DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Alamance Instrument Location BAT Mobile Unit 7

Instrument Serial No. D08002

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 17th day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

1604930
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

ALAMANCE COUNTY BAT MOBILE UNIT 7 000

Serial Number: *008002*
Test Date: *04/17/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Lanier Jr., John P*
Permit Number: *4582-9118*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG506303
Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	10:09pm
AIR BLK	.00	10:10pm
ACCY CHK	.08	10:10pm
AIR BLK	.00	10:11pm
SUB TEST	**.00**	**10:12pm**
AIR BLK	.00	10:13pm
SUB TEST	**.00**	**10:15pm**
AIR BLK	.00	10:16pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

ALAMANCE COUNTY BAT MOBILE UNIT 7 000

Serial Number: *008002* Test Record Number: *893*
Test Date: *04/17/2026* Test Time: *10:17pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:17pm
FLO	Pass	10:17pm
FC	Pass	10:17pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:18pm
SRC	Pass	10:18pm
DET	Pass	10:18pm
BAR	Pass	10:18pm
BT	Pass	10:18pm

Blank Tests

Test	Status	Time
AIR	Pass	10:18pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:18pm

CRC Tests

Test	Status	Time
COMP	Pass	10:18pm
CAL	Pass	10:18pm

Preventive Maintenance
Status: Pass

John Lanier
Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Alamance Instrument Location BAT Mobile Unit 7

Instrument Serial No. 008090

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 17th day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

THE GREAT SEAL OF THE STATE OF NORTH CAROLINA MAY 20. 1775 APRIL 12. 1776 ESSE QUAM VIDERI

John Lanier
Signature of Certifying Official

1604930
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

ALAMANCE COUNTY BAT MOBILE UNIT 7 000

Serial Number: *008090*
Test Date: *04/17/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Lanier Jr., John P*
Permit Number: *4582-9118*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG506303
Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	10:13pm
AIR BLK	.00	10:14pm
ACCY CHK	.07	10:15pm
AIR BLK	.00	10:16pm
SUB TEST	**.00**	**10:16pm**
AIR BLK	.00	10:17pm
SUB TEST	**.00**	**10:19pm**
AIR BLK	.00	10:20pm

Reported AC: .00 g/210L

John Lanier
Signature of Chemical Analyst

Court CVR

John Lanier
Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

ALAMANCE COUNTY BAT MOBILE UNIT 7 000

Serial Number: *008090* Test Record Number: *273*
Test Date: *04/17/2026* Test Time: *10:20pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:21pm
FLO	Pass	10:21pm
FC	Pass	10:21pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:21pm
SRC	Pass	10:21pm
DET	Pass	10:21pm
BAR	Pass	10:21pm
BT	Pass	10:21pm

Blank Tests

Test	Status	Time
AIR	Pass	10:22pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:22pm

CRC Tests

Test	Status	Time
COMP	Pass	10:22pm
CAL	Pass	10:22pm

Preventive Maintenance
Status: Pass

John Lanier
Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Alamance Instrument Location BAT Mobile Unit 13

Instrument Serial No. 008869

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 24th day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

307699
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

ALAMANCE COUNTY BAT MOBILE UNIT 13 000

Serial Number: *008869*
Test Date: *04/24/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Whitehurst, Timothy B*
Permit Number: *0030-7699*
Effective:
03/01/2026-03/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG506303
Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	3:50pm
AIR BLK	.00	3:51pm
ACCY CHK	.08	3:52pm
AIR BLK	.00	3:53pm
SUB TEST	**.00**	**3:54pm**
AIR BLK	.00	3:55pm
SUB TEST	**.00**	**3:56pm**
AIR BLK	.00	3:57pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

ALAMANCE COUNTY BAT MOBILE UNIT 13 000

Serial Number: *008869* Test Record Number: *2191*
Test Date: *04/24/2026* Test Time: *3:59pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:59pm
FLO	Pass	3:59pm
FC	Pass	3:59pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:59pm
SRC	Pass	3:59pm
DET	Pass	3:59pm
BAR	Pass	3:59pm
BT	Pass	3:59pm

Blank Tests

Test	Status	Time
AIR	Pass	4:00pm

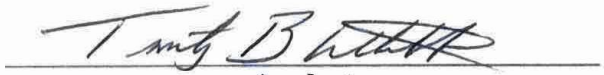
Printer Tests

Test	Status	Time
PRNT	Pass	4:00pm

CRC Tests

Test	Status	Time
COMP	Pass	4:00pm
CAL	Pass	4:00pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Alamance Instrument Location BAT Mobile Unit 13

Instrument Serial No. 008898

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 24th day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

THE GREAT SEAL OF THE STATE OF NORTH CAROLINA MAY 20, 1775 APRIL 12, 1776 ESSE QUAM VIDERI

Signature of Certifying Official

307699
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

ALAMANCE COUNTY BAT MOBILE UNIT 13 000

Serial Number: *008898*
Test Date: *04/24/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Whitehurst, Timothy B*
Permit Number: *0030-7699*
Effective:
03/01/2026-03/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG506302
Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	3:32pm
AIR BLK	.00	3:33pm
ACCY CHK	.07	3:34pm
AIR BLK	.00	3:35pm
SUB TEST	**.00**	**3:35pm**
AIR BLK	.00	3:36pm
SUB TEST	**.00**	**3:38pm**
AIR BLK	.00	3:39pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

ALAMANCE COUNTY BAT MOBILE UNIT 13 000

Serial Number: *008898* Test Record Number: *2135*
Test Date: *04/24/2026* Test Time: *3:40pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:41pm
FLO	Pass	3:41pm
FC	Pass	3:41pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:41pm
SRC	Pass	3:41pm
DET	Pass	3:41pm
BAR	Pass	3:41pm
BT	Pass	3:41pm

Blank Tests

Test	Status	Time
AIR	Pass	3:42pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:42pm

CRC Tests

Test	Status	Time
COMP	Pass	3:42pm
CAL	Pass	3:42pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Alamance Instrument Location BAT Mobile Unit 13

Instrument Serial No. 008939

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 24th day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

307699
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

ALAMANCE COUNTY BAT MOBILE UNIT 13 000

Serial Number: *008939*
Test Date: *04/24/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Whitehurst, Timothy B*
Permit Number: *0030-7699*
Effective:
03/01/2026-03/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG506302
Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	3:18pm
AIR BLK	.00	3:19pm
ACCY CHK	.07	3:19pm
AIR BLK	.00	3:20pm
SUB TEST	**.00**	**3:21pm**
AIR BLK	.00	3:22pm
SUB TEST	**.00**	**3:23pm**
AIR BLK	.00	3:24pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

ALAMANCE COUNTY BAT MOBILE UNIT 13 000

Serial Number: *008939* Test Record Number: *1995*
Test Date: *04/24/2026* Test Time: *3:25pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:25pm
FLO	Pass	3:25pm
FC	Pass	3:25pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:25pm
SRC	Pass	3:25pm
DET	Pass	3:25pm
BAR	Pass	3:25pm
BT	Pass	3:25pm

Blank Tests

Test	Status	Time
AIR	Pass	3:26pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:26pm

CRC Tests

Test	Status	Time
COMP	Pass	3:26pm
CAL	Pass	3:26pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Alamance Instrument Location BAT Mobile Unit 7

Instrument Serial No. 008971

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 17th day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

THE GREAT SEAL OF THE STATE OF NORTH CAROLINA MAY 20, 1775 APRIL 12, 1776 ESSE QUAM VIDERI

Signature of Certifying Official

1604930
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

ALAMANCE COUNTY BAT MOBILE UNIT 7 000

Serial Number: *008971*
Test Date: *04/17/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Lanier Jr., John P*
Permit Number: *4582-9118*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG506302
Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	10:14pm
AIR BLK	.00	10:15pm
ACCY CHK	.08	10:16pm
AIR BLK	.00	10:17pm
SUB TEST	**.00**	**10:17pm**
AIR BLK	.00	10:18pm
SUB TEST	**.00**	**10:20pm**
AIR BLK	.00	10:21pm

Reported AC: .00 g/210L

John Lanier

Signature of Chemical Analyst

Court CVR

John Lanier

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

ALAMANCE COUNTY BAT MOBILE UNIT 7 000

Serial Number: *008971* Test Record Number: *404*
Test Date: *04/17/2026* Test Time: *10:22pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:22pm
FLO	Pass	10:22pm
FC	Pass	10:22pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:22pm
SRC	Pass	10:22pm
DET	Pass	10:22pm
BAR	Pass	10:22pm
BT	Pass	10:22pm

Blank Tests

Test	Status	Time
AIR	Pass	10:23pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:23pm

CRC Tests

Test	Status	Time
COMP	Pass	10:23pm
CAL	Pass	10:23pm

Preventive Maintenance
Status: Pass

John Lanier
Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Alamance Instrument Location BAT Mobile Unit 7

Instrument Serial No. D08972

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 17th day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

John Lanier
Signature of Certifying Official

1604930
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

ALAMANCE COUNTY BAT MOBILE UNIT 7 000

Serial Number: *008972*
Test Date: *04/17/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Lanier Jr., John P*
Permit Number: *4582-9118*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG506303
Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	10:11pm
AIR BLK	.00	10:12pm
ACCY CHK	.08	10:13pm
AIR BLK	.00	10:14pm
SUB TEST	**.00**	**10:15pm**
AIR BLK	.00	10:15pm
SUB TEST	**.00**	**10:17pm**
AIR BLK	.00	10:18pm

Reported AC: .00 g/210L

John Lanier

Signature of Chemical Analyst

Court CVR

John Lanier

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

ALAMANCE COUNTY BAT MOBILE UNIT 7 000

Serial Number: *008972* Test Record Number: *467*
Test Date: *04/17/2026* Test Time: *10:21pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:21pm
FLO	Pass	10:21pm
FC	Pass	10:21pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:21pm
SRC	Pass	10:21pm
DET	Pass	10:21pm
BAR	Pass	10:21pm
BT	Pass	10:21pm

Blank Tests

Test	Status	Time
AIR	Pass	10:22pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:22pm

CRC Tests

Test	Status	Time
COMP	Pass	10:22pm
CAL	Pass	10:22pm

Preventive Maintenance
Status: Pass

John Lanier
Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County ALLEGHANY Instrument Location ALLEGHANY COUNTY JAIL

Instrument Serial No. 008890 SPARTA, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 14TH day of APRIL, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

353799
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

ALLEGHANY COUNTY JAIL 020

Serial Number: *008890*
Test Date: *04/14/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Oligmueller, Leo A*
Permit Number: *0035-3799*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG534301
Exp Date: 12/09/2027

Test	g/210L	Time
DIAG	Pass	10:00am
AIR BLK	.00	10:01am
ACCY CHK	.07	10:02am
AIR BLK	.00	10:03am
SUB TEST	**.00**	**10:03am**
AIR BLK	.00	10:04am
SUB TEST	**.00**	**10:06am**
AIR BLK	.00	10:07am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

ALLEGHANY COUNTY JAIL 020

Serial Number: *008890* Test Record Number: *1098*
Test Date: *04/14/2026* Test Time: *10:07am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:07am
FLO	Pass	10:07am
FC	Pass	10:07am

Temperature Tests

Test	Status	Time
FC1	Pass	10:08am
SRC	Pass	10:08am
DET	Pass	10:08am
BAR	Pass	10:08am
BT	Pass	10:08am

Blank Tests

Test	Status	Time
AIR	Pass	10:08am

Printer Tests

Test	Status	Time
PRNT	Pass	10:08am

CRC Tests

Test	Status	Time
COMP	Pass	10:08am
CAL	Pass	10:08am

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County ANSON Instrument Location ANSON COUNTY SHERIFF'S OFFICE

Instrument Serial No. 008739

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 17 day of APRIL, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

239771
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

ANSON COUNTY SHERIFF'S OFFICE 030

Serial Number: *008739*
Test Date: *04/17/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Galloway, Charles L*
Permit Number: *0023-9771*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG534301
Exp Date: 12/09/2027

Test	g/210L	Time
DIAG	Pass	12:39pm
AIR BLK	.00	12:40pm
ACCY CHK	.07	12:41pm
AIR BLK	.00	12:42pm
SUB TEST	**.00**	**12:42pm**
AIR BLK	.00	12:43pm
SUB TEST	**.00**	**12:45pm**
AIR BLK	.00	12:46pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

ANSON COUNTY SHERIFF'S OFFICE 030

Serial Number: *008739* Test Record Number: *1188*
Test Date: *04/17/2026* Test Time: *12:47pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:47pm
FLO	Pass	12:47pm
FC	Pass	12:47pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:47pm
SRC	Pass	12:47pm
DET	Pass	12:47pm
BAR	Pass	12:47pm
BT	Pass	12:47pm

Blank Tests

Test	Status	Time
AIR	Pass	12:48pm

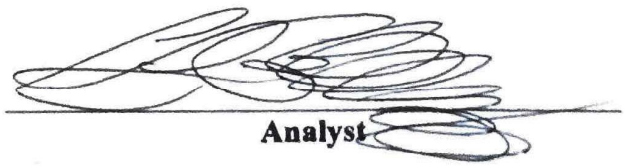
Printer Tests

Test	Status	Time
PRNT	Pass	12:48pm

CRC Tests

Test	Status	Time
COMP	Pass	12:48pm
CAL	Pass	12:48pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County ASHE Instrument Location ASHE COUNTY JAIL

Instrument Serial No. 008849

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 14th day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

509387
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

ASHE COUNTY ASHE COUNTY JAIL 040

Serial Number: *008849*
Test Date: *04/14/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Long, Thomas A*
Permit Number: *0050-9387*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG602102
Exp Date: 01/21/2028

Test	g/210L	Time
DIAG	Pass	10:45am
AIR BLK	.00	10:45am
ACCY CHK	.07	10:46am
AIR BLK	.00	10:47am
SUB TEST	**.00**	**10:49am**
AIR BLK	.00	10:49am
SUB TEST	**.00**	**10:51am**
AIR BLK	.00	10:52am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

ASHE COUNTY ASHE COUNTY JAIL 040

Serial Number: *008849* Test Record Number: *1897*
Test Date: *04/14/2026* Test Time: *10:53am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:53am
FLO	Pass	10:53am
FC	Pass	10:53am

Temperature Tests

Test	Status	Time
FC1	Pass	10:53am
SRC	Pass	10:53am
DET	Pass	10:53am
BAR	Pass	10:53am
BT	Pass	10:53am

Blank Tests

Test	Status	Time
AIR	Pass	10:54am

Printer Tests

Test	Status	Time
PRNT	Pass	10:54am

CRC Tests

Test	Status	Time
COMP	Pass	10:54am
CAL	Pass	10:54am

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Avery Instrument Location Avery County Jail

Instrument Serial No. 008664 Newland, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 2nd day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

509387
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

AVERY COUNTY AVERY COUNTY JAIL 050

Serial Number: *008664*
Test Date: *04/02/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Long, Thomas A*
Permit Number: *0050-9387*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG534301
Exp Date: 12/09/2027

Test	g/210L	Time
DIAG	Pass	10:53am
AIR BLK	.00	10:53am
ACCY CHK	.08	10:54am
AIR BLK	.00	10:55am
SUB TEST	**.00**	**10:55am**
AIR BLK	.00	10:56am
SUB TEST	**.00**	**10:58am**
AIR BLK	.00	10:59am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

AVERY COUNTY AVERY COUNTY JAIL 050

Serial Number: *008664* Test Record Number: *1381*
Test Date: *04/02/2026* Test Time: *10:59am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:59am
FLO	Pass	10:59am
FC	Pass	11:00am

Temperature Tests

Test	Status	Time
FC1	Pass	11:00am
SRC	Pass	11:00am
DET	Pass	11:00am
BAR	Pass	11:00am
BT	Pass	11:00am

Blank Tests

Test	Status	Time
AIR	Pass	11:00am

Printer Tests

Test	Status	Time
PRNT	Pass	11:00am

CRC Tests

Test	Status	Time
COMP	Pass	11:00am
CAL	Pass	11:00am

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Avery Instrument Location Beech Mountain Police Department

Instrument Serial No. 008724

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 2nd day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

509387
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

AVERY COUNTY BEECH MOUNTAIN PD 050

Serial Number: *008724*
Test Date: *04/02/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Long, Thomas A*
Permit Number: *0050-9387*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG534301
Exp Date: 12/09/2027

Test	g/210L	Time
DIAG	Pass	9:17am
AIR BLK	.00	9:17am
ACCY CHK	.07	9:18am
AIR BLK	.00	9:19am
SUB TEST	**.00**	**9:20am**
AIR BLK	.00	9:21am
SUB TEST	**.00**	**9:23am**
AIR BLK	.00	9:24am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

AVERY COUNTY BEECH MOUNTAIN PD 050

Serial Number: *008724* Test Record Number: *885*
Test Date: *04/02/2026* Test Time: *9:25am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:25am
FLO	Pass	9:25am
FC	Pass	9:25am

Temperature Tests

Test	Status	Time
FC1	Pass	9:25am
SRC	Pass	9:25am
DET	Pass	9:25am
BAR	Pass	9:25am
BT	Pass	9:25am

Blank Tests

Test	Status	Time
AIR	Pass	9:26am

Printer Tests

Test	Status	Time
PRNT	Pass	9:26am

CRC Tests

Test	Status	Time
COMP	Pass	9:26am
CAL	Pass	9:26am

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County BLADEN Instrument Location BLADEN COUNTY

Instrument Serial No. 008818 DETENTION CENTER

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 01 day of APRIL, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

THE GREAT SEAL OF THE STATE OF NORTH CAROLINA

Signature of Certifying Official

146279
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

BLADEN COUNTY DETENTION CENTER 080

Serial Number: *008818*
Test Date: *04/01/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *BARNES, ALVIN R*
Permit Number: *0014-6279*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG602203
Exp Date: 01/22/2028

Test	g/210L	Time
DIAG	Pass	2:21pm
AIR BLK	.00	2:22pm
ACCY CHK	.08	2:23pm
AIR BLK	.00	2:24pm
SUB TEST	**.00**	**2:24pm**
AIR BLK	.00	2:25pm
SUB TEST	**.00**	**2:27pm**
AIR BLK	.00	2:28pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

BLADEN COUNTY DETENTION CENTER 080

Serial Number: *008818* Test Record Number: *2346*
Test Date: *04/01/2026* Test Time: *2:28pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:28pm
FLO	Pass	2:28pm
FC	Pass	2:28pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:28pm
SRC	Pass	2:28pm
DET	Pass	2:28pm
BAR	Pass	2:28pm
BT	Pass	2:28pm

Blank Tests

Test	Status	Time
AIR	Pass	2:29pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:29pm

CRC Tests

Test	Status	Time
COMP	Pass	2:29pm
CAL	Pass	2:29pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County BRUNSWICK Instrument Location BRUNSWICK COUNTY

Instrument Serial No. 008585 DETENTION CENTER

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 07 day of APRIL, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

146279
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

BRUNSWICK COUNTY DETENTION CENTER 090

Serial Number: *008585*
Test Date: *04/07/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *BARNES, ALVIN R*
Permit Number: *0014-6279*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG602203
Exp Date: 01/22/2028

Test	g/210L	Time
DIAG	Pass	4:55pm
AIR BLK	.00	4:56pm
ACCY CHK	.08	4:57pm
AIR BLK	.00	4:58pm
SUB TEST	**.00**	**4:59pm**
AIR BLK	.00	5:00pm
SUB TEST	**.00**	**5:01pm**
AIR BLK	.00	5:02pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

BRUNSWICK COUNTY DETENTION CENTER 090

Serial Number: *008585* Test Record Number: *6229*
Test Date: *04/07/2026* Test Time: *5:03pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	5:03pm
FLO	Pass	5:03pm
FC	Pass	5:03pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:03pm
SRC	Pass	5:03pm
DET	Pass	5:03pm
BAR	Pass	5:03pm
BT	Pass	5:03pm

Blank Tests

Test	Status	Time
AIR	Pass	5:04pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:04pm

CRC Tests

Test	Status	Time
COMP	Pass	5:04pm
CAL	Pass	5:04pm

Preventive Maintenance
Status: Pass

Alan Ry Barnes
Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County BRUNSWICK Instrument Location BRUNSWICK COUNTY

Instrument Serial No. 008602 DETENTION CENTER

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 07 day of APRIL, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

146279
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

BRUNSWICK COUNTY DETENTION CENTER 090

Serial Number: *008602*
Test Date: *04/07/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *BARNES, ALVIN R*
Permit Number: *0014-6279*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG602203
Exp Date: 01/22/2028

