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**Department of Public
Health & Environment**

To: Members of the Colorado State Board of Health

From: Heather Krug, Regulatory Programs Branch Chief, Colorado State Public Health Laboratory

Through: Emily Travanty, PhD, Colorado State Public Health Laboratory and Scientific Director, Division of Disease Control and Public Health Response (DCPHR)

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Date: July 17, 2024

Subject: 2024 Board of Health Request for Rulemaking: 5 CCR 1005-2: Testing for Alcohol and Other Drugs

The Division of Disease Control and Public Health Response (DCPHR) within the Colorado Department of Public Health and Environment (CDPHE or Department) is requesting a rulemaking hearing to revise 5 Colorado Code of Regulations (CCR) 1005-2, Testing for Alcohol and Other Drugs.

CDPHE periodically reviews rules to ensure they reflect current standards and norms. This rule establishes minimum standards for certification and approval of entities and processes used for alcohol and drug testing for samples in investigations into drug or alcohol-related crashes or incidents, including collection and testing procedures for samples of blood, urine, or postmortem specimens; certification requirements for operators and instructors performing Evidential Breath Alcohol Testing (EBAT); and certification requirements for forensic toxicology laboratories.

Proposed changes to the rules include:

- Grammatical and numbering corrections
- Shift from using a physical “instrument access card” to a “operator identification number” in several instances in order to decrease Lab costs, eliminate unnecessary process redundancy, and improve usability of the system
- Updates to the appropriate specifications to align with manufacturer specifications (such as the appropriate temperature and humidity for equipment)
- Updating language to reflect current technology (e.g., removing requirements for phone lines in certain sections)
- Adding language that specifies the approved facility must maintain all supplies and instrumentation
- Increasing specificity of lab procedure language
- Adding language to specify that facilities may be held responsible for damaged Department equipment



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While the revisions being requested by the Department are relatively minor, CDPHE staff carried out a wide-ranging stakeholder process, notifying over 4,300 individuals and organizations about this rulemaking process via email and holding a public meeting in which the Department requested suggestions, concerns, and questions. The Division also took written feedback via an online Google form and email.



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**STATEMENT OF BASIS AND PURPOSE AND SPECIFIC STATUTORY AUTHORITY
for
5 CCR 1005-2: Testing for Alcohol and Other Drugs**

Background

This rule, 5 CCR 1005-2, sets the standards for both the Evidential Breath Alcohol Testing (EBAT) program and the Forensic Toxicology Laboratory certification program, both based within the State Public Health Laboratory.

The EBAT program repairs, calibrates, and certifies the Intoxilyzer 9000 (I-9000) instruments used statewide to test people suspected of driving under the influence of alcohol. The EBAT program also trains and certifies law enforcement officers who perform these tests and inspects the premises in which these devices are utilized and stored. The I-9000 is a digital piece of scientific equipment that may provide important evidence in legal or criminal proceedings, and so the appropriate use, management, and maintenance of these devices is vital in ensuring accurate and fair proceedings.

The Forensic Toxicology Laboratory certification program inspects and accredits labs (both publicly and privately run) to perform blood alcohol, blood drug, urine drug, and postmortem toxicology tests. Laboratories must be certified by the Department to provide analysis. Participation in the Forensic Toxicology Laboratory certification program is based on either successful onsite annual inspection for non-accredited labs or ongoing accreditation status for accredited labs, in addition to successful proficiency testing performance in the category or categories the laboratory is certified in and ongoing compliance with rule. Certification is a recognition that a lab has demonstrated it is qualified, competent, and compliant, and is a way to help ensure results are high-quality and defensible.

Statutory Authority

CDPHE and the State Board of Health are required to create rules and procedures to certify labs and designate state and local officials who have the authority to test and collect blood and other samples for drug and alcohol testing.

C.R.S. § 42-4-1304(1), Samples of Blood or Other Bodily Substance - Duties of Department of Public Health and Environment - Rules, requires that CDPHE establish a system for obtaining samples of blood or other bodily substance from the bodies of all pilots in command, vessel operators in command, or drivers and pedestrians fifteen years of age or older who die within four hours after involvement in a crash involving a motor vehicle, a vessel, or an aircraft.

Furthermore, paragraph 4 of this statute mandates that the Board of Health “establish and promulgate such administrative rules and procedures as are necessary to ensure that



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collection and testing of samples is accomplished to the fullest extent.”

Subsequently, as specified in C.R.S. § 42-4-1304(6),

All state and local public officials, including investigating law enforcement officers, have authority to and shall follow the procedures established by the Department of public health and environment pursuant to this section, including the release of all information to the department of public health and environment concerning such samples and the testing thereof.

This rule set fulfills these statutory obligations by delineating topics such as collection and testing procedures for samples of blood, urine, or post mortem specimens; certification requirements for operators and instructors performing EBAT; and certification requirements for forensic toxicology laboratories.

These rules were last revised in 2018 after legislative changes. As part of a routine review, CDPHE identified several relatively minor changes to make in the regulations that would improve the programs’ functions and efficacy; provide additional clarity to stakeholders; and align the rules with manufacturer guidelines and specifications.

Summary of changes

Numbering and grammatical changes: Small grammatical errors and errors to the regulation numbering were discovered in the rule review process and have been corrected. A few sentences were restructured in order to improve clarity regarding lab procedures.

Language updates: Language was updated to reflect current terms, such as changing text to read “Colorado State Public Health Laboratory” instead of “Laboratory Services Division.” All instances of “Centigrade” were changed to “Celsius” to reflect current scientific practices.

Shift from a physical access card to an operator identification number: People operating the I-9000 equipment (such as law enforcement officers) are required to identify themselves to the equipment in order to ensure appropriate accountability. Previously, a physical identification card issued by the Department was required to be swiped. In order to improve ease of use and save Department funds, the EBAT program will shift entirely to using identification numbers that can be entered by the individual performing the test. As this is already common practice, the rule change simply aligns to the practice.

Changes to equipment use and maintenance specifications to reflect manufacturer requirements: For example, in section 3.2.2.1, the temperature of the room in which the EBAT equipment must be stored has been changed from 15-32.2 degrees Celsius to 18-25 degrees Celsius. This change reflects current manufacturer instructions.

EBAT instrumentation must maintain consistent communications with the Department



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through an active data line: Routinely maintaining an active VPN connection is necessary to ensure data from the instruments is transferred to the database and records are current, as well as prevent any issues with operators being able to use the instruments. Agencies have always been trained on maintaining this connection, but adding the requirement to rule makes it enforceable and provides clarity on the expectation.

A facility is responsible for lost, damaged, tampered or mismanaged equipment or instrumentation owned by the Department, at the facility's expense: The addition of this language clarifies fiscal responsibility for damaged equipment. During stakeholder engagement, one stakeholder expressed that CDPHE should improve its inventory tracking to ensure that responsibility is appropriately allocated for damaged or lost equipment. CDPHE has improved inventory tracking procedures in recent years and has taken this advice on board to consider any opportunities for improvement.

Specific Statutory Authority:

C.R.S. § 42-4-1304

Is this rulemaking due to a change in state statute?

☐ Yes Rules are ☐ authorized ☐ required.

☒ No

Does this rulemaking include proposed rule language that incorporates materials by reference?

☐ Yes

☐ URL

☒ No

Does this rulemaking include proposed rule language to create or modify fines or fees?

☐ Yes

☒ No

Does the proposed rule language create (or increase) a state mandate on local government?

☐ Yes ☒ No

- The proposed rule does not require a local government to perform or increase a specific activity for which the local government will not be reimbursed;
- The proposed rule requires a local government to perform or increase a specific activity because the local government has opted to perform an activity, or;
- The proposed rule reduces or eliminates a state mandate on local government.

REGULATORY ANALYSIS
for
5 CCR 1005-2: Testing for Alcohol and Other Drugs

1. A description of the classes of persons affected by the proposed rule, including the classes that will bear the costs and the classes that will benefit from the proposed rule.

Group of persons/entities affected by the proposed rule	Size of the group	Relationship to the proposed rule Select category: C/S/B
Forensic laboratories	6	C
Law enforcement officers with EBAT certifications	4,300	C
Law enforcement officers managing facilities affected by regulations	UNK	S
Both prosecutors and defense attorneys with clients involved in alcohol and drug related incidents	UNK	S
Coloradans who are under investigation related to alcohol and drug related incidents	21,000	S
Coloradans who are victims of incidents related to alcohol and drugs	UNK	B
Coroners, Medical Examiners, Forensic Pathologists, and their staff	~250	S

While all are stakeholders, groups of persons/entities connect to the rule and the problem being solved by the rule in different ways. To better understand those different relationships, use this relationship categorization key:

- C = Individuals/entities who implement or apply the rule.
- S = Individuals/entities who do not implement or apply the rule but are interested in others applying the rule.
- B = Individuals who are ultimately served, including the customers of our customers. These individuals may benefit, be harmed by, or be at risk because of the standard communicated in the rule or the manner in which the rule is implemented.

More than one category may be appropriate for some stakeholders.

2. To the extent practicable, a description of the probable quantitative and qualitative impact of the proposed rule, economic or otherwise, upon affected classes of persons.

Economic outcomes

Economic outcomes for these rule revisions are projected to be exceedingly minor, if there are any. Most of the changes to the rules reflect ongoing practices.

Non-economic outcomes

Summarize the anticipated favorable and unfavorable non-economic outcomes (short-term and long-term), and, if known, the likelihood of the outcomes for each affected class of persons by the relationship category.

Individuals/entities who implement or apply the rule (C)

- **Increased clarity on proper procedures:** Updates to rule language, grammar changes, and matching of manufacturer guidelines with our rules provide clarity and reduce ambiguity for operators and labs.
- **Improved digitization of EBAT systems by replacing a physical card with an ID number:** This particular change is already a part of standard practice.

Individuals/entities who do not implement or apply the rule but are interested in others applying the rule (S)

- No anticipated impact

Individuals who are ultimately served (B)

- No anticipated impact

3. The probable costs to the agency and any other agency of the implementation and enforcement of the proposed rule and any anticipated effect on state revenues.

- **CDPHE will save money by no longer issuing physical identification cards for the operation of EBAT equipment:** While these savings are not considered significant, this will save the program some operating costs.

