

TLW

**Department of Forensic Science
Breath Alcohol Section
Instrument Location History
1/1/1990 To 1/16/2014**

Instrument Serial Number: 010619 **As of 16-Jan-14**

Start Date	End Date	Agency Name
14-Jan-14		DFS Central Lab
28-Feb-13	14-Jan-14	Fairfax County PD
03-Sep-10	28-Feb-13	DFS Central Lab
21-Apr-09	03-Sep-10	Fairfax County PD
04-Aug-08	21-Apr-09	DFS Central Lab

TLN

INTOX EC/IR II Quality Assurance Worksheet

Instrument Serial Number **010619** Worksheet Start Date **1/14/2014**
 Location **Fairfax Co ADC**
 Address **10520 Judicial Drive, Fairfax VA 22030**
 DFS Technician **Timmy Neece, Jr** License No. **25387**

Laboratory On-Site

Site Specification: No detrimental environmental conditions exist.

Instrument Barometer (mm HG) **743** Reference Barometer (mm HG) **744**

Reference Barometer(RB)Serial # **009111** RB Calibration Due **5/23/2014**

Measurement Assurance Check

Standard (sea level)	PA Target	minimum	maximum	Sample 1	0.285
0.300	0.293	0.284	0.301	Sample 2	0.286
Precision		sample min	sample max	Sample 3	0.287
0.002		0.285	0.287		

Standard (sea level)	PA Target	minimum	maximum	Sample 1	0.094
0.100	0.098	0.095	0.101	Sample 2	0.095
Precision		sample min	sample max	Sample 3	0.095
0.001		0.094	0.095		

WARNING

Dry gas standard Lot No. (with tank no.) **AG217702-19**

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

Notes:

Checked fuel cell baseline signal and detected fuel cell leak.

*possible TLN
1-16-14
Post TLN 1-16-14
TLN
1-16-14*

Instrument Serial Number

010619

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

[Signature]

Date

1/16/14

Issuing Analyst

[Signature]

Date

1/16/14

MSK

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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 NEECE, JR., TIMMY, L		AGENCY DFS Central Lab
DFS LICENSE NUMBER 25387	LICENSE EXPIRES 10/01/2014	DATE TEST CONDUCTED 01/14/2014
TEST EQUIPMENT NUMBER 010619		

RESULTS: TIME SAMPLE TAKEN 11:28 EST

SAMPLE'S ALCOHOL CONTENT 0.00 GRAMS PER 210 LITERS OF BREATH

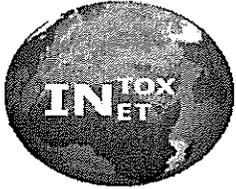
ATTEST:

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



fid
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Test Results

Instrument Serial Number 010619

Test # 002602 Subject Test

Test Location 1 Department of
Test Date 14 Jan 2014

Test Location 2 Forensic Science
Test Time 11:22
Remote/Local Local

Test Location 3
System Check Passed

Operator's Last Name NEECE, JR.
Agency DFS Central Lab

Operator's First Name TIMMY

Operator's Middle Initial L
License Number 25387

Card Serial Number 125387

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 14 Jan 2014 End Time 11:29

Result Time 11:28

Result Date 14 Jan 2014 Result 0.00

Data Type DIAG

Sample Value Pass

Sample Time 11:22

Data Type BLK

Sample Value 0.000

Sample Time 11:23

Data Type CHK

Sample Value 0.093

Sample Time 11:23

Data Type BLK

Sample Value 0.000

Sample Time 11:25

Data Type SUBJ

Sample Value 0.000

Sample Time 11:26

Data Type BLK

Sample Value 0.000

Sample Time 11:27

Data Type SUBJ

Sample Value 0.000

Sample Time 11:28

Data Type BLK

Sample Value 0.000

Sample Time 11:29

Standard Type Dry Gas Std

Standard Value 0.098

Standard Lot Number AG217702-19

Standard Expiration Date 06/25/2014

Tank Pressure 428

Barometric Pressure 743 mmHg

Blow Sample Number 1 Blow Duration 3.72 sec

Blow Volume 1784 cc End-of-Blow Time 11:26

Blow Sample Number 2 Blow Duration 4.20 sec

Blow Volume 1858 cc End-of-Blow Time 11:28

Tamper Evident Stamp 512fe54c

Test Status Code 0

Test Status Success

TLN

Intox EC/IR-II: Accuracy Check

Department of Forensic Science

Serial Number: 010619 Test Number: 2603

Test Date: 01/14/2014 Test Time: 11:31 EST

Dry Gas Target: 0.098

Lot Number: AG217702-19 Exp Date: 06/25/2014

Tank Pressure: 428 psi Barometric Pressure: 743 mmHg

System Check: *Passed*

Test	g/210L	Time
BLK	0.000	11:32
CHK	0.094	11:32
BLK	0.000	11:34
CHK	0.094	11:35
BLK	0.000	11:36
CHK	0.095	11:37

