

Department of Forensic Science
Breath Alcohol Section
Instrument Location History
1/1/1990 To 6/23/2014

DBH
mmb

Instrument Serial Number: 010467

As of 23-Jun-14

Start Date	End Date	Agency Name
20-Jun-14		DFS Central Lab
12-Mar-14	20-Jun-14	Chesapeake PD
07-Mar-14	12-Mar-14	DFS Central Lab
13-May-09	07-Mar-14	Alexandria PD
25-Mar-09	13-May-09	DFS Central Lab
22-Oct-08	25-Mar-09	Buchanan County SO
08-May-08	22-Oct-08	DFS Central Lab

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INTOX EC/IR II Quality Assurance Worksheet

Instrument Serial Number 010467 Worksheet Start Date 6/20/2014
 Location Chesapeake PD 3rd
 Address 949 N George Washington Hwy Chesapeake VA 23323
 DFS Technician Donald Hall License No. 21250

Laboratory On-Site

Site Specification: No detrimental environmental conditions exist.

Instrument Barometer (mm HG) 761 Reference Barometer (mm HG) 761

Reference Barometer(RB)Serial # 009109 RB Calibration Due 8/1/2014

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.)

Replaced dry gas standard (+O-ring)

Installed at Location

Removed to DFS-Central

Supplies
Mouthpieces
Certificates of Analysis
Operator Worksheet
Other:

Notes:

Unable to perform instrument test due to "I" source malfunction"

I/R DBH
6/20/14

Instrument Serial Number

010467

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

Donald B Hall

Date

6/26/14 DBH
6/23/14

Issuing Analyst

Michelle Bellefleur

Date

6/26/14

mk

DBH
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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 INSTRUMENT, TEST,	NAME OF COURT DFS
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BREATH ANALYSIS

SAMPLE EXAMINED AND TEST CONDUCTED BY HALL, DONALD, B		AGENCY DFS Central Lab
DFS LICENSE NUMBER 21250	LICENSE EXPIRES 10/01/2014	DATE TEST CONDUCTED 06/20/2014
TEST EQUIPMENT NUMBER 010467		

RESULTS: TIME SAMPLE TAKEN 11:48 EDT

SAMPLE'S ALCOHOL CONTENT I/R source malfunction 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 20 Jun 2014 at 16:10

DBH
mms

Test Results

Instrument Serial Number 010467

Test # 002223	Subject Test		
Test Location 1 Department of	Test Location 2 Forensic Science	Test Location 3	
Test Date 20 Jun 2014	Test Time 11:48	System Check Passed	
	Remote/Local Local		
Operator's Last Name HALL	Operator's First Name DONALD	Operator's Middle Initial B	
Agency DFS Central Lab	License Number 21250		
Card Serial Number 121250	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 20 Jun 2014	End Time 11:49	Result Time 11:48	Result Date 20 Jun 2014
Data Type DIAG	Sample Value Fail	Sample Time 11:48	
Data Type BLK	Sample Value *.*.*	Sample Time 11:48	
Tamper Evident Stamp a2ada956	Test Status Code 47		
Test Status I/R source malfunction			

DBI
mmf



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AS DETERMINED BY A CHEMICAL TEST OF THE ACCUSED'S BREATH

NAME OF ACCUSED INSTRUMENT, TEST,	NAME OF COURT DFS
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BREATH ANALYSIS

SAMPLE EXAMINED AND TEST CONDUCTED BY HALL, DONALD, B		AGENCY DFS Central Lab
DFS LICENSE NUMBER 21250	LICENSE EXPIRES 10/01/2014	DATE TEST CONDUCTED 06/20/2014
TEST EQUIPMENT NUMBER 010467		

RESULTS: TIME SAMPLE TAKEN 11:51 EDT

SAMPLE'S ALCOHOL CONTENT I/R source malfunction 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

DBH
mmB



IntoxNet MIS Report

Report Generated 20 Jun 2014 at 16:10

Test Results

Instrument Serial Number 010467

Test # 002224	Subject Test			
Test Location 1 Department of		Test Location 2 Forensic Science		Test Location 3
Test Date 20 Jun 2014		Test Time 11:51		System Check Passed
		Remote/Local Local		
Operator's Last Name HALL		Operator's First Name DONALD		Operator's Middle Initial B
Agency DFS Central Lab		License Number 21250		
Card Serial Number 121250		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 20 Jun 2014	End Time 11:52	Result Time 11:51	Result Date 20 Jun 2014	Result
Data Type DIAG		Sample Value Fail		Sample Time 11:51
Data Type BLK		Sample Value *.*.*		Sample Time 11:51
Tamper Evident Stamp 01bfe4c2				Test Status Code 47
Test Status I/R source malfunction				