

19 CSR 25-30.011-.080

Highlighted Changes Permit Holders Must Understand

Missouri Department of Health and Senior Services

Created: 11/12 (BML)

Last Revised: 11/12 (BML)

What is Changed?

- ◆ The Missouri Secretary of State published the newest version of 19 CSR 25 – 30.011-.080, Determination of Blood Alcohol by Blood, Breath, Saliva, and Urine Analysis; and Determination for the Presence of Drugs in Blood, Saliva, and Urine November 30, 2012.

When do the New Rules Go Into Effect?

- ◆ The new rules become effective December 30, 2012.
- ◆ Any breath alcohol test, operational checklist, maintenance report, permit application, blood or urine sample collected, etc., completed on or after December 30 shall not be considered valid if such tests were not completed in compliance with the rules published in the Code of State Regulations November 30, 2012.

What Are the Changes?

- ◆ This presentation will highlight those changes that are most time sensitive, i.e., that permit holders need to be aware of and implement starting December 30, 2012.
- ◆ The complete set of new rules can be found on the Missouri Secretary of State's website at:
<http://www.sos.mo.gov/adrules/csr/current/19csr/19c25-30.pdf>

Operational Checklists

- ◆ All Operational Checklists are being updated to have a new step 1.

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.

- ◆ The 15 minute observation period is now step 2.

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.

Operational Checklists

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

SUBJECT'S NAME		DATE OF TEST
OPERATIONAL CHECKLIST: DATAMASTER		
SERIAL NO.	LOCATION OF INSTRUMENT	
<input type="checkbox"/> 1. Examination of mouth conducted. If any substance is observed or indicated to be present, the substance observed or indicated must be removed prior to starting the 15 minute observation period. <input type="checkbox"/> 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. <input type="checkbox"/> 3. Assure that the power switch is ON. <input type="checkbox"/> 4. Press RUN button. <input type="checkbox"/> 5. When display requests INSERT TICKET, insert evidence ticket. <input type="checkbox"/> 6. Enter subject and officer information. <input type="checkbox"/> 7. When display reads PLEASE BLOW and gives audible beep, take subject's breath sample. <input type="checkbox"/> 8. 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 and Senior Services related to the determination of blood alcohol by breath analysis, I certify that:		
<input type="checkbox"/> 1. There was no deviation from the procedure approved by the department. <input type="checkbox"/> 2. To the best of my knowledge the instrument was functioning properly. <input type="checkbox"/> 3. I am authorized to operate the instrument. <input type="checkbox"/> 4. No radio transmission occurred inside the room where and when this was being conducted.		
NAME OF OPERATOR	PERMIT NO.	EXPIRATION DATE
WITNESS (F ANY)	DATE	

MO 580-1214 (4-12) AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER LAB 1103 (01-12) services provided on a nondiscriminatory basis

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BLOOD ALCOHOL TEST REPORT - ALCO-SENSOR IV WITH PRINTER FORM #8

SUBJECT'S NAME		DATE OF TEST
OPERATIONAL CHECKLIST: ALCO-SENSOR IV WITH PRINTER		
ALCO-SENSOR SERIAL NO.	PRINTER SERIAL NO.	LOCATION OF INSTRUMENT
<input type="checkbox"/> 1. Examination of mouth conducted. If any substance is observed or indicated to be present, the substance observed or indicated must be removed prior to starting the 15 minute observation period. <input type="checkbox"/> 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. <input type="checkbox"/> 3. Make sure printer is connected to Alco-Sensor IV. <input type="checkbox"/> 4. Turn printer on. <input type="checkbox"/> 5. Insert mouthpiece into Alco-Sensor IV. <input type="checkbox"/> 6. Observe temperature display, make sure temperature reading is between 10°C and 40°C. <input type="checkbox"/> 7. When "BLNK" is displayed on Alco-Sensor IV, air blank is taken. <input type="checkbox"/> 8. When "TEST" is displayed on Alco-Sensor IV, take subject breath sample. <input type="checkbox"/> 9. When "SET" is displayed on Alco-Sensor IV, press SET button. <input type="checkbox"/> 10. When printer has completed printing test result, tear off tape and fill in subject and officer information. <input type="checkbox"/> 11. Press red button to eject mouthpiece. <input type="checkbox"/> 12. Turn printer off. <input type="checkbox"/> 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:		
<input type="checkbox"/> 1. There was no deviation from the procedure approved by the department. <input type="checkbox"/> 2. To the best of my knowledge the instrument was functioning properly. <input type="checkbox"/> 3. I am authorized to operate the instrument. <input type="checkbox"/> 4. No radio transmission occurred inside the room where and when this was being conducted.		
NAME OF OPERATOR	PERMIT NO.	EXPIRATION DATE
WITNESS (F ANY)	DATE	