Test Status: *Success*

Calibration CRC: 6D7D174D

Out of tolerance. Retest cylinder. TLN 1-14-14

TLN

Intox EC/IR-II: Accuracy Check

Department of Forensic Science

Serial Number: 010619 Test Number: 2604

Test Date: 01/14/2014 Test Time: 11:45 EST

Dry Gas Target: 0.098

Lot Number: AG217702-19 Exp Date: 06/25/2014

Tank Pressure: 414 psi Barometric Pressure: 743 mmHg

System Check: Passed

Test	g/210L	Time
BLK	0.000	11:47
CHK	0.094	11:47
BLK	0.000	11:49
CHK	0.095	11:50
BLK	0.000	11:51
CHK	0.095	11:52

Test Status: Success

Calibration CRC: 6D7D174D

Out of tolerance. Instructed by Program Manager to perform Measurement Assurance Check with 0.300 g/210L tank. TLN 1-14-14

TLN

Intox EC/IR-11: Accuracy Check

Department of Forensic Science

Serial Number: 010619 Test Number: 2605

Test Date: 01/14/2014 Test Time: 12:22 EST

Dry Gas Target: 0.293

Lot Number: AG321804-04 Exp Date: 08/06/2015

Tank Pressure: 522 psi Barometric Pressure: 743 mmHg

System Check: *Passed*

Test	g/210L	Time
BLK	0.000	12:22
CHK	0.285	12:23
BLK	0.000	12:25
CHK	0.286	12:26
BLK	0.000	12:28
CHK	0.287	12:29

Test Status: *Success*

Calibration CRC: 6D7D174D

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redk

Department of Forensic Science
Breath Alcohol Section
Trouble Call Log
1/1/1990 To 1/16/2014

Instrument Serial Number: 010619

16-Jan-14

Date: 26-Feb-10 **Time:** 5:09 AM **Remote:** True **Tech:** HMS (18910) **Location:** Fairfax County PD

Indication: OPERATOR QUESTION / COMMENT

Problem: OPERATOR QUESTION / COMMENT, DRY GAS STANDARD PRESSURE LOW.

Technician Response: SITE VISIT CONDUCTED. ISSUE RESOLVED.

Resolution: NO FURTHER ACTION REQUIRED

Date: 11-Mar-10 **Time:** 1:21 AM **Remote:** True **Tech:** ABL (19532) **Location:** Fairfax County PD

Indication: OPERATOR QUESTION / COMMENT

Problem: OPERATOR QUESTION / COMMENT. RECEIVED AN "OVER RANGE" MESSAGE.

Technician Response: INSTRUMENT CONTACTED VIA MODEM. INSTRUMENT FUNCTIONING PROPERLY.

Resolution: NO FURTHER ACTION REQUIRED

Date: 02-Sep-10 **Time:** 7:47 AM **Remote:** True **Tech:** HMS (18910) **Location:** Fairfax County PD

Indication: OTHER

Problem: OTHER, INSTRUMENT DISPLAYING "DATABASE UPDATE: FAILURE".

Technician Response: SITE VISIT CONDUCTED.

Resolution: REMOVED TO DFS-Central

Date: 08-Mar-13 **Time:** 1:05 PM **Remote:** True **Tech:** SED (24178) **Location:** Fairfax County PD

Indication: PRINTER NOT FUNCTIONING PROPERLY

Problem: OPERATOR STATED PRINTER NOT FUNCTIONING PROPERLY.

Technician Response: AGENCY CONTACTED VIA PHONE. HAD OPERATOR RUN A PRACTICE TEST. PRINTER FUNCTIONING PROPERLY.

Resolution: NO FURTHER ACTION REQUIRED.

Date: 12-Jan-14 **Time:** 2:45 AM **Remote:** True **Tech:** TLN (25387) **Location:** Fairfax County PD

Indication: OPERATOR QUESTION / COMMENT

Problem: OPERATOR QUESTION / COMMENT. RECEIVED MESSAGE "FUEL CELL LEAK DETECTED."

Technician Response: SITE VISIT CONDUCTED.

Resolution: REMOVED TO DFS-Central