Test	g/210L	Time
DIAG	Pass	5:10pm
AIR BLK	.00	5:11pm
ACCY CHK	.07	5:12pm
AIR BLK	.00	5:13pm
SUB TEST	**.00**	**5:14pm**
AIR BLK	.00	5:15pm
SUB TEST	**.00**	**5:16pm**
AIR BLK	.00	5:17pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

BRUNSWICK COUNTY DETENTION CENTER 090

Serial Number: *008602* Test Record Number: *6231*
Test Date: *04/07/2026* Test Time: *5:18pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	5:18pm
FLO	Pass	5:18pm
FC	Pass	5:18pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:18pm
SRC	Pass	5:18pm
DET	Pass	5:18pm
BAR	Pass	5:18pm
BT	Pass	5:18pm

Blank Tests

Test	Status	Time
AIR	Pass	5:19pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:19pm

CRC Tests

Test	Status	Time
COMP	Pass	5:19pm
CAL	Pass	5:19pm

Preventive Maintenance
Status: Pass

Alan Ry Barnes
Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County BRUNSWICK Instrument Location OAK ISLAND

Instrument Serial No. 008648 POLICE DEPT

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 07 day of APRIL, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

146279
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

BRUNSWICK COUNTY OAK ISLAND PD 090

Serial Number: *008648*
Test Date: *04/07/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *BARNES, ALVIN R*
Permit Number: *0014-6279*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG534301
Exp Date: 12/09/2027

Test	g/210L	Time
DIAG	Pass	12:55pm
AIR BLK	.00	12:55pm
ACCY CHK	.08	12:56pm
AIR BLK	.00	12:57pm
SUB TEST	**.00**	**12:58pm**
AIR BLK	.00	12:59pm
SUB TEST	**.00**	**1:01pm**
AIR BLK	.00	1:02pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

BRUNSWICK COUNTY OAK ISLAND PD 090

Serial Number: *008648* Test Record Number: *2044*
Test Date: *04/07/2026* Test Time: *1:03pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:03pm
FLO	Pass	1:03pm
FC	Pass	1:03pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:03pm
SRC	Pass	1:03pm
DET	Pass	1:03pm
BAR	Pass	1:03pm
BT	Pass	1:03pm

Blank Tests

Test	Status	Time
AIR	Pass	1:04pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:04pm

CRC Tests

Test	Status	Time
COMP	Pass	1:04pm
CAL	Pass	1:04pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County BRUNSWICK Instrument Location SUNSET BEACH POLICE DEPT

Instrument Serial No. 008874

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 07 day of APRIL, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

146279
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

BRUNSWICK COUNTY SUNSET BEACH PD 090

Serial Number: *008874*
Test Date: *04/07/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *BARNES, ALVIN R*
Permit Number: *0014-6279*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG602203
Exp Date: 01/22/2028

Test	g/210L	Time
DIAG	Pass	3:06pm
AIR BLK	.00	3:07pm
ACCY CHK	.07	3:08pm
AIR BLK	.00	3:09pm
SUB TEST	**.00**	**3:10pm**
AIR BLK	.00	3:11pm
SUB TEST	**.00**	**3:12pm**
AIR BLK	.00	3:13pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

BRUNSWICK COUNTY SUNSET BEACH PD 090

Serial Number: *008874* Test Record Number: *1121*
Test Date: *04/07/2026* Test Time: *3:16pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:16pm
FLO	Pass	3:16pm
FC	Pass	3:16pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:16pm
SRC	Pass	3:16pm
DET	Pass	3:16pm
BAR	Pass	3:16pm
BT	Pass	3:16pm

Blank Tests

Test	Status	Time
AIR	Pass	3:17pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:17pm

CRC Tests

Test	Status	Time
COMP	Pass	3:17pm
CAL	Pass	3:17pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Buncombe Instrument Location BAT Mobile Unit 11

Instrument Serial No. 008970

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 1st day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

062446
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

BUNCOMBE COUNTY BAT MOBILE UNIT 11 100

Serial Number: *008970*
Test Date: *04/01/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Gillstrap, Jeffrey L*
Permit Number: *0006-2446*
Effective:
03/01/2026-03/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG417802
Exp Date: 06/26/2026

Test	g/210L	Time
DIAG	Pass	9:58pm
AIR BLK	.00	9:59pm
ACCY CHK	.07	10:00pm
AIR BLK	.00	10:01pm
SUB TEST	**.00**	**10:01pm**
AIR BLK	.00	10:02pm
SUB TEST	**.00**	**10:04pm**
AIR BLK	.00	10:05pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

BUNCOMBE COUNTY BAT MOBILE UNIT 11 100

Serial Number: *008970* Test Record Number: *1422*
Test Date: *04/01/2026* Test Time: *10:06pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:06pm
FLO	Pass	10:06pm
FC	Pass	10:06pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:06pm
SRC	Pass	10:06pm
DET	Pass	10:06pm
BAR	Pass	10:06pm
BT	Pass	10:06pm

Blank Tests

Test	Status	Time
AIR	Pass	10:07pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:07pm

CRC Tests

Test	Status	Time
COMP	Pass	10:07pm
CAL	Pass	10:07pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Buncombe Instrument Location BAT Mobile Unit 11

Instrument Serial No. 008970

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 3rd day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

062446
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

BUNCOMBE COUNTY BAT MOBILE UNIT 11 100

Serial Number: *008970*
Test Date: *04/03/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Gillstrap, Jeffrey L*
Permit Number: *0006-2446*
Effective:
03/01/2026-03/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG417802
Exp Date: 06/26/2026

Test	g/210L	Time
DIAG	Pass	9:13pm
AIR BLK	.00	9:14pm
ACCY CHK	.07	9:15pm
AIR BLK	.00	9:16pm
SUB TEST	**.00**	**9:16pm**
AIR BLK	.00	9:17pm
SUB TEST	**.00**	**9:19pm**
AIR BLK	.00	9:20pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

BUNCOMBE COUNTY BAT MOBILE UNIT 11 100

Serial Number: *008970* Test Record Number: *1426*
Test Date: *04/03/2026* Test Time: *9:21pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:21pm
FLO	Pass	9:21pm
FC	Pass	9:21pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:21pm
SRC	Pass	9:21pm
DET	Pass	9:21pm
BAR	Pass	9:21pm
BT	Pass	9:21pm

Blank Tests

Test	Status	Time
AIR	Pass	9:22pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:22pm

CRC Tests

Test	Status	Time
COMP	Pass	9:22pm
CAL	Pass	9:22pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Buncombe Instrument Location BAT Mobile Unit II

Instrument Serial No. 008970

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 4th day of April, 20 26 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

062446
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

BUNCOMBE COUNTY BAT MOBILE UNIT 11 100

Serial Number: *008970*
Test Date: *04/04/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Gillstrap, Jeffrey L*
Permit Number: *0006-2446*
Effective:
03/01/2026-03/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG417802
Exp Date: 06/26/2026

Test	g/210L	Time
DIAG	Pass	12:58am
AIR BLK	.00	12:59am
ACCY CHK	.07	12:59am
AIR BLK	.00	1:00am
SUB TEST	**.00**	**1:01am**
AIR BLK	.00	1:02am
SUB TEST	**.00**	**1:03am**
AIR BLK	.00	1:04am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

BUNCOMBE COUNTY BAT MOBILE UNIT 11 100

Serial Number: *008970* Test Record Number: *1429*
Test Date: *04/04/2026* Test Time: *1:06am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:06am
FLO	Pass	1:06am
FC	Pass	1:06am

Temperature Tests

Test	Status	Time
FC1	Pass	1:06am
SRC	Pass	1:06am
DET	Pass	1:06am
BAR	Pass	1:06am
BT	Pass	1:06am

Blank Tests

Test	Status	Time
AIR	Pass	1:07am

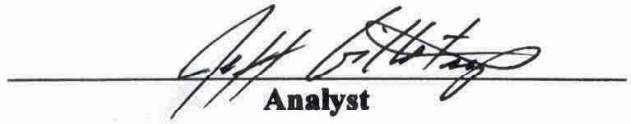
Printer Tests

Test	Status	Time
PRNT	Pass	1:07am

CRC Tests

Test	Status	Time
COMP	Pass	1:07am
CAL	Pass	1:07am

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Buncombe Instrument Location BAT Mobile Unit II

Instrument Serial No. 008973

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 1st day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

062446
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

BUNCOMBE COUNTY BAT MOBILE UNIT 11 100

Serial Number: *008973*
Test Date: *04/01/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Gillstrap, Jeffrey L*
Permit Number: *0006-2446*
Effective:
03/01/2026-03/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG431003
Exp Date: 11/05/2026

Test	g/210L	Time
DIAG	Pass	10:00pm
AIR BLK	.00	10:01pm
ACCY CHK	.07	10:02pm
AIR BLK	.00	10:03pm
SUB TEST	**.00**	**10:03pm**
AIR BLK	.00	10:04pm
SUB TEST	**.00**	**10:06pm**
AIR BLK	.00	10:07pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

BUNCOMBE COUNTY BAT MOBILE UNIT 11 100

Serial Number: *008973* Test Record Number: *1468*
Test Date: *04/01/2026* Test Time: *10:08pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:09pm
FLO	Pass	10:09pm
FC	Pass	10:09pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:09pm
SRC	Pass	10:09pm
DET	Pass	10:09pm
BAR	Pass	10:09pm
BT	Pass	10:09pm

Blank Tests

Test	Status	Time
AIR	Pass	10:10pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:10pm

CRC Tests

Test	Status	Time
COMP	Pass	10:10pm
CAL	Pass	10:10pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Buncombe Instrument Location BAT Mobile Unit II

Instrument Serial No. 008973

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 3rd day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

062446
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

BUNCOMBE COUNTY BAT MOBILE UNIT 11 100

Serial Number: *008973*
Test Date: *04/03/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Gillstrap, Jeffrey L*
Permit Number: *0006-2446*
Effective:
03/01/2026-03/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG431003
Exp Date: 11/05/2026

Test	g/210L	Time
DIAG	Pass	9:15pm
AIR BLK	.00	9:16pm
ACCY CHK	.07	9:16pm
AIR BLK	.00	9:17pm
SUB TEST	**.00**	**9:18pm**
AIR BLK	.00	9:19pm
SUB TEST	**.00**	**9:20pm**
AIR BLK	.00	9:21pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

BUNCOMBE COUNTY BAT MOBILE UNIT 11 100

Serial Number: *008973* Test Record Number: *1470*
Test Date: *04/03/2026* Test Time: *9:22pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:22pm
FLO	Pass	9:22pm
FC	Pass	9:23pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:23pm
SRC	Pass	9:23pm
DET	Pass	9:23pm
BAR	Pass	9:23pm
BT	Pass	9:23pm

Blank Tests

Test	Status	Time
AIR	Pass	9:23pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:23pm

CRC Tests

Test	Status	Time
COMP	Pass	9:24pm
CAL	Pass	9:24pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Buncombe Instrument Location BAT Mobile Unit 11

Instrument Serial No. 008973

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 4th day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

062446
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

BUNCOMBE COUNTY BAT MOBILE UNIT 11 100

Serial Number: *008973*
Test Date: *04/04/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Gillstrap, Jeffrey L*
Permit Number: *0006-2446*
Effective:
03/01/2026-03/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG431003
Exp Date: 11/05/2026

Test	g/210L	Time
DIAG	Pass	12:59am
AIR BLK	.00	1:00am
ACCY CHK	.07	1:01am
AIR BLK	.00	1:02am
SUB TEST	**.00**	**1:02am**
AIR BLK	.00	1:03am
SUB TEST	**.00**	**1:05am**
AIR BLK	.00	1:06am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

BUNCOMBE COUNTY BAT MOBILE UNIT 11 100

Serial Number: *008973* Test Record Number: *1472*
Test Date: *04/04/2026* Test Time: *1:07am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:07am
FLO	Pass	1:07am
FC	Pass	1:07am

Temperature Tests

Test	Status	Time
FC1	Pass	1:07am
SRC	Pass	1:07am
DET	Pass	1:07am
BAR	Pass	1:07am
BT	Pass	1:07am

Blank Tests

Test	Status	Time
AIR	Pass	1:08am

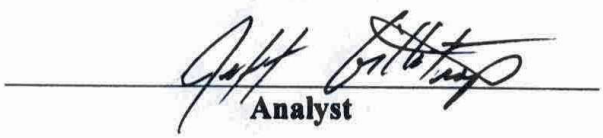
Printer Tests

Test	Status	Time
PRNT	Pass	1:08am

CRC Tests

Test	Status	Time
COMP	Pass	1:08am
CAL	Pass	1:08am

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Cabarrus Instrument Location BAT Mobile Unit 8

Instrument Serial No. 008615 —

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 2 day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

2219283
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

CABARRUS COUNTY BAT MOBILE UNIT 8 120

Serial Number: *008615*
Test Date: *04/02/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Glasscock, Jerry D*
Permit Number: *7180-9235*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG506303
Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	8:29pm
AIR BLK	.00	8:30pm
ACCY CHK	.07	8:31pm
AIR BLK	.00	8:32pm
SUB TEST	**.00**	**8:34pm**
AIR BLK	.00	8:35pm
SUB TEST	**.00**	**8:36pm**
AIR BLK	.00	8:37pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

CABARRUS COUNTY BAT MOBILE UNIT 8 120

Serial Number: *008615* Test Record Number: *6285*
Test Date: *04/02/2026* Test Time: *8:40pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:40pm
FLO	Pass	8:40pm
FC	Pass	8:40pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:41pm
SRC	Pass	8:41pm
DET	Pass	8:41pm
BAR	Pass	8:41pm
BT	Pass	8:41pm

Blank Tests

Test	Status	Time
AIR	Pass	8:41pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:41pm

CRC Tests

Test	Status	Time
COMP	Pass	8:41pm
CAL	Pass	8:41pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Cabarrus Instrument Location BAT Mobile Unit 8

Instrument Serial No. 008615 —

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 9 day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

2219283
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

CABARRUS COUNTY BAT MOBILE UNIT 8 120

Serial Number: *008615*
Test Date: *04/09/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Glasscock, Jerry D*
Permit Number: *7180-9235*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG506303
Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	7:11pm
AIR BLK	.00	7:12pm
ACCY CHK	.07	7:13pm
AIR BLK	.00	7:14pm
SUB TEST	**.00**	**7:14pm**
AIR BLK	.00	7:15pm
SUB TEST	**.00**	**7:17pm**
AIR BLK	.00	7:17pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

CABARRUS COUNTY BAT MOBILE UNIT 8 120

Serial Number: *008615* Test Record Number: *6289*
Test Date: *04/09/2026* Test Time: *7:19pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	7:19pm
FLO	Pass	7:19pm
FC	Pass	7:19pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:19pm
SRC	Pass	7:19pm
DET	Pass	7:19pm
BAR	Pass	7:19pm
BT	Pass	7:19pm

Blank Tests

Test	Status	Time
AIR	Pass	7:20pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:20pm

CRC Tests

Test	Status	Time
COMP	Pass	7:20pm
CAL	Pass	7:20pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Cabarrus Instrument Location BAT Mobile Unit 8

Instrument Serial No. 008736 —

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 2 day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

22192283
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

CABARRUS COUNTY BAT MOBILE UNIT 8 120

Serial Number: *008736*
Test Date: *04/02/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Glasscock, Jerry D*
Permit Number: *7180-9235*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG506303
Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	8:30pm
AIR BLK	.00	8:31pm
ACCY CHK	.07	8:32pm
AIR BLK	.00	8:33pm
SUB TEST	**.00**	**8:34pm**
AIR BLK	.00	8:35pm
SUB TEST	**.00**	**8:36pm**
AIR BLK	.00	8:37pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

CABARRUS COUNTY BAT MOBILE UNIT 8 120

Serial Number: *008736* Test Record Number: *1640*
Test Date: *04/02/2026* Test Time: *8:40pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:40pm
FLO	Pass	8:40pm
FC	Pass	8:41pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:41pm
SRC	Pass	8:41pm
DET	Pass	8:41pm
BAR	Pass	8:41pm
BT	Pass	8:41pm

Blank Tests

Test	Status	Time
AIR	Pass	8:41pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:41pm

CRC Tests

Test	Status	Time
COMP	Pass	8:42pm
CAL	Pass	8:42pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Cabarrus Instrument Location BAT Mobile Unit 8

Instrument Serial No. 008736 —

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 9 day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

2219283
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

CABARRUS COUNTY BAT MOBILE UNIT 8 120

Serial Number: *008736*
Test Date: *04/09/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Glasscock, Jerry D*
Permit Number: *7180-9235*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG506303
Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	7:10pm
AIR BLK	.00	7:11pm
ACCY CHK	.07	7:12pm
AIR BLK	.00	7:13pm
SUB TEST	**.00**	**7:13pm**
AIR BLK	.00	7:14pm
SUB TEST	**.00**	**7:16pm**
AIR BLK	.00	7:17pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

CABARRUS COUNTY BAT MOBILE UNIT 8 120

Serial Number: *008736* Test Record Number: *1644*
Test Date: *04/09/2026* Test Time: *7:19pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	7:19pm
FLO	Pass	7:19pm
FC	Pass	7:19pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:19pm
SRC	Pass	7:19pm
DET	Pass	7:19pm
BAR	Pass	7:19pm
BT	Pass	7:19pm

Blank Tests

Test	Status	Time
AIR	Pass	7:20pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:20pm

CRC Tests

Test	Status	Time
COMP	Pass	7:20pm
CAL	Pass	7:20pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Cabarrus Instrument Location BAT Mobile Unit 8

Instrument Serial No. 008775 —

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 2 day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

THE GREAT SEAL OF THE STATE OF NORTH CAROLINA MAY 20 1775 APRIL 12 1776 ESSE QUAM VIDERI

Signature of Certifying Official

2219283
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

CABARRUS COUNTY BAT MOBILE UNIT 8 120

Serial Number: *008775*
Test Date: *04/02/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Glasscock, Jerry D*
Permit Number: *7180-9235*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG506303
Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	8:31pm
AIR BLK	.00	8:32pm
ACCY CHK	.08	8:32pm
AIR BLK	.00	8:33pm
SUB TEST	**.00**	**8:34pm**
AIR BLK	.00	8:35pm
SUB TEST	**.00**	**8:37pm**
AIR BLK	.00	8:37pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

CABARRUS COUNTY BAT MOBILE UNIT 8 120

Serial Number: *008775* Test Record Number: *2493*
Test Date: *04/02/2026* Test Time: *8:46pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:46pm
FLO	Pass	8:46pm
FC	Pass	8:46pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:46pm
SRC	Pass	8:46pm
DET	Pass	8:46pm
BAR	Pass	8:46pm
BT	Pass	8:46pm

Blank Tests

Test	Status	Time
AIR	Pass	8:47pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:47pm

CRC Tests

Test	Status	Time
COMP	Pass	8:47pm
CAL	Pass	8:47pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Cabarrus Instrument Location BAT Mobile Unit 8

Instrument Serial No. 008775 –

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 9 day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

2219283
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

CABARRUS COUNTY BAT MOBILE UNIT 8 120

Serial Number: *008775*
Test Date: *04/09/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Glasscock, Jerry D*
Permit Number: *7180-9235*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG506303
Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	7:10pm
AIR BLK	.00	7:11pm
ACCY CHK	.08	7:11pm
AIR BLK	.00	7:12pm
SUB TEST	**.00**	**7:13pm**
AIR BLK	.00	7:14pm
SUB TEST	**.00**	**7:15pm**
AIR BLK	.00	7:16pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

CABARRUS COUNTY BAT MOBILE UNIT 8 120

Serial Number: *008775* Test Record Number: *2497*
Test Date: *04/09/2026* Test Time: *7:20pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	7:20pm
FLO	Pass	7:20pm
FC	Pass	7:20pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:20pm
SRC	Pass	7:20pm
DET	Pass	7:20pm
BAR	Pass	7:20pm
BT	Pass	7:20pm

Blank Tests

Test	Status	Time
AIR	Pass	7:21pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:21pm

CRC Tests

Test	Status	Time
COMP	Pass	7:21pm
CAL	Pass	7:21pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Cabarrus Instrument Location BAT Mobile Unit 8

Instrument Serial No. 008816 —

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 2nd day of April, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

22-19283
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

CABARRUS COUNTY BAT MOBILE UNIT 8 120

Serial Number: *008816*
Test Date: *04/02/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Glasscock, Jerry D*
Permit Number: *7180-9235*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG431002
Exp Date: 11/05/2026