Anticipated personal services, operating costs, or other expenditures by another state agency:

N/A

Anticipated revenues for another state agency:

N/A

4. A comparison of the probable costs and benefits of the proposed rule to the probable costs and benefits of inaction.

N/A

Along with the costs and benefits discussed above, the proposed revisions:

☒ **Comply with a statutory mandate to promulgate rules.**

☐ Comply with federal or state statutory mandates, federal or state regulations, and department funding obligations.

☒ **Maintain alignment with other states or national standards.**

☐ Implement a Regulatory Efficiency Review (rule review) result

☒ **Improve public and environmental health practice.**

☐ Implement stakeholder feedback.

☐ Advance the following CDPHE Strategic Plan priorities:

Goal 1, Implement public health and environmental priorities

Goal 2, Increase Efficiency, Effectiveness and Elegance

Goal 3, Improve Employee Engagement

Goal 4, Promote health equity and environmental justice

Goal 5, Prepare and respond to emerging issues, and

☒ **Comply with statutory mandates and funding obligations**

Strategies to support these goals:

☒ **Substance Abuse (Goal 1)**

☐ Mental Health (Goal 1, 2, 3 and 4)

☐ Obesity (Goal 1)

☐ Immunization (Goal 1)

☐ Air Quality (Goal 1)

☐ Water Quality (Goal 1)

☒ **Data collection and dissemination (Goal 1, 2, 3, 4, 5)**

☒ **Implement quality improvement/a quality improvement project (Goal 1, 2, 3, 5)**

- ___ Employee Engagement (Goal 1, 2, 3)
- ___ Decisions incorporate health equity and environmental justice (Goal 1, 3, 4)
- ___ Detect, prepare and respond to emerging issues (Goal 1, 2, 3, 4, 5)
- ___ Advance CDPHE Division-level strategic priorities.

5. A determination of whether there are less costly methods or less intrusive methods for achieving the purpose of the proposed rule.

Rulemaking is proposed when it is the least costly method or the only statutorily allowable method for achieving the purpose of the statute. The specific rules proposed in this rulemaking were developed in conjunction with stakeholders. The benefits, risks, and costs of these proposed rules were compared to the costs and benefits of other options. The proposed revisions provide the most benefit for the least amount of cost, are the minimum necessary, or are the most feasible manner to achieve compliance with statute.

6. Alternative rules or alternatives to rulemaking considered and why rejected.

As legislation mandates that rules be established, no alternative to rulemaking was considered.

7. To the extent practicable, a quantification of the data used in the analysis; the analysis must take into account both short-term and long-term consequences.

Changes to the rules are minor and are mostly a matter of updating form. A quantitative analysis is not applicable in this scenario.

STAKEHOLDER ENGAGEMENT
for
5 CCR 1005-2: Testing for Alcohol and Other Drugs

State law requires agencies to establish a representative group of participants when considering to adopt or modify new and existing rules. This is commonly referred to as a stakeholder group.

Given that these regulations have not been altered in several years, CDPHE made the effort to reach out to a wide stakeholder list in multiple ways, with 4,326 individuals and organizations on the email list. Stakeholder engagement in preparation for this request included:

- One public listening session, approximately two hours long (virtual)
- Emails inviting stakeholders to session or to submit written feedback
- Written feedback solicited via email or form throughout the entire process

There was not a significant amount of engagement or feedback from the stakeholders regarding the draft rules. This is most likely because the changes proposed in these revisions are relatively small.

Feedback mechanism	Number of individuals
Listening session	5
Feedback form	5
Email	0
Total individuals providing feedback*	8

*Some of the individuals who attended the meeting also provided feedback on the written form.

Name	Organization
Kendra Baker	Rio Grande County Sheriff's Office
Aaron Botts	Denver Police Department
Logan Hurt	Division of Motor Vehicles, Department of Revenue (DOR)
Line Linne	DOR / Express Consent Unit

Alan Ma	Denver Police Department
Ryan Koski	Douglas County Sheriff's Office
Matthew Pollard	Douglas County Sheriff's Office
Jennifer Knudsen	Colorado District Attorneys' Council/TSRP

Broadly speaking, there were very few concerns brought up by stakeholders that were not addressed in the rules. During the stakeholder engagement process, several individuals expressed that they believed CDPHE should loosen its rules regarding recertification. Stakeholders suggested that there should be a greater time between recertifications or that performing a certain number of EBAT tests should stand in lieu of a recertification.

While CDPHE appreciates the feedback, at this time, changing these rules is not feasible given current technology constraints. In addition, CDPHE is concerned about incentivizing officers to perform a certain number of EBAT tests in a given period. The Department will continue to monitor as more options become available.

COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT
Laboratory Services Division
TESTING FOR ALCOHOL AND OTHER
DRUGS 5 CCR 1005-2h

Part 1. General

1.1 Purpose and Scope

This rule establishes minimum standards for certification and approval of entities and processes used for alcohol and drug testing. This rule is applicable to: samples taken from subjects driving under the influence, driving while impaired, driving with excessive alcohol content; vehicular assaults and vehicular homicides involving an operator while under the influence of alcohol or one or more drugs or both; the testing of samples of blood or other bodily substances from the bodies of pilots in command, motorboat or sailboat operators in command, or drivers and pedestrians suspected of being impaired by alcohol and/or drugs who die within four hours after involvement in a crash involving a motor vehicle, a motorboat, a sailboat or an aircraft; and consumption of alcohol by underage persons and records related thereto.

1.2 The Colorado Department of Public Health and Environment has determined that results obtained from the certified EBAT instrument are scientifically accurate, precise, and analytically reliable when the certified EBAT instrument is properly operated as described in this rule. Recommendations made to the state board of health are evidence-based through analytic testing and evaluation conducted by the department.

1.3 Evidential Breath Alcohol Testing (EBAT) certified facilities, instructors and operators will operate under Parts 2 through 4 of these rules and regulations. All approved EBAT facilities and certified instructors and operators performing direct evidential breath alcohol testing must comply with all applicable requirements in this rule.

1.4 Testing of blood alcohol, blood drug, urine drug and postmortem samples operate under Parts 5 through 9 of these rules and regulations. All certified forensic toxicology laboratories performing testing in the categories of blood alcohol, blood drug, urine drug and postmortem testing must comply with all applicable requirements in this rule.

1.5 Definitions

“Analytical Non-Conformance” – refers to a result that has been reported by the certified laboratory that exceeds its established criteria of acceptability resulting in repeat analysis requiring amended reporting.

“Appropriate Clinical or Public Safety Facility” – provides for the health and safety of a person whose blood is collected (subject) and meets the following criteria: 1) provide for the washing or cleansing of hands of the blood collection personnel, 2) provide a comfortable chair for the subject with arm supports to assure the elbow remains straight and both arms are accessible to the blood collection personnel, 3) take precautions to assure the subject does not fall out of the chair, 4) provide for cot or other reclining surfaces for subjects who prefer to lie down or who have adverse response to the blood collection procedures, 5) provide for the adverse response to blood collection by providing procedures and equipment for subjects who become faint, nauseous, vomit, bleed excessively, or convulse including the provision of drinking water, and 6) provide for the cleaning and disinfection of the blood collection area.

“Approved Facility” – any location that meets the requirements of these regulations and which is approved by the Department to house the certified EBAT instrumentation.

“Certification” – the official approval by the Department of an Evidential Breath Alcohol Test (EBAT) instrument, instructor, operator, or forensic toxicology laboratory to function under these rules and regulations.

“Certified EBAT Instructor” – an employee of a law enforcement agency or the Colorado Department of Public Health and Environment who meets the requirements of Section 2.32 et seq. of these regulations.

“Certified EBAT Instrument” – the instrumentation approved for use by the Department for performing evidential breath alcohol testing in approved facilities by certified instructors and operators in order to determine the alcohol content in a subject’s breath for evidentiary purposes as identified in Section 42-4-1301, C.R.S.

“Certified EBAT Operator” – an employee of a law enforcement agency or the Colorado Department of Public Health and Environment who meets the requirements of Section 2.1 et seq. of these regulations.

“Certified Laboratory” – a forensic toxicology laboratory certified by the Department to perform analytical testing of bodily fluids for alcohol or other drugs in the categories of blood alcohol, blood drug, urine drug or postmortem testing.

“Department” – refers to The Colorado Department of Public Health and Environment, Laboratory Services Division.

“Discovery Packet” – refers to records requested for litigation purposes that include sufficient material to allow independent review by a qualified toxicologist. The records must include when applicable, but are not limited to; the request of analysis, chain of custody documents, test subject analytical data, calibration, standard, quality control data from the subject analytic run, limits of quantitation (LOQ), limits of detection (LOD), analyst curriculum vitae (CV), and the standard operating procedure used during the analysis.

“DUI” – refers to the term Driving Under the Influence of alcohol and/or other drugs as defined by Section 42-4-1301(1)(f), C.R.S.

“DUI Packet” – refers to the reporting documentation produced by the certified EBAT instrument that must be included by the certified EBAT instructor or operator. This must include but is not limited to the following; the completed subject EBAT, and any Exception Messages which may have been encountered during the subject test attempts.

“DWAI” – refers to the term Driving While Ability Impaired by alcohol and/or other drugs as defined by Section 42-4-1301(1)(g), C.R.S.

“Evidential” or “Evidentiary” – refers to a sample which, when tested, gives rise to test results that are sufficiently reliable to be admissible as evidence in a court of law.

“Evidential Breath Alcohol Test (EBAT)” – is an evidentiary breath alcohol test performed using a certified evidential breath alcohol testing instrument approved by the Department as described by Section 42-4-1301, C.R.S.

“Exception Message” – is the term used for a report generated by the certified EBAT instrument whenever an Evidential Breath Alcohol Test (EBAT) is unable to be successfully completed.

“Internal Standard” – refers to a reference material that has similar chemical and physical properties to the analyte being measured and is added at a known concentration to a sample prior to testing.

“Key Management” – refers to personnel designated as top management and additional personnel who do not have laboratory wide authority but are “key” to the laboratory providing testing services which may include the laboratory director, technical personnel or any other designated qualified individual who has supervisory responsibilities for the scientific aspects of the laboratory.

“Laboratory Director” – the individual meeting the qualification requirements specified in

Part 5 and Part 9 of these rules who is responsible for the overall operation and results reported by the laboratory.

“Limit of Detection (LOD)” – the lowest concentration or amount of an analyte that can be reliably shown to be present or measured under defined conditions and is derived by adding three standard deviations to the true value of the blank.

