5. Enter subject and officer information

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

7. When test record is printed, remove test record and 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 test was being conducted.

<table>
<thead>
<tr>
<th>NAME OF OPERATOR</th>
<th>PERMIT NO.</th>
<th>Expiration Date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>WITNESS (IF ANY)</th>
<th>DATE</th>
</tr>
</thead>
</table>

---

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

#### OPERATIONAL CHECKLIST: INTOXILYZER 5000

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

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

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

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

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<table>
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<tr>
<th>NAME OF OPERATOR</th>
<th>PERMIT NO.</th>
<th>Expiration Date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>WITNESS (IF ANY)</th>
<th>DATE</th>
</tr>
</thead>
</table>
MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BLOOD ALCOHOL TEST REPORT - DATAMASTER

<table>
<thead>
<tr>
<th>SUBJECT'S NAME</th>
<th>DATE OF TEST</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>SERIAL NO.</th>
<th>LOCATION OF INSTRUMENT</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Operational Checklist: Datamaster</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>3. Assure that the power switch is ON.</td>
</tr>
<tr>
<td>4. Press RUN button.</td>
</tr>
<tr>
<td>5. When display requests INSERT TICKET, insert evidence ticket.</td>
</tr>
<tr>
<td>6. Enter subject and officer information.</td>
</tr>
<tr>
<td>7. When display reads PLEASE BLOW and gives audible beep, take subject's breath sample.</td>
</tr>
<tr>
<td>8. When printer has completed printing out test result, remove ticket from printer. Attach printout to this report.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Certification by Operator</th>
</tr>
</thead>
<tbody>
<tr>
<td>BAC</td>
</tr>
</tbody>
</table>

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

1. There was no deviation from the procedure approved by the department.
2. To the best of my knowledge the instrument was functioning properly.
3. I am authorized to operate the instrument.
4. No radio transmission occurred inside the room where and when this was being conducted.

<table>
<thead>
<tr>
<th>Name of Operator</th>
<th>Permit No.</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Witness (if any)</td>
<td>Date</td>
<td></td>
</tr>
</tbody>
</table>

AS 580-1214 (4-82)
AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER
services provided on a nondiscriminatory basis

LAB 109 (P4-12)
MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BLOOD ALCOHOL TEST REPORT - ALCO-SENSOR IV
WITH PRINTER

OPERATIONAL CHECKLIST: ALCO-SENSOR IV WITH PRINTER
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.

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 was being
conducted.

NAME OF OPERATOR PERMIT NO. EXPIRATION DATE

WITNESS (IF ANY) DATE

MO 590-1212 (4-12) AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER
services provided on a non-discriminatory basis

LAB. 108

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

OPERATIONAL CHECKLIST: ALCO-SENSOR IV WITH PRINTER
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.

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 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 non-discriminatory basis

LAB. 108
MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BLOOD ALCOHOL TEST REPORT - INTOX DMT

LOCATION OF INSTRUMENT

INSTRUMENT SERIAL NUMBER

DATE OF TEST

TIME OF TEST

SUBJECT NAME

DATE OF BIRTH

SEX

SUBJECT DRIVERS LICENSE NUMBER

STATE

ARRESTING OFFICER

ARRESTING OFFICER ID

OPERATOR

OPERATOR PERMIT

PERMIT EXP DATE

OPERATIONAL CHECKLIST: INTOX DMT

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

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

☐ 3. Assure that the power switch is ON and the screen is displaying "READY <PUSH RUN>".

☐ 4. Press the Run button on the display screen.

☐ 5. Enter subject and officer information.

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

SUBJECT TEST RESULTS

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

MO 560-2003 (5-13)

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

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LAB-155

JASON KANDER

Secretary of State
### 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

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**STATE OF MISSOURI**

**DEPARTMENT OF HEALTH AND SENIOR SERVICES**

**BLOOD ALCOHOL TEST REPORT — INTOXILYZER 8000**

**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.

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**SUBJECT TEST RESULTS**

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**COMMENTS**

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**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**

---

**CODE OF STATE REGULATIONS 25**

JASON KANDER (1/29/14)  
Secretary of State
MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BLOOD ALCOHOL TEST REPORT - INTOX EC/IR II

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: INTOX EC/IR II

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

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

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

☐ 4. Press the Enter button.

☐ 5. Enter subject and officer information.

☐ 6. When display reads "Please Blow!", and gives audible beep, 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

LAB 164

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER
services provided on a nondiscriminatory basis

(1/29/14) JASON KANDER
Secretary of State


Eckhoff v. Director of Revenue, 745 S.W.2d 813 (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 qualification 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); Bradfo 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 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) 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.


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 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) 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.