Test	g/210L	Time
DIAG	Pass	8:51pm
AIR BLK	.00	8:52pm
ACCY CHK	.07	8:52pm
AIR BLK	.00	8:53pm
SUB TEST	**.00**	**8:54pm**
AIR BLK	.00	8:55pm
SUB TEST	**.00**	**8:56pm**
AIR BLK	.00	8:57pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

CABARRUS COUNTY BAT MOBILE UNIT 8 120

Serial Number: *008816* Test Record Number: *8074*
Test Date: *04/02/2026* Test Time: *8:57pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:58pm
FLO	Pass	8:58pm
FC	Pass	8:58pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:58pm
SRC	Pass	8:58pm
DET	Pass	8:58pm
BAR	Pass	8:58pm
BT	Pass	8:58pm

Blank Tests

Test	Status	Time
AIR	Pass	8:58pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:59pm

CRC Tests

Test	Status	Time
COMP	Pass	8:59pm
CAL	Pass	8:59pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Cabarrus Instrument Location BAT Mobile Unit 8

Instrument Serial No. 008816 –

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 9 day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

2219283
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

CABARRUS COUNTY BAT MOBILE UNIT 8 120

Serial Number: *008816*
Test Date: *04/09/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Glasscock, Jerry D*
Permit Number: *7180-9235*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG431002
Exp Date: 11/05/2026

Test	g/210L	Time
DIAG	Pass	7:09pm
AIR BLK	.00	7:10pm
ACCY CHK	.07	7:11pm
AIR BLK	.00	7:12pm
SUB TEST	**.00**	**7:13pm**
AIR BLK	.00	7:13pm
SUB TEST	**.00**	**7:15pm**
AIR BLK	.00	7:16pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

CABARRUS COUNTY BAT MOBILE UNIT 8 120

Serial Number: *008816* Test Record Number: *8078*
Test Date: *04/09/2026* Test Time: *7:18pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	7:18pm
FLO	Pass	7:18pm
FC	Pass	7:18pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:19pm
SRC	Pass	7:19pm
DET	Pass	7:19pm
BAR	Pass	7:19pm
BT	Pass	7:19pm

Blank Tests

Test	Status	Time
AIR	Pass	7:19pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:19pm

CRC Tests

Test	Status	Time
COMP	Pass	7:19pm
CAL	Pass	7:19pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Cabarrus Instrument Location BAT Mobile Unit 13

Instrument Serial No. 008869

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 30th day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

307699
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

CABARRUS COUNTY BAT MOBILE UNIT 13 120

Serial Number: *008869*
Test Date: *04/30/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Whitehurst, Timothy B*
Permit Number: *0030-7699*
Effective:
03/01/2026-03/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG506303
Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	9:13am
AIR BLK	.00	9:14am
ACCY CHK	.08	9:14am
AIR BLK	.00	9:15am
SUB TEST	**.00**	**9:16am**
AIR BLK	.00	9:17am
SUB TEST	**.00**	**9:18am**
AIR BLK	.00	9:19am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

CABARRUS COUNTY BAT MOBILE UNIT 13 120

Serial Number: *008869* Test Record Number: *2198*
Test Date: *04/30/2026* Test Time: *9:20am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:20am
FLO	Pass	9:20am
FC	Pass	9:20am

Temperature Tests

Test	Status	Time
FC1	Pass	9:20am
SRC	Pass	9:20am
DET	Pass	9:20am
BAR	Pass	9:20am
BT	Pass	9:20am

Blank Tests

Test	Status	Time
AIR	Pass	9:21am

Printer Tests

Test	Status	Time
PRNT	Pass	9:21am

CRC Tests

Test	Status	Time
COMP	Pass	9:21am
CAL	Pass	9:21am

Preventive Maintenance
Status: Pass

Tmty B Whitt
Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Cabarrus Instrument Location BAT Mobile Unit 13

Instrument Serial No. 008898

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 30th day of April, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Timothy B Watts
Signature of Certifying Official

307699
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

CABARRUS COUNTY BAT MOBILE UNIT 13 120

Serial Number: *008898*
Test Date: *04/30/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Whitehurst, Timothy B*
Permit Number: *0030-7699*
Effective:
03/01/2026-03/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG506302
Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	8:59am
AIR BLK	.00	9:00am
ACCY CHK	.07	9:00am
AIR BLK	.00	9:01am
SUB TEST	**.00**	**9:02am**
AIR BLK	.00	9:03am
SUB TEST	**.00**	**9:05am**
AIR BLK	.00	9:05am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

CABARRUS COUNTY BAT MOBILE UNIT 13 120

Serial Number: *008898* Test Record Number: *2140*
Test Date: *04/30/2026* Test Time: *9:06am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:06am
FLO	Pass	9:06am
FC	Pass	9:06am

Temperature Tests

Test	Status	Time
FC1	Pass	9:06am
SRC	Pass	9:06am
DET	Pass	9:06am
BAR	Pass	9:06am
BT	Pass	9:06am

Blank Tests

Test	Status	Time
AIR	Pass	9:07am

Printer Tests

Test	Status	Time
PRNT	Pass	9:07am

CRC Tests

Test	Status	Time
COMP	Pass	9:07am
CAL	Pass	9:07am

Preventive Maintenance
Status: Pass

Tony Battle
Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Cabarrus Instrument Location BAT Mobile Unit 8

Instrument Serial No. 008929 —

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 2 day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number 2219283

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

CABARRUS COUNTY BAT MOBILE UNIT 8 120

Serial Number: *008929*
Test Date: *04/02/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Glasscock, Jerry D*
Permit Number: *7180-9235*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG506303
Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	8:36pm
AIR BLK	.00	8:37pm
ACCY CHK	.08	8:38pm
AIR BLK	.00	8:39pm
SUB TEST	**.00**	**8:40pm**
AIR BLK	.00	8:41pm
SUB TEST	**.00**	**8:43pm**
AIR BLK	.00	8:44pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

CABARRUS COUNTY BAT MOBILE UNIT 8 120

Serial Number: *008929* Test Record Number: *1778*
Test Date: *04/02/2026* Test Time: *8:44pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:45pm
FLO	Pass	8:45pm
FC	Pass	8:45pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:45pm
SRC	Pass	8:45pm
DET	Pass	8:45pm
BAR	Pass	8:45pm
BT	Pass	8:45pm

Blank Tests

Test	Status	Time
AIR	Pass	8:45pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:46pm

CRC Tests

Test	Status	Time
COMP	Pass	8:46pm
CAL	Pass	8:46pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Cabarrus Instrument Location BAT Mobile Unit 8

Instrument Serial No. 008929 —

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 9 day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

2219283
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

CABARRUS COUNTY BAT MOBILE UNIT 8 120

Serial Number: *008929*
Test Date: *04/09/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Glasscock, Jerry D*
Permit Number: *7180-9235*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG506303
Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	7:08pm
AIR BLK	.00	7:10pm
ACCY CHK	.08	7:10pm
AIR BLK	.00	7:12pm
SUB TEST	**.00**	**7:12pm**
AIR BLK	.00	7:13pm
SUB TEST	**.00**	**7:15pm**
AIR BLK	.00	7:16pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

CABARRUS COUNTY BAT MOBILE UNIT 8 120

Serial Number: *008929* Test Record Number: *1782*
Test Date: *04/09/2026* Test Time: *7:20pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	7:21pm
FLO	Pass	7:21pm
FC	Pass	7:21pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:21pm
SRC	Pass	7:21pm
DET	Pass	7:21pm
BAR	Pass	7:21pm
BT	Pass	7:21pm

Blank Tests

Test	Status	Time
AIR	Pass	7:22pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:22pm

CRC Tests

Test	Status	Time
COMP	Pass	7:22pm
CAL	Pass	7:22pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

ARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Cabarrus Instrument Location BAT Mobile Unit 13

Instrument Serial No. 008939

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 30th day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

THE GREAT SEAL OF THE STATE OF NORTH CAROLINA MAY 20, 1775 APRIL 12, 1776 ESSE QUAM VIDERI

Signature of Certifying Official

307699
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

CABARRUS COUNTY BAT MOBILE UNIT 13 120

Serial Number: *008939*
Test Date: *04/30/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Whitehurst, Timothy B*
Permit Number: *0030-7699*
Effective:
03/01/2026-03/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG506302
Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	8:46am
AIR BLK	.00	8:47am
ACCY CHK	.07	8:47am
AIR BLK	.00	8:48am
SUB TEST	**.00**	**8:49am**
AIR BLK	.00	8:50am
SUB TEST	**.00**	**8:51am**
AIR BLK	.00	8:52am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

CABARRUS COUNTY BAT MOBILE UNIT 13 120

Serial Number: *008939* Test Record Number: *2000*
Test Date: *04/30/2026* Test Time: *8:53am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:53am
FLO	Pass	8:53am
FC	Pass	8:53am

Temperature Tests

Test	Status	Time
FC1	Pass	8:53am
SRC	Pass	8:53am
DET	Pass	8:53am
BAR	Pass	8:53am
BT	Pass	8:53am

Blank Tests

Test	Status	Time
AIR	Pass	8:54am

Printer Tests

Test	Status	Time
PRNT	Pass	8:54am

CRC Tests

Test	Status	Time
COMP	Pass	8:54am
CAL	Pass	8:54am

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Caldwell Instrument Location BAT Mobile Unit 7

Instrument Serial No. 008002

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 8th day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

1604930
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

CALDWELL COUNTY BAT MOBILE UNIT 7 130

Serial Number: *008002*
Test Date: *04/08/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Lanier Jr., John P*
Permit Number: *4582-9118*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG506303
Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	8:47pm
AIR BLK	.00	8:48pm
ACCY CHK	.08	8:48pm
AIR BLK	.00	8:49pm
SUB TEST	**.00**	**8:49pm**
AIR BLK	.00	8:50pm
SUB TEST	**.00**	**8:52pm**
AIR BLK	.00	8:53pm

Reported AC: .00 g/210L

John Lanier
Signature of Chemical Analyst

Court CVR

John Lanier
Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

CALDWELL COUNTY BAT MOBILE UNIT 7 130

Serial Number: *008002* Test Record Number: *886*
Test Date: *04/08/2026* Test Time: *8:55pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:55pm
FLO	Pass	8:55pm
FC	Pass	8:55pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:55pm
SRC	Pass	8:55pm
DET	Pass	8:55pm
BAR	Pass	8:55pm
BT	Pass	8:55pm

Blank Tests

Test	Status	Time
AIR	Pass	8:56pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:56pm

CRC Tests

Test	Status	Time
COMP	Pass	8:56pm
CAL	Pass	8:56pm

Preventive Maintenance
Status: Pass

John Lanier

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Caldwell Instrument Location BAT Mobile Unit 7

Instrument Serial No. 008090

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 8th day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

John Ranier
Signature of Certifying Official

1604930
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

CALDWELL COUNTY BAT MOBILE UNIT 7 130

Serial Number: *008090*
Test Date: *04/08/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Lanier Jr., John P*
Permit Number: *4582-9118*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG506303
Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	8:40pm
AIR BLK	.00	8:41pm
ACCY CHK	.08	8:42pm
AIR BLK	.00	8:43pm
SUB TEST	**.00**	**8:43pm**
AIR BLK	.00	8:44pm
SUB TEST	**.00**	**8:46pm**
AIR BLK	.00	8:47pm

Reported AC: .00 g/210L

John Lanier
Signature of Chemical Analyst

Court CVR

John Lanier
Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

CALDWELL COUNTY BAT MOBILE UNIT 7 130

Serial Number: *008090* Test Record Number: *264*
Test Date: *04/08/2026* Test Time: *8:48pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:48pm
FLO	Pass	8:48pm
FC	Pass	8:48pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:48pm
SRC	Pass	8:48pm
DET	Pass	8:48pm
BAR	Pass	8:48pm
BT	Pass	8:48pm

Blank Tests

Test	Status	Time
AIR	Pass	8:49pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:49pm

CRC Tests

Test	Status	Time
COMP	Pass	8:49pm
CAL	Pass	8:49pm

Preventive Maintenance
Status: Pass

John Lanier

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Caldwell Instrument Location BAT Mobile Unit 11

Instrument Serial No. 008970

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 25th day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

062446
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

CALDWELL COUNTY BAT MOBILE UNIT 11 130

Serial Number: *008970*
Test Date: *04/25/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Gillstrap, Jeffrey L*
Permit Number: *0006-2446*
Effective:
03/01/2026-03/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG417802
Exp Date: 06/26/2026

Test	g/210L	Time
DIAG	Pass	11:31pm
AIR BLK	.00	11:32pm
ACCY CHK	.07	11:33pm
AIR BLK	.00	11:34pm
SUB TEST	**.00**	**11:34pm**
AIR BLK	.00	11:35pm
SUB TEST	**.00**	**11:36pm**
AIR BLK	.00	11:37pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

CALDWELL COUNTY BAT MOBILE UNIT 11 130

Serial Number: *008970* Test Record Number: *1437*
Test Date: *04/25/2026* Test Time: *11:38pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:38pm
FLO	Pass	11:38pm
FC	Pass	11:38pm

Temperature Tests

Test	Status	Time
FC1	Pass	11:39pm
SRC	Pass	11:39pm
DET	Pass	11:39pm
BAR	Pass	11:39pm
BT	Pass	11:39pm

Blank Tests

Test	Status	Time
AIR	Pass	11:39pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:39pm

CRC Tests

Test	Status	Time
COMP	Pass	11:39pm
CAL	Pass	11:39pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Caldwell Instrument Location BAT Mobile Unit 7

Instrument Serial No. 008971

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 8th day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

John Ramier
Signature of Certifying Official

1604930
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

CALDWELL COUNTY BAT MOBILE UNIT 7 130

Serial Number: *008971*
Test Date: *04/08/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Lanier Jr., John P*
Permit Number: *4582-9118*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG506302
Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	8:58pm
AIR BLK	.00	8:59pm
ACCY CHK	.08	8:59pm
AIR BLK	.00	9:00pm
SUB TEST	**.00**	**9:01pm**
AIR BLK	.00	9:02pm
SUB TEST	**.00**	**9:03pm**
AIR BLK	.00	9:04pm

Reported AC: .00 g/210L

John Lanier
Signature of Chemical Analyst

Court CVR

John Lanier
Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

CALDWELL COUNTY BAT MOBILE UNIT 7 130

Serial Number: *008971* Test Record Number: *397*
Test Date: *04/08/2026* Test Time: *9:06pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:06pm
FLO	Pass	9:06pm
FC	Pass	9:07pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:07pm
SRC	Pass	9:07pm
DET	Pass	9:07pm
BAR	Pass	9:07pm
BT	Pass	9:07pm

Blank Tests

Test	Status	Time
AIR	Pass	9:07pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:07pm

CRC Tests

Test	Status	Time
COMP	Pass	9:08pm
CAL	Pass	9:08pm

Preventive Maintenance
Status: Pass

John Lanier

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Caldwell Instrument Location BAT Mobile Unit 7

Instrument Serial No. 008972

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 8th day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

THE GREAT SEAL OF THE STATE OF NORTH CAROLINA MAY 20, 1775 APRIL 12, 1776 ESSE QUAM VIDERI

John Lanier — Signature of Certifying Official

1004930 — Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

CALDWELL COUNTY BAT MOBILE UNIT 7 130

Serial Number: *008972*
Test Date: *04/08/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Lanier Jr., John P*
Permit Number: *4582-9118*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG506303
Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	8:56pm
AIR BLK	.00	8:57pm
ACCY CHK	.08	8:58pm
AIR BLK	.00	8:59pm
SUB TEST	**.00**	**9:00pm**
AIR BLK	.00	9:01pm
SUB TEST	**.00**	**9:02pm**
AIR BLK	.00	9:03pm

Reported AC: .00 g/210L

John Lanier

Signature of Chemical Analyst

Court CVR

John Lanier

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

CALDWELL COUNTY BAT MOBILE UNIT 7 130

Serial Number: *008972* Test Record Number: *458*
Test Date: *04/08/2026* Test Time: *9:04pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:05pm
FLO	Pass	9:05pm
FC	Pass	9:05pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:05pm
SRC	Pass	9:05pm
DET	Pass	9:05pm
BAR	Pass	9:05pm
BT	Pass	9:05pm

Blank Tests

Test	Status	Time
AIR	Pass	9:05pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:06pm

CRC Tests

Test	Status	Time
COMP	Pass	9:06pm
CAL	Pass	9:06pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Caldwell Instrument Location BAT Mobile Unit II

Instrument Serial No. 008973

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 25th day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

062446
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

CALDWELL COUNTY BAT MOBILE UNIT 11 130

Serial Number: *008973*
Test Date: *04/25/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Gillstrap, Jeffrey L*
Permit Number: *0006-2446*
Effective:
03/01/2026-03/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG431003
Exp Date: 11/05/2026

Test	g/210L	Time
DIAG	Pass	11:26pm
AIR BLK	.00	11:27pm
ACCY CHK	.07	11:27pm
AIR BLK	.00	11:28pm
SUB TEST	**.00**	**11:29pm**
AIR BLK	.00	11:30pm
SUB TEST	**.00**	**11:31pm**
AIR BLK	.00	11:32pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

CALDWELL COUNTY BAT MOBILE UNIT 11 130

Serial Number: *008973* Test Record Number: *1477*
Test Date: *04/25/2026* Test Time: *11:33pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:34pm
FLO	Pass	11:34pm
FC	Pass	11:34pm

Temperature Tests

Test	Status	Time
FC1	Pass	11:34pm
SRC	Pass	11:34pm
DET	Pass	11:34pm
BAR	Pass	11:34pm
BT	Pass	11:34pm

Blank Tests

Test	Status	Time
AIR	Pass	11:35pm

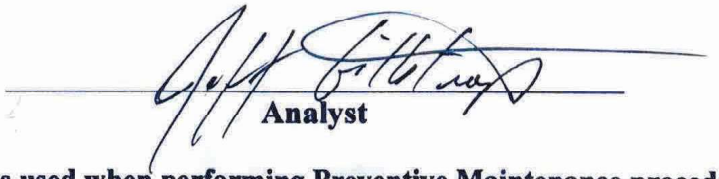
Printer Tests

Test	Status	Time
PRNT	Pass	11:35pm

CRC Tests

Test	Status	Time
COMP	Pass	11:35pm
CAL	Pass	11:35pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Caswell Instrument Location Caswell Co. Detention Ctr

Instrument Serial No. 008593 211 County Park Dr

Yanceyville, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 7 day of April, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

169451
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

CASWELL COUNTY DETENTION CENTER 160

Serial Number: *008593*
Test Date: *04/07/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Brame, Bryant T*
Permit Number: *0016-9451*
Effective:
09/01/2025-09/01/2027

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG534301
Exp Date: 12/09/2027

Test	g/210L	Time
DIAG	Pass	10:49am
AIR BLK	.00	10:49am
ACCY CHK	.07	10:50am
AIR BLK	.00	10:51am
SUB TEST	**.00**	**10:52am**
AIR BLK	.00	10:52am
SUB TEST	**.00**	**10:54am**
AIR BLK	.00	10:55am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

CASWELL COUNTY DETENTION CENTER 160

Serial Number: *008593* Test Record Number: *2455*
Test Date: *04/07/2026* Test Time: *10:56am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:57am
FLO	Pass	10:57am
FC	Pass	10:57am

Temperature Tests

Test	Status	Time
FC1	Pass	10:57am
SRC	Pass	10:57am
DET	Pass	10:57am
BAR	Pass	10:57am
BT	Pass	10:57am

Blank Tests

Test	Status	Time
AIR	Pass	10:58am

Printer Tests

Test	Status	Time
PRNT	Pass	10:58am

CRC Tests

Test	Status	Time
COMP	Pass	10:58am
CAL	Pass	10:58am

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County CATAWBA Instrument Location CATAWBA COUNTY SO

Instrument Serial No. 008573 NEWTON NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 13 day of APRIL, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

THE GREAT SEAL OF THE STATE OF NORTH CAROLINA MAY 20, 1775 ESSE QUAM VIDERI APRIL 12, 1776

Signature of Certifying Official

274970
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

CATAWBA COUNTY CATAWBA COUNTY SO 170

Serial Number: *008573*
Test Date: *04/13/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Fleming, Tina S*
Permit Number: *0027-4970*
Effective:
02/01/2025-02/01/2027

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG506302
Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	10:56am
AIR BLK	.00	10:56am
ACCY CHK	.08	10:57am
AIR BLK	.00	10:58am
SUB TEST	**.00**	**10:59am**
AIR BLK	.00	11:00am
SUB TEST	**.00**	**11:01am**
AIR BLK	.00	11:02am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

