

**Department of Forensic Science  
Breath Alcohol Section  
Instrument Maintenance History  
1/1/1990 To 7/10/2014**

*HMS  
TLW*

**Instrument Serial Number: 010603**

**As of 10-Jul-14**

Maintenance Date	Certification Date	Technician Initials	Remarks
10-Jul-14	31-Mar-14	HMS (18910)	REPLACED UPS BACK-UP BATTERY.
24-Jun-14	31-Mar-14	HMS (18910)	REPLACED DRY GAS STANDARD.
31-Mar-14	31-Mar-14	HMS (18910)	REPLACED PRINTER RIBBON.
31-Mar-14	31-Mar-14	HMS (18910)	REPLACED DRY GAS SOLENOID VALVE, CALIBRATED AND CERTIFIED.
12-Aug-13	14-May-13	MMB (26417)	REPLACED DRY GAS STANDARD.
14-May-13	14-May-13	HMS (18910)	CERTIFIED
12-Apr-13	14-Mar-13	HMS (18910)	REPLACED DRY GAS STANDARD.
14-Mar-13	14-Mar-13	HMS (18910)	CERTIFIED
28-Nov-12	28-Nov-12	DBH (21250)	PERFORMED MAINTENANCE ON AND TESTED REGULATOR. CALIBRATED AND CERTIFIED.
05-Nov-12	24-May-12	DBH (21250)	FIRMWARE/SOFTWARE UPGRADE. CALIBRATED.
24-May-12	24-May-12	DBH (21250)	CERTIFIED
28-Mar-12	28-Mar-12	DBH (21250)	CALIBRATED BAROMETRIC PRESSURE SENSOR. CERTIFIED
22-Nov-11	22-Nov-11	HMS (18910)	CERTIFIED
03-Nov-11	03-Nov-11	HMS (18910)	CALIBRATED, CERTIFIED AND ACCEPTED.
18-Mar-09	18-Mar-09	HMS (18910)	CERTIFIED.
05-Mar-09	05-Mar-09	NMJ (22392)	FIRMWARE/SOFTWARE UPGRADE, CERTIFIED.
22-Dec-08	22-Dec-08	NMJ (22392)	CALIBRATED, CERTIFIED AND ACCEPTED.

ANS  
T/W

# INTOX EC/IR II Quality Assurance Worksheet

Instrument Serial Number 010603 Worksheet Start Date 7/10/2014  
 Location Fairfax County Adult Detention Center  
 Address 10520 Judicial Dr., Fairfax, VA 22030  
 DFS Technician Heather Stanton License No. 18910

Laboratory  On-Site

Site Specification: No detrimental environmental conditions exist.

Instrument Barometer (mm HG) 745 Reference Barometer (mm HG) 752  
 Reference Barometer(RB)Serial # 009113 RB Calibration Due 4/28/2015

### Measurement Assurance Check

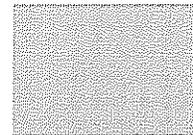
Standard (sea level)	PA Target	minimum	maximum	Sample 1	Sample 2	Sample 3
0.300	0.294	0.285	0.302	0.294	0.293	0.293
Precision		sample min	sample max			
0.001		0.293	0.294			

Standard (sea level)	PA Target	minimum	maximum	Sample 1	Sample 2	Sample 3
0.100	0.098	0.095	0.101	0.097	0.097	0.097
Precision		sample min	sample max			
0		0.097	0.097			

Dry gas standard Lot No. (with tank no.) AG230501-37

- Replaced dry gas standard (+O-ring)
- Installed at Location
- Removed to DFS-Central

Supplies  
 Mouthpieces  
 Certificates of Analysis  
 Operator Worksheet  
 Other:



### Notes:

Replaced UPS back-up battery.

Instrument Serial Number

010603

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 u Stutz

Date

7/10/14 7/11/14 #118

Issuing Analyst

msk

Date

7/11/14

HMS  
TW



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  STANTON, HEATHER, M		AGENCY  DFS Central Lab
DPS LICENSE NUMBER  18910	LICENSE EXPIRES  10/01/2014	DATE TEST CONDUCTED  07/10/2014
TEST EQUIPMENT NUMBER  010603		

RESULTS: TIME SAMPLE TAKEN 10:31 EDT  
SAMPLE'S ALCOHOL CONTENT 0.00 GRAMS PER 210 LITERS OF BREATH

*Replaced WPS back-up battery.*  
HMS  
7/10/14

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
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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