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

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

SUBJECT'S NAME		DATE OF TEST
OPERATIONAL CHECKLIST: INTOXILYZER 5000		
SERIAL NUMBER	LOCATION OF INSTRUMENT	
<input type="checkbox"/> 1. Examination of mouth conducted. If any substance is observed or indicated to be present, the substance observed or indicated must be removed prior to starting the 15 minute observation period. <input type="checkbox"/> 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. <input type="checkbox"/> 3. Assure that the power switch is ON and then press the START TEST button. <input type="checkbox"/> 4. Enter test record card. <input type="checkbox"/> 5. Enter subject and officer information <input type="checkbox"/> 6. When display reads PLEASE BLOW , insert mouthpiece and take the subject's breath sample. <input type="checkbox"/> 7. 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 and Senior Services related to the determination of blood alcohol by breath analysis, I certify that:		
<input type="checkbox"/> 1. There was no deviation from the procedure approved by the department. <input type="checkbox"/> 2. To the best of my knowledge the instrument was functioning properly. <input type="checkbox"/> 3. I am authorized to operate the instrument. <input type="checkbox"/> 4. No radio transmission occurred inside the room where and when this test was being conducted.		
NAME OF OPERATOR	PERMIT NO.	EXPIRATION DATE
WITNESS (F ANY)	DATE	

MO 580-1212 (4-12) AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER LAB 107A (01-12) services provided on a nondiscriminatory basis

Operational Checklists

- ◆ The Department of Revenue is currently revising the AIR form to reflect the changes to the operational checklists.
- ◆ They will begin sending the updated AIR forms to departments the week of December 10, 2012.

Operational Checklists

- ◆ New definitions that apply to Operational Checklists (19 CSR 25-30.011):
 - (H) Observation period is the minimum fifteen (15)-minute continuous period that ends when a breath sample has been provided into the approved breath analyzer, during which time the operator shall remain close enough to a subject to reasonably ensure, using the senses of sight, hearing or smell, that a test subject does not smoke, vomit or have any oral intake during the fifteen (15)-minute observation period. Direct observation is not necessary to ensure the validity or accuracy of the test result.

Operational Checklists

- ◆ New definitions that apply to Operational Checklists (19 CSR 25-30.011):
 - ◆ (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.

Operational Checklists

- ◆ New definitions that apply to Operational Checklists (19 CSR 25-30.011):
 - (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.
 - (L) Substance is any foreign matter, solid or liquid, not to include dentures, dental work, studs, piercing, or tongue jewelry.

Operational Checklists

- ◆ New definition of the 15 Minute Observation Period (19 CSR 25-30.060):
 - ◆ (7) The fifteen (15)-minute observation of the subject, which is the second procedure on the forms in sections (1)–(6) of this rule, shall be done by a current Type II or Type III permit holder. The observation period is intended to ensure that any alcohol in a test subject's mouth has time to dissipate before a breath sample is taken so that mouth alcohol does not affect the accuracy of a test result. A fifteen (15)-minute observation period is deemed to be sufficient for the dissipation of any mouth alcohol to a reasonable degree of scientific certainty.

New Permit Applications

- ◆ As of December 30, 2012, any permit application received by the DHSS Breath Alcohol Program must use the new permit application forms.