CATAWBA COUNTY CATAWBA COUNTY SO 170

Serial Number: *008573* Test Record Number: *5749*
Test Date: *04/13/2026* Test Time: *11:04am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:04am
FLO	Pass	11:04am
FC	Pass	11:04am

Temperature Tests

Test	Status	Time
FC1	Pass	11:04am
SRC	Pass	11:04am
DET	Pass	11:04am
BAR	Pass	11:04am
BT	Pass	11:04am

Blank Tests

Test	Status	Time
AIR	Pass	11:05am

Printer Tests

Test	Status	Time
PRNT	Pass	11:05am

CRC Tests

Test	Status	Time
COMP	Pass	11:05am
CAL	Pass	11:05am

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Cherokee Instrument Location Cherokee Co. Jail

Instrument Serial No. 008622 Murphy, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 7th day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

843310
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

CHEROKEE COUNTY CHEROKEE COUNTY JAIL
190

Serial Number: *008622*
Test Date: *04/07/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Cutler, Daniel R*
Permit Number: *0084-3310*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG505001
Exp Date: 02/19/2027

Test	g/210L	Time
DIAG	Pass	12:06pm
AIR BLK	.00	12:07pm
ACCY CHK	.07	12:08pm
AIR BLK	.00	12:09pm
SUB TEST	**.00**	**12:10pm**
AIR BLK	.00	12:10pm
SUB TEST	**.00**	**12:12pm**
AIR BLK	.00	12:13pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

CHEROKEE COUNTY CHEROKEE COUNTY JAIL 190

Serial Number: *008622* Test Record Number: *1344*
Test Date: *04/07/2026* Test Time: *12:14pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:14pm
FLO	Pass	12:14pm
FC	Pass	12:14pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:14pm
SRC	Pass	12:14pm
DET	Pass	12:14pm
BAR	Pass	12:14pm
BT	Pass	12:14pm

Blank Tests

Test	Status	Time
AIR	Pass	12:15pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:15pm

CRC Tests

Test	Status	Time
COMP	Pass	12:15pm
CAL	Pass	12:15pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Cherokee Instrument Location Cherokee Co. Jail

Instrument Serial No. 008711 Murphy, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 7th day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

David R. Cathey
Signature of Certifying Official

843310
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

CHEROKEE COUNTY CHEROKEE COUNTY JAIL
190

Serial Number: *008711*
Test Date: *04/07/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Cutler, Daniel R*
Permit Number: *0084-3310*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG503001
Exp Date: 01/30/2027

Test	g/210L	Time
DIAG	Pass	12:07pm
AIR BLK	.00	12:07pm
ACCY CHK	.07	12:08pm
AIR BLK	.00	12:09pm
SUB TEST	**.00**	**12:10pm**
AIR BLK	.00	12:11pm
SUB TEST	**.00**	**12:12pm**
AIR BLK	.00	12:13pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

CHEROKEE COUNTY CHEROKEE COUNTY JAIL 190

Serial Number: *008711* Test Record Number: *1594*
Test Date: *04/07/2026* Test Time: *12:15pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:16pm
FLO	Pass	12:16pm
FC	Pass	12:16pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:16pm
SRC	Pass	12:16pm
DET	Pass	12:16pm
BAR	Pass	12:16pm
BT	Pass	12:16pm

Blank Tests

Test	Status	Time
AIR	Pass	12:17pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:17pm

CRC Tests

Test	Status	Time
COMP	Pass	12:17pm
CAL	Pass	12:17pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Chowan Instrument Location Chowan Co. Public Safety Center

Instrument Serial No. 008895 305 Freemason St., Edenton, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 2nd day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

206272
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: *008895*
Test Date: *04/02/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Chappell, Mark A*
Permit Number: *0020-6272*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG431001
Exp Date: 11/05/2026

Test	g/210L	Time
DIAG	Pass	9:50am
AIR BLK	.00	9:51am
ACCY CHK	.07	9:52am
AIR BLK	.00	9:53am
SUB TEST	**.00**	**9:53am**
AIR BLK	.00	9:54am
SUB TEST	**.00**	**9:56am**
AIR BLK	.00	9:57am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: *008895* Test Record Number: *1315*
Test Date: *04/02/2026* Test Time: *9:57am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:57am
FLO	Pass	9:57am
FC	Pass	9:57am

Temperature Tests

Test	Status	Time
FC1	Pass	9:58am
SRC	Pass	9:58am
DET	Pass	9:58am
BAR	Pass	9:58am
BT	Pass	9:58am

Blank Tests

Test	Status	Time
AIR	Pass	9:58am

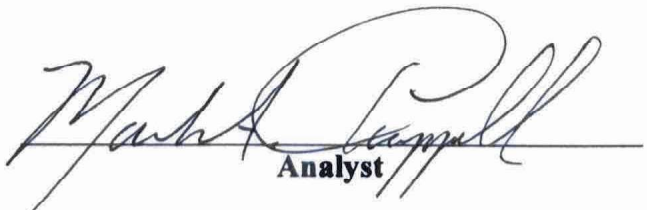
Printer Tests

Test	Status	Time
PRNT	Pass	9:58am

CRC Tests

Test	Status	Time
COMP	Pass	9:58am
CAL	Pass	9:58am

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Clay Instrument Location Clay County Jail

Instrument Serial No. 008606 Hayesville, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 16 day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

843310
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

CLAY COUNTY CLAY COUNTY JAIL 210

Serial Number: *008606*
Test Date: *04/16/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Cutler, Daniel R*
Permit Number: *0084-3310*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG431002
Exp Date: 11/05/2026

Test	g/210L	Time
DIAG	Pass	11:33am
AIR BLK	.00	11:34am
ACCY CHK	.07	11:35am
AIR BLK	.00	11:36am
SUB TEST	**.00**	**11:37am**
AIR BLK	.00	11:37am
SUB TEST	**.00**	**11:39am**
AIR BLK	.00	11:40am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Test Diagnostics

CLAY COUNTY CLAY COUNTY JAIL 210
Serial Number: *008606*
System Date: *04/16/2026*
System Time: *11:41am EDT*

Flow Baseline: *0*
Flow Peak: *0*
Blow Time: *0.00*
Flow Volume: *0*
Ethanol Baseline: *3047*
Ethanol Delta: *.01*
CO2 Baseline: *3112*
CO2 Delta: *737*

Fuel Cell Gain: *2*
Quick Zero Peak: *104*
Cal Factor 1: *3274*
Cal Factor 2: *7007*

Fuel Cell Baseline: *573*
Fuel Cell SB Baseline: *573*
Integral: *3597*
Absolute Peak: *650*
Peak 1: *13*
Time 1: *112*
Peak 2: *0*
Time 2: *0*
Peak 4: *0*
Time 4: *0*
FACT Result: *.00*

Test Status: *Success*

David R. Cuthbert

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Columbus Instrument Location BAT Mobile Unit 9

Instrument Serial No. 008575

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 17th day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

226313
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

COLUMBUS COUNTY BAT MOBILE UNIT 9 230

Serial Number: *008575*
Test Date: *04/17/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Sharpe Jr., Robert J*
Permit Number: *1820-8591*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG516204
Exp Date: 06/11/2027

Test	g/210L	Time
DIAG	Pass	6:15pm
AIR BLK	.00	6:16pm
ACCY CHK	.08	6:16pm
AIR BLK	.00	6:17pm
SUB TEST	**.00**	**6:18pm**
AIR BLK	.00	6:19pm
SUB TEST	**.00**	**6:21pm**
AIR BLK	.00	6:21pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

COLUMBUS COUNTY BAT MOBILE UNIT 9 230

Serial Number: *008575* Test Record Number: *1572*
Test Date: *04/17/2026* Test Time: *6:24pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	6:24pm
FLO	Pass	6:24pm
FC	Pass	6:24pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:24pm
SRC	Pass	6:24pm
DET	Pass	6:24pm
BAR	Pass	6:24pm
BT	Pass	6:24pm

Blank Tests

Test	Status	Time
AIR	Pass	6:25pm

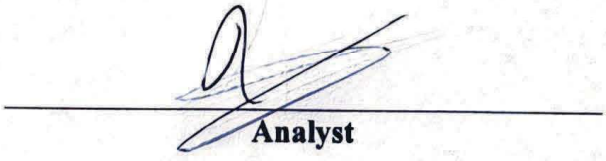
Printer Tests

Test	Status	Time
PRNT	Pass	6:25pm

CRC Tests

Test	Status	Time
COMP	Pass	6:25pm
CAL	Pass	6:25pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Columbus Instrument Location BAT Mobile Unit 9

Instrument Serial No. 008575

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 28th day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

226313
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

COLUMBUS COUNTY BAT MOBILE UNIT 9 230

Serial Number: *008575*
Test Date: *04/28/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Sharpe Jr., Robert J*
Permit Number: *1820-8591*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG516204
Exp Date: 06/11/2027

Test	g/210L	Time
DIAG	Pass	7:25pm
AIR BLK	.00	7:26pm
ACCY CHK	.08	7:27pm
AIR BLK	.00	7:28pm
SUB TEST	**.00**	**7:28pm**
AIR BLK	.00	7:29pm
SUB TEST	**.00**	**7:30pm**
AIR BLK	.00	7:31pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

COLUMBUS COUNTY BAT MOBILE UNIT 9 230

Serial Number: *008575* Test Record Number: *1578*
Test Date: *04/28/2026* Test Time: *7:32pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	7:32pm
FLO	Pass	7:32pm
FC	Pass	7:33pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:33pm
SRC	Pass	7:33pm
DET	Pass	7:33pm
BAR	Pass	7:33pm
BT	Pass	7:33pm

Blank Tests

Test	Status	Time
AIR	Pass	7:33pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:33pm

CRC Tests

Test	Status	Time
COMP	Pass	7:33pm
CAL	Pass	7:33pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Columbus Instrument Location BAT Mobile Unit 9

Instrument Serial No. 008616

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 17th day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

226313
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

COLUMBUS COUNTY BAT MOBILE UNIT 9 230

Serial Number: *008616*
Test Date: *04/17/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Sharpe Jr., Robert J*
Permit Number: *1820-8591*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG506303
Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	6:14pm
AIR BLK	.00	6:15pm
ACCY CHK	.08	6:15pm
AIR BLK	.00	6:16pm
SUB TEST	**.00**	**6:18pm**
AIR BLK	.00	6:19pm
SUB TEST	**.00**	**6:20pm**
AIR BLK	.00	6:22pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

COLUMBUS COUNTY BAT MOBILE UNIT 9 230

Serial Number: *008616* Test Record Number: *2983*
Test Date: *04/17/2026* Test Time: *6:23pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	6:24pm
FLO	Pass	6:24pm
FC	Pass	6:24pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:24pm
SRC	Pass	6:24pm
DET	Pass	6:24pm
BAR	Pass	6:24pm
BT	Pass	6:24pm

Blank Tests

Test	Status	Time
AIR	Pass	6:25pm

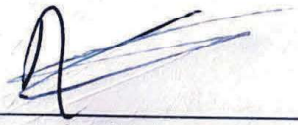
Printer Tests

Test	Status	Time
PRNT	Pass	6:25pm

CRC Tests

Test	Status	Time
COMP	Pass	6:25pm
CAL	Pass	6:25pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Columbus Instrument Location BAT Mobile Unit 9

Instrument Serial No. 008616

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 28th day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

2266313
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

COLUMBUS COUNTY BAT MOBILE UNIT 9 230

Serial Number: *008616*
Test Date: *04/28/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Sharpe Jr., Robert J*
Permit Number: *1820-8591*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG506303
Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	7:24pm
AIR BLK	.00	7:25pm
ACCY CHK	.08	7:26pm
AIR BLK	.00	7:27pm
SUB TEST	**.00**	**7:28pm**
AIR BLK	.00	7:29pm
SUB TEST	**.00**	**7:30pm**
AIR BLK	.00	7:31pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

COLUMBUS COUNTY BAT MOBILE UNIT 9 230

Serial Number: *008616* Test Record Number: *2990*
Test Date: *04/28/2026* Test Time: *7:32pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	7:32pm
FLO	Pass	7:32pm
FC	Pass	7:32pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:32pm
SRC	Pass	7:32pm
DET	Pass	7:32pm
BAR	Pass	7:32pm
BT	Pass	7:32pm

Blank Tests

Test	Status	Time
AIR	Pass	7:33pm

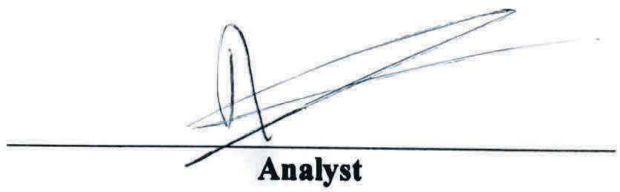
Printer Tests

Test	Status	Time
PRNT	Pass	7:33pm

CRC Tests

Test	Status	Time
COMP	Pass	7:33pm
CAL	Pass	7:33pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Columbus Instrument Location BAT Mobile Unit 9

Instrument Serial No. 008647

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 17th day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

266313
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

COLUMBUS COUNTY BAT MOBILE UNIT 9 230

Serial Number: *008647*
Test Date: *04/17/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Sharpe Jr., Robert J*
Permit Number: *1820-8591*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG516203
Exp Date: 06/11/2027

Test	g/210L	Time
DIAG	Pass	6:23pm
AIR BLK	.00	6:24pm
ACCY CHK	.08	6:24pm
AIR BLK	.00	6:25pm
SUB TEST	**.00**	**6:26pm**
AIR BLK	.00	6:27pm
SUB TEST	**.00**	**6:28pm**
AIR BLK	.00	6:29pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

COLUMBUS COUNTY BAT MOBILE UNIT 9 230

Serial Number: *008647* Test Record Number: *2959*
Test Date: *04/17/2026* Test Time: *6:30pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	6:30pm
FLO	Pass	6:30pm
FC	Pass	6:30pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:31pm
SRC	Pass	6:31pm
DET	Pass	6:31pm
BAR	Pass	6:31pm
BT	Pass	6:31pm

Blank Tests

Test	Status	Time
AIR	Pass	6:31pm

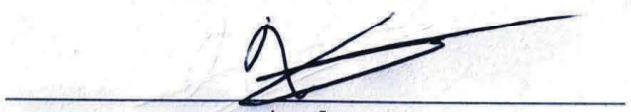
Printer Tests

Test	Status	Time
PRNT	Pass	6:31pm

CRC Tests

Test	Status	Time
COMP	Pass	6:31pm
CAL	Pass	6:31pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Columbus Instrument Location BAT Mobile Unit 9

Instrument Serial No. 008647

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 28th day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

226313
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

COLUMBUS COUNTY BAT MOBILE UNIT 9 230

Serial Number: *008647*
Test Date: *04/28/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Sharpe Jr., Robert J*
Permit Number: *1820-8591*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG516203
Exp Date: 06/11/2027

Test	g/210L	Time
DIAG	Pass	7:28pm
AIR BLK	.00	7:29pm
ACCY CHK	.08	7:29pm
AIR BLK	.00	7:30pm
SUB TEST	**.00**	**7:31pm**
AIR BLK	.00	7:32pm
SUB TEST	**.00**	**7:33pm**
AIR BLK	.00	7:34pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

COLUMBUS COUNTY BAT MOBILE UNIT 9 230

Serial Number: *008647* Test Record Number: *2965*
Test Date: *04/28/2026* Test Time: *7:35pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	7:35pm
FLO	Pass	7:35pm
FC	Pass	7:35pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:35pm
SRC	Pass	7:35pm
DET	Pass	7:35pm
BAR	Pass	7:35pm
BT	Pass	7:35pm

Blank Tests

Test	Status	Time
AIR	Pass	7:36pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:36pm

CRC Tests

Test	Status	Time
COMP	Pass	7:36pm
CAL	Pass	7:36pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Columbus Instrument Location BAT Mobile Unit 9

Instrument Serial No. 008704

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 17th day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

266313
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

COLUMBUS COUNTY BAT MOBILE UNIT 9 230

Serial Number: *008704*
Test Date: *04/17/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Sharpe Jr., Robert J*
Permit Number: *1820-8591*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG506303
Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	6:16pm
AIR BLK	.00	6:17pm
ACCY CHK	.07	6:18pm
AIR BLK	.00	6:19pm
SUB TEST	**.00**	**6:19pm**
AIR BLK	.00	6:21pm
SUB TEST	**.00**	**6:23pm**
AIR BLK	.00	6:24pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

COLUMBUS COUNTY BAT MOBILE UNIT 9 230

Serial Number: *008704* Test Record Number: *1011*
Test Date: *04/17/2026* Test Time: *6:25pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	6:25pm
FLO	Pass	6:25pm
FC	Pass	6:25pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:25pm
SRC	Pass	6:25pm
DET	Pass	6:25pm
BAR	Pass	6:25pm
BT	Pass	6:25pm

Blank Tests

Test	Status	Time
AIR	Pass	6:26pm

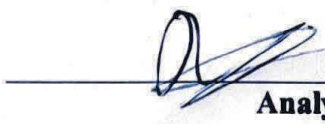
Printer Tests

Test	Status	Time
PRNT	Pass	6:26pm

CRC Tests

Test	Status	Time
COMP	Pass	6:26pm
CAL	Pass	6:26pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Columbus Instrument Location BAT Mobile Unit 9

Instrument Serial No. 00 8704

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 28th day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

226313
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

COLUMBUS COUNTY BAT MOBILE UNIT 9 230

Serial Number: *008704*
Test Date: *04/28/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Sharpe Jr., Robert J*
Permit Number: *1820-8591*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG506303
Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	7:27pm
AIR BLK	.00	7:28pm
ACCY CHK	.07	7:28pm
AIR BLK	.00	7:29pm
SUB TEST	**.00**	**7:30pm**
AIR BLK	.00	7:30pm
SUB TEST	**.00**	**7:32pm**
AIR BLK	.00	7:33pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

COLUMBUS COUNTY BAT MOBILE UNIT 9 230

Serial Number: *008704* Test Record Number: *1017*
Test Date: *04/28/2026* Test Time: *7:34pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	7:34pm
FLO	Pass	7:34pm
FC	Pass	7:34pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:34pm
SRC	Pass	7:34pm
DET	Pass	7:34pm
BAR	Pass	7:34pm
BT	Pass	7:34pm

Blank Tests

Test	Status	Time
AIR	Pass	7:35pm

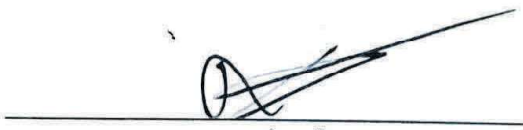
Printer Tests

Test	Status	Time
PRNT	Pass	7:35pm

CRC Tests

Test	Status	Time
COMP	Pass	7:35pm
CAL	Pass	7:35pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Columbus Instrument Location BAT Mobile Unit 9

Instrument Serial No. 008826

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 17th day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

226343
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

COLUMBUS COUNTY BAT MOBILE UNIT 9 230

Serial Number: *008826*
Test Date: *04/17/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Sharpe Jr., Robert J*
Permit Number: *1820-8591*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG516204
Exp Date: 06/11/2027

Test	g/210L	Time
DIAG	Pass	6:16pm
AIR BLK	.00	6:17pm
ACCY CHK	.07	6:17pm
AIR BLK	.00	6:18pm
SUB TEST	**.00**	**6:19pm**
AIR BLK	.00	6:20pm
SUB TEST	**.00**	**6:21pm**
AIR BLK	.00	6:22pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

COLUMBUS COUNTY BAT MOBILE UNIT 9 230

Serial Number: *008826* Test Record Number: *8646*
Test Date: *04/17/2026* Test Time: *6:24pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	6:25pm
FLO	Pass	6:25pm
FC	Pass	6:25pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:25pm
SRC	Pass	6:25pm
DET	Pass	6:25pm
BAR	Pass	6:25pm
BT	Pass	6:25pm

Blank Tests

Test	Status	Time
AIR	Pass	6:26pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:26pm

CRC Tests

Test	Status	Time
COMP	Pass	6:26pm
CAL	Pass	6:26pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Columbus Instrument Location BAT Mobile Unit 9

Instrument Serial No. 00 8826

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 28th day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

2266313
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

COLUMBUS COUNTY BAT MOBILE UNIT 9 230

Serial Number: *008826*
Test Date: *04/28/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Sharpe Jr., Robert J*
Permit Number: *1820-8591*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG516204
Exp Date: 06/11/2027

Test	g/210L	Time
DIAG	Pass	7:26pm
AIR BLK	.00	7:27pm
ACCY CHK	.07	7:28pm
AIR BLK	.00	7:29pm
SUB TEST	**.00**	**7:29pm**
AIR BLK	.00	7:30pm
SUB TEST	**.00**	**7:31pm**
AIR BLK	.00	7:32pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