“Limit of Quantitation (LOQ)” – the concentration at which quantitative results can be reported with a high degree of confidence and is derived by adding ten standard deviations to the true value of the blank or administratively defined in terms of the lowest concentration of the lowest calibrator used in the analytic run.

“Proficiency Testing (PT)” – The evaluation of unknown specimens which determines target alcohol or drug values for those unknown specimens that is manufactured by a provider accredited to the International Standards Organization (ISO/IEC 17043). A single evaluation is commonly referred to as a PT event.

“Representative of a Certified Laboratory” – any employee of a certified laboratory or a courier employed by or contracted by the certified laboratory to transport specimens for the certified laboratory.

“Satisfactory PT Performance” – results scored from an individual PT event that meet or exceed the minimum score allowable to be considered passing.

“Successful PT Performance” – ongoing satisfactory PT performance in multiple PT events that meet or exceed the minimum score allowable to be considered passing.

“Tampering” – to meddle with the certified EBAT instrument especially for the purpose of altering test results, damaging or misusing the instrument either by intentional or unintentional means.

“Technical Personnel” - individuals who are engaged in any aspect of the testing of samples and reporting of results under the supervision of the laboratory director or the laboratory director’s designee.

“Unsatisfactory PT Performance” – results scored from an individual PT event that are scored below the minimum allowable to be considered passing.

“Unsuccessful PT Performance” – two consecutive unsatisfactory individual PT events or 2 out of 3 unsatisfactory individual PT events that are scored below the minimum allowable to be considered passing.

Part 2 Certification Requirements for Operators and Instructors Performing Evidential Breath Alcohol Testing (EBAT)

2.1 Operators seeking initial EBAT certification or EBAT recertification by the department must meet the following criteria:

2.1.1 To initially be certified as an EBAT operator an individual must:

2.1.1.1 Be currently employed by a law enforcement agency or the Department, and

2.1.1.2 Attend and successfully complete the Department’s eight (8) hour EBAT operator certification course, and

2.1.1.3 Successfully complete the Department’s EBAT operator comprehensive practical, and

2.1.1.4 Successfully pass the Department’s EBAT operator exam with a score of 80% or greater.

- 2.1.1.5 Upon successful completion of the Department's operator certification course, the certified EBAT operator will be issued an [operator identification number which instrument access card by the department](#) ~~that~~ may only be used by the certified EBAT operator to whom it was issued.
- 2.1.2 To maintain active certification status, a certified EBAT operator must complete the following recertification requirements:
- 2.1.2.1 Successfully perform and complete a recertification EBAT within a 180-day period, and
- 2.1.2.2 Annually – Successfully complete the Department's certified EBAT operator recertification refresher course.
- 2.1.2.3 Upon successful completion of the Department's operator recertification requirements, the certified EBAT [operator's identification number](#) ~~operator card's~~ active status will be updated and available for use during the next certification period.
- 2.1.3 The certified EBAT operator [certificate card](#) issued by the Department may serve as evidence of certification [if the operator has maintained an active certification](#).
- 2.2 If the certified EBAT operator fails to meet the EBAT recertification requirements found in this part, the Department will;
- 2.2.1 Decertify the EBAT operator, and
- 2.2.2 Deactivate the EBAT operator [identification number](#) ~~certification card~~ used to access the certified EBAT instrument, and
- 2.2.3 Maintain the EBAT operator in an inactive status until the EBAT operator certification requirements found in Part 2.1 are met.
- 2.3 Instructors seeking initial EBAT certification or EBAT recertification by the Department must meet the following criteria:
- 2.3.1 To initially be certified as an EBAT instructor an individual must:
- 2.3.1.1 Be currently employed by a law enforcement agency or the Department, and
- 2.3.1.2 Be a currently certified EBAT operator in active status, and
- 2.3.1.3 Attend and successfully complete the Department's sixteen (16) hour EBAT instructor certification course, and
- 2.3.1.4 Successfully complete the Department's EBAT instructor comprehensive practical, and
- 2.3.1.5 Successfully pass the Department's EBAT instructor exam with a score of 80% or greater.
- 2.3.1.6 Upon successful completion of the Department's instructor certification course, the certified EBAT instructor will be issued an [instructor identification number which instrument access card](#) ~~that~~ may only be used by the certified EBAT instructor to whom it was issued.
- 2.3.2 To maintain active status, a certified EBAT instructor must complete the following recertification requirements:

- 2.3.2.1 Biennially - Participate in [assisting the Department with teaching teaching](#), at [a](#) minimum, one EBAT operator certification course, and
- 2.3.2.2 Annually - Successfully complete the Department's certified EBAT instructor recertification refresher course.
- 2.3.3 A certified EBAT instructor in active status is also recognized as a certified EBAT operator and may perform testing.
- 2.3.4 The certified EBAT instructor [certificate card](#) issued by the Department may also serve as evidence of certification [if the instructor has maintained an active certification](#).
- 2.4 For any certified EBAT instructor [who that](#) does not meet the EBAT recertification requirements found in this part the Department will;
- 2.4.1 Decertify the EBAT instructor, and
- 2.4.2 Deactivate the EBAT instructor certification [identification number card](#), used to access to the certified EBAT instrument, and
- 2.4.3 Maintain the EBAT instructor in an inactive status until one of the following three recertification criteria are met:
- 2.4.3.1 Within 30-days after expiration of the EBAT instructor certification expiration date, the inactive instructor must successfully complete a recertification evidential breath alcohol test to regain an active status as a certified EBAT operator. The certified EBAT operator must meet the requirements found at Part 2.1.2 in order to maintain certification, or,
- 2.4.3.2 After 30-days from expiration of the EBAT instructor certification expiration date, the inactive instructor must meet the EBAT operator certification requirements found at Part 2.1, or
- 2.4.3.3 The EBAT instructor meets the requirements found at Part 2.3 of the rule.
- 2.5 EBAT instructors or operators returning from active military service may reactivate their certification status by completing the following:
- 2.5.1 Provide documentation of active duty status to the Department, (period of absence must not exceed 2 years), and
- 2.5.2 Successfully pass the EBAT instructor or operator certification [exam test](#) with a score of 80% or greater, and
- 2.5.3 Successfully perform and complete a recertification EBAT [\(for EBAT operators only\)](#).
- 2.5.4 Upon successful completion of the recertification requirements in this Part, the certified EBAT instructor or operator [identification number card](#) will be updated to an active status and become available for use during the next certification period.
- 2.5.5 The certified EBAT instructor or operator must meet the requirements found in this Part in order to maintain an active certification status.

Part 3 Requirements for Evidential Breath Alcohol Testing (EBAT) Facilities

- 3.1 Standards for approval of permanent, temporary and mobile Evidential Breath Alcohol Testing (EBAT) facilities.

- 309
- 310 3.1.1 Evidential Breath Alcohol Test(s) must be conducted only in facilities that have
- 311 been approved by the Department.
- 312
- 313 3.1.2 Department standards for approval of EBAT facilities are specified in Part 3 of
- 314 this rule.
- 315
- 316 3.1.3 EBAT facilities meeting the standards of performance as specified in Part 3 of
- 317 this rule may be approved.
- 318
- 319 3.1.4 Onsite Inspections of permanent, temporary and mobile EBAT facilities must be
- 320 performed prior to initial approval and once per calendar year thereafter by
- 321 Department personnel.
- 322
- 323 3.1.4.1 Facility inspection reports will be sent by the Department to the facility
- 324 within 15 days of the inspection date.
- 325
- 326 3.1.4.2 When deficiencies are cited in a facility inspection report, a plan of
- 327 correction must be received by the Department for review and approval
- 328 within 15 days of receipt of the facility inspection report by the agency.
- 329
- 330 3.1.5 Initial approval – permanent, temporary, and mobile EBAT facilities.
- 331
- 332 3.1.5.1 A facility representative must submit a written request to the Department
- 333 for initial approval of an EBAT facility, [which should include justification for](#)
- 334 [EBAT instrumentation, if applicable](#). The request will be in the form and
- 335 manner required by the Department and must include:
- 336
- 337 3.1.5.1.1 Acknowledgement from the facility representative that the
- 338 requirements found in Part 3 have been reviewed prior to
- 339 requesting approval.
- 340
- 341 3.1.5.1.2 Documentation from a certified electrician verifying the power to the
- 342 certified EBAT instrument is on its own dedicated power circuit.
- 343
- 344 3.1.5.1.3 Verification from the facility representative that a dedicated and
- 345 active data ~~line is and phone line are~~ installed and available for
- 346 communications by the certified EBAT instrument.
- 347
- 348 3.1.5.2 Upon receipt of the initial facility approval request, Department personnel
- 349 will [review the submitted documentation](#), schedule an onsite inspection to
- 350 verify compliance with the requirements found in Part 3 prior to approval.
- 351
- 352 3.1.6 The Department will perform an onsite inspection at an EBAT facility when any
- 353 of the following occur:
- 354
- 355 3.1.6.1 The EBAT facility is seeking initial approval, or
- 356
- 357 3.1.6.2 The approved EBAT facility requests relocation of the certified EBAT
- 358 instrument either temporarily or permanently within the facility, or
- 359
- 360 3.1.6.3 A new EBAT facility is being constructed that will house the certified
- 361 EBAT instrument, or
- 362
- 363 3.1.6.4 A complaint is received by the Department that requires an onsite
- 364 inspection to verify compliance.
- 365
- 366 3.2 Evidential Breath Alcohol Testing (EBAT) facility requirements
- 367
- 368 3.2.1 Instrument power requirements
- 369
- 370 3.2.1.1 Alternating current (AC) line voltage of 120 volts, 60 hertz (Hz)

grounded outlet on a dedicated circuit.

3.2.1.2 20 ampere maximum circuit breaker.

3.2.1.3 Voltage 120 +/- 12v (108v – 132v).

3.2.1.4 Grounded outlet.

3.2.1.5 An adequate surge protection device must be placed between the EBAT instrumentation and the grounded outlet.

3.2.2 Facility environmental requirements

3.2.2.1 The temperature of the room where the EBAT instrumentation is operated must be maintained between (185.0 – ~~25.0~~^{25.032.2}) degrees CelsiusCentigrade

3.2.2.2 The relative humidity of the room where the EBAT instrumentation is operated must be maintained between (105% - ~~97~~0%).

