

Department of Forensic Science
Breath Alcohol Section
Instrument Location History
1/1/1990 To 4/4/2014

*HMS
TLN*

Instrument Serial Number: 010451

As of 04-Apr-14

Start Date	End Date	Agency Name
03-Apr-14		DFS Central Lab
11-Jul-13	03-Apr-14	Bedford County SO
28-Dec-12	11-Jul-13	DFS Central Lab
30-Aug-11	28-Dec-12	Prince William County PD
02-Mar-11	30-Aug-11	DFS Central Lab
21-Apr-09	02-Mar-11	Brunswick County SO
01-Apr-09	21-Apr-09	DFS Central Lab
28-Oct-08	01-Apr-09	Bland County SO
08-May-08	28-Oct-08	DFS Central Lab

AMS
TLV

INTOX EC/IR II Quality Assurance Worksheet

Instrument Serial Number: 010451 *original #MS 4/7/14* Worksheet Start Date: 4/3/2014

Location: Blue Ridge Reg Jail Bedford ADC

Address: 1000 Broad St Bedford VA 24523

DFS Technician: Heather Stanton License No.: 18910

Laboratory On-Site

Site Specification: No detrimental environmental conditions exist.

Instrument Barometer (mm HG): 739 Reference Barometer (mm HG): 739

Reference Barometer(RB)Serial #: 009113 RB Calibration Due: 5/8/2014

Measurement Assurance Check

Standard (sea level)	PA Target	minimum	maximum	Sample 1
0.300		-0.003	0.003	Sample 2
Precision		sample min	sample max	Sample 3
0		0.000	0.000	

Standard (sea level)	PA Target	minimum	maximum	Sample 1
0.100		-0.003	0.003	Sample 2
Precision		sample min	sample max	Sample 3
0		0.000	0.000	

Dry gas standard Lot No. (with tank no.): AG316301-11

- Replaced dry gas standard (+O-ring)
 - Installed at Location
 - Removed to DFS-Central
- Supplies
Mouthpieces
Certificates of Analysis
Operator Worksheet
Other:

Notes:

Unable to complete instrument test due to two out of tolerance messages. Instrument barometric pressure is reading 588 mmHg after out of tolerance messages. Unable to perform measurement assurance checks due to instrument being disabled.

Instrument Serial Number

010451

Certification Date

Calibrated

Certified

Measurement Assurance Check

Instrument Test

Troubleshooting/Maintenance Worksheet Completed

(Successful completion denotes satisfactory condition of the item.)

Standard (sea level)	PA Target	minimum	maximum	Sample 1
0.250		0.000	0.000	Sample 2
Precision		sample min	sample max	Sample 3
0		0.000	0.000	

Standard (sea level)	PA Target	minimum	maximum	Sample 1
0.150		0.000	0.000	Sample 2
Precision		sample min	sample max	Sample 3
0		0.000	0.000	

Standard (sea level)	PA Target	minimum	maximum	Sample 1
0.080		-0.003	0.003	Sample 2
Precision		sample min	sample max	Sample 3
0		0.000	0.000	

Standard (sea level)	PA Target	minimum	maximum	Sample 1
0.020		-0.003	0.003	Sample 2
Precision		sample min	sample max	Sample 3
0		0.000	0.000	

All measurements are in g/210L

Estimation of Uncertainty of Measurement and traceability records are located within the Breath Alcohol Section

DFS Technician

Heath W. Stach

Date

4/4/14 4/21/14
HMS

Issuing Analyst

[Signature]
MSK

Date

4/4/14
4/21/14 TLN

Out of tolerance

010451

AMS

4/3/14

TLW



COMMONWEALTH OF VIRGINIA
DEPARTMENT OF FORENSIC SCIENCE

CERTIFICATE OF BLOOD ALCOHOL ANALYSIS
AS DETERMINED BY A CHEMICAL TEST OF THE ACCUSED'S BREATH

NAME OF ACCUSED	NAME OF COURT
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BREATH ANALYSIS

SAMPLE EXAMINED AND TEST CONDUCTED BY		AGENCY
DFS LICENSE NUMBER	LICENSE EXPIRES	DATE TEST CONDUCTED
TEST EQUIPMENT NUMBER		