COLUMBUS COUNTY BAT MOBILE UNIT 9 230

Serial Number: *008826* Test Record Number: *8653*
Test Date: *04/28/2026* Test Time: *7:33pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	7:33pm
FLO	Pass	7:33pm
FC	Pass	7:33pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:33pm
SRC	Pass	7:33pm
DET	Pass	7:33pm
BAR	Pass	7:33pm
BT	Pass	7:33pm

Blank Tests

Test	Status	Time
AIR	Pass	7:34pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:34pm

CRC Tests

Test	Status	Time
COMP	Pass	7:34pm
CAL	Pass	7:34pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County COLUMBUS Instrument Location COLUMBUS COUNTY

Instrument Serial No. 008875 DETENTION CENTER

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 01 day of APRIL, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Alan R Burns
Signature of Certifying Official

146279
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

COLUMBUS COUNTY DETENTION CENTER 230

Serial Number: *008875*
Test Date: *04/01/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *BARNES, ALVIN R*
Permit Number: *0014-6279*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG516204
Exp Date: 06/11/2027

Test	g/210L	Time
DIAG	Pass	11:46am
AIR BLK	.00	11:46am
ACCY CHK	.08	11:47am
AIR BLK	.00	11:48am
SUB TEST	**.00**	**11:49am**
AIR BLK	.00	11:50am
SUB TEST	**.00**	**11:51am**
AIR BLK	.00	11:52am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

COLUMBUS COUNTY DETENTION CENTER 230

Serial Number: *008875* Test Record Number: *3438*
Test Date: *04/01/2026* Test Time: *11:57am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:57am
FLO	Pass	11:57am
FC	Pass	11:57am

Temperature Tests

Test	Status	Time
FC1	Pass	11:57am
SRC	Pass	11:57am
DET	Pass	11:57am
BAR	Pass	11:57am
BT	Pass	11:57am

Blank Tests

Test	Status	Time
AIR	Pass	11:58am

Printer Tests

Test	Status	Time
PRNT	Pass	11:58am

CRC Tests

Test	Status	Time
COMP	Pass	11:58am
CAL	Pass	11:58am

Preventive Maintenance
Status: Pass

Alan R Barnes
Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County COLUMBUS Instrument Location COLUMBUS COUNTY

Instrument Serial No. 008886 DETENTION CENTER

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 01 day of APRIL, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Alan Ray Barnes
Signature of Certifying Official

146279
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

COLUMBUS COUNTY DETENTION CENTER 230

Serial Number: *008886*
Test Date: *04/01/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *BARNES, ALVIN R*
Permit Number: *0014-6279*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG602203
Exp Date: 01/22/2028

Test	g/210L	Time
DIAG	Pass	11:47am
AIR BLK	.00	11:48am
ACCY CHK	.08	11:48am
AIR BLK	.00	11:50am
SUB TEST	**.00**	**11:51am**
AIR BLK	.00	11:51am
SUB TEST	**.00**	**11:53am**
AIR BLK	.00	11:54am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

COLUMBUS COUNTY DETENTION CENTER 230

Serial Number: *008886* Test Record Number: *1977*
Test Date: *04/01/2026* Test Time: *11:56am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:57am
FLO	Pass	11:57am
FC	Pass	11:57am

Temperature Tests

Test	Status	Time
FC1	Pass	11:57am
SRC	Pass	11:57am
DET	Pass	11:57am
BAR	Pass	11:57am
BT	Pass	11:57am

Blank Tests

Test	Status	Time
AIR	Pass	11:57am

Printer Tests

Test	Status	Time
PRNT	Pass	11:58am

CRC Tests

Test	Status	Time
COMP	Pass	11:58am
CAL	Pass	11:58am

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Cumberland Instrument Location FT. Bragg

Instrument Serial No. 013868 L.E.C

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 20 day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

365156
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

CUMBERLAND COUNTY FORT BRAGG LEC 250

Serial Number: *013868*
Test Date: *04/20/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Garner, Joel K*
Permit Number: *0036-5156*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG534301
Exp Date: 12/09/2027

Test	g/210L	Time
DIAG	Pass	10:42am
AIR BLK	.00	10:43am
ACCY CHK	.08	10:44am
AIR BLK	.00	10:45am
SUB TEST	**.00**	**10:46am**
AIR BLK	.00	10:47am
SUB TEST	**.00**	**10:48am**
AIR BLK	.00	10:49am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

CUMBERLAND COUNTY FORT BRAGG LEC 250

Serial Number: *013868* Test Record Number: *1254*
Test Date: *04/20/2026* Test Time: *10:51am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:51am
FLO	Pass	10:51am
FC	Pass	10:52am

Temperature Tests

Test	Status	Time
FC1	Pass	10:52am
SRC	Pass	10:52am
DET	Pass	10:52am
BAR	Pass	10:52am
BT	Pass	10:52am

Blank Tests

Test	Status	Time
AIR	Pass	10:52am

Printer Tests

Test	Status	Time
PRNT	Pass	10:52am

CRC Tests

Test	Status	Time
COMP	Pass	10:52am
CAL	Pass	10:52am

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Cumberland Instrument Location FT. Bragg

Instrument Serial No. 013870 L.E.C.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 20 day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

365156
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

CUMBERLAND COUNTY FORT BRAGG LEC 250

Serial Number: *013870*
Test Date: *04/20/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Garner, Joel K*
Permit Number: *0036-5156*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG534301
Exp Date: 12/09/2027

Test	g/210L	Time
DIAG	Pass	10:42am
AIR BLK	.00	10:42am
ACCY CHK	.08	10:43am
AIR BLK	.00	10:45am
SUB TEST	**.00**	**10:46am**
AIR BLK	.00	10:47am
SUB TEST	**.00**	**10:48am**
AIR BLK	.00	10:49am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

CUMBERLAND COUNTY FORT BRAGG LEC 250

Serial Number: *013870* Test Record Number: *1245*
Test Date: *04/20/2026* Test Time: *10:50am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:50am
FLO	Pass	10:50am
FC	Pass	10:50am

Temperature Tests

Test	Status	Time
FC1	Pass	10:50am
SRC	Pass	10:50am
DET	Pass	10:50am
BAR	Pass	10:50am
BT	Pass	10:50am

Blank Tests

Test	Status	Time
AIR	Pass	10:51am

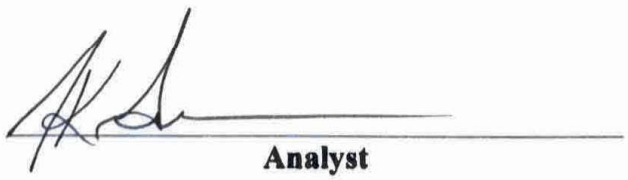
Printer Tests

Test	Status	Time
PRNT	Pass	10:51am

CRC Tests

Test	Status	Time
COMP	Pass	10:51am
CAL	Pass	10:51am

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Dare Instrument Location Dare Co. Detention Center

Instrument Serial No. 008783 1044 Driftwood Dr. Manteo, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 30th day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

206272
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: *008783*
Test Date: *04/30/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Chappell, Mark A*
Permit Number: *0020-6272*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG506301
Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	12:26pm
AIR BLK	.00	12:27pm
ACCY CHK	.07	12:28pm
AIR BLK	.00	12:29pm
SUB TEST	**.00**	**12:30pm**
AIR BLK	.00	12:31pm
SUB TEST	**.00**	**12:32pm**
AIR BLK	.00	12:33pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: *008783* Test Record Number: *1817*
Test Date: *04/30/2026* Test Time: *12:36pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:36pm
FLO	Pass	12:36pm
FC	Pass	12:37pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:37pm
SRC	Pass	12:37pm
DET	Pass	12:37pm
BAR	Pass	12:37pm
BT	Pass	12:37pm

Blank Tests

Test	Status	Time
AIR	Pass	12:37pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:37pm

CRC Tests

Test	Status	Time
COMP	Pass	12:38pm
CAL	Pass	12:38pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Dare Instrument Location Dare Co. Detention Center

Instrument Serial No. 008804 1044 Driftwood Dr. Manteo, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 30th day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

206272
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: *008804*
Test Date: *04/30/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Chappell, Mark A*
Permit Number: *0020-6272*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG534301
Exp Date: 12/09/2027

Test	g/210L	Time
DIAG	Pass	12:28pm
AIR BLK	.00	12:29pm
ACCY CHK	.07	12:30pm
AIR BLK	.00	12:31pm
SUB TEST	**.00**	**12:32pm**
AIR BLK	.00	12:33pm
SUB TEST	**.00**	**12:34pm**
AIR BLK	.00	12:35pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: *008804* Test Record Number: *3042*
Test Date: *04/30/2026* Test Time: *12:36pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:37pm
FLO	Pass	12:37pm
FC	Pass	12:37pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:37pm
SRC	Pass	12:37pm
DET	Pass	12:37pm
BAR	Pass	12:37pm
BT	Pass	12:37pm

Blank Tests

Test	Status	Time
AIR	Pass	12:37pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:38pm

CRC Tests

Test	Status	Time
COMP	Pass	12:38pm
CAL	Pass	12:38pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Davidson Instrument Location BAT Mobile Unit 13

Instrument Serial No. 008869

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 17th day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

307699
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

DAVIDSON COUNTY BAT MOBILE UNIT 13 280

Serial Number: *008869*
Test Date: *04/17/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Whitehurst, Timothy B*
Permit Number: *0030-7699*
Effective:
03/01/2026-03/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG417803
Exp Date: 06/26/2026

Test	g/210L	Time
DIAG	Pass	9:40pm
AIR BLK	.00	9:41pm
ACCY CHK	.08	9:42pm
AIR BLK	.00	9:43pm
SUB TEST	**.00**	**9:43pm**
AIR BLK	.00	9:44pm
SUB TEST	**.00**	**9:46pm**
AIR BLK	.00	9:47pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

DAVIDSON COUNTY BAT MOBILE UNIT 13 280

Serial Number: *008869* Test Record Number: *2184*
Test Date: *04/17/2026* Test Time: *9:48pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:48pm
FLO	Pass	9:48pm
FC	Pass	9:48pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:48pm
SRC	Pass	9:48pm
DET	Pass	9:48pm
BAR	Pass	9:48pm
BT	Pass	9:48pm

Blank Tests

Test	Status	Time
AIR	Pass	9:49pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:49pm

CRC Tests

Test	Status	Time
COMP	Pass	9:49pm
CAL	Pass	9:49pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Davidson Instrument Location BAT Mobile Unit 13

Instrument Serial No. 008898

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 17th day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Tony B Watts
Signature of Certifying Official

307699
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

DAVIDSON COUNTY BAT MOBILE UNIT 13 280

Serial Number: *008898*
Test Date: *04/17/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Whitehurst, Timothy B*
Permit Number: *0030-7699*
Effective:
03/01/2026-03/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG506302
Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	9:25pm
AIR BLK	.00	9:26pm
ACCY CHK	.07	9:26pm
AIR BLK	.00	9:27pm
SUB TEST	**.00**	**9:28pm**
AIR BLK	.00	9:29pm
SUB TEST	**.00**	**9:31pm**
AIR BLK	.00	9:31pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

DAVIDSON COUNTY BAT MOBILE UNIT 13 280

Serial Number: *008898* Test Record Number: *2130*
Test Date: *04/17/2026* Test Time: *9:32pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:33pm
FLO	Pass	9:33pm
FC	Pass	9:33pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:33pm
SRC	Pass	9:33pm
DET	Pass	9:33pm
BAR	Pass	9:33pm
BT	Pass	9:33pm

Blank Tests

Test	Status	Time
AIR	Pass	9:34pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:34pm

CRC Tests

Test	Status	Time
COMP	Pass	9:34pm
CAL	Pass	9:34pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Davidson Instrument Location BAT Mobile Unit 13

Instrument Serial No. 008939

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 17th day of April, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

307699
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

DAVIDSON COUNTY BAT MOBILE UNIT 13 280

Serial Number: *008939*
Test Date: *04/17/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Whitehurst, Timothy B*
Permit Number: *0030-7699*
Effective:
03/01/2026-03/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG506302
Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	9:11pm
AIR BLK	.00	9:12pm
ACCY CHK	.07	9:12pm
AIR BLK	.00	9:13pm
SUB TEST	**.00**	**9:14pm**
AIR BLK	.00	9:15pm
SUB TEST	**.00**	**9:16pm**
AIR BLK	.00	9:17pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

DAVIDSON COUNTY BAT MOBILE UNIT 13 280

Serial Number: *008939* Test Record Number: *1991*
Test Date: *04/17/2026* Test Time: *9:17pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:18pm
FLO	Pass	9:18pm
FC	Pass	9:18pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:18pm
SRC	Pass	9:18pm
DET	Pass	9:18pm
BAR	Pass	9:18pm
BT	Pass	9:18pm

Blank Tests

Test	Status	Time
AIR	Pass	9:19pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:19pm

CRC Tests

Test	Status	Time
COMP	Pass	9:19pm
CAL	Pass	9:19pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County DUPLIN Instrument Location DUPLIN COUNTY

Instrument Serial No. 008613 DETENTION CENTER

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 08 day of APRIL, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

146279
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

DUPLIN COUNTY DETENTION CENTER 300

Serial Number: *008613*
Test Date: *04/08/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *BARNES, ALVIN R*
Permit Number: *0014-6279*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG534301
Exp Date: 12/09/2027

Test	g/210L	Time
DIAG	Pass	3:53pm
AIR BLK	.00	3:53pm
ACCY CHK	.07	3:54pm
AIR BLK	.00	3:55pm
SUB TEST	**.00**	**3:56pm**
AIR BLK	.00	3:57pm
SUB TEST	**.00**	**3:59pm**
AIR BLK	.00	4:00pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

DUPLIN COUNTY DETENTION CENTER 300

Serial Number: *008613* Test Record Number: *1555*
Test Date: *04/08/2026* Test Time: *4:00pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	4:01pm
FLO	Pass	4:01pm
FC	Pass	4:01pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:01pm
SRC	Pass	4:01pm
DET	Pass	4:01pm
BAR	Pass	4:01pm
BT	Pass	4:01pm

Blank Tests

Test	Status	Time
AIR	Pass	4:02pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:02pm

CRC Tests

Test	Status	Time
COMP	Pass	4:02pm
CAL	Pass	4:02pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County DUPLIN Instrument Location WALLACE

Instrument Serial No. 008858 POLICE DEPT

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 08 day of APRIL, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

146279
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

DUPLIN COUNTY WALLACE PD 300

Serial Number: *008858*
Test Date: *04/08/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *BARNES, ALVIN R*
Permit Number: *0014-6279*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG534301
Exp Date: 12/09/2027

Test	g/210L	Time
DIAG	Pass	11:44am
AIR BLK	.00	11:45am
ACCY CHK	.07	11:45am
AIR BLK	.00	11:47am
SUB TEST	**.00**	**11:48am**
AIR BLK	.00	11:48am
SUB TEST	**.00**	**11:50am**
AIR BLK	.00	11:51am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

DUPLIN COUNTY WALLACE PD 300

Serial Number: *008858* Test Record Number: *1401*
Test Date: *04/08/2026* Test Time: *11:52am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:52am
FLO	Pass	11:52am
FC	Pass	11:52am

Temperature Tests

Test	Status	Time
FC1	Pass	11:52am
SRC	Pass	11:52am
DET	Pass	11:52am
BAR	Pass	11:52am
BT	Pass	11:52am

Blank Tests

Test	Status	Time
AIR	Pass	11:53am

Printer Tests

Test	Status	Time
PRNT	Pass	11:53am

CRC Tests

Test	Status	Time
COMP	Pass	11:53am
CAL	Pass	11:53am

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Edgecombe Instrument Location Edgecombe County Magistrate's Office

Instrument Serial No. 008603 3005 Anaconda Rd., Tarboro, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 16th day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

206272
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: *008603*
Test Date: *04/16/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Chappell, Mark A*
Permit Number: *0020-6272*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG506301
Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	10:18am
AIR BLK	.00	10:19am
ACCY CHK	.07	10:20am
AIR BLK	.00	10:21am
SUB TEST	**.00**	**10:21am**
AIR BLK	.00	10:22am
SUB TEST	**.00**	**10:24am**
AIR BLK	.00	10:25am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: *008603* Test Record Number: *2828*
Test Date: *04/16/2026* Test Time: *10:26am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:26am
FLO	Pass	10:26am
FC	Pass	10:26am

Temperature Tests

Test	Status	Time
FC1	Pass	10:26am
SRC	Pass	10:26am
DET	Pass	10:26am
BAR	Pass	10:26am
BT	Pass	10:26am

Blank Tests

Test	Status	Time
AIR	Pass	10:27am

Printer Tests

Test	Status	Time
PRNT	Pass	10:27am

CRC Tests

Test	Status	Time
COMP	Pass	10:27am
CAL	Pass	10:27am

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Edgecombe Instrument Location Edgecombe County Magistrate's Office

Instrument Serial No. 008663 3005 Anaconda Rd., Tarboro, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 16th day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

206272
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR
320

Serial Number: *008663*
Test Date: *04/16/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Chappell, Mark A*
Permit Number: *0020-6272*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG501303
Exp Date: 01/13/2027

Test	g/210L	Time
DIAG	Pass	10:15am
AIR BLK	.00	10:15am
ACCY CHK	.07	10:16am
AIR BLK	.00	10:17am
SUB TEST	**.00**	**10:18am**
AIR BLK	.00	10:19am
SUB TEST	**.00**	**10:21am**
AIR BLK	.00	10:22am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: *008663* Test Record Number: *3881*
Test Date: *04/16/2026* Test Time: *10:22am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:22am
FLO	Pass	10:22am
FC	Pass	10:22am

Temperature Tests

Test	Status	Time
FC1	Pass	10:22am
SRC	Pass	10:22am
DET	Pass	10:22am
BAR	Pass	10:22am
BT	Pass	10:22am

Blank Tests

Test	Status	Time
AIR	Pass	10:23am

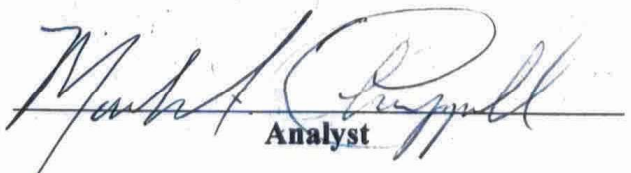
Printer Tests

Test	Status	Time
PRNT	Pass	10:23am

CRC Tests

Test	Status	Time
COMP	Pass	10:23am
CAL	Pass	10:23am

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Edgecombe Instrument Location BAT Mobile Unit 11

Instrument Serial No. 008970

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 24 day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

649
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

EDGECOMBE COUNTY BAT MOBILE UNIT 11
320

Serial Number: *008970*
Test Date: *04/24/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Burnette, Anthony J*
Permit Number: *0018-4401*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG417802
Exp Date: 06/26/2026

Test	g/210L	Time
DIAG	Pass	10:27pm
AIR BLK	.00	10:28pm
ACCY CHK	.07	10:29pm
AIR BLK	.00	10:30pm
SUB TEST	**.00**	**10:31pm**
AIR BLK	.00	10:31pm
SUB TEST	**.00**	**10:33pm**
AIR BLK	.00	10:34pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

EDGECOMBE COUNTY BAT MOBILE UNIT 11 320

Serial Number: *008970* Test Record Number: *1433*
Test Date: *04/24/2026* Test Time: *10:37pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:38pm
FLO	Pass	10:38pm
FC	Pass	10:38pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:38pm
SRC	Pass	10:38pm
DET	Pass	10:38pm
BAR	Pass	10:38pm
BT	Pass	10:38pm

Blank Tests

Test	Status	Time
AIR	Pass	10:39pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:39pm

CRC Tests

Test	Status	Time
COMP	Pass	10:39pm
CAL	Pass	10:39pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Edgecombe Instrument Location BAT Mobile Unit 11

Instrument Serial No. 008973

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 24 day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

184401
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

EDGECOMBE COUNTY BAT MOBILE UNIT 11
320

Serial Number: *008973*
Test Date: *04/24/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Burnette, Anthony J*
Permit Number: *0018-4401*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG431003
Exp Date: 11/05/2026

Test	g/210L	Time
DIAG	Pass	10:28pm
AIR BLK	.00	10:29pm
ACCY CHK	.08	10:29pm
AIR BLK	.00	10:30pm
SUB TEST	**.00**	**10:31pm**
AIR BLK	.00	10:32pm
SUB TEST	**.00**	**10:34pm**
AIR BLK	.00	10:34pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