3.2.2.3 The EBAT instrumentation room must have adequate lighting.

3.2.2.4 The area around and under the EBAT instrumentation must be free of dust, dirt and kept orderly.

3.2.2.5 The EBAT instrumentation must be placed on a solid and adequate work surface.

3.2.2.6 The room where the EBAT instrumentation is located must receive adequate ventilation.

3.2.2.7 The ventilation to the room where the EBAT instrumentation is located must prevent automobile emissions from being introduced.

3.2.2.8 The room where the EBAT instrumentation is located must not be used to store cleaning compounds or volatile chemicals.

3.2.2.9 The room where the EBAT instrumentation is located must remain secure and not readily accessible to unauthorized personnel.

3.2.2.10 The approved facility must have an adequate space, equipment, and personnel to maintain the EBAT instrumentation and supplies.

3.2.3 EBAT facility documents

3.2.3.1 The EBAT instrument calibration certificate must be posted next to the instrument.

3.2.3.2 The EBAT instrument Exception Message guide must be posted next to the instrument.

3.2.3.3 Corrective actions taken by the certified EBAT instructor or operator are appropriate and timely when Exception Messages are encountered.

3.2.3.4 The EBAT instrumentation records applicable to the agency must be retained by the approved facility for a minimum of 5 years.

3.2.4 EBAT instrumentation

3.2.4.1 The approved facility must provide and have available an adequate supply of mouth pieces.

- 433
- 434 3.2.4.2 The approved facility must have available an adequate supply of standard
- 435 simulator solution issued by the Department.
- 436
- 437 3.2.4.3 ~~The standard simulator solution is changed as needed and correctly by a~~
- 438 ~~certified EBAT instructor. The standard simulator solution is checked~~
- 439 ~~routinely to ensure calibration checks are within the acceptable range, and~~
- 440 ~~the standard simulator solution is changed as needed and completed~~
- 441 ~~correctly by a certified EBAT instructor.~~
- 442
- 443 3.2.4.4 EBAT instrumentation and supplies must be properly maintained, stored and
- 444 available to authorized personnel.
- 445
- 446 3.2.4.5 The EBAT instrumentation is being operated in the location it was approved
- 447 for within the approved facility.
- 448
- 449 3.2.4.6 The EBAT instrumentation must maintain consistent communications with
- 450 the Department through the approved facility's active data line. A certified
- 451 EBAT instructor should routinely verify this connection and troubleshoot with
- 452 the approved facility's IT designee and the Department.
- 453
- 454 3.2.4.7 The approved facility must maintain a functional printer approved by the
- 455 Department to be used with the EBAT instrumentation.
- 456
- 457 3.2.4.8 The approved facility may be held responsible for lost, damaged, tampered
- 458 with and/or mismanaged equipment/instrumentation owned by the
- 459 Department, at the approved facility's expense.
- 460

461 **Part 4 Evidential Breath Alcohol Testing (EBAT) - Collection and Testing**

462 **Procedures**

463

- 464 4.1 This part establishes the minimum standards for collection and testing of evidential breath
- 465 alcohol samples that include:
- 466
- 467 4.1.1 A certified EBAT instructor or operator to perform the test ~~who~~that is in an active
- 468 status meeting the requirements found in Part 2, and
- 469
- 470 4.1.2 An approved EBAT facility where the test is to be conducted meeting the
- 471 requirements found in Part 3, and
- 472
- 473 4.1.3 A certified EBAT instrument used to perform the test.
- 474
- 475 4.1.3.1 Evidential breath specimens must be analyzed using a certified EBAT
- 476 instrument approved for use by the Department. Certification of the EBAT
- 477 instrument will be based on scientific standards of performance
- 478 established by the Department.
- 479
- 480 4.1.3.2 The Department must certify each EBAT instrument initially and annually
- 481 thereafter.
- 482
- 483 4.1.3.3 The Department will issue a certificate for each certified EBAT instrument
- 484 after initial certification and after each annual certification. The certificate
- 485 will reflect the certified EBAT instrument serial number and the inclusive
- 486 dates for the certification period.
- 487
- 488 4.1.3.4 Every EBAT sequence must include an assayed reference standard(s)
- 489 with a known ethanol concentration of 0.100 grams of alcohol/210 liters of
- 490 breath that brackets the subject's breath samples. The assayed reference
- 491 standard(s) target value(s) is 0.100 grams of alcohol/210 liters of breath
- 492 and must fall within a range of (0.090 – 0.110 grams of alcohol/210 liters of
- 493 breath).

- 4.1.3.4.1 The results of the assayed reference standard(s) must agree with each other within $\pm 10\%$ during the calibration checks.
- 4.1.3.4.2 If the correlation between calibration checks is not within $\pm 10\%$, the instrument will discontinue the test sequence and print a "No Calibration Correlation" Exception Message.
- 4.1.3.5 For each EBAT, the results of the two subject samples must agree with each other within 0.020 grams of alcohol/210 liters of breath.
- 4.1.3.5.1 If the 0.020 grams of alcohol/210 liters of breath correlation is not obtained with the subject samples, the instrument will discontinue the test sequence and print a "No .02 Agreement" Exception Message.
- 4.1.3.5.2 When a "No .02 Agreement" Exception Message is obtained, the certified EBAT instructor or operator must repeat the 20-minute deprivation period prior to retesting the subject.
- 4.1.3.6 The two subject breath samples must meet the minimum measurement requirements in order to obtain a result. Samples not meeting the minimum sample requirements may result in an "Invalid Sample" Exception Message
- 4.1.3.6.1 If an "Invalid Sample" Exception Message is obtained, the certified EBAT instructor or operator must repeat the 20-minute deprivation period prior to retesting the subject.

4.2 Pre-Analytic EBAT requirements include:

- 4.2.1 Unless otherwise provided by law, at the request of the subject, the subject must be given a choice of which type of evidential chemical test (evidential breath or blood alcohol) they prefer to take to determine the alcohol concentration in their body, or the choice to refuse either evidential chemical test. Nothing in this rule is intended to exempt or exonerate an individual from the penalties proscribed in Sections 42-4-1301.1 and 42- 4-1301.2, C.R.S., or any other relevant law, for the failure to submit to such test.
- 4.2.2 Ensure the certified EBAT instrument is in the "Ready" mode. If the certified EBAT instrument is in "Not Ready" mode, wait until the instrument completes the warm-up period prior to initiating any testing.
- 4.2.3 Completion of a 20-minute deprivation period must be conducted at the approved EBAT facility by a certified EBAT instructor or operator who that is in an active status, and the 20-minute deprivation period that must include;
- 4.2.3.1 Removal of any foreign material from the subject's mouth cavity that is not permanent in nature, prior to starting the 20-minute deprivation period, and
- 4.2.3.2 Depriving the subject access to foreign material that may be introduced into the mouth cavity during the 20-minute deprivation period, and
- 4.2.3.3 Observing the subject for signs of belching, regurgitation, or intake of any foreign material into the mouth cavity during the 20-minute deprivation period. If such observations occur, the 20-minute deprivation period must be repeated under the same conditions prior to testing.
- 4.2.4 Entry of the certified EBAT instructor or operator information into the certified EBAT instrument.

- 556
- 557 4.2.5 Entry of the arresting officer information into the certified EBAT instrument.
- 558
- 559 4.2.6 Entry of the subject information into the certified EBAT instrument to include
- 560 the start time of the 20-minute deprivation period.
- 561
- 562 4.3 Analytic EBAT requirements include:
- 563
- 564 4.3.1 Providing the subject instruction for delivery of a breath sample that contains
- 565 end- expiratory air from the lungs.
- 566
- 567 4.3.2 Starting the test sequence and following the test instructions displayed by
- 568 the certified EBAT instrument.
- 569
- 570 4.3.3 Providing a [new clean](#)-mouthpiece with each breath sample provided by the
- 571 subject.
- 572
- 573 4.3.4 Observing the subject through completion of the second breath sample to
- 574 look for signs of belching, regurgitation, or intake of any foreign material into
- 575 the mouth cavity. If such observations occur, the test sequence must be
- 576 discontinued by the certified EBAT instructor or operator and another 20-
- 577 minute deprivation period must be repeated under the same conditions prior
- 578 to retesting.
- 579
- 580 4.3.5 Removal of the subject from the area in close proximity to the certified EBAT
- 581 instrument during the two-minute period between breath samples in order to
- 582 prevent tampering of the instrument during the test sequence.
- 583
- 584 4.4 Post-Analytic EBAT requirements include:
- 585
- 586 4.4.1 The certified EBAT instructor or operator must sign the completed EBAT report
- 587 attestation statement indicating the test was performed in compliance with the
- 588 procedures set forth by the Department and as prescribed by this rule.
- 589
- 590 4.4.2 The certified EBAT instructor or operator must review the final report(s) for
- 591 completeness.
- 592
- 593 4.4.3 The certified EBAT instructor or operator must include all printouts generated by the
- 594 certified EBAT instrument [with reporting documentation](#) to include any associated
- 595 Exception Message(s) (if applicable) that may have been encountered during the
- 596 subject test attempt(s).
- 597
- 598 4.4.4 All printouts generated from the certified EBAT instrument for the subject must be
- 599 included in the DUI packet as defined in Part 1.5.
- 600
- 601 4.4.5 All certified EBAT instrumentation records must be retained for a minimum of 5-
- 602 years by either the certified EBAT facility or the Department as applicable.
- 603
- 604

605 **Part 5. Certification Requirements for Forensic Toxicology Laboratories**

- 606
- 607 5.1 Laboratory Analysis of Blood, Urine and Post Mortem Specimens
- 608
- 609 5.1.1 Laboratories must be certified by the Department to provide analysis. Participation in
- 610 the Forensic Toxicology Laboratory certification program is based upon either:
- 611 successful onsite annual inspection for non-accredited labs, or, ongoing
- 612 accreditation status for accredited labs, in addition to successful proficiency testing
- 613 performance in the category or categories the laboratory is certified in and ongoing
- 614 compliance with Parts 5 through 9 of this rule.
- 615
- 616 5.1.2 Laboratories seeking certification that are accredited by a nationally or
- 617 internationally recognized accreditation organization that includes the scope of

forensic toxicology may elect to forgo the annual onsite inspection as long as accreditation remains active, and, the biennial inspection performed by the accrediting organization includes review of the specialty of toxicology.

