

Handwritten initials and "mmB" in the top right corner.

INTOX EC/IR II Quality Assurance Worksheet

Instrument Serial Number: 010517 Worksheet Start Date: 12/4/2014

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): 760 Reference Barometer (mm HG): 761

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

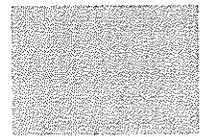
Measurement Assurance Check

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.): AG419702-49

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



Notes:

Faint, illegible handwritten notes in the notes section.

Instrument Serial Number

010517

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 M. Stanta Date 12/4/14

Issuing Analyst Michelle Buller Date 12/5/14

JPD

AMS
MMB



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
--	--------------------------

BREATH ANALYSIS

SAMPLE EXAMINED AND TEST CONDUCTED BY STANTON, HEATHER, M		AGENCY DFS Central Lab
DFS LICENSE NUMBER 18910	LICENSE EXPIRES 10/01/2016	DATE TEST CONDUCTED 12/04/2014
TEST EQUIPMENT NUMBER 010517		

RESULTS: TIME SAMPLE TAKEN 10:28 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



IntoxNet MIS Report
Report Generated 04 Dec 2014 at 18:45

Handwritten initials: HHS
mmB

Test Results

Instrument Serial Number 010517

Test # 000768 Subject Test

Test Location 1 Department of
Test Date 04 Dec 2014

Test Location 2 Forensic Science
Test Time 10:22
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

Effective Date 10/01/2014

License Number 18910

Expiration Date 10/01/2016

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 04 Dec 2014 End Time 10:29

Result Time 10:28

Result Date 04 Dec 2014 Result 0.00

Data Type DIAG

Sample Value Pass

Sample Time 10:22

Data Type BLK

Sample Value 0.000

Sample Time 10:23

Data Type CHK

Sample Value 0.099

Sample Time 10:24

Data Type BLK

Sample Value 0.000

Sample Time 10:25

Data Type SUBJ

Sample Value 0.000

Sample Time 10:26

Data Type BLK

Sample Value 0.000

Sample Time 10:27

Data Type SUBJ

Sample Value 0.000

Sample Time 10:28

Data Type BLK

Sample Value 0.000

Sample Time 10:29

Standard Type Dry Gas Std

Standard Value 0.100

Standard Lot Number AG419702-49

Standard Expiration Date 07/16/2016

Tank Pressure 1061

Barometric Pressure 760 mmHg

Blow Sample Number 1 Blow Duration 3.30 sec

Blow Volume 1913 cc End-of-Blow Time 10:26

Blow Sample Number 2 Blow Duration 3.43 sec

Blow Volume 1825 cc End-of-Blow Time 10:28

Tamper Evident Stamp a3defa85

Test Status Code 0

Test Status Success