EDGECOMBE COUNTY BAT MOBILE UNIT 11 320

Serial Number: *008973* Test Record Number: *1475*
Test Date: *04/24/2026* Test Time: *10:37pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:38pm
FLO	Pass	10:38pm
FC	Pass	10:38pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:38pm
SRC	Pass	10:38pm
DET	Pass	10:38pm
BAR	Pass	10:38pm
BT	Pass	10:38pm

Blank Tests

Test	Status	Time
AIR	Pass	10:38pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:38pm

CRC Tests

Test	Status	Time
COMP	Pass	10:39pm
CAL	Pass	10:39pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Forsyth Instrument Location BAT Mobile Unit 7

Instrument Serial No. 008002

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 3rd day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

John Lanier
Signature of Certifying Official

1604930
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

FORSYTH COUNTY BAT MOBILE UNIT 7 330

Serial Number: *008002*
Test Date: *04/03/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Lanier Jr., John P*
Permit Number: *4582-9118*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG506303
Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	10:29am
AIR BLK	.00	10:30am
ACCY CHK	.08	10:31am
AIR BLK	.00	10:32am
SUB TEST	**.00**	**10:33am**
AIR BLK	.00	10:33am
SUB TEST	**.00**	**10:36am**
AIR BLK	.00	10:36am

Reported AC: .00 g/210L

John Lanier

Signature of Chemical Analyst

Court CVR

John Lanier

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

FORSYTH COUNTY BAT MOBILE UNIT 7 330

Serial Number: *008002* Test Record Number: *884*
Test Date: *04/03/2026* Test Time: *10:45am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:46am
FLO	Pass	10:46am
FC	Pass	10:46am

Temperature Tests

Test	Status	Time
FC1	Pass	10:46am
SRC	Pass	10:46am
DET	Pass	10:46am
BAR	Pass	10:46am
BT	Pass	10:46am

Blank Tests

Test	Status	Time
AIR	Pass	10:47am

Printer Tests

Test	Status	Time
PRNT	Pass	10:47am

CRC Tests

Test	Status	Time
COMP	Pass	10:47am
CAL	Pass	10:47am

Preventive Maintenance
Status: Pass

John Lanier

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Forsyth Instrument Location BAT Mobile Unit 7

Instrument Serial No. 008090

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 3rd day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

1604030
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

FORSYTH COUNTY BAT MOBILE UNIT 7 330

Serial Number: *008090*
Test Date: *04/03/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Lanier Jr., John P*
Permit Number: *4582-9118*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG506303
Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	10:27am
AIR BLK	.00	10:28am
ACCY CHK	.08	10:29am
AIR BLK	.00	10:30am
SUB TEST	**.00**	**10:30am**
AIR BLK	.00	10:31am
SUB TEST	**.00**	**10:33am**
AIR BLK	.00	10:34am

Reported AC: .00 g/210L

John Lanier
Signature of Chemical Analyst

Court CVR

John Lanier
Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

FORSYTH COUNTY BAT MOBILE UNIT 7 330

Serial Number: *008090* Test Record Number: *262*
Test Date: *04/03/2026* Test Time: *10:35am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:35am
FLO	Pass	10:35am
FC	Pass	10:35am

Temperature Tests

Test	Status	Time
FC1	Pass	10:35am
SRC	Pass	10:35am
DET	Pass	10:35am
BAR	Pass	10:35am
BT	Pass	10:35am

Blank Tests

Test	Status	Time
AIR	Pass	10:36am

Printer Tests

Test	Status	Time
PRNT	Pass	10:36am

CRC Tests

Test	Status	Time
COMP	Pass	10:36am
CAL	Pass	10:36am

Preventive Maintenance
Status: Pass

John Ranier

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County FORSYTH Instrument Location FORSYTH COUNTY DETENTION

Instrument Serial No. 008583 WINSTON-SALEM, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 21ST day of APRIL, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

353799
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

FORSYTH COUNTY DETENTION CENTER 330

Serial Number: *008583*
Test Date: *04/21/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Oligmueller, Leo A*
Permit Number: *0035-3799*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG534301
Exp Date: 12/09/2027

Test	g/210L	Time
DIAG	Pass	10:25am
AIR BLK	.00	10:25am
ACCY CHK	.08	10:26am
AIR BLK	.00	10:27am
SUB TEST	**.00**	**10:28am**
AIR BLK	.00	10:29am
SUB TEST	**.00**	**10:31am**
AIR BLK	.00	10:32am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

FORSYTH COUNTY DETENTION CENTER 330

Serial Number: *008583* Test Record Number: *10144*
Test Date: *04/21/2026* Test Time: *10:34am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:35am
FLO	Pass	10:35am
FC	Pass	10:35am

Temperature Tests

Test	Status	Time
FC1	Pass	10:35am
SRC	Pass	10:35am
DET	Pass	10:35am
BAR	Pass	10:35am
BT	Pass	10:35am

Blank Tests

Test	Status	Time
AIR	Pass	10:36am

Printer Tests

Test	Status	Time
PRNT	Pass	10:36am

CRC Tests

Test	Status	Time
COMP	Pass	10:36am
CAL	Pass	10:36am

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County FORSYTH Instrument Location KERNERSVILLE POLICE DEPARTMENT

Instrument Serial No. 008650

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus 2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 15 day of APRIL, 20 26 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

353799
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

FORSYTH COUNTY KERNERSVILLE PD 330

Serial Number: *008650*
Test Date: *04/15/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Oligmueller, Leo A*
Permit Number: *0035-3799*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG534301
Exp Date: 12/09/2027

Test	g/210L	Time
DIAG	Pass	11:29am
AIR BLK	.00	11:29am
ACCY CHK	.07	11:30am
AIR BLK	.00	11:31am
SUB TEST	**.00**	**11:32am**
AIR BLK	.00	11:33am
SUB TEST	**.00**	**11:34am**
AIR BLK	.00	11:35am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

FORSYTH COUNTY KERNERSVILLE PD 330

Serial Number: *008650* Test Record Number: *2525*
Test Date: *04/15/2026* Test Time: *11:36am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:36am
FLO	Pass	11:36am
FC	Pass	11:36am

Temperature Tests

Test	Status	Time
FC1	Pass	11:36am
SRC	Pass	11:36am
DET	Pass	11:36am
BAR	Pass	11:36am
BT	Pass	11:36am

Blank Tests

Test	Status	Time
AIR	Pass	11:37am

Printer Tests

Test	Status	Time
PRNT	Pass	11:37am

CRC Tests

Test	Status	Time
COMP	Pass	11:37am
CAL	Pass	11:37am

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County FORSYTH Instrument Location FORSYTH COUNTY DETENTION

Instrument Serial No. 008659 WINSTON-SALEM, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 21ST day of APRIL, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

353799
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

FORSYTH COUNTY DETENTION CENTER 330

Serial Number: *008659*
Test Date: *04/21/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Oligmueller, Leo A*
Permit Number: *0035-3799*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG534301
Exp Date: 12/09/2027

Test	g/210L	Time
DIAG	Pass	10:45am
AIR BLK	.00	10:46am
ACCY CHK	.08	10:46am
AIR BLK	.00	10:47am
SUB TEST	**.00**	**10:48am**
AIR BLK	.00	10:49am
SUB TEST	**.00**	**10:52am**
AIR BLK	.00	10:53am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

FORSYTH COUNTY DETENTION CENTER 330

Serial Number: *008659* Test Record Number: *6913*
Test Date: *04/21/2026* Test Time: *10:54am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:54am
FLO	Pass	10:54am
FC	Pass	10:54am

Temperature Tests

Test	Status	Time
FC1	Pass	10:54am
SRC	Pass	10:54am
DET	Pass	10:54am
BAR	Pass	10:54am
BT	Pass	10:54am

Blank Tests

Test	Status	Time
AIR	Pass	10:55am

Printer Tests

Test	Status	Time
PRNT	Pass	10:55am

CRC Tests

Test	Status	Time
COMP	Pass	10:55am
CAL	Pass	10:55am

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County FORSYTH Instrument Location FORSYTH CO. DETENTION

Instrument Serial No. 008896 WINSTON-SALEM, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 31ST day of MARCH, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

353799
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

FORSYTH COUNTY DETENTION CENTER 330

Serial Number: *008896*
Test Date: *03/31/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Oligmueller, Leo A*
Permit Number: *0035-3799*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG534301
Exp Date: 12/09/2027

Test	g/210L	Time
DIAG	Pass	12:32pm
AIR BLK	.00	12:33pm
ACCY CHK	.08	12:34pm
AIR BLK	.00	12:35pm
SUB TEST	**.00**	**12:36pm**
AIR BLK	.00	12:37pm
SUB TEST	**.00**	**12:38pm**
AIR BLK	.00	12:39pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

FORSYTH COUNTY DETENTION CENTER 330

Serial Number: *008896* Test Record Number: *1801*
Test Date: *03/31/2026* Test Time: *12:40pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:40pm
FLO	Pass	12:40pm
FC	Pass	12:40pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:40pm
SRC	Pass	12:40pm
DET	Pass	12:40pm
BAR	Pass	12:40pm
BT	Pass	12:40pm

Blank Tests

Test	Status	Time
AIR	Pass	12:41pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:41pm

CRC Tests

Test	Status	Time
COMP	Pass	12:41pm
CAL	Pass	12:41pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County FORSYTH Instrument Location FORSYTH COUNTY DETENTION

Instrument Serial No. 008925 WINSTON-SALEM, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 21ST day of APRIL, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

353799
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

FORSYTH COUNTY DETENTION CENTER 330

Serial Number: *008925*
Test Date: *04/21/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Oligmueller, Leo A*
Permit Number: *0035-3799*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG534301
Exp Date: 12/09/2027

Test	g/210L	Time
DIAG	Pass	10:24am
AIR BLK	.00	10:24am
ACCY CHK	.08	10:25am
AIR BLK	.00	10:26am
SUB TEST	**.00**	**10:28am**
AIR BLK	.00	10:29am
SUB TEST	**.00**	**10:31am**
AIR BLK	.00	10:32am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

FORSYTH COUNTY DETENTION CENTER 330

Serial Number: *008925* Test Record Number: *5853*
Test Date: *04/21/2026* Test Time: *10:34am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:34am
FLO	Pass	10:34am
FC	Pass	10:35am

Temperature Tests

Test	Status	Time
FC1	Pass	10:35am
SRC	Pass	10:35am
DET	Pass	10:35am
BAR	Pass	10:35am
BT	Pass	10:35am

Blank Tests

Test	Status	Time
AIR	Pass	10:35am

Printer Tests

Test	Status	Time
PRNT	Pass	10:35am

CRC Tests

Test	Status	Time
COMP	Pass	10:36am
CAL	Pass	10:36am

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Forsyth Instrument Location BAT Mobile Unit 7

Instrument Serial No. 008971

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 3rd day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

John Daniel
Signature of Certifying Official

1604930
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

FORSYTH COUNTY BAT MOBILE UNIT 7 330

Serial Number: *008971*
Test Date: *04/03/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Lanier Jr., John P*
Permit Number: *4582-9118*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG506302
Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	10:43am
AIR BLK	.00	10:44am
ACCY CHK	.08	10:45am
AIR BLK	.00	10:46am
SUB TEST	**.00**	**10:47am**
AIR BLK	.00	10:47am
SUB TEST	**.00**	**10:50am**
AIR BLK	.00	10:51am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

FORSYTH COUNTY BAT MOBILE UNIT 7 330

Serial Number: *008971* Test Record Number: *395*
Test Date: *04/03/2026* Test Time: *10:51am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:52am
FLO	Pass	10:52am
FC	Pass	10:52am

Temperature Tests

Test	Status	Time
FC1	Pass	10:52am
SRC	Pass	10:52am
DET	Pass	10:52am
BAR	Pass	10:52am
BT	Pass	10:52am

Blank Tests

Test	Status	Time
AIR	Pass	10:53am

Printer Tests

Test	Status	Time
PRNT	Pass	10:53am

CRC Tests

Test	Status	Time
COMP	Pass	10:53am
CAL	Pass	10:53am

Preventive Maintenance
Status: Pass

John Lanier

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Forsyth Instrument Location BAT Mobile Unit 7

Instrument Serial No. 008972

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 3rd day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

John Ranier
Signature of Certifying Official

1604930
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

FORSYTH COUNTY BAT MOBILE UNIT 7 330

Serial Number: *008972*
Test Date: *04/03/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Lanier Jr., John P*
Permit Number: *4582-9118*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG506303
Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	10:34am
AIR BLK	.00	10:35am
ACCY CHK	.08	10:36am
AIR BLK	.00	10:37am
SUB TEST	**.00**	**10:38am**
AIR BLK	.00	10:38am
SUB TEST	**.00**	**10:40am**
AIR BLK	.00	10:41am

Reported AC: .00 g/210L

John Lanier
Signature of Chemical Analyst

Court CVR

John Lanier
Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

FORSYTH COUNTY BAT MOBILE UNIT 7 330

Serial Number: *008972* Test Record Number: *456*
Test Date: *04/03/2026* Test Time: *10:42am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:42am
FLO	Pass	10:42am
FC	Pass	10:42am

Temperature Tests

Test	Status	Time
FC1	Pass	10:42am
SRC	Pass	10:42am
DET	Pass	10:42am
BAR	Pass	10:42am
BT	Pass	10:42am

Blank Tests

Test	Status	Time
AIR	Pass	10:43am

Printer Tests

Test	Status	Time
PRNT	Pass	10:43am

CRC Tests

Test	Status	Time
COMP	Pass	10:43am
CAL	Pass	10:43am

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County FRANKLIN Instrument Location FRANKLIN CO. LEC

Instrument Serial No. 008933 285 T. KEMP Rd
LOUISBURG, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 9 day of April, 20 24 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

E A Bryant
Signature of Certifying Official

179707
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

FRANKLIN COUNTY FRANKLIN CO. LEC 340

Serial Number: *008933*
Test Date: *04/09/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Bryant, Earl A*
Permit Number: *0017-9707*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG602101
Exp Date: 01/21/2028

Test	g/210L	Time
DIAG	Pass	2:20pm
AIR BLK	.00	2:21pm
ACCY CHK	.08	2:22pm
AIR BLK	.00	2:23pm
SUB TEST	**.00**	**2:24pm**
AIR BLK	.00	2:25pm
SUB TEST	**.00**	**2:26pm**
AIR BLK	.00	2:27pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

FRANKLIN COUNTY FRANKLIN CO. LEC 340

Serial Number: *008933* Test Record Number: *1977*
Test Date: *04/09/2026* Test Time: *2:29pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:29pm
FLO	Pass	2:29pm
FC	Pass	2:29pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:29pm
SRC	Pass	2:29pm
DET	Pass	2:29pm
BAR	Pass	2:29pm
BT	Pass	2:29pm

Blank Tests

Test	Status	Time
AIR	Pass	2:30pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:30pm

CRC Tests

Test	Status	Time
COMP	Pass	2:30pm
CAL	Pass	2:30pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Franklin Instrument Location Franklin Co. Lec

Instrument Serial No. 008942 285 T. Kemp Rd. Louisburg, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 2nd day of April, 20 26 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

17707
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

FRANKLIN COUNTY FRANKLIN CO. LEC 340

Serial Number: *008942*
Test Date: *04/02/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Bryant, Earl A*
Permit Number: *0017-9707*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG534301
Exp Date: 12/09/2027

Test	g/210L	Time
DIAG	Pass	8:44am
AIR BLK	.00	8:45am
ACCY CHK	.07	8:45am
AIR BLK	.00	8:46am
SUB TEST	**.00**	**8:47am**
AIR BLK	.00	8:48am
SUB TEST	**.00**	**8:50am**
AIR BLK	.00	8:50am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

FRANKLIN COUNTY FRANKLIN CO. LEC 340

Serial Number: *008942* Test Record Number: *3601*
Test Date: *04/02/2026* Test Time: *8:52am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:52am
FLO	Pass	8:52am
FC	Pass	8:52am

Temperature Tests

Test	Status	Time
FC1	Pass	8:52am
SRC	Pass	8:52am
DET	Pass	8:52am
BAR	Pass	8:52am
BT	Pass	8:52am

Blank Tests

Test	Status	Time
AIR	Pass	8:53am

Printer Tests

Test	Status	Time
PRNT	Pass	8:53am

CRC Tests

Test	Status	Time
COMP	Pass	8:53am
CAL	Pass	8:53am

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Graham Instrument Location Graham Co. S.O.

Instrument Serial No. OC8915 Robbinsville, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 1st day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

843310
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

GRAHAM COUNTY GRAHAM COUNTY SD 370

Serial Number: *008915*
Test Date: *04/01/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Cutler, Daniel R*
Permit Number: *0084-3310*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG431002
Exp Date: 11/05/2026

Test	g/210L	Time
DIAG	Pass	11:02am
AIR BLK	.00	11:03am
ACCY CHK	.08	11:03am
AIR BLK	.00	11:05am
SUB TEST	**.00**	**11:05am**
AIR BLK	.00	11:06am
SUB TEST	**.00**	**11:08am**
AIR BLK	.00	11:08am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

GRAHAM COUNTY GRAHAM COUNTY SD 370

Serial Number: *008915* Test Record Number: *1026*
Test Date: *04/01/2026* Test Time: *11:14am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:14am
FLO	Pass	11:14am
FC	Pass	11:15am

Temperature Tests

Test	Status	Time
FC1	Pass	11:15am
SRC	Pass	11:15am
DET	Pass	11:15am
BAR	Pass	11:15am
BT	Pass	11:15am

Blank Tests

Test	Status	Time
AIR	Pass	11:15am

Printer Tests

Test	Status	Time
PRNT	Pass	11:15am

CRC Tests

Test	Status	Time
COMP	Pass	11:15am
CAL	Pass	11:15am

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Granville Instrument Location Granville Co. LEC

Instrument Serial No. 008635 525 New Commerce Drive
Oxford, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 2nd day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

16945
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

GRANVILLE COUNTY GRANVILLE COUNTY LEC 380

Serial Number: *008635*
Test Date: *04/02/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Brame, Bryant T*
Permit Number: *0016-9451*
Effective:
09/01/2025-09/01/2027

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG534301
Exp Date: 12/09/2027

Test	g/210L	Time
DIAG	Pass	12:16pm
AIR BLK	.00	12:16pm
ACCY CHK	.08	12:17pm
AIR BLK	.00	12:18pm
SUB TEST	**.00**	**12:19pm**
AIR BLK	.00	12:20pm
SUB TEST	**.00**	**12:21pm**
AIR BLK	.00	12:22pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

GRANVILLE COUNTY GRANVILLE COUNTY LEC 380

Serial Number: *008635* Test Record Number: *2274*
Test Date: *04/02/2026* Test Time: *12:23pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:24pm
FLO	Pass	12:24pm
FC	Pass	12:24pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:24pm
SRC	Pass	12:24pm
DET	Pass	12:24pm
BAR	Pass	12:24pm
BT	Pass	12:24pm

Blank Tests

Test	Status	Time
AIR	Pass	12:25pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:25pm

CRC Tests

Test	Status	Time
COMP	Pass	12:25pm
CAL	Pass	12:25pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County GRANVILLE Instrument Location GRANVILLE CO. LEC

Instrument Serial No. 008923 525 NEW COMMERCE DRIVE OXFORD, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 2 day of APRIL, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

179707
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

GRANVILLE COUNTY GRANVILLE COUNTY LEC 380

Serial Number: *008923*
Test Date: *04/02/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Bryant, Earl A*
Permit Number: *0017-9707*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG534301
Exp Date: 12/09/2027

Test	g/210L	Time
DIAG	Pass	12:15pm
AIR BLK	.00	12:16pm
ACCY CHK	.07	12:17pm
AIR BLK	.00	12:18pm
SUB TEST	**.00**	**12:19pm**
AIR BLK	.00	12:20pm
SUB TEST	**.00**	**12:21pm**
AIR BLK	.00	12:22pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

GRANVILLE COUNTY GRANVILLE COUNTY LEC 380

Serial Number: *008923* Test Record Number: *3635*
Test Date: *04/02/2026* Test Time: *12:23pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:24pm
FLO	Pass	12:24pm
FC	Pass	12:24pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:24pm
SRC	Pass	12:24pm
DET	Pass	12:24pm
BAR	Pass	12:24pm
BT	Pass	12:24pm