Full size downloadable copies can be found at
<http://health.mo.gov/lab/breathalcohol/>

New Type 1 Application & Permit



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

APPLICATION FOR TYPE 1 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 (OFFICE, OPT. STREET, ZIP CODE) _____

DIRECTOR'S NAME _____ TELEPHONE NUMBER _____

ALCOHOL ANALYSIS BLOOD URINE SALIVA

DRUG ANALYSIS BLOOD URINE SALIVA

FOR DRUG TESTING ONLY
 PROVIDE NAME OF PROGRAMS/TESTING PROGRAMS YOUR FACILITY SUBSCRIBES TO: _____

EDUCATION						
COLLEGE OR UNIVERSITY	YEARS ATTENDED	HOURS OTR/SEM	MAJOR	MINOR	DEGREE	GRADUATED

OTHER RELEVANT TRAINING		
COURSE OR PROGRAM TITLE	AGENCY OR INSTITUTION	DATES

ANALYTICAL EXPERIENCE	
ORGANIZATION	DATES EMPLOYED

RESULTS OF SAMPLES FOR ANALYSIS: _____

METHODS OF ANALYSIS USED	
DRUGS <input type="checkbox"/> Enzyme Immunoassay (EIA) <input type="checkbox"/> Radioimmunoassay (RIA) <input type="checkbox"/> Thin Layer Chromatography (TLC) <input type="checkbox"/> High Performance Liquid Chromatography (HPLC) <input type="checkbox"/> Liquid Chromatography/Mass Spectrometry (LC/MS) <input type="checkbox"/> Cloned Enzyme Donor Immunoassay (CEDDA) <input type="checkbox"/> Ultra-Violet/Visible Spectrophotometry (UV/Vis)	ALCOHOL <input type="checkbox"/> Gas Chromatography/Mass Spectrometry (GC/MS) <input type="checkbox"/> Fluorescence Polarization Immunoassay (FPIA) <input type="checkbox"/> Gas Chromatography (GC) <input type="checkbox"/> Enzyme-Linked Immunosorbent Assay (ELISA) <input type="checkbox"/> Other _____

SIGNATURE OF APPLICANT _____ DATE _____

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

MS 980-077 (2/15) LAB-2 (6-10)



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

**PERMIT
TYPE 1**



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

from a sample of _____ utilizing approved standard chemical methods.
 (TYPE IN "BLOOD," "SALIVA" OR "URINE")

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

DATE _____ DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER _____

EXPIRES _____ DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES


MS 980-1242 (6-10) LAB-2 (6-10)

New Type 2 Application & Permit



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
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 CURRENT PERMIT NUMBER AND EXPIRATION DATE _____

PERSONAL NAME _____ TITLE _____ AGE _____

SOCIAL SECURITY NUMBER _____ A disclosure concerning your SSN number is available at: <http://www.health.mo.gov/lab/breathalcohol/>

DEPARTMENT OR TRUCK _____ TELEPHONE _____

BUSINESS ADDRESS (OFFICE, OPT. STREET, ZIP CODE) _____

EMAIL ADDRESS _____

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

DATE OF COURSE	LOCATION OF COURSE	COURSE LENGTH (HRS.)	NAME & MODEL OF BREATH ANALYZER	PLACED IN NEW INSTRUMENT (CHECK HERE)	NAME OF INSTRUCTOR
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	

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

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

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

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

SIGNATURE OF APPLICANT _____ DATE _____

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

MS 960-0771 (8-10) LAB-4



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

**PERMIT
TYPE II**



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

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE _____

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER _____

EXPIRES _____

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 960-0771 (8-10) LAB-4 (8-10)

New Type 3 Application & Permit



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

APPLICATION FOR TYPE III PERMIT FOR OPERATION OF BREATH ALCOHOL ANALYZERS



THIS APPLICATION IS FOR <input type="checkbox"/> NEW PERMIT <input type="checkbox"/> RENEWAL		CURRENT PERMIT NUMBER AND EXPIRATION DATE	EMAIL ADDRESS FOR CORRECTED 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 \checkmark is placed beside ALL breath analyzer(s) for which you are requesting a permit.)