AMS  
TL

**Intox EC/IR-II: Accuracy Check**

*Department of Forensic Science*

Serial Number: 010603      Test Number: 1298

Test Date: 07/10/2014      Test Time: 10:45 EDT

Dry Gas Target: 0.294

Lot Number: AG334603-02      Exp Date: 12/12/2015

Tank Pressure: 139 psi      Barometric Pressure: 745 mmHg

System Check: *Passed*

Test	g/210L	Time
BLK	0.000	10:45
CHK	0.294	10:46
BLK	0.000	10:48
CHK	0.293	10:48
BLK	0.000	10:50
CHK	0.293	10:51

Test Status: *Success*

Calibration CRC: CBA49532

AMS  
The

**Intox EC/IR-II: Accuracy Check**

*Department of Forensic Science*

Serial Number: 010603      Test Number: 1299

Test Date: 07/10/2014      Test Time: 10:53 EDT

Dry Gas Target: 0.098

Lot Number: AG230501-37      Exp Date: 10/31/2014

Tank Pressure: 772 psi      Barometric Pressure: 745 mmHg

System Check: *Passed*

Test	g/210L	Time
BLK	0.000	10:54
CHK	0.097	10:55
BLK	0.000	10:56
CHK	0.097	10:57
BLK	0.000	10:59
CHK	0.097	10:59

Test Status: *Success*

Calibration CRC: CBA49532

HMS  
TKW



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 <u>INSTRUMENT, TEST,</u>	NAME OF COURT <u>DFS</u>
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BREATH ANALYSIS

SAMPLE EXAMINED AND TEST CONDUCTED BY <u>STANTON, HEATHER, M</u>		AGENCY <u>DFS Central Lab</u>
DFS LICENSE NUMBER <u>18910</u>	LICENSE EXPIRES <u>10/01/2014</u>	DATE TEST CONDUCTED <u>07/10/2014</u>
TEST EQUIPMENT NUMBER <u>010603</u>		

RESULTS: TIME SAMPLE TAKEN 11:07 EDT

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
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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 10 Jul 2014 at 15:15

*LMS  
Thw*

Test Results

**Instrument Serial Number 010603**

**Test # 001300**      **Subject Test**

**Test Location 1** Department of  
Test Date 10 Jul 2014

**Test Location 2** Forensic Science  
Test Time 11:01  
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** 10 Jul 2014      **End Time** 11:08

**Result Time** 11:07

**Result Date** 10 Jul 2014      **Result** 0.00

**Data Type** DIAG

**Sample Value** Pass

**Sample Time** 11:01

**Data Type** BLK

**Sample Value** 0.000

**Sample Time** 11:02

**Data Type** CHK

**Sample Value** 0.097

**Sample Time** 11:03

**Data Type** BLK

**Sample Value** 0.000

**Sample Time** 11:04

**Data Type** SUBJ

**Sample Value** 0.000

**Sample Time** 11:04

**Data Type** BLK

**Sample Value** 0.000

**Sample Time** 11:05

**Data Type** SUBJ

**Sample Value** 0.000

**Sample Time** 11:07

**Data Type** BLK

**Sample Value** 0.000

**Sample Time** 11:08

**Standard Type** Dry Gas Std

**Standard Value** 0.098

**Standard Lot Number** AG230501-37

**Standard Expiration Date** 10/31/2014

**Tank Pressure** 762

**Barometric Pressure** 745 mmHg

**Blow Sample Number** 1      **Blow Duration** 3.29 sec

**Blow Volume** 1713 cc      **End-of-Blow Time** 11:04

**Blow Sample Number** 2      **Blow Duration** 3.38 sec

**Blow Volume** 1742 cc      **End-of-Blow Time** 11:07

**Tamper Evident Stamp** b95ff253

**Test Status Code** 0

**Test Status** Success

**Department of Forensic Science  
Breath Alcohol Section  
Trouble Call Log  
7/7/2014 To 7/10/2014**

*HMS  
TW*

**Instrument Serial Number:** 010603

10-Jul-14

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**Date:** 07-Jul-14    **Time:** 11:30 AM    **Remote:** True    **Tech:** HMS (18910)    **Location:** Fairfax County PD

**Indication:** LOSS OF POWER

**Problem:** LOSS OF POWER TO THE INSTRUMENT.

**Technician Response:** SITE VISIT CONDUCTED. ISSUE RESOLVED.

**Resolution:** NO FURTHER ACTION REQUIRED

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