Blank Tests

Test	Status	Time
AIR	Pass	12:24pm

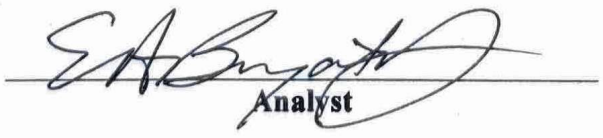
Printer Tests

Test	Status	Time
PRNT	Pass	12:25pm

CRC Tests

Test	Status	Time
COMP	Pass	12:25pm
CAL	Pass	12:25pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Guilford Instrument Location BAT Mobile Unit 7

Instrument Serial No. 008972

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 16th day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

THE GREAT SEAL OF THE STATE OF NORTH CAROLINA MAY 20. 1775 APRIL 12. 1776 ESSE QUAM VIDERI

John Lanier
Signature of Certifying Official

1604930
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

GUILFORD COUNTY BAT MOBILE UNIT 7 400

Serial Number: *008972*
Test Date: *04/16/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Lanier Jr., John P*
Permit Number: *4582-9118*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG506303
Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	8:09pm
AIR BLK	.00	8:10pm
ACCY CHK	.08	8:10pm
AIR BLK	.00	8:11pm
SUB TEST	**.00**	**8:12pm**
AIR BLK	.00	8:13pm
SUB TEST	**.00**	**8:15pm**
AIR BLK	.00	8:15pm

Reported AC: .00 g/210L

John Lanier

Signature of Chemical Analyst

Court CVR

John Lanier

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

GUILFORD COUNTY BAT MOBILE UNIT 7 400

Serial Number: *008972* Test Record Number: *462*
Test Date: *04/16/2026* Test Time: *8:22pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:22pm
FLO	Pass	8:22pm
FC	Pass	8:22pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:23pm
SRC	Pass	8:23pm
DET	Pass	8:23pm
BAR	Pass	8:23pm
BT	Pass	8:23pm

Blank Tests

Test	Status	Time
AIR	Pass	8:23pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:23pm

CRC Tests

Test	Status	Time
COMP	Pass	8:23pm
CAL	Pass	8:23pm

Preventive Maintenance
Status: Pass

John Lanier

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Guilford Instrument Location BAT Mobile Unit 7

Instrument Serial No. 008002

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 16th day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

John Ranier
Signature of Certifying Official

1604930
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

GUILFORD COUNTY BAT MOBILE UNIT 7 400

Serial Number: *008002*
Test Date: *04/16/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Lanier Jr., John P*
Permit Number: *4582-9118*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG506303
Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	8:06pm
AIR BLK	.00	8:07pm
ACCY CHK	.08	8:08pm
AIR BLK	.00	8:09pm
SUB TEST	**.00**	**8:09pm**
AIR BLK	.00	8:10pm
SUB TEST	**.00**	**8:12pm**
AIR BLK	.00	8:13pm

Reported AC: .00 g/210L

John Lanier

Signature of Chemical Analyst

Court CVR

John Lanier

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

GUILFORD COUNTY BAT MOBILE UNIT 7 400

Serial Number: *008002* Test Record Number: *890*
Test Date: *04/16/2026* Test Time: *8:21pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:22pm
FLO	Pass	8:22pm
FC	Pass	8:22pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:22pm
SRC	Pass	8:22pm
DET	Pass	8:22pm
BAR	Pass	8:22pm
BT	Pass	8:22pm

Blank Tests

Test	Status	Time
AIR	Pass	8:23pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:23pm

CRC Tests

Test	Status	Time
COMP	Pass	8:23pm
CAL	Pass	8:23pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Guilford Instrument Location BAT Mobile Unit 7

Instrument Serial No. 008090

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 16th day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

1604930
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

GUILFORD COUNTY BAT MOBILE UNIT 7 400

Serial Number: *008090*
Test Date: *04/16/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Lanier Jr., John P*
Permit Number: *4582-9118*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG506303
Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	8:10pm
AIR BLK	.00	8:11pm
ACCY CHK	.08	8:12pm
AIR BLK	.00	8:13pm
SUB TEST	**.00**	**8:14pm**
AIR BLK	.00	8:15pm
SUB TEST	**.00**	**8:17pm**
AIR BLK	.00	8:17pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

GUILFORD COUNTY BAT MOBILE UNIT 7 400

Serial Number: *008090* Test Record Number: *269*
Test Date: *04/16/2026* Test Time: *8:21pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:22pm
FLO	Pass	8:22pm
FC	Pass	8:22pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:22pm
SRC	Pass	8:22pm
DET	Pass	8:22pm
BAR	Pass	8:22pm
BT	Pass	8:22pm

Blank Tests

Test	Status	Time
AIR	Pass	8:23pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:23pm

CRC Tests

Test	Status	Time
COMP	Pass	8:23pm
CAL	Pass	8:23pm

Preventive Maintenance
Status: Pass

John Ranier
Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Guilford Instrument Location UNCG Police

Instrument Serial No. 008604 Department

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 1st day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

509387
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

GUILFORD COUNTY UNC-G POLICE DEPT 400

Serial Number: *008604*
Test Date: *04/01/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Long, Thomas A*
Permit Number: *0050-9387*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG534301
Exp Date: 12/09/2027

Test	g/210L	Time
DIAG	Pass	11:57am
AIR BLK	.00	11:58am
ACCY CHK	.08	11:58am
AIR BLK	.00	12:00pm
SUB TEST	**.00**	**12:00pm**
AIR BLK	.00	12:01pm
SUB TEST	**.00**	**12:03pm**
AIR BLK	.00	12:03pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

GUILFORD COUNTY UNC-G POLICE DEPT 400

Serial Number: *008604* Test Record Number: *2417*
Test Date: *04/01/2026* Test Time: *12:04pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:05pm
FLO	Pass	12:05pm
FC	Pass	12:05pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:05pm
SRC	Pass	12:05pm
DET	Pass	12:05pm
BAR	Pass	12:05pm
BT	Pass	12:05pm

Blank Tests

Test	Status	Time
AIR	Pass	12:05pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:05pm

CRC Tests

Test	Status	Time
COMP	Pass	12:05pm
CAL	Pass	12:05pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Guilford Instrument Location High Point Jail

Instrument Serial No. 008655

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 1st day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

509387
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

GUILFORD COUNTY HIGH POINT JAIL 400

Serial Number: *008655*
Test Date: *04/01/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Long, Thomas A*
Permit Number: *0050-9387*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG534301
Exp Date: 12/09/2027

Test	g/210L	Time
DIAG	Pass	1:03pm
AIR BLK	.00	1:04pm
ACCY CHK	.08	1:04pm
AIR BLK	.00	1:06pm
SUB TEST	**.00**	**1:07pm**
AIR BLK	.00	1:08pm
SUB TEST	**.00**	**1:09pm**
AIR BLK	.00	1:10pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

GUILFORD COUNTY HIGH POINT JAIL 400

Serial Number: *008655* Test Record Number: *4140*
Test Date: *04/01/2026* Test Time: *1:13pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:14pm
FLO	Pass	1:14pm
FC	Pass	1:14pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:14pm
SRC	Pass	1:14pm
DET	Pass	1:14pm
BAR	Pass	1:14pm
BT	Pass	1:14pm

Blank Tests

Test	Status	Time
AIR	Pass	1:14pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:14pm

CRC Tests

Test	Status	Time
COMP	Pass	1:14pm
CAL	Pass	1:14pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Guilford Instrument Location Gibsonville PD

Instrument Serial No. 008812 Gibsonville, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 16th day of April, 20 26 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

509387
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

GUILFORD COUNTY GIBSONVILLE PD 400

Serial Number: *008812*
Test Date: *04/16/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Long, Thomas A*
Permit Number: *0050-9387*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG602102
Exp Date: 01/21/2028

Test	g/210L	Time
DIAG	Pass	9:20am
AIR BLK	.00	9:21am
ACCY CHK	.08	9:21am
AIR BLK	.00	9:22am
SUB TEST	**.00**	**9:23am**
AIR BLK	.00	9:24am
SUB TEST	**.00**	**9:27am**
AIR BLK	.00	9:28am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

GUILFORD COUNTY GIBSONVILLE PD 400

Serial Number: *008812* Test Record Number: *3896*
Test Date: *04/16/2026* Test Time: *9:30am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:31am
FLO	Pass	9:31am
FC	Pass	9:31am

Temperature Tests

Test	Status	Time
FC1	Pass	9:31am
SRC	Pass	9:31am
DET	Pass	9:31am
BAR	Pass	9:31am
BT	Pass	9:31am

Blank Tests

Test	Status	Time
AIR	Pass	9:31am

Printer Tests

Test	Status	Time
PRNT	Pass	9:31am

CRC Tests

Test	Status	Time
COMP	Pass	9:32am
CAL	Pass	9:32am

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Guilford Instrument Location High Point

Instrument Serial No. 008828 Police Department

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 1st day of April, 20 26 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

509387
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

GUILFORD COUNTY HIGH POINT PD 401

Serial Number: *008828*
Test Date: *04/01/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Long, Thomas A*
Permit Number: *0050-9387*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG534301
Exp Date: 12/09/2027

Test	g/210L	Time
DIAG	Pass	2:18pm
AIR BLK	.00	2:18pm
ACCY CHK	.08	2:19pm
AIR BLK	.00	2:20pm
SUB TEST	**.00**	**2:21pm**
AIR BLK	.00	2:22pm
SUB TEST	**.00**	**2:23pm**
AIR BLK	.00	2:24pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

GUILFORD COUNTY HIGH POINT PD 401

Serial Number: *008828* Test Record Number: *4854*
Test Date: *04/01/2026* Test Time: *2:24pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:25pm
FLO	Pass	2:25pm
FC	Pass	2:25pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:25pm
SRC	Pass	2:25pm
DET	Pass	2:25pm
BAR	Pass	2:25pm
BT	Pass	2:25pm

Blank Tests

Test	Status	Time
AIR	Pass	2:25pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:25pm

CRC Tests

Test	Status	Time
COMP	Pass	2:26pm
CAL	Pass	2:26pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Guilford Instrument Location BAT Mobile Unit 7

Instrument Serial No. 008971

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 16th day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

John Ranier
Signature of Certifying Official

1604930
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

GUILFORD COUNTY BAT MOBILE UNIT 7 400

Serial Number: *008971*
Test Date: *04/16/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Lanier Jr., John P*
Permit Number: *4582-9118*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG506302
Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	8:19pm
AIR BLK	.00	8:20pm
ACCY CHK	.08	8:21pm
AIR BLK	.00	8:21pm
SUB TEST	**.00**	**8:22pm**
AIR BLK	.00	8:23pm
SUB TEST	**.00**	**8:25pm**
AIR BLK	.00	8:26pm

Reported AC: .00 g/210L

John Lanier

Signature of Chemical Analyst

Court CVR

John Lanier

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

GUILFORD COUNTY BAT MOBILE UNIT 7 400

Serial Number: *008971* Test Record Number: *402*
Test Date: *04/16/2026* Test Time: *8:32pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:33pm
FLO	Pass	8:33pm
FC	Pass	8:33pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:33pm
SRC	Pass	8:33pm
DET	Pass	8:33pm
BAR	Pass	8:33pm
BT	Pass	8:33pm

Blank Tests

Test	Status	Time
AIR	Pass	8:34pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:34pm

CRC Tests

Test	Status	Time
COMP	Pass	8:34pm
CAL	Pass	8:34pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Harnett Instrument Location Dunn Police Department

Instrument Serial No. 008644

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 13 day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

365156
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

HARNETT COUNTY DUNN PD 420

Serial Number: *008644*
Test Date: *04/13/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Garner, Joel K*
Permit Number: *0036-5156*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG516204
Exp Date: 06/11/2027

Test	g/210L	Time
DIAG	Pass	1:16pm
AIR BLK	.00	1:16pm
ACCY CHK	.08	1:17pm
AIR BLK	.00	1:18pm
SUB TEST	**.00**	**1:19pm**
AIR BLK	.00	1:20pm
SUB TEST	**.00**	**1:21pm**
AIR BLK	.00	1:22pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

HARNETT COUNTY DUNN PD 420

Serial Number: *008644* Test Record Number: *2030*
Test Date: *04/13/2026* Test Time: *1:24pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:24pm
FLO	Pass	1:24pm
FC	Pass	1:24pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:24pm
SRC	Pass	1:24pm
DET	Pass	1:24pm
BAR	Pass	1:24pm
BT	Pass	1:24pm

Blank Tests

Test	Status	Time
AIR	Pass	1:25pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:25pm

CRC Tests

Test	Status	Time
COMP	Pass	1:25pm
CAL	Pass	1:25pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Harnett Instrument Location Harnett County Detention Center

Instrument Serial No. 008729

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 13 day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

365156
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

HARNETT COUNTY DETENTION CENTER 420

Serial Number: *008729*
Test Date: *04/13/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Garner, Joel K*
Permit Number: *0036-5156*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG534301
Exp Date: 12/09/2027

Test	g/210L	Time
DIAG	Pass	2:36pm
AIR BLK	.00	2:37pm
ACCY CHK	.08	2:37pm
AIR BLK	.00	2:39pm
SUB TEST	**.00**	**2:39pm**
AIR BLK	.00	2:40pm
SUB TEST	**.00**	**2:42pm**
AIR BLK	.00	2:42pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

HARNETT COUNTY DETENTION CENTER 420

Serial Number: *008729* Test Record Number: *3668*
Test Date: *04/13/2026* Test Time: *2:43pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:43pm
FLO	Pass	2:43pm
FC	Pass	2:43pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:44pm
SRC	Pass	2:44pm
DET	Pass	2:44pm
BAR	Pass	2:44pm
BT	Pass	2:44pm

Blank Tests

Test	Status	Time
AIR	Pass	2:44pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:44pm

CRC Tests

Test	Status	Time
COMP	Pass	2:44pm
CAL	Pass	2:44pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Harnett Instrument Location Harnett County Detention Center

Instrument Serial No. 008730

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 13 day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

365156
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

HARNETT COUNTY DETENTION CENTER 420

Serial Number: *008730*
Test Date: *04/13/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Garner, Joel K*
Permit Number: *0036-5156*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG534301
Exp Date: 12/09/2027

Test	g/210L	Time
DIAG	Pass	2:37pm
AIR BLK	.00	2:38pm
ACCY CHK	.08	2:39pm
AIR BLK	.00	2:40pm
SUB TEST	**.00**	**2:41pm**
AIR BLK	.00	2:41pm
SUB TEST	**.00**	**2:43pm**
AIR BLK	.00	2:44pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

HARNETT COUNTY DETENTION CENTER 420

Serial Number: *008730* Test Record Number: *4996*
Test Date: *04/13/2026* Test Time: *2:46pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:46pm
FLO	Pass	2:46pm
FC	Pass	2:47pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:47pm
SRC	Pass	2:47pm
DET	Pass	2:47pm
BAR	Pass	2:47pm
BT	Pass	2:47pm

Blank Tests

Test	Status	Time
AIR	Pass	2:47pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:47pm

CRC Tests

Test	Status	Time
COMP	Pass	2:47pm
CAL	Pass	2:47pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Henderson Instrument Location Henderson County Detention

Instrument Serial No. 008806 Hendersonville, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 13 day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

244987
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

HENDERSON COUNTY DETENTION 440

Serial Number: *008806*
Test Date: *04/13/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Loftis, Benjamin C*
Permit Number: *0024-4987*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG534301
Exp Date: 12/09/2027

Test	g/210L	Time
DIAG	Pass	1:39pm
AIR BLK	.00	1:40pm
ACCY CHK	.08	1:41pm
AIR BLK	.00	1:42pm
SUB TEST	**.00**	**1:43pm**
AIR BLK	.00	1:44pm
SUB TEST	**.00**	**1:45pm**
AIR BLK	.00	1:46pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

HENDERSON COUNTY DETENTION 440

Serial Number: *008806* Test Record Number: *4373*
Test Date: *04/13/2026* Test Time: *1:48pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:48pm
FLO	Pass	1:48pm
FC	Pass	1:48pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:48pm
SRC	Pass	1:48pm
DET	Pass	1:48pm
BAR	Pass	1:48pm
BT	Pass	1:48pm

Blank Tests

Test	Status	Time
AIR	Pass	1:49pm

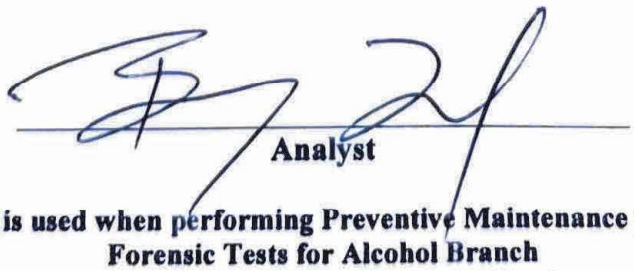
Printer Tests

Test	Status	Time
PRNT	Pass	1:49pm

CRC Tests

Test	Status	Time
COMP	Pass	1:49pm
CAL	Pass	1:49pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Henderson Instrument Location Henderson County Detention

Instrument Serial No. 009822 Hendersonville, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 13 day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

244987
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

HENDERSON COUNTY DETENTION 440

Serial Number: *008822*
Test Date: *04/13/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Loftis, Benjamin C*
Permit Number: *0024-4987*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG516203
Exp Date: 06/11/2027

Test	g/210L	Time
DIAG	Pass	1:41pm
AIR BLK	.00	1:42pm
ACCY CHK	.07	1:42pm
AIR BLK	.00	1:44pm
SUB TEST	**.00**	**1:44pm**
AIR BLK	.00	1:45pm
SUB TEST	**.00**	**1:46pm**
AIR BLK	.00	1:47pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

HENDERSON COUNTY DETENTION 440

Serial Number: *008822* Test Record Number: *3585*
Test Date: *04/13/2026* Test Time: *1:47pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:48pm
FLO	Pass	1:48pm
FC	Pass	1:48pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:48pm
SRC	Pass	1:48pm
DET	Pass	1:48pm
BAR	Pass	1:48pm
BT	Pass	1:48pm

Blank Tests

Test	Status	Time
AIR	Pass	1:48pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:49pm

CRC Tests

Test	Status	Time
COMP	Pass	1:49pm
CAL	Pass	1:49pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Iredell Instrument Location BAT Mobile Unit 8

Instrument Serial No. 008615 –

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 10 day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

2219283
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

IREDELL COUNTY BAT MOBILE UNIT 8 480

Serial Number: *008615*
Test Date: *04/10/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Glasscock, Jerry D*
Permit Number: *7180-9235*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG506303
Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	10:12pm
AIR BLK	.00	10:13pm
ACCY CHK	.07	10:14pm
AIR BLK	.00	10:15pm
SUB TEST	**.00**	**10:16pm**
AIR BLK	.00	10:17pm
SUB TEST	**.00**	**10:18pm**
AIR BLK	.00	10:19pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

IREDELL COUNTY BAT MOBILE UNIT 8 480

Serial Number: *008615* Test Record Number: *6291*
Test Date: *04/10/2026* Test Time: *10:20pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:20pm
FLO	Pass	10:20pm
FC	Pass	10:20pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:20pm
SRC	Pass	10:20pm
DET	Pass	10:20pm
BAR	Pass	10:20pm
BT	Pass	10:20pm

Blank Tests

Test	Status	Time
AIR	Pass	10:21pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:21pm

CRC Tests

Test	Status	Time
COMP	Pass	10:21pm
CAL	Pass	10:21pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Iredell Instrument Location BAT Mobile Unit 8

Instrument Serial No. 008615 —

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 11 day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

2219283
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

IREDELL COUNTY BAT MOBILE UNIT 8 480

Serial Number: *008615*
Test Date: *04/11/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Glasscock, Jerry D*
Permit Number: *7180-9235*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG506303
Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	10:06pm
AIR BLK	.00	10:07pm
ACCY CHK	.07	10:08pm
AIR BLK	.00	10:09pm
SUB TEST	**.00**	**10:10pm**
AIR BLK	.00	10:10pm
SUB TEST	**.00**	**10:12pm**
AIR BLK	.00	10:13pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

IREDELL COUNTY BAT MOBILE UNIT 8 480

Serial Number: *008615* Test Record Number: *6293*
Test Date: *04/11/2026* Test Time: *10:14pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:14pm
FLO	Pass	10:14pm
FC	Pass	10:14pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:14pm
SRC	Pass	10:14pm
DET	Pass	10:14pm
BAR	Pass	10:14pm
BT	Pass	10:14pm

Blank Tests

Test	Status	Time
AIR	Pass	10:15pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:15pm

CRC Tests

Test	Status	Time
COMP	Pass	10:15pm
CAL	Pass	10:15pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County IREDELL Instrument Location STATESVILLE PD