DATE OF COURSE	LOCATION OF COURSE	COURSE (SND/TH PRE.)	NAME & MODEL OF BREATH ANALYZER	PLACED IN PERMIT (CHECK THIS BOX)	NAME OF INSTRUCTOR
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	

IF THIS IS AN APPLICATION FOR A NEW PERMIT, INCLUDE A COPY OF APPLICANT'S EXAM

IF THIS IS A RENEWAL APPLICATION, AND/OR YOU ARE ADDING A NEW INSTRUMENT TO YOUR CURRENT PERMIT, READ THE FOLLOWING INSTRUCTIONS AND PROVIDE THE FOLLOWING ADDITIONAL INFORMATION:

When adding a new instrument, you receive a new two (2) year permit. Therefore, normal renewal procedures apply for the instrument(s) on your current permit that you wish to transfer to the new permit. Obeying 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 protocols for the self-administered tests shall accompany the renewal application.

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

SIGNATURE OF APPLICANT _____ DATE _____

RECOMMENDATION OF SUPERVISOR TYPE II

I certify that _____ is qualified to operate the breath analyzer instrument(s) as requested in this application.

NAME (TYPE II APPLICANT FULL NAME) _____ BUSINESS PHONE _____

SIGNATURE OF TYPE II PERMITTEE _____ PERMIT NUMBER/EXPIRATION DATE _____

RETURN COMPLETED APPLICATION TO THE: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office
2675 James Blvd.
Poplar Bluff, MO 63901

MO 280-0712 (8-10) LAB-6 (16-10)



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

**PERMIT
TYPE III**



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

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE _____ DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER _____

EXPIRES _____ DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 280-0712 (8-10) LAB-6 (16-10)

New Requirement on All Permit Applications Concerning the Applicant's Social Security Number

Social Security Number Disclosure Notice

You must provide your social security number pursuant to state and federal law¹.

Your application for a permit from the Department of Health and Senior Services as listed in 19 CSR 25 30.011 – .080, Determination of Blood Alcohol by Blood, Breath, Saliva and Urine Analysis; and Determination for the Presence of Drugs in Blood, Saliva and Urine must include your social security number. Your social security number, along with other relevant information (name, department or troop, etc.) will be transmitted to the Division of Child Support Enforcement of the Department of Social Services to be used in a database for the following purposes:

- (1) Locating individuals who are under an obligation to pay child support or provide child custody or visitation rights;
- (2) Identifying whether an individual who owes overdue child support or who has failed to comply with a subpoena relating to paternity or child support proceedings holds a professional or occupational license.

The Missouri Department of Health and Senior Services will not disclose your social security number as taken from your permit application for any reason other than those listed above².

If you fail or refuse to provide your social security number, we will consider your application or renewal incomplete and return it to you. Continued failure or refusal to provide your social security number is grounds for denial of your application.

¹Missouri Revised Statutes, Section 324.024, Applications to contain Social Security numbers, exceptions; Personal Responsibility and Work Opportunity Reconciliation Act of 1996, Pub. L. No. 104-193.

²Missouri Revised Statutes, Section 610.035, State entity not to disclose Social Security number, exceptions.

New Maintenance Report Forms

- ◆ As of December 30, 2012, any maintenance check performed must use the new maintenance report forms.

Full size downloadable copies can be found at
<http://health.mo.gov/lab/breathalcohol/>

New Maintenance Report Forms

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

REPORT # _____

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 30 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, DHS.

ALCO SENSOR # _____ DATE OF SERVICE _____
LOCATION OF INSTRUMENT (BREATH AND CIVIL) _____ TIME OF SERVICE _____

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

SIGNAL READOUT (ALLELEMENTS OPERATIONAL)
 TEMPERATURE OF ALCO SENSOR (90°C - 95°C)
 PRINTER WORKING PROPERLY
 TIME AND DATE DISPLAYING PROPERLY

BREATH ALCOHOL ACCURACY STANDARDS

SIMULATOR SOLUTION COMPRESSED ETHANOL GAS MIXTURE
 STANDARD SUPPLIER _____ LOT # _____ EXP. DATE _____
 SIMULATOR TEMPERATURE (20°C ± 0.2°C) _____ SIMULATOR SN _____ SIMULATOR EXP. DATE _____

CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)
Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)
 0.10% 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 # _____

IRI DETECTOR OPERATING

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

REFUSALS (0-04) (05-08) (10-14) (15-18) OVER 18

Use only 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).