- 5.1.3 Accredited laboratories requesting certification from the Department must provide the Department a copy of the accrediting organizations most recent and final biennial inspection report within 30-days of receipt of accreditation in the scope of forensic toxicology in addition to any accepted plan of correction submitted to the accrediting organization by the laboratory.
- 5.1.4 The Department will perform an onsite inspection of an accredited laboratory in the event that the specialty of toxicology is not reviewed by the accrediting organization during the biennial inspection.
- 5.1.5 Laboratories certified by the Department who send samples to a reference laboratory for testing, must send those samples to a forensic toxicology laboratory certified by the Department.
- 5.1.6 Laboratories may be certified to perform tests for one or more of the following categories: blood alcohol, blood drug, urine drug, and postmortem testing.
- 5.1.7 Laboratories must meet standards of performance as established by these regulations. Standards of performance include; personnel qualifications, standard operating procedure manual, analytical process, proficiency testing, quality assurance, quality control, laboratory security, chain of custody, specimen retention, space, records, and result reporting.
- 5.1.8 Laboratory inspections must be performed prior to initial certification and annually thereafter by Department personnel as established by this rule. A laboratory meeting the certification requirements of these regulations will be issued a certificate. Recertification shall be required annually and will be effective each July 1.

5.2 Initial Application

- 5.2.1 Laboratory Directors requesting certification of their laboratory must submit to the Department a completed application. The application will be in the form and manner required by the Department and includes: laboratory name, laboratory director, facility address, laboratory correspondence information, and analytical categories for which the laboratory requests certification.
- 5.2.2 The Department will acknowledge the request and provide a copy of this rule to the laboratory.
- 5.2.3 To be certified, laboratories must demonstrate compliance with all applicable requirements in Parts 5 through 9 and participate in an initial onsite inspection. The onsite inspection may be waived for accredited laboratories so long as the requirements at 5.1.3 are satisfied as determined by the Department at its sole discretion.

5.3 Application for Continued Certification

- 5.3.1 Annually the Laboratory Director must request to be considered for continued certification by providing a completed application to the Department no later than June 1. The application will be in the form and manner required by the Department and will include: laboratory name, laboratory director, facility address, laboratory correspondence information, analytical categories for which the laboratory requests certification, and ~~caseload~~~~case-load~~ totals.
- 5.3.2 Laboratories must be recertified annually starting July 1, and certification will be for a period of 1 year.
- 5.3.3 Laboratories must maintain a listing of all analytical methods used by the laboratory

and all analytes tested and reported by the laboratory. The laboratory must provide this listing to the Department.

- 5.3.4 To maintain certification, laboratories shall meet all applicable requirements found in Parts 5 through 9. Non-accredited laboratories or accredited laboratories identified in 5.1.4 must participate in an annual onsite inspection.

5.4 General Requirements

- 5.4.1 In addition to the laboratory's application, the laboratory must provide an updated listing of all technical personnel engaged in testing to the Department. The listing will be in the form and manner required by the Department.
- 5.4.2 Prior to independently analyzing samples, technical personnel must demonstrate acceptable performance on precision, accuracy, specificity, reportable ranges, blanks, and unknown challenge samples (proficiency samples or internally generated quality controls). The laboratory must have a system to evaluate and document the competency of technical personnel as specified in Part 9.
- 5.4.3 The laboratory must notify the Department in writing within thirty days of any changes pertaining to laboratory location and/or key management.
- 5.4.4 The Laboratory Director is directly responsible for the accuracy of the tests performed, the accuracy of the reports issued, and adherence to the applicable requirements in this rule.
- 5.4.5 The laboratory must have adequate space, equipment, materials, and use reference materials from a manufacturer accredited to the International Standards Organization (ISO) requirements for certified reference materials and certified reference standards, ISO/IEC 17034 when available.
- 5.4.6 The laboratory must establish and adhere to written ~~methods of analysis~~ (Standard Operating Procedures) (SOPs) ~~that contain complete descriptions of the analytical methods~~ used to perform the ~~tests~~ reported ~~tests~~. Critical elements that must be addressed in the SOPs are in Part 9.
- 5.4.7 The laboratory must demonstrate compliance with these regulations through a successful onsite inspection conducted by Department personnel prior to certification. ~~Previously c~~Certified laboratories will be inspected on an annual ~~announced~~ basis. ~~Routine inspections will take place on a date agreed upon between the Department and laboratory personnel. Unannounced inspections may also be performed at C~~certified laboratories ~~may be inspected on an unannounced basis~~ to evaluate complaints.
- 5.4.8 The laboratory must maintain all records related to analysis for a minimum of 5 years. Records to be maintained include instrument maintenance, calibration, quality control and quality assurance documentation for all analyses ~~performed~~, specimen processing, ~~analytical test~~ results and ~~test reports of analysis~~, dates of analysis, and the ~~analyst's name. identity of the person performing the analysis.~~ Retained records must be made available for review by Department personnel.
- 5.4.9 The laboratory must investigate all analytical non-conformances. Whenever subject test results are impacted, further testing using the affected method(s) may not resume until the laboratory has performed a root cause analysis and corrected the non-conformance. All subject tests impacted by the non-conformance must be reviewed by the laboratory director and amended reports issued when necessary. Copies of the non-conformance, root cause analysis, and corrective action plan must be provided to the Department upon request.

5.5 Proficiency Testing (PT) requirements for certified forensic toxicology laboratories.

- 5.5.1 Proficiency Testing (PT) is the evaluation of ~~pre-prepared~~ unknown specimens ~~by~~

the laboratory with the results being assessed against standardized criteria, which determines target values for those unknown specimens PT evaluations serve as a demonstration of continuing competency for the laboratory and are required for each approved category on the laboratory's scope of certification the laboratory is certified in.

5.5.2 PT ~~samples~~ ~~material~~ must be obtained from a PT provider that is accredited to the ISO/IEC 17043 standards and can provide ~~appropriate~~ biological specimens that are ~~appropriate~~ ~~applicable~~ ~~to~~ ~~for~~ the testing the laboratory performs.

5.5.3 Prior to initial certification, the laboratory must, at minimum, have successfully participated in one proficiency testing event(s) within the preceding 12 months in ~~each the~~ category for which the laboratory seeks certification, and must have received a satisfactory score(s) for each of those event(s) as defined in Part 5.

5.5.4 To maintain continued laboratory certification, a laboratory must demonstrate successful PT performance for each category in which the laboratory is certified according to the guidelines in section 5.5.5.

5.5.5 For each approved category of testing, PT samples shall be:

5.5.5.1 Tested for all analytes reported by the laboratory that are present in the PT samples, ~~and~~

5.5.5.2 Tested by each technical personnel ~~member~~ annually, ~~and~~

5.5.5.3 Tested using approved standard operating procedures, ~~and~~

5.5.5.4 Tested in the same manner as subject samples, ~~and~~

5.5.5.5 Reported to the PT provider, and

5.5.5.6 The laboratory must request that the proficiency testing provider provide a ~~consultant~~ copy of their PT survey results to:

**Colorado Department of Public Health and Environment
Colorado State Public Health Laboratory
Certification Program
8100 ~~East~~ Lowry Boulevard
Denver, CO 80230-6828**

5.5.6 Blood Alcohol Testing

5.5.6.1 A laboratory must demonstrate successful PT performance in a minimum of 3 alcohol PT testing events per year. Each event must consist of a minimum of 4 specimens each. The PT provider will evaluate the results and forward them to the laboratory as well as to the Department.

5.5.6.2 Other forensically significant volatiles, such as acetone, methanol and isopropanol, may be included in one or more PT samples in each of the 3 events. The laboratory must be able to detect any volatile included in the PT samples and must retain documentation of this detection with the PT results.

5.5.6.3 Scoring Criteria for Blood Alcohol Proficiency Testing

5.5.6.3.1 PT results must be returned to the PT provider within the time specified by the PT provider. Results received after the due date will not be scored and will be considered an unsatisfactory performance resulting in a score of 0 for the testing event. The laboratory must contact the PT provider and the Department if extenuating circumstances prevent timely response to a PT event.

5.5.6.3.2 An acceptable blood alcohol PT result is one that falls within the acceptance criteria as established by the PT provider +/- 10% of the reported mean.

5.5.6.3.3 The laboratory must investigate any score less than 100% and undertake corrective action as needed. The investigation outcome and corrective action must be provided to the Department upon request.

5.5.6.3.4 The PT results will be reviewed by the Department to determine if successful PT performance has been achieved. If a laboratory has consecutive "Unsatisfactory" evaluations, or achieves an "Unsatisfactory" score in 2 of any 3 consecutive PT events, the PT performance is deemed "Unsuccessful". The "Unsuccessful" determination may result in a "Directed Plan of Correction" specified by the Department, or suspension/limitation of certification for the failed analyte.

5.5.7 Urine, Blood and Postmortem Drug Testing

5.5.7.1 For blood drug, urine drug and postmortem screening and confirmation certification, the laboratory must demonstrate successful PT performance.

5.5.7.1.1 For blood drug certification the laboratory must participate in a minimum of two PT events annually that include blood samples.

5.5.7.1.2 For urine drug certification the laboratory must participate in a minimum of two PT events annually that include urine samples.

5.5.7.1.3 For laboratories performing only postmortem forensic toxicology testing the laboratory must participate in a minimum of two PT events annually that include a combination of blood and urine samples and other postmortem matrices when available.

5.5.7.2 Scoring criteria for drug proficiency testing

5.5.7.2.1 PT results must be returned to the PT provider within the time specified by the PT provider. Results received after the due date will not be scored and will be considered an "Unsatisfactory" performance resulting in a score of 0 for the testing event. The laboratory must contact the PT provider and the Department if extenuating circumstances prevent timely response to a PT event.

5.5.7.2.2 All analytes listed and reported (qualitatively and quantitatively) by the laboratory must be analytically tested in the PT challenges in the same manner as subject samples.

5.5.7.2.3 A satisfactory event score is the positive identification and when applicable, quantitation of 80% of the target analytes present with no false positives. Any false positive will result in an "Unsatisfactory" score for the PT event.

5.5.7.2.3.1 Scoring is as follows: if a laboratory only reports an analyte qualitatively, the total possible points for that analyte will be 4 points.

Total points possible:

- A. Each possible positive identification is 4 points.
- B. Each quantitative result is worth a possible 2 points.

Note: quantitative results will be subject to further point restrictions when standard deviation (SD) values are given by the PT provider.

