

Department of Forensic Science
Breath Alcohol Section
Instrument Location History
1/1/1990 To 8/21/2014

KMS
MMB

Instrument Serial Number: 010441

As of 21-Aug-14

Start Date	End Date	Agency Name
20-Aug-14		Smyth County SO
07-Aug-14	20-Aug-14	DFS Central Lab
11-Aug-09	07-Aug-14	Nottoway County SO
13-May-08	11-Aug-09	DFS Central Lab

AMS
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INTOX EC/IR II Quality Assurance Worksheet

Instrument Serial Number: 010441 Worksheet Start Date: 8/20/2014

Location: Smyth County

Address: 819 Matson Dr., Marion, VA 24354

DFS Technician: Heather Stanton License No.: 18910

Laboratory On-Site

Site Specification: No detrimental environmental conditions exist.

Instrument Barometer (mm HG): 703 Reference Barometer (mm HG): 707

Reference Barometer(RB)Serial #: 009113 RB Calibration Due: 4/28/2015

Measurement Assurance Check

Standard (sea level)	PA Target	minimum	maximum	Sample 1	0.279
0.300	0.278	0.269	0.286	Sample 2	0.279
Precision		sample min	sample max	Sample 3	0.278
0.001		0.278	0.279		

Standard (sea level)	PA Target	minimum	maximum	Sample 1	0.091
0.100	0.092	0.089	0.095	Sample 2	0.091
Precision		sample min	sample max	Sample 3	0.092
0.001		0.091	0.092		

Dry gas standard Lot No. (with tank no.): AG400202-34

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

Supplies

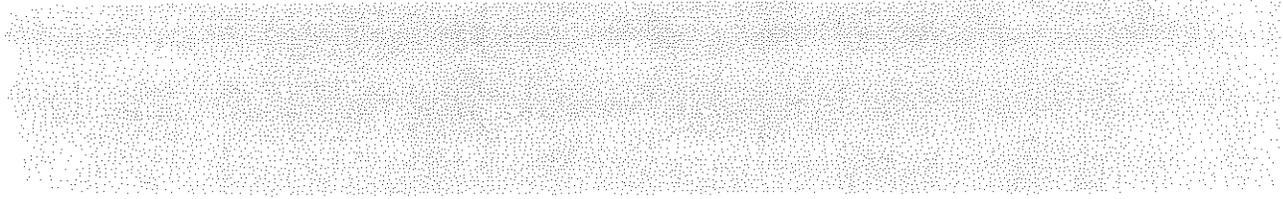
Mouthpieces: 50

Certificates of Analysis: 2 pads

Operator Worksheet

Other:

Notes:



Instrument Serial Number

010441

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. Stark Date 8/20/14

Issuing Analyst Michele Buller Date 8/21/14

TLN

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Intox EC/IR-II: Accuracy Check

Department of Forensic Science

Serial Number: 010441 Test Number: 446

Test Date: 08/20/2014 Test Time: 10:07 EDT

Dry Gas Target: 0.278

Lot Number: AG334603-06 Exp Date: 12/12/2015

Tank Pressure: 71 psi Barometric Pressure: 703 mmHg

System Check: *Passed*

Test	g/210L	Time
BLK	0.000	10:08
CHK	0.279	10:09
BLK	0.000	10:11
CHK	0.279	10:11
BLK	0.000	10:13
CHK	0.278	10:14

Test Status: *Success*

Calibration CRC: 05EB09E7

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Intox EC/IR-II: Accuracy Check

Department of Forensic Science

Serial Number: 010441 Test Number: 447

Test Date: 08/20/2014 Test Time: 10:16 EDT

Dry Gas Target: 0.092

Lot Number: AG400202-34 Exp Date: 01/02/2016

Tank Pressure: 1007 psi Barometric Pressure: 702 mmHg

System Check: *Passed*

Test	g/210L	Time
BLK	0.000	10:17
CHK	0.091	10:18
BLK	0.000	10:20
CHK	0.091	10:20
BLK	0.000	10:22
CHK	0.092	10:22

Test Status: *Success*

Calibration CRC: 05EB09E7

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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 STANTON, HEATHER, M		AGENCY DFS Central Lab
DFS LICENSE NUMBER 18910	LICENSE EXPIRES 10/01/2014	DATE TEST CONDUCTED 08/20/2014
TEST EQUIPMENT NUMBER 010441		

RESULTS: TIME SAMPLE TAKEN 10:30 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

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

