KHB
mmB

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	
0.300		-0.003	0.003	Sample 1
Precision		sample min	sample max	Sample 2
0		0.000	0.000	Sample 3

Standard (sea level)	PA Target	minimum	maximum	
0.100		-0.003	0.003	Sample 1
Precision		sample min	sample max	Sample 2
0		0.000	0.000	Sample 3

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:

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	
0.250		0.000	0.000	Sample 1
Precision		sample min	sample max	Sample 2
0		0.000	0.000	Sample 3

Standard (sea level)	PA Target	minimum	maximum	
0.150		0.000	0.000	Sample 1
Precision		sample min	sample max	Sample 2
0		0.000	0.000	Sample 3

Standard (sea level)	PA Target	minimum	maximum	
0.080		-0.003	0.003	Sample 1
Precision		sample min	sample max	Sample 2
0		0.000	0.000	Sample 3

Standard (sea level)	PA Target	minimum	maximum	
0.020		-0.003	0.003	Sample 1
Precision		sample min	sample max	Sample 2
0		0.000	0.000	Sample 3

All measurements are in g/210L

Estimation of Uncertainty of Measurement and traceability records are located within the Breath Alcohol Section

DFS Technician Heather M Starta Date 12/4/14

Issuing Analyst Michelle Billiter Date 12/5/14

JPD

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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	NAME OF COURT
INSTRUMENT, TEST,	DFS

BREATH ANALYSIS

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

FOR COURT

IntoxNet MIS Report

Report Generated 04 Dec 2014 at 18:45

HMS
mmB

Test Results

Instrument Serial Number 010517

Test # 000768 Subject Test

Test Location 1 Department of **Test Location 2** Forensic Science **Test Location 3**

Test Date 04 Dec 2014 **Test Time** 10:22 **System Check** Passed

Remote/Local Local

Operator's Last Name STANTON **Operator's First Name** HEATHER **Operator's Middle Initial** M

Agency DFS Central Lab **License Number** 18910

Card Serial Number 118910 **Effective Date** 10/01/2014 **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