Laboratory's points:

- A. Each correctly identified analyte is 4 points.
- B. Each false negative is 0 points (i.e., no qualitative result given).
- C. Each quantitative result within 1 standard deviation (SD) is 2 points.
- D. Each quantitative result within 2 SD is 1 point.
- E. Each quantitative result outside 2 SD is 0 points.
- F. Each correctly identified negative specimen is 4 points.
- G. Each false positive is minus (-) 25 points and is automatically considered an unsatisfactory event.

Laboratory's Score = (laboratory's points / total possible points) * 100

5.5.7.2.4 Whenever a laboratory receives an unsatisfactory PT event (less than 80%), the laboratory must investigate and undertake corrective action as needed. The investigation outcome and corrective action documentation must be provided to the Department upon request.

5.5.7.2.5 Whenever a quantitative result reported by the laboratory in a PT challenge is considered "Unacceptable" by the PT provider (outside ± 2 SD or ~~30~~25% from the mean, whichever is greater), the laboratory must undertake and document corrective action. The corrective action documentation must be retained with the PT results.

5.5.7.2.6 A laboratory will be suspended from a category for "Unsuccessful" PT performance if consecutive "Unsatisfactory" PT events occur, or two out of three consecutive "Unsatisfactory" PT events occur. A laboratory may be reinstated to active status after successful participation in the next PT challenge. Failure to achieve a "Satisfactory" score in the next test event will result in the revocation of the certificate and require two successful PT events before the laboratory may be eligible to reapply for certification. The laboratory may request the PT provider send one extra set of PT samples when suspension status occurs.

5.6 Onsite Laboratory Inspection

- 5.6.1 Onsite laboratory inspections must be performed prior to initial certification and annually thereafter for non-accredited labs by the Department in accordance with this rule.
- 5.6.2 The onsite inspection will include a review of the laboratory's practices to ensure compliance with these regulations. Laboratories must demonstrate compliance with all applicable requirements in Parts 5 through 9.
- 5.6.3 Laboratories will be contacted by the Department to schedule the annual onsite inspection after receipt of the application requesting certification. A letter confirming the inspection date will be sent to the laboratory.
- 5.6.4 The Department will evaluate compliance with the laboratory certification standards listed in Part 9 during the onsite inspection.
- 5.6.5 Following the onsite inspection, a written report will be prepared that will list any non-conformances identified. The report should be sent to the laboratory within 30 -

days of inspection.

- 5.6.6 Within 30-days of receipt of the inspection report, the laboratory must provide to the Department for review and approval a written plan of correction that addresses each non- conformance listed in the inspection report.
- 5.6.7 Any requested objective evidence must be provided to the Department within 60 - days of receipt of the inspection report. Any items requiring clarification will be resolved by phone or written correspondence.
- 5.6.8 Identification of non-conformance practices that impact test results, ~~or~~ failure to provide an acceptable plan of correction, or failure to provide adequate objective evidence within the specified timelines, may result in limitation, suspension, revocation or denial of certification. Such actions shall be governed by Section 24-4-104, C.R.S.
- 5.6.9 Upon the laboratory's successful completion of the annual inspection and certification process, the department will issue a certificate. The certificate will include the name and location of the laboratory, the categories the laboratory is certified to perform testing in, and the certification period.
- 5.6.10 The Department will annually publish a list of certified laboratories.

Part 6. Blood Forensic Toxicology – Collection and Testing Requirements

6.1 Blood Specimen Collection

6.1.1 Blood Specimen(s) must be:

- 6.1.1.1 Collected in the presence of the arresting officer or other responsible person who can authenticate the specimens.
- 6.1.1.2 Collected and labeled following the instruction provided in the forensic blood collection kit.
- 6.1.1.3 Collected by venipuncture by a physician, nurse, paramedic, emergency medical technician, medical technologist, or a person whose training and normal duties include collecting blood specimens.
- 6.1.1.4 Collected only in an appropriate clinical or public safety facility (e.g., hospital, medical clinic, ambulance, police station, fire station, or other approved facility). In no event will the collection of blood specimens interfere with the provision of essential medical care to the subject or the ready availability of emergency medical services to the public
- 6.1.1.5 Collected using sterile equipment. The skin at the area of puncture must be thoroughly cleansed and disinfected with an aqueous solution of nonvolatile antiseptic. Ethyl alcohol or phenol solutions must not be used as a skin antiseptic.
- 6.1.1.6 Dispensed or collected directly into two 10 mL sterile tubes set to draw a (nominal 10 mL) volume containing sodium fluoride (nominal mass 100 mg) preservative and potassium oxalate (nominal mass 20 mg) anticoagulant-preservative.
- 6.1.1.7 Properly mixed in accordance with the instructions provided in the forensic blood collection kit.
- 6.1.1.8 The blood collection tubes must be affixed with a unique identification label that includes the subject name and evidence seal.

6.1.1.9 The specimens must be placed in secured storage until shipped.

6.1.1.10 If shipping is delayed by more than 48_-hours, samples must be refrigerated at or below 8 degrees ~~Celsius~~ ~~centigrade~~ and not frozen in order to prevent the container(s) from breaking.

6.1.1.11 Whenever possible, specimens should be shipped within 7_- days of collection by the law enforcement agency.

6.2 Blood Specimen Testing

6.2.1 One tube of blood must be analyzed for the State's test(s). The State's test(s) must be performed and completed in a reasonable period of time ~~in order to as not to~~ affect the validity of the test(s). Specimens found to be positive on the initial test(s) must be confirmed using a different chemical principle from the initial screening test when available, prior to reporting the results.

6.2.2 In the event that not enough specimen ~~volume~~ is provided to complete the State's test(s) and the second sample must be used, the laboratory must obtain authorization from the appropriate authority prior to testing.

6.2.3 Any remaining blood specimen must be retained and stored by the certified laboratory at or below 8 degrees ~~Celsius~~ ~~Centigrade~~ or frozen in an appropriate container for a period of not less than 12_-months from the date of collection unless requested ~~by~~ and ~~transferred to~~ ~~received by~~ a representative of another certified laboratory, acting on behalf of the defendant.

6.2.4 The second blood specimen must be analyzed by a Department_-certified laboratory when requested by the defendant or defendant's legal counsel. The test(s) must be performed and completed in a reasonable period of time ~~in order to as not to~~ affect the validity of the test(s). Specimens found to be positive on the initial test(s) must be confirmed using a different chemical principle from the initial screening test when available, prior to reporting the results to a court of law.

Part 7. Urine Forensic Toxicology – Collection and Testing Requirements

7.1 Urine Specimen Collection

7.1.1 Urine specimen(s) must be:

7.1.1.1 Collected in the presence of collection personnel who can authenticate the specimen(s).

7.1.1.2 Collected in a clean, sterile container.

7.1.1.3 Affixed with a unique identification label that includes the subject name and evidence seal.

7.1.1.4 The specimens must be placed in secured storage until shipped.

7.1.1.5 If shipping is delayed by more than 48_-hours, samples must be refrigerated at or below 8 degrees centigrade in an appropriate container.

7.1.1.6 Whenever possible, specimens should be shipped within 7-days of collection by the law enforcement agency.

7.2 Urine Specimen Testing

7.2.1 The State's test(s) must be performed and completed in a reasonable period of time ~~in order to as not to~~ affect the validity of the test(s). Specimens found to be positive on the initial test(s) must be confirmed using a different chemical principle from the

initial screening test when available, prior to reporting the results.

7.2.2 Any remaining urine specimen(s) must be retained by the certified laboratory at or below 8 degrees ~~Celsius~~ ~~centigrade~~ in an appropriate container for a period of not less than 12 ~~-~~ months unless requested ~~by~~ and ~~transferred to~~ ~~received by~~ a representative from another certified laboratory acting on behalf of the defendant.

7.2.3 Any remaining urine specimen(s) must be analyzed by a Department ~~-~~ certified laboratory when requested by the defendant or defendant's legal counsel. The test(s) must be performed and completed in a reasonable period of time ~~in order to~~ ~~as not to~~ affect the validity of the test(s). Specimens found to be positive on the initial test(s) must be confirmed using a different chemical principle from the initial screening test when available, prior to reporting the results to a court of law.

Part 8. Postmortem Forensic Toxicology – Collection and Testing Requirements

8.1 Postmortem Specimen Collection

8.1.1 Collection of specimens from deceased persons conducted per Section 42-4-1304, C.R.S. will be performed by a person whose training and normal duties include the collection of blood or other bodily substances from deceased persons.

8.1.1.1 Any person collecting specimens pursuant to Section 42-4-1304, C.R.S., must be certified by the Department.

8.1.1.2 To become certified, any person collecting specimens pursuant to Section 42-4- 1304, C.R.S., will demonstrate in the form and manner required by the Department that they satisfy Rule 8.1.2.

8.1.2 Individuals who collect specimens from deceased persons may be certified by the Department when any of the following requirements are met.

8.1.2.1 A medical provider as defined by Section 12-36-106, C.R.S., licensed to practice medicine in the state of Colorado whose scope of practice and normal duties include the collection of specimens from deceased persons.

8.1.2.1.1 Individuals supervised by a medical provider, as defined in 8.1.2.1, whose scope of practice and normal duties include the collection of specimens from deceased persons.

8.1.2.2 An individual serving as a Colorado county coroner and whose normal duties include the collection of specimens from deceased persons.

8.1.2.3 Individuals supervised by a Colorado county coroner, as defined in 8.1.2.2, whose normal duties include the collection of specimens from deceased persons.

8.1.3 Emergency medical service providers certified by the Department as defined by Section 25-3.5-203, C.R.S., whose normal duties include the collection of specimens from deceased persons.

8.1.4 No person having custody of the body of the deceased shall perform any internal embalming procedure until a blood and urine specimen to be tested for alcohol, drugs and carbon monoxide concentrations has been taken.

8.1.5 The laboratory must develop and provide detailed guidelines and instructions for the collection of postmortem specimens that include the date and time of collection, the time of the incident and the time of death.