RESULTS: TIME SAMPLE TAKEN _____

SAMPLE'S ALCOHOL CONTENT _____ GRAMS PER 210 LITERS OF BREATH

ATTEST:

I CERTIFY THAT THE ABOVE IS AN ACCURATE RECORD OF THE TEST CONDUCTED; THAT THE TEST WAS CONDUCTED WITH THE TYPE OF EQUIPMENT AND IN ACCORDANCE WITH THE METHODS APPROVED BY THE DEPARTMENT OF FORENSIC SCIENCE; THAT THE TEST WAS CONDUCTED IN ACCORDANCE WITH THE DEPARTMENT'S SPECIFICATIONS; THAT PRIOR TO ADMINISTRATION OF THE TEST THE ACCUSED WAS ADVISED OF HIS RIGHT TO OBSERVE THE PROCESS AND SEE THE BLOOD ALCOHOL READING ON THE EQUIPMENT USED TO PERFORM THE BREATH TEST, AND THAT I POSSESS A VALID LICENSE TO CONDUCT SUCH TEST, GIVEN UNDER MY HAND THIS _____ DAY OF _____, 20 _____.

BREATH TEST OPERATOR

I HAVE RECEIVED A COPY OF THIS CERTIFICATE OF ANALYSIS _____ SUBJECT'S SIGNATURE

SUBJECT REFUSED TO SIGN FOR COPY OF CERTIFICATE OF ANALYSIS _____ OPERATOR'S SIGNATURE



IntoxNet MIS Report
Report Generated 04 Apr 2014 at 08:01

Handwritten initials: JND TLN

Test Results

Instrument Serial Number 010451

Test # 001273 Subject Test

Test Location 1 Department of
Test Date 03 Apr 2014

Test Location 2 Forensic Science
Test Time 11:17
Remote/Local Local

Test Location 3
System Check Passed

Operator's Last Name STANTON
Agency DFS Central Lab

Operator's First Name HEATHER

Operator's Middle Initial M

Card Serial Number 118910

License Number 18910

Effective Date 10/01/2012

Expiration Date 10/01/2014

Subject's Last Name INSTRUMENT

Subject's First Name TEST

Subject's Middle Initial

Subject's Date of Birth 00/00/0000

Subject's Sex Male

Driver's License Number

Driver's License Expiration 00/00/0000

Driver's License State

Court Name DFS

End Date 03 Apr 2014 End Time 11:21

Result Time 11:20

Result Date 03 Apr 2014

Result

Data Type DIAG

Sample Value Pass

Sample Time 11:18

Data Type BLK

Sample Value 0.000

Sample Time 11:18

Data Type CHK

Sample Value 0.097

Sample Time 11:19

Data Type BLK

Sample Value 0.000

Sample Time 11:21

Standard Type Dry Gas Std

Standard Value 0.069

Standard Lot Number AG316301-11

Standard Expiration Date 06/12/2015

Tank Pressure 600

Barometric Pressure 527 mmHg

Tamper Evident Stamp 316f4783

Test Status Code 29

Test Status Out of tolerance

Out of tolerance

010451

HMS

4/3/14

TLV



COMMONWEALTH OF VIRGINIA
DEPARTMENT OF FORENSIC SCIENCE

CERTIFICATE OF BLOOD ALCOHOL ANALYSIS
AS DETERMINED BY A CHEMICAL TEST OF THE ACCUSED'S BREATH

NAME OF ACCUSED	NAME OF COURT
-----------------	---------------

BREATH ANALYSIS

SAMPLE EXAMINED AND TEST CONDUCTED BY		AGENCY
DFS LICENSE NUMBER	LICENSE EXPIRES	DATE TEST CONDUCTED
TEST EQUIPMENT NUMBER		

RESULTS: TIME SAMPLE TAKEN _____

SAMPLE'S ALCOHOL CONTENT _____ GRAMS PER 210 LITERS OF BREATH

ATTEST:

I CERTIFY THAT THE ABOVE IS AN ACCURATE RECORD OF THE TEST CONDUCTED; THAT THE TEST WAS CONDUCTED WITH THE TYPE OF EQUIPMENT AND IN ACCORDANCE WITH THE METHODS APPROVED BY THE DEPARTMENT OF FORENSIC SCIENCE; THAT THE TEST WAS CONDUCTED IN ACCORDANCE WITH THE DEPARTMENT'S SPECIFICATIONS; THAT PRIOR TO ADMINISTRATION OF THE TEST THE ACCUSED WAS ADVISED OF HIS RIGHT TO OBSERVE THE PROCESS AND SEE THE BLOOD ALCOHOL READING ON THE EQUIPMENT USED TO PERFORM THE BREATH TEST, AND THAT I POSSESS A VALID LICENSE TO CONDUCT SUCH TEST, GIVEN UNDER MY HAND THIS _____ DAY OF _____, 20 _____.

BREATH TEST OPERATOR

I HAVE RECEIVED A COPY OF THIS CERTIFICATE OF ANALYSIS _____ SUBJECT'S SIGNATURE

SUBJECT REFUSED TO SIGN FOR COPY OF CERTIFICATE OF ANALYSIS _____ OPERATOR'S SIGNATURE



IntoxNet MIS Report
Report Generated 04 Apr 2014 at 08:02

Handwritten initials: HND TLW

Test Results

Instrument Serial Number 010451

Test # 001274	Subject Test		
Test Location 1 Department of		Test Location 2 Forensic Science	Test Location 3
Test Date 03 Apr 2014		Test Time 11:33	System Check Passed
		Remote/Local Local	
Operator's Last Name STANTON		Operator's First Name HEATHER	Operator's Middle Initial M
Agency DFS Central Lab		License Number 18910	
Card Serial Number 118910		Effective Date 10/01/2012	Expiration Date 10/01/2014
Subject's Last Name INSTRUMENT		Subject's First Name TEST	
Subject's Middle Initial		Subject's Date of Birth 00/00/0000	Subject's Sex Male
Driver's License Number		Driver's License Expiration 00/00/0000	
Driver's License State		Court Name DFS	
End Date 03 Apr 2014	End Time 11:36	Result Time 11:35	Result Date 03 Apr 2014
Data Type DIAG		Sample Value Pass	Sample Time 11:33
Data Type BLK		Sample Value 0.000	Sample Time 11:34
Data Type CHK		Sample Value 0.097	Sample Time 11:34
Data Type BLK		Sample Value 0.000	Sample Time 11:36
Standard Type Dry Gas Std			Standard Value 0.069
Standard Lot Number AG316301-11			Standard Expiration Date 06/12/2015
Tank Pressure 595			Barometric Pressure 526 mmHg
Tamper Evident Stamp 641476ee			Test Status Code 29
Test Status Out of tolerance			

Department of Forensic Science
Breath Alcohol Section
Trouble Call Log
1/1/1990 To 4/4/2014

HMS
-161
msk

Instrument Serial Number: 010451

04-Apr-14

Date: 22-Dec-12 Time: 2:08 AM Remote: True Tech: DBH (21250) Location: Prince William County PD

Indication: DISABLED

Problem: INSTRUMENT DISABLED. " HEATER OVER TEMPERATURE DETECTED" MESSAGE RECEIVED.

Technician Response: SITE VISIT CONDUCTED.

Resolution REMOVED TO DFS-Central

Date: 02-Apr-14 Time: 11:00 AM Remote: True Tech: HMS (18910) Location: Bedford County SO

Indication: DIFFICULTY IN ACCEPTING BREATH SAMPLE

Problem: DIFFICULTY IN ACCEPTING BREATH SAMPLE RESULTING IN A "NO SAMPLE GIVEN" MESSAGE.

Technician Response: SITE VISIT CONDUCTED.

Resolution REMOVED TO DFS-Central
