

Department of Forensic Science
Breath Alcohol Section
Instrument Maintenance History
1/23/2014 To 1/23/2015

HMS
MMB

Instrument Serial Number: 010602

As of 26-Jan-15

Maintenance Date	Certification Date	Technician Initials	Remarks
23-Jan-15	28-Oct-14	HMS (18910)	REPLACED UPS BACK-UP BATTERY. REPLACED PRINTER RIBBON.
28-Oct-14	28-Oct-14	TLN (25387)	CERTIFIED.
22-May-14	21-May-14	TLN (25387)	REPLACED UPS BACK-UP BATTERY.
21-May-14	21-May-14	DBH (21250)	REPLACED AND TESTED FUEL CELL MODULE. CALIBRATED AND CERTIFIED.
14-Mar-14	22-Nov-13	MMB (26417)	REPLACED PRINTER.

INTOX EC/IR II Quality Assurance Worksheet

AMS
mmB

Instrument Serial Number 010602 Worksheet Start Date 1/23/2015

Location Giles County

Address 503 Wenonah Ave., Pearisburg, VA 24134

DFS Technician Heather Stanton License No. 18910

Laboratory On-Site

Site Specification: No detrimental environmental conditions exist.

Instrument Barometer (mm HG) 716 Reference Barometer (mm HG) 721

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

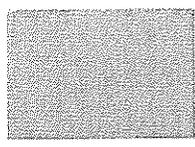
Measurement Assurance Check

Standard (sea level)	PA Target	minimum	maximum	Sample 1	0.285
0.300	0.283	0.274	0.291	Sample 2	0.285
Precision		sample min	sample max	Sample 3	0.284
0.001		0.284	0.285		

Standard (sea level)	PA Target	minimum	maximum	Sample 1	0.093
0.100	0.094	0.091	0.097	Sample 2	0.093
Precision		sample min	sample max	Sample 3	0.093
0		0.093	0.093		

Dry gas standard Lot No. (with tank no.) AG406301-24

- | | |
|---|---|
| <input type="checkbox"/> Replaced dry gas standard (+O-ring)
<input type="checkbox"/> Installed at Location
<input type="checkbox"/> Removed to DFS-Central | Supplies
Mouthpieces
Certificates of Analysis
Operator Worksheet
Other: |
|---|---|



Notes:

Replaced UPS-back-up battery. Replaced printer ribbon.
back
AMS
1/27/15

Instrument Serial Number

010602

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

Heather W. Stach

Date

1/20/15 1/27/15 HWS

Issuing Analyst

Michelle Baller

Date

1/27/15

JPD

HMS
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
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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 10/01/2016	DATE TEST CONDUCTED 01/23/2015
TEST EQUIPMENT NUMBER 010602		

RESULTS: TIME SAMPLE TAKEN 10:16 EST
SAMPLE'S ALCOHOL CONTENT 0.00 GRAMS PER 210 LITERS OF BREATH

Replaced UPS back-up battery.
HMS 1/23/15

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 23 Jan 2015 at 15:44

AMS
mmB

Test Results

Instrument Serial Number 010602

Test # 000851 Subject Test

Test Location 1 Department of
Test Date 23 Jan 2015

Test Location 2 Forensic Science
Test Time 10:10
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 10/01/2014

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 23 Jan 2015 End Time 10:17

Result Time 10:16

Result Date 23 Jan 2015 Result 0.00

Data Type DIAG

Sample Value Pass

Sample Time 10:10

Data Type BLK

Sample Value 0.000

Sample Time 10:11

Data Type CHK

Sample Value 0.094

Sample Time 10:12

Data Type BLK

Sample Value 0.000

Sample Time 10:13

Data Type SUBJ

Sample Value 0.000

Sample Time 10:14

Data Type BLK

Sample Value 0.000

Sample Time 10:15

Data Type SUBJ

Sample Value 0.000

Sample Time 10:16

Data Type BLK

Sample Value 0.000

Sample Time 10:17

Standard Type Dry Gas Std

Standard Value 0.094

Standard Lot Number AG406301-24

Standard Expiration Date 03/04/2016

Tank Pressure 1041

Barometric Pressure 716 mmHg

Blow Sample Number 1 Blow Duration 3.07 sec

Blow Volume 1750 cc End-of-Blow Time 10:14

Blow Sample Number 2 Blow Duration 3.42 sec

Blow Volume 1765 cc End-of-Blow Time 10:16

Tamper Evident Stamp 6ab14868

Test Status Code 0

Test Status Success

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

Intox EC/IR-II: Accuracy Check

Department of Forensic Science

Serial Number: 010602 Test Number: 852

Test Date: 01/23/2015 Test Time: 10:26 EST

Dry Gas Target: 0.283

Lot Number: AG428003-09 Exp Date: 10/07/2016

Tank Pressure: 223 psi Barometric Pressure: 716 mmHg

System Check: *Passed*

Test	g/210L	Time
BLK	0.000	10:27
CHK	0.285	10:28
BLK	0.000	10:29
CHK	0.285	10:30
BLK	0.000	10:31
CHK	0.284	10:32

Test Status: *Success*

Calibration CRC: 74C2EAC0

LMS
mmB

Intox EC/IR-II: Accuracy Check

Department of Forensic Science

Serial Number: 010602 Test Number: 853

Test Date: 01/23/2015 Test Time: 10:34 EST

Dry Gas Target: 0.094

Lot Number: AG406301-24 Exp Date: 03/04/2016

Tank Pressure: 1031 psi Barometric Pressure: 716 mmHg

System Check: *Passed*

Test	g/210L	Time
BLK	0.000	10:35
CHK	0.093	10:36
BLK	0.000	10:37
CHK	0.093	10:38
BLK	0.000	10:39
CHK	0.093	10:40

Test Status: *Success*

Calibration CRC: 74C2EAC0

HMS
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
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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 10/01/2016	DATE TEST CONDUCTED 01/23/2015
TEST EQUIPMENT NUMBER 010602		

RESULTS: TIME SAMPLE TAKEN 10:48 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 23 Jan 2015 at 15:44

HAS
mmb

Test Results

Instrument Serial Number 010602

Test # 000854 Subject Test

Test Location 1 Department of
Test Date 23 Jan 2015

Test Location 2 Forensic Science
Test Time 10:41
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 10/01/2014

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 23 Jan 2015 End Time 10:49

Result Time 10:48

Result Date 23 Jan 2015 Result 0.00

Data Type DIAG

Sample Value Pass

Sample Time 10:42

Data Type BLK

Sample Value 0.000

Sample Time 10:42

Data Type CHK

Sample Value 0.093

Sample Time 10:43

Data Type BLK

Sample Value 0.000

Sample Time 10:44

Data Type SUBJ

Sample Value 0.000

Sample Time 10:45

Data Type BLK

Sample Value 0.000

Sample Time 10:46

Data Type SUBJ

Sample Value 0.000

Sample Time 10:48

Data Type BLK

Sample Value 0.000

Sample Time 10:49

Standard Type Dry Gas Std

Standard Value 0.094

Standard Lot Number AG406301-24

Standard Expiration Date 03/04/2016

Tank Pressure 1026

Barometric Pressure 716 mmHg

Blow Sample Number 1 Blow Duration 3.34 sec

Blow Volume 1872 cc End-of-Blow Time 10:45

Blow Sample Number 2 Blow Duration 3.12 sec

Blow Volume 1750 cc End-of-Blow Time 10:48

Tamper Evident Stamp 0f7400b3

Test Status Code 0

Test Status Success