8.1.6 Each specimen should be labeled with the name of the subject from whom the

1114 specimens were collected together with other appropriate identification; for
1115 example, the medical examiner's case number and/or a unique identification
1116 number.
1117

1118 8.1.7 Whenever possible, the amount of specimen collected should be sufficient to
1119 allow for analysis of one or more analytes if needed at a later date.
1120

1121 8.2 Postmortem Specimen Testing

1122 8.2.1 Postmortem test(s) must be performed and completed within a reasonable
1123 period of time as to not affect the validity of the test(s). Specimens found to be
1124 positive on the initial test(s) must be confirmed prior to reporting the results.
1125

1126 8.2.2 Any remaining postmortem specimens must be retained and stored by the
1127 certified laboratory at or below 8 degrees ~~Celsius~~~~centigrade~~ in an appropriate
1128 container for a period of not less than 12-months from the date of collection
1129 unless requested ~~by~~ and ~~transferred to~~~~received by~~ a representative from
1130 another certified laboratory for additional testing.
1131

1132 Part 9. DUI and DUID Forensic Toxicology Laboratory Certification Standards

1133 9.1 Personnel

1134 9.1.1 The laboratory must have a Laboratory Director. The Laboratory Director is
1135 responsible for the overall operation and administration of the laboratory as well as
1136 for assuring compliance with these regulations and the accuracy of the results
1137 reported by the laboratory.
1138

1139 9.1.2 The Laboratory Director must meet one of the following qualifications: board certified
1140 in clinical pathology by the American Board of Pathology; or certified as a Diplomate
1141 by the American Board of Forensic Toxicology (ABFT); or alternatively, have a
1142 doctoral degree in one of the natural sciences and at least three years of full-time
1143 laboratory experience in forensic toxicology; or a master's degree in one of the
1144 natural sciences and at least four years of full-time experience in forensic toxicology;
1145 or a bachelor's degree in one of the natural sciences and at least five years full-time
1146 experience in forensic toxicology.
1147

1148 9.1.3 The Laboratory Director is ultimately responsible for the supervision of all laboratory
1149 operations and personnel and to ensure compliance with the requirements of this
1150 rule. The Laboratory Director may delegate supervisory responsibilities to a
1151 designee if those responsibilities are designated in writing.
1152

1153 9.1.4 The Technical Personnel must have a minimum of an associate degree in a
1154 laboratory science or, one year training in an accredited laboratory sciences
1155 program and one year documented on-the-job laboratory experience.
1156

1157 9.1.5 The Laboratory Director or designee must ensure policies and procedures to assess
1158 the competency of Technical Personnel engaged in testing are established, followed
1159 and documented.
1160

1161 9.1.6 Competency assessments must be performed and documented on all new
1162 Technical Personnel prior to reporting results; on existing Technical Personnel on an
1163 annual basis; and on all Technical Personnel when a method or instrumentation is
1164 added or modified by the laboratory prior to reporting subject results. The
1165 competency assessments and documentation must be consistent with the
1166 laboratory's written training policies and procedures.
1167

1168 9.1.7 The laboratory must maintain documentation of formal education, training, and
1169 experience for the Laboratory Director and Technical Personnel.
1170

1171 9.1.8 The laboratory must have a written job description for each position in the
1172 laboratory.
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1175

- 9.2 Standard operating procedure manual
- 9.2.1 The laboratory must have a written procedure manual for the performance of all analytical methods ~~of analytes it reports~~ available for Technical Personnel to follow at all times.
- 9.2.2 The current Laboratory Director or designee must approve, sign and date each procedure.
- 9.2.3 The Laboratory Director or designee must approve, initial, and date each change or revision to the procedure.
- 9.2.4 The laboratory must maintain copies of previous standard operating procedures with effective dates of use for a minimum of 5-years from the date last used.
- 9.2.5 The Standard Operating Procedure (SOP) manual must include the following criteria and processes for laboratory personnel to follow.
- 9.2.5.1 Specimen receiving
- 9.2.5.2 Specimen accessioning
- 9.2.5.3 Specimen storage
- 9.2.5.4 Identifying and rejecting unacceptable specimens
- 9.2.5.5 Recording and reporting discrepancies
- 9.2.5.6 Security of specimens, aliquots and/or extracts and records
- 9.2.5.7 Validation of a new or revised method prior to testing specimens to include: accuracy, precision, analytical sensitivity, analytical specificity (interferences), Limit Of Detection (LOD), Limit Of Quantitation (LOQ) and verification of the reportable range
- 9.2.5.8 Aliquoting specimens to avoid contamination and/or carry-over
- 9.2.5.9 Sample retention to assure stability for one year
- 9.2.5.10 Disposal of specimens
- 9.2.5.11 The theory and principles behind each assay
- 9.2.5.12 Preparation and identification of reagents, standards, calibrators and controls
- 9.2.5.13 Special requirements and safety precautions involved in performing assays
- 9.2.5.14 Frequency and number of control and calibration materials
- 9.2.5.15 Recording and reporting assay results
- 9.2.5.16 Protocol and criteria for accepting or rejecting analytical data
- 9.2.5.17 Procedure to verify the accuracy of the final report
- 9.2.5.18 Pertinent literature references for each method
- 9.2.5.19 Current step-by-step instructions with sufficient detail to perform the assay to include equipment operation and any abbreviated versions used by

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the Technical Personnel.

9.2.5.20 Acceptability criteria for the results of calibration standards and controls as well as for the comparison between two aliquots or columns.

9.2.5.21 A documented system for reviewing the results of testing calibrators, controls, standards, and subject tests results, as well as reviewing for clerical errors, analytical errors and any unusual analytical results.

9.2.5.22 A documented system for the review, notification and implementation of corrective actions to include, when applicable, contacting the requesting agency.

9.2.5.23 Policies and procedures to follow when specimens are requested for referral and testing by another certified laboratory.

9.3 Proficiency Testing (PT)

9.3.1 The laboratory must have a documented system for timely review and evaluation of all PT results by the Laboratory Director and by all Technical Personnel who participated in the PT event.

9.3.2 The laboratory must maintain a copy of all records and documentation for a minimum of 5 years from the date of the proficiency testing event.

9.4 Quality Assurance and Quality Control

9.4.1 The laboratory must check and document the accuracy of automatic and/or adjustable pipettes and other measuring devices when placed into service and annually thereafter.

9.4.2 The laboratory must clean, maintain, and calibrate, as needed, the analytical balances and in addition, verify the performance of the balance annually using certified weights to include three or more weights bracketing the ranges of measurements used by the laboratory.

9.4.3 The laboratory must annually verify and document the accuracy of thermometers using a reference thermometer.

9.4.4 The laboratory must record temperatures on all equipment when in use where temperature control is specified in SOP's, such as water baths, heating blocks, incubators, ovens, refrigerators, and freezers.

9.4.5 The laboratory must properly label reagents as to the identity, the concentration, date of preparation, storage conditions, lot number tracking, expiration date, and the identity of the preparer (when applicable).

9.4.6 The laboratory must avoid mixing different lots of reagents in the same analytical run.

9.4.7 For quantitative analysis, the laboratory must perform and document a calibration curve that has a correlation coefficient of 0.99 or greater using, at a minimum, four calibrators that encompass the reportable range.

9.4.8 If the laboratory uses historical calibration data for an assay, control materials must be included with each batch of specimens tested to verify the validity of the calibration including at or close to the reporting limits. Laboratories may use historical calibration curves only if they have demonstrated and documented the linearity and precision of the curve over time. Calibration must be validated by using control materials with each batch of specimens tested to cover the entire range of the calibration curve.

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- 9.4.9 For qualitative analyses, the laboratory must analyze, at minimum, a negative control and a positive control with each analytical run of samples analyzed.
- 9.4.10 For quantitative analyses, the laboratory must analyze, at minimum, a negative control and two levels of positive controls that challenge the entire calibration curve.
- 9.4.11 The laboratory must use control material(s) (when possible) that differs in source, lot number, or concentration from the calibration material used with each analytical run. In instances where the same source must be utilized, separate weighing's or solutions must be used to prepare these controls.
- 9.4.12 For multi-analyte assays, the laboratory must perform and document calibration curves and controls specific to each analyte, or at minimum, one with similar chemical properties as reported in the analytical run.
- 9.4.13 The laboratory must analyze at least one control that is made using reference material from an ISO/IEC 17034 accredited manufacturer when available. For quantitative purposes, the control must be within (10% for ethanol and 20% for blood and urine drugs) of the stated assayed value with each analytic run.
- 9.4.14 The laboratory must analyze an appropriate matrix matched negative and positive control with each analytical run, when available.
- 9.4.15 The laboratory must analyze calibrators and controls in the same manner as unknowns.
- 9.4.16 The laboratory must define acceptability criteria for calibration standards and controls for all assays, such that they are within 10% for ethanol and 20% for blood and urine drugs, of the target value.
- Note: a slightly wider acceptable value (e.g. +/-25% or +/-30%) for calibrators and controls that approach the Limit Of Quantitation (LOQ) of the assay is permitted.
- 9.4.17 The laboratory must monitor and document the performance of calibrator and control materials on an ongoing basis to ensure performance does not exceed the laboratory's established criteria of acceptability.
- 9.4.18 The laboratory must have written criteria to follow when corrective action is required for any unacceptable calibration, control, and standard or instrument performance.
- 9.4.19 The laboratory must document the corrective actions taken when an unacceptable calibration, control, standard, or other reagent result exceeds the laboratory's criteria of acceptability.
- 9.4.20 Corrective actions must be documented and reviewed by the Laboratory Director or designee on an ongoing basis to ensure the effectiveness of the actions taken.
- 9.4.21 The laboratory must maintain records of validation data for any new or modified methods to include; accuracy, precision, analytical specificity (interferences), Limit Of Detection (LOD), LOQ and verification of the regression model.
- 9.4.22 Analytical methods must be developed by the laboratory such that screening and confirmation testing can be completed on no more than 5 ml of sample volume.
- 9.4.23 The analyst must follow the SOP for the tests performed.
- 9.5 Chain of Custody, Security, and Specimen Retention Facility Space
- 9.5.1 The laboratory must have a system to document the complete chain of custody of all forensic specimens to include receipt, storage, personnel handling the specimens, external transfers and disposal.