REPORTING OFFICER
Name _____ Title _____
Signature _____

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

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

REPORT # _____

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 30 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, DHS.

STANDARD # _____ NAME OF MODEL _____ DATE OF SERVICE _____
LOCATION OF INSTRUMENT (BREATH AND CIVIL) _____ TIME OF SERVICE _____

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

DIAGNOSTIC CHECK (PRINTOUT ATTACHED) DATE AND TIME (FROM PRINTOUT) _____
 COMPUTER DETECTOR
 PROGRAM FILTERS
 HEAVY SAMPLE CHAMBER _____ °C QUARTZ STANDARD
 FLOW DETECTOR CALIBRATION
 PUMP HIGH SPEED PRINTER
 INDICATOR LIGHTS

SIMULATOR SOLUTION SUPPLIER _____ LOT # _____ EXP. DATE _____
 SIMULATOR TEMP (20°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)
 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE
 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE
 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

TEST 1 # _____ TEST 2 # _____ TEST 3 # _____

PERFORM IRI TEST (PRINTOUT ATTACHED)

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

REFUSALS (0-04) (05-08) (10-14) (15-18) OVER 18

Use only 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).

REPORTING OFFICER
Name _____ Title _____
Signature _____

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

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY
BREATH ALCOHOL PROGRAM
CMi INTOKLYZER 5000 MAINTENANCE REPORT

REPORT # _____

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 30 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, DHS.

RESOLUTION # _____ DATE OF SERVICE _____ DATE OF NEXT ICA _____
LOCATION OF INSTRUMENT (BREATH AND CIVIL) _____ TIME OF SERVICE _____

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

ICA TEST (300 ± 10%)
 DIAGNOSTIC CHECK (PRINTOUT ATTACHED) DATE AND TIME (FROM PRINTOUT) _____
 CHARACTER DISPLAY TEST
 PRIME TEST (PRINTOUT ATTACHED)
 SIMULATOR SOLUTION SUPPLIER _____ LOT # _____ EXP. DATE _____
 SIMULATOR TEMPERATURE (20°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)
 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE
 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE
 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

TEST 1 # _____ TEST 2 # _____ TEST 3 # _____

PERFORM IRI TEST (PRINTOUT ATTACHED)

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

REFUSALS (0-04) (05-08) (10-14) (15-18) OVER 18

Use only 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).

REPORTING OFFICER
Name _____ Title _____
Signature _____

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

19 CSR 25-30.070 and 30.080

Determination of Blood Alcohol Content From Samples of Blood, Saliva or Urine, and the Analysis of Blood, Saliva and Urine for the Presence of Drugs

- ◆ (1) (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; and
- ◆ (1) (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

Additional Changes

- ◆ The following changes will begin to effect everyone in the coming months as well:
 - ◆ New Evidential Breath Alcohol Instruments
 - ◆ New Standards for Calibrating and Checking Instrument Accuracy

New Breath Alcohol Instruments

- ◆ Three new breath alcohol instruments will be available for evidential use
 - ◆ DataMaster DMT
 - ◆ Intox EC/IR II
 - ◆ Intoxilyzer 8000



New Standards for Calibrating and Checking Instrument Accuracy

- ◆ Departments will now be able to use compressed gas cylinders as well as simulator solutions to perform maintenance checks on some of the instruments.
- ◆ Simulators will have to be calibrated annually.



Additional Rule Changes

- ◆ It cannot be stressed enough that every permit holder needs to review the new rules in their entirety to ensure that they are doing everything correctly come December 30.

<http://www.sos.mo.gov/adrules/csr/current/19csr/19c25-30.pdf>

- ◆ Remember, Any breath alcohol test, operational checklist, maintenance report, permit application, blood or urine sample collected, etc., completed on or after December 30 shall not be considered valid if such tests were not completed in compliance with the rules published in the Code of State Regulations November 30, 2012.

Please Contact Our Office With Any Additional Questions

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