- 1361
- 1362 9.5.2 The laboratory must issue instructions to user agencies that include the
- 1363 requirements for specimen types(s), unique identification, and volume.
- 1364
- 1365 9.5.3 The laboratory must document the condition of the sample, external package and
- 1366 individual evidence seals.
- 1367
- 1368
- 1369 9.5.4 The laboratory must compare the evidence seals against the corresponding
- 1370 requisition and document any discrepancies. When discrepancies occur,
- 1371 documentation must state how the discrepancy was resolved.
- 1372
- 1373 9.5.5 The laboratory must maintain a current list of authorized personnel.
- 1374
- 1375 9.5.6 The laboratory must restrict entry into the laboratory only to authorized personnel.
- 1376
- 1377 9.5.7 The laboratory must have provisions for securing the laboratory during non-working
- 1378 hours.
- 1379
- 1380 9.5.8 The laboratory must secure short and long-term storage areas when not in use.
- 1381
- 1382 9.5.9 The laboratory must log in and aliquot specimens in a secure area.
- 1383
- 1384 9.5.10 There must be adequate space to perform the analyses in the laboratory.
- 1385
- 1386 9.6 Records and Reporting
- 1387
- 1388 9.6.1 All instrumentation and analysis records maintained by the testing laboratory must
- 1389 be retained for a period of not less than 5-years.
- 1390
- 1391 9.6.2 Prior to reporting results, all specimens that have been identified as positive on an
- 1392 initial screening drug test must be confirmed using a second analytical procedure
- 1393 using a different chemical principle from the initial screening test when available or
- 1394 as applicable.
- 1395
- 1396 9.6.3 The laboratory must confirm the identity of an analyte using a different extract of the
- 1397 same specimen than was used for the screening test.
- 1398
- 1399 9.6.4 Prior to reporting results, all blood ethanol results must be confirmed using a second
- 1400 GC column where the results from the second column had a significant difference in
- 1401 retention time and a change in elution order of some of the common volatiles from
- 1402 the column utilized in the initial column.
- 1403
- 1404 9.6.5 When blood samples are screened for ethanol by head space gas chromatography
- 1405 with flame ionization detection (if applicable), a separate aliquot from the original
- 1406 specimen must be used for confirmation. (e.g. two separate aliquots should be
- 1407 tested for blood alcohol).
- 1408
- 1409 9.6.6 For postmortem testing (if applicable), the laboratory must confirm the identity of a
- 1410 drug analyte or alcohol concentration using a second column and a different extract
- 1411 from the same sample, or use a different sample matrix from the same subject when
- 1412 possible.
- 1413
- 1414 9.6.7 The laboratory must only report quantitative results that are within the calibration
- 1415 curve.
- 1416
- 1417 9.6.8 The laboratory must verify results that are outside the calibration curve in a manner
- 1418 consistent with the laboratory's SOPs.
- 1419
- 1420 9.6.9 The laboratory must qualitatively report results below the lowest concentration of
- 1421 calibrator or standard and above the Limit Of Detection (LOD) as a semi-
- 1422 quantitative result. (e.g. less than or greater than X mg/L).

- 1423
- 1424 9.6.10 The laboratory must maintain records of testing for at least 5-years to include:
- 1425 accession numbers, specimen type, raw data from the analytical run, controls,
- 1426 subject results, final and/or amended reports, acceptable reference range
- 1427 parameters, identification of Technical Personnel who performed the testing, and
- 1428 date of analysis.
- 1429
- 1430 9.6.11 The laboratory's final report must contain the name and location of the laboratory
- 1431 where the testing was performed, name and unique identifier of subject,
- 1432 submitting agency, sample received date, date of report, type of specimen tested,
- 1433 test result, units of measure, and any other information or qualifiers needed for
- 1434 interpretation when applicable to the test method and results being reported, to
- 1435 include any identified and documented discrepancies.
- 1436
- 1437 9.6.12 The laboratory must develop an adequate discovery packet that meets the
- 1438 requirements specified in Part 1.5 of these rules and regulations.
- 1439
- 1440 9.7 Analytical Process
- 1441
- 1442 9.7.1 General Requirements
- 1443
- 1444 9.7.1.1 The laboratory must document the conditions of the instruments to include
- 1445 the detector response, tune and validation of new chromatography columns
- 1446 (when applicable).
- 1447
- 1448 9.7.1.2 The laboratory must perform and document preventative maintenance as
- 1449 required by the manufacturer.
- 1450
- 1451 9.7.1.3 The maintenance records must be readily available to the Technical
- 1452 Personnel.
- 1453
- 1454 9.7.1.4 The laboratory must use an internal standard for each qualitative and
- 1455 quantitative analysis that has similar chemical and physical properties to
- 1456 that of the compound identified and is isotopically labeled when available.
- 1457
- 1458 9.7.1.5 The laboratory must document the monitoring of the response (area or peak
- 1459 height) of the internal standard to ensure consistency over time of the
- 1460 analytical system.
- 1461
- 1462 9.7.1.6 The laboratory must monitor analyses to check for contamination and/or
- 1463 carry- over.
- 1464
- 1465 9.7.1.7 The laboratory must have written acceptability criteria for variance between
- 1466 the results when the same analyte is quantified in multiple analyses.
- 1467
- 1468 9.7.1.8 The laboratory must evaluate the performance of the instrument after
- 1469 routine and preventative maintenance prior to analyzing subject samples.
- 1470
- 1471 9.7.1.9 If the laboratory has written its own software, the laboratory must have
- 1472 documentation that the software's accuracy was verified.
- 1473
- 1474 9.7.2 Head Space-Gas Chromatography with Flame Ionization Detection (HS-GC-FID)
- 1475
- 1476 9.7.2.1 The laboratory must have established criteria of acceptability not to exceed
- 1477 10% for variances between the results of the blood ethanol analysis using
- 1478 different aliquots and between different columns.
- 1479
- 1480 9.7.3 Gas Chromatography with Mass Spectrometry (GC-MS)
- 1481
- 1482 9.7.3.1 The laboratory must document the changes of septa as specified in the
- 1483 SOP.
- 1484

- 1485 9.7.3.2 The laboratory must document changes and/or replacements of liners as
1486 specified in the SOP.
1487
1488 9.7.3.3 The laboratory must have written criteria for an acceptable tune for the mass
1489 spectrometer. When the tune is unacceptable, corrective action to include
1490 additional maintenance must be documented (if applicable).
1491
1492 9.7.3.4 If the laboratory uses selected ion monitoring, the laboratory must compare
1493 ion ratios and retention times between calibrators, controls and samples for
1494 identification of an analyte within the same analytical run.
1495
1496 9.7.3.5 If the laboratory uses a library match to qualitatively identify an analyte, the
1497 laboratory must compare the relative retention time and mass spectra from
1498 a known standard or control run that has been tested on the same
1499 instrument before reporting the results.
1500
1501 9.7.4 Immunoassays
1502
1503 9.7.4.1 If the laboratory tests specimens differently from what the manufacturer has
1504 approved for the assay, or if the laboratory has modified the test method
1505 from the manufacturer instructions, the laboratory must have documentation
1506 of the validation for the modified test method or test system.
1507
1508 9.7.5 Liquid Chromatography with Mass ~~Spectrometry~~[Spectrometry](#) or with
1509 Tandem Mass ~~Spectrometry~~[Spectrometry](#) (LCMS, LCMS/MS)
1510
1511 9.7.5.1 The laboratory must maintain records of the mass spectrometer
1512 calibration.
1513
1514 9.7.5.2 The laboratory must confirm the identity of an analyte by LC-MS/MS
1515 (screening or quantitation) with at least two transitions in addition to
1516 the laboratory's retention time criteria.
1517
1518 9.7.5.3 If the laboratory recycles eluting solvents, it must maintain written
1519 acceptability standards for each type of eluting solvent it recycles.
1520

1521 **Part 10. Violations and Remedies**

1522 10.1 Violations

- 1525 10.1.1 It is a violation of these rules and regulations to perform EBAT testing without the
1526 appropriate certification for the EBAT instrument, operator or instructor.
1527
1528 10.1.2 Violation of these rules and regulations may result in denial, suspension or
1529 revocation of certification as described in 10.4.
1530
1531 10.1.3 Generally, a violation will not be cited if:
1532
1533 10.1.3.1 The violation was unavoidable to prevent loss of life, personal injury
1534 or severe property damage or there were no feasible alternatives, and
1535 provided that proper notification was given to the Department.
1536 10.1.3.2 The violations resulted from matters beyond the control of the facility
1537 or laboratory, such as equipment failures that were unavoidable by
1538 reasonable quality assurance measures or management controls.
1539

1540 10.2 Complaints

- 1542 10.2.1 Complaints received by the Department will be investigated to determine if the claim
1543 is substantiated or unsubstantiated. Complaints received will be documented and an
1544 investigation may include and result in, but is not limited to, the following actions:
1545 desk review of documentation requested by the Department from the laboratory,
1546 unannounced onsite survey, limitation, suspension, or revocation of the laboratory's

- 1547 certification.
- 1548
- 1549 10.3 Right to appeal the denial, suspension or revocation of certification.
- 1550
- 1551 10.3.1 Any certified facility, certified laboratory, operator or instructor whose certification is
- 1552 denied, suspended or revoked under these regulations may seek appeal of that
- 1553 determination pursuant to Section 24-4-105, C.R.S.
- 1554
- 1555 10.4 Denial, Suspension or Revocation of Certification:
- 1556
- 1557 10.4.1 The Department may deny, suspend or revoke the certification of EBAT
- 1558 instrument(s) located in an approved facility, the certification of an instructor, the
- 1559 certification of an operator or the certification of a laboratory for one or more of the
- 1560 following causes:
- 1561
- 1562 10.4.1.1 Falsification of data or other deceptive practices including false
- 1563 statements by omission or commission relevant to the certification process.
- 1564
- 1565 10.4.1.2 Refusing authorized Department personnel access to the laboratory
- 1566 or facility, or failure to provide requested records to the Department for the
- 1567 purpose of determining compliance with these rules and regulations.
- 1568
- 1569 10.4.1.3 Gross incompetence or negligent practice.
- 1570
- 1571 10.4.1.4 Willful or repeated violation of any lawful rule, regulation or order of
- 1572 the Department or the Board of Health and its officers.
- 1573
- 1574 10.4.1.5 Inadequate space, equipment, personnel or methods utilized for
- 1575 testing.
- 1576
- 1577 10.4.1.6 Submission of any test results of another person as those of the
- 1578 subject being evaluated.
- 1579
- 1580 10.4.1.7 For a laboratory, failure to successfully participate in proficiency
- 1581 testing.
- 1582
- 1583 10.4.1.8 For a laboratory, the receipt of consecutive "Unsatisfactory"
- 1584 evaluations, or achievement of an "Unsatisfactory" score in 2 of any 3
- 1585 consecutive proficiency testing events.
- 1586
- 1587 10.4.1.9 For a laboratory, contact with another laboratory concerning
- 1588 proficiency test results prior to the due date of those results.
- 1589
- 1590 10.5 Injunction
- 1591
- 1592 10.5.1 The Department may seek an injunction against any entity for failure to comply with
- 1593 these rules and regulation