Instrument Serial No. 008619 STATESVILLE NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 07 day of APRIL, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

274970
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

IREDELL COUNTY STATESVILLE PD 480

Serial Number: *008619*
Test Date: *04/07/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Fleming, Tina S*
Permit Number: *0027-4970*
Effective:
02/01/2025-02/01/2027

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG534301
Exp Date: 12/09/2027

Test	g/210L	Time
DIAG	Pass	12:53pm
AIR BLK	.00	12:53pm
ACCY CHK	.08	12:54pm
AIR BLK	.00	12:55pm
SUB TEST	**.00**	**12:56pm**
AIR BLK	.00	12:56pm
SUB TEST	**.00**	**12:58pm**
AIR BLK	.00	12:59pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

IREDELL COUNTY STATESVILLE PD 480

Serial Number: *008619* Test Record Number: *2412*
Test Date: *04/07/2026* Test Time: *12:59pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:00pm
FLO	Pass	1:00pm
FC	Pass	1:00pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:00pm
SRC	Pass	1:00pm
DET	Pass	1:00pm
BAR	Pass	1:00pm
BT	Pass	1:00pm

Blank Tests

Test	Status	Time
AIR	Pass	1:01pm

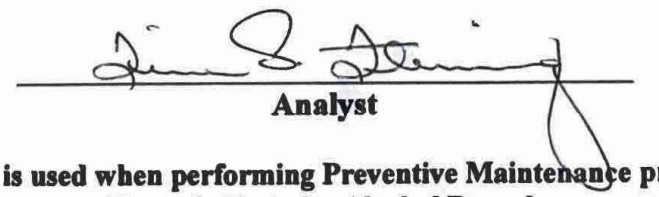
Printer Tests

Test	Status	Time
PRNT	Pass	1:01pm

CRC Tests

Test	Status	Time
COMP	Pass	1:01pm
CAL	Pass	1:01pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Iredell Instrument Location BAT Mobile Unit 8

Instrument Serial No. 008736 —

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 10 day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

2219283
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

IREDELL COUNTY BAT MOBILE UNIT 8 480

Serial Number: *008736*
Test Date: *04/10/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Glasscock, Jerry D*
Permit Number: *7180-9235*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG506303
Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	10:14pm
AIR BLK	.00	10:15pm
ACCY CHK	.07	10:15pm
AIR BLK	.00	10:16pm
SUB TEST	**.00**	**10:17pm**
AIR BLK	.00	10:18pm
SUB TEST	**.00**	**10:19pm**
AIR BLK	.00	10:20pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

IREDELL COUNTY BAT MOBILE UNIT 8 480

Serial Number: *008736* Test Record Number: *1646*
Test Date: *04/10/2026* Test Time: *10:20pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:21pm
FLO	Pass	10:21pm
FC	Pass	10:21pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:21pm
SRC	Pass	10:21pm
DET	Pass	10:21pm
BAR	Pass	10:21pm
BT	Pass	10:21pm

Blank Tests

Test	Status	Time
AIR	Pass	10:22pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:22pm

CRC Tests

Test	Status	Time
COMP	Pass	10:22pm
CAL	Pass	10:22pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Iredell Instrument Location BAT Mobile Unit 8

Instrument Serial No. 008736 —

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 11 day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

2219283
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

IREDELL COUNTY BAT MOBILE UNIT 8 480

Serial Number: *008736*
Test Date: *04/11/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Glasscock, Jerry D*
Permit Number: *7180-9235*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG506303
Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	10:08pm
AIR BLK	.00	10:09pm
ACCY CHK	.07	10:09pm
AIR BLK	.00	10:10pm
SUB TEST	**.00**	**10:11pm**
AIR BLK	.00	10:11pm
SUB TEST	**.00**	**10:13pm**
AIR BLK	.00	10:14pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

IREDELL COUNTY BAT MOBILE UNIT 8 480

Serial Number: *008736* Test Record Number: *1648*
Test Date: *04/11/2026* Test Time: *10:14pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:14pm
FLO	Pass	10:14pm
FC	Pass	10:15pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:15pm
SRC	Pass	10:15pm
DET	Pass	10:15pm
BAR	Pass	10:15pm
BT	Pass	10:15pm

Blank Tests

Test	Status	Time
AIR	Pass	10:15pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:15pm

CRC Tests

Test	Status	Time
COMP	Pass	10:15pm
CAL	Pass	10:15pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Iredell Instrument Location BAT Mobile Unit 8

Instrument Serial No. 008775 –

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 10 day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

2219283
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

IREDELL COUNTY BAT MOBILE UNIT 8 480

Serial Number: *008775*
Test Date: *04/10/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Glasscock, Jerry D*
Permit Number: *7180-9235*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG506303
Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	10:13pm
AIR BLK	.00	10:14pm
ACCY CHK	.08	10:15pm
AIR BLK	.00	10:16pm
SUB TEST	**.00**	**10:16pm**
AIR BLK	.00	10:17pm
SUB TEST	**.00**	**10:18pm**
AIR BLK	.00	10:19pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

IREDELL COUNTY BAT MOBILE UNIT 8 480

Serial Number: *008775* Test Record Number: *2499*
Test Date: *04/10/2026* Test Time: *10:20pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:20pm
FLO	Pass	10:20pm
FC	Pass	10:20pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:20pm
SRC	Pass	10:20pm
DET	Pass	10:20pm
BAR	Pass	10:20pm
BT	Pass	10:20pm

Blank Tests

Test	Status	Time
AIR	Pass	10:21pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:21pm

CRC Tests

Test	Status	Time
COMP	Pass	10:21pm
CAL	Pass	10:21pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Iredell Instrument Location BAT Mobile Unit 8

Instrument Serial No. 008775 —

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 11 day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

2219283
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

IREDELL COUNTY BAT MOBILE UNIT 8 480

Serial Number: *008775*
Test Date: *04/11/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Glasscock, Jerry D*
Permit Number: *7180-9235*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG506303
Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	10:07pm
AIR BLK	.00	10:08pm
ACCY CHK	.08	10:08pm
AIR BLK	.00	10:09pm
SUB TEST	**.00**	**10:10pm**
AIR BLK	.00	10:11pm
SUB TEST	**.00**	**10:12pm**
AIR BLK	.00	10:13pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

IREDELL COUNTY BAT MOBILE UNIT 8 480

Serial Number: *008775* Test Record Number: *2501*
Test Date: *04/11/2026* Test Time: *10:14pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:14pm
FLO	Pass	10:14pm
FC	Pass	10:14pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:14pm
SRC	Pass	10:14pm
DET	Pass	10:14pm
BAR	Pass	10:14pm
BT	Pass	10:14pm

Blank Tests

Test	Status	Time
AIR	Pass	10:15pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:15pm

CRC Tests

Test	Status	Time
COMP	Pass	10:15pm
CAL	Pass	10:15pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County IREDELL Instrument Location IREDELL CO. S.O.

Instrument Serial No. 008809 STATESVILLE NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 07 day of APRIL, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

THE GREAT SEAL OF THE STATE OF NORTH CAROLINA MAY 20, 1775 APRIL 12 1776 ESSE QUAM VIDERI

Signature of Certifying Official

2749710
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

IREDELL COUNTY IREDELL COUNTY SO 480

Serial Number: *008809*
Test Date: *04/07/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Fleming, Tina S*
Permit Number: *0027-4970*
Effective:
02/01/2025-02/01/2027

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG534301
Exp Date: 12/09/2027

Test	g/210L	Time
DIAG	Pass	11:53am
AIR BLK	.00	11:54am
ACCY CHK	.08	11:54am
AIR BLK	.00	11:56am
SUB TEST	**.00**	**11:56am**
AIR BLK	.00	11:57am
SUB TEST	**.00**	**11:59am**
AIR BLK	.00	12:00pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

IREDELL COUNTY IREDELL COUNTY SO 480

Serial Number: *008809* Test Record Number: *6674*
Test Date: *04/07/2026* Test Time: *12:01pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:02pm
FLO	Pass	12:02pm
FC	Pass	12:02pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:02pm
SRC	Pass	12:02pm
DET	Pass	12:02pm
BAR	Pass	12:02pm
BT	Pass	12:02pm

Blank Tests

Test	Status	Time
AIR	Pass	12:03pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:03pm

CRC Tests

Test	Status	Time
COMP	Pass	12:03pm
CAL	Pass	12:03pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Iredell Instrument Location BAT Mobile Unit 8

Instrument Serial No. 008816

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 10 day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

2219283
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

IREDELL COUNTY BAT MOBILE UNIT 8 480

Serial Number: *008816*
Test Date: *04/10/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Glasscock, Jerry D*
Permit Number: *7180-9235*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG431002
Exp Date: 11/05/2026

Test	g/210L	Time
DIAG	Pass	10:12pm
AIR BLK	.00	10:13pm
ACCY CHK	.07	10:13pm
AIR BLK	.00	10:14pm
SUB TEST	**.00**	**10:15pm**
AIR BLK	.00	10:16pm
SUB TEST	**.00**	**10:17pm**
AIR BLK	.00	10:18pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

IREDELL COUNTY BAT MOBILE UNIT 8 480

Serial Number: *008816* Test Record Number: *8080*
Test Date: *04/10/2026* Test Time: *10:21pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:21pm
FLO	Pass	10:21pm
FC	Pass	10:21pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:21pm
SRC	Pass	10:21pm
DET	Pass	10:21pm
BAR	Pass	10:21pm
BT	Pass	10:21pm

Blank Tests

Test	Status	Time
AIR	Pass	10:22pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:22pm

CRC Tests

Test	Status	Time
COMP	Pass	10:22pm
CAL	Pass	10:22pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Iredell Instrument Location BAT Mobile Unit 8

Instrument Serial No. 008814 —

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 11 day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

2219283
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

IREDELL COUNTY BAT MOBILE UNIT 8 480

Serial Number: *008816*
Test Date: *04/11/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Glasscock, Jerry D*
Permit Number: *7180-9235*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG431002
Exp Date: 11/05/2026

Test	g/210L	Time
DIAG	Pass	10:06pm
AIR BLK	.00	10:07pm
ACCY CHK	.07	10:07pm
AIR BLK	.00	10:08pm
SUB TEST	**.00**	**10:09pm**
AIR BLK	.00	10:10pm
SUB TEST	**.00**	**10:11pm**
AIR BLK	.00	10:12pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

IREDELL COUNTY BAT MOBILE UNIT 8 480

Serial Number: *008816* Test Record Number: *8082*
Test Date: *04/11/2026* Test Time: *10:13pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:14pm
FLO	Pass	10:14pm
FC	Pass	10:14pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:14pm
SRC	Pass	10:14pm
DET	Pass	10:14pm
BAR	Pass	10:14pm
BT	Pass	10:14pm

Blank Tests

Test	Status	Time
AIR	Pass	10:14pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:14pm

CRC Tests

Test	Status	Time
COMP	Pass	10:15pm
CAL	Pass	10:15pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Iredell Instrument Location BAT Mobile Unit 8

Instrument Serial No. 008929 —

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 10 day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

2219283
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

IREDELL COUNTY BAT MOBILE UNIT 8 480

Serial Number: *008929*
Test Date: *04/10/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Glasscock, Jerry D*
Permit Number: *7180-9235*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG506303
Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	10:11pm
AIR BLK	.00	10:12pm
ACCY CHK	.08	10:13pm
AIR BLK	.00	10:14pm
SUB TEST	**.00**	**10:15pm**
AIR BLK	.00	10:16pm
SUB TEST	**.00**	**10:17pm**
AIR BLK	.00	10:18pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

IREDELL COUNTY BAT MOBILE UNIT 8 480

Serial Number: *008929* Test Record Number: *1784*
Test Date: *04/10/2026* Test Time: *10:19pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:19pm
FLO	Pass	10:19pm
FC	Pass	10:19pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:19pm
SRC	Pass	10:19pm
DET	Pass	10:19pm
BAR	Pass	10:19pm
BT	Pass	10:19pm

Blank Tests

Test	Status	Time
AIR	Pass	10:20pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:20pm

CRC Tests

Test	Status	Time
COMP	Pass	10:20pm
CAL	Pass	10:20pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Iredell Instrument Location BAT Mobile Unit B

Instrument Serial No. 008929 —

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 11 day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

2219283
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

IREDELL COUNTY BAT MOBILE UNIT 8 480

Serial Number: *008929*
Test Date: *04/11/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Glasscock, Jerry D*
Permit Number: *7180-9235*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG506303
Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	10:05pm
AIR BLK	.00	10:06pm
ACCY CHK	.08	10:07pm
AIR BLK	.00	10:08pm
SUB TEST	**.00**	**10:09pm**
AIR BLK	.00	10:10pm
SUB TEST	**.00**	**10:11pm**
AIR BLK	.00	10:12pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

IREDELL COUNTY BAT MOBILE UNIT 8 480

Serial Number: *008929* Test Record Number: *1786*
Test Date: *04/11/2026* Test Time: *10:13pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:14pm
FLO	Pass	10:14pm
FC	Pass	10:14pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:14pm
SRC	Pass	10:14pm
DET	Pass	10:14pm
BAR	Pass	10:14pm
BT	Pass	10:14pm

Blank Tests

Test	Status	Time
AIR	Pass	10:15pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:15pm

CRC Tests

Test	Status	Time
COMP	Pass	10:15pm
CAL	Pass	10:15pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Johnston Instrument Location Johnston County Detention Center

Instrument Serial No. 008721

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 22 day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

365156
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

JOHNSTON COUNTY DETENTION CENTER 500

Serial Number: *008721*
Test Date: *04/22/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Garner, Joel K*
Permit Number: *0036-5156*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG534301
Exp Date: 12/09/2027

Test	g/210L	Time
DIAG	Pass	9:19am
AIR BLK	.00	9:19am
ACCY CHK	.08	9:20am
AIR BLK	.00	9:21am
SUB TEST	**.00**	**9:21am**
AIR BLK	.00	9:22am
SUB TEST	**.00**	**9:24am**
AIR BLK	.00	9:25am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

JOHNSTON COUNTY DETENTION CENTER 500

Serial Number: *008721* Test Record Number: *2619*
Test Date: *04/22/2026* Test Time: *9:25am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:26am
FLO	Pass	9:26am
FC	Pass	9:26am

Temperature Tests

Test	Status	Time
FC1	Pass	9:26am
SRC	Pass	9:26am
DET	Pass	9:26am
BAR	Pass	9:26am
BT	Pass	9:26am

Blank Tests

Test	Status	Time
AIR	Pass	9:26am

Printer Tests

Test	Status	Time
PRNT	Pass	9:27am

CRC Tests

Test	Status	Time
COMP	Pass	9:27am
CAL	Pass	9:27am

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Johnston Instrument Location BAT Mobile Unit 13

Instrument Serial No. 008869

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 25th day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

307699
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

JOHNSTON COUNTY BAT MOBILE UNIT 13 500

Serial Number: *008869*
Test Date: *04/25/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Whitehurst, Timothy B*
Permit Number: *0030-7699*
Effective:
03/01/2026-03/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG506303
Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	10:49pm
AIR BLK	.00	10:50pm
ACCY CHK	.08	10:51pm
AIR BLK	.00	10:52pm
SUB TEST	**.00**	**10:53pm**
AIR BLK	.00	10:54pm
SUB TEST	**.00**	**10:55pm**
AIR BLK	.00	10:56pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

JOHNSTON COUNTY BAT MOBILE UNIT 13 500

Serial Number: *008869* Test Record Number: *2194*
Test Date: *04/25/2026* Test Time: *10:56pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:57pm
FLO	Pass	10:57pm
FC	Pass	10:57pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:57pm
SRC	Pass	10:57pm
DET	Pass	10:57pm
BAR	Pass	10:57pm
BT	Pass	10:57pm

Blank Tests

Test	Status	Time
AIR	Pass	10:57pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:58pm

CRC Tests

Test	Status	Time
COMP	Pass	10:58pm
CAL	Pass	10:58pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Johnston Instrument Location BAT Mobile Unit 13

Instrument Serial No. 008898

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 25th day of April, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

307699
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

JOHNSTON COUNTY BAT MOBILE UNIT 13 500

Serial Number: *008898*
Test Date: *04/25/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Whitehurst, Timothy B*
Permit Number: *0030-7699*
Effective:
03/01/2026-03/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG506302
Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	10:36pm
AIR BLK	.00	10:37pm
ACCY CHK	.07	10:38pm
AIR BLK	.00	10:39pm
SUB TEST	**.00**	**10:39pm**
AIR BLK	.00	10:40pm
SUB TEST	**.00**	**10:42pm**
AIR BLK	.00	10:43pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

JOHNSTON COUNTY BAT MOBILE UNIT 13 500

Serial Number: *008898* Test Record Number: *2138*
Test Date: *04/25/2026* Test Time: *10:43pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:43pm
FLO	Pass	10:43pm
FC	Pass	10:44pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:44pm
SRC	Pass	10:44pm
DET	Pass	10:44pm
BAR	Pass	10:44pm
BT	Pass	10:44pm

Blank Tests

Test	Status	Time
AIR	Pass	10:44pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:44pm

CRC Tests

Test	Status	Time
COMP	Pass	10:45pm
CAL	Pass	10:45pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Johnston Instrument Location BAT Mobile Unit 13

Instrument Serial No. 008939

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 23rd day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

307699
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

JOHNSTON COUNTY BAT MOBILE UNIT 13 500

Serial Number: *008939*
Test Date: *04/25/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Whitehurst, Timothy B*
Permit Number: *0030-7699*
Effective:
03/01/2026-03/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG506302
Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	10:23pm
AIR BLK	.00	10:24pm
ACCY CHK	.07	10:25pm
AIR BLK	.00	10:25pm
SUB TEST	**.00**	**10:26pm**
AIR BLK	.00	10:27pm
SUB TEST	**.00**	**10:28pm**
AIR BLK	.00	10:29pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

JOHNSTON COUNTY BAT MOBILE UNIT 13 500

Serial Number: *008939* Test Record Number: *1998*
Test Date: *04/25/2026* Test Time: *10:30pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:30pm
FLO	Pass	10:30pm
FC	Pass	10:30pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:30pm
SRC	Pass	10:30pm
DET	Pass	10:30pm
BAR	Pass	10:30pm
BT	Pass	10:30pm

Blank Tests

Test	Status	Time
AIR	Pass	10:31pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:31pm

CRC Tests

Test	Status	Time
COMP	Pass	10:31pm
CAL	Pass	10:31pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County JONES Instrument Location JONES COUNTY

Instrument Serial No. 008705 DETENTION CENTER

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 02 day of APRIL, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Adam R. Barnes
Signature of Certifying Official

146279
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

JONES COUNTY DETENTION CENTER 510

Serial Number: *008705*
Test Date: *04/02/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *BARNES, ALVIN R*
Permit Number: *0014-6279*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG602203
Exp Date: 01/22/2028

Test	g/210L	Time
DIAG	Pass	12:56pm
AIR BLK	.00	12:56pm
ACCY CHK	.08	12:57pm
AIR BLK	.00	12:58pm
SUB TEST	**.00**	**12:59pm**
AIR BLK	.00	1:00pm
SUB TEST	**.00**	**1:02pm**
AIR BLK	.00	1:02pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

JONES COUNTY DETENTION CENTER 510

Serial Number: *008705* Test Record Number: *1958*
Test Date: *04/02/2026* Test Time: *1:03pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:03pm
FLO	Pass	1:03pm
FC	Pass	1:03pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:03pm
SRC	Pass	1:03pm
DET	Pass	1:03pm
BAR	Pass	1:03pm
BT	Pass	1:03pm

Blank Tests

Test	Status	Time
AIR	Pass	1:04pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:04pm

CRC Tests

Test	Status	Time
COMP	Pass	1:04pm
CAL	Pass	1:04pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Lenoir Instrument Location BAT Mobile Unit 9

Instrument Serial No. CO 85575

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 3rd day of April, 20 26 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

226313
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

LENOIR COUNTY BAT MOBILE UNIT 9 530

Serial Number: *008575*
Test Date: *04/03/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Sharpe Jr., Robert J*
Permit Number: *1820-8591*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG516204
Exp Date: 06/11/2027

Test	g/210L	Time
DIAG	Pass	8:09pm
AIR BLK	.00	8:10pm
ACCY CHK	.08	8:11pm
AIR BLK	.00	8:12pm
SUB TEST	**.00**	**8:12pm**
AIR BLK	.00	8:13pm
SUB TEST	**.00**	**8:15pm**
AIR BLK	.00	8:16pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

LENOIR COUNTY BAT MOBILE UNIT 9 530

Serial Number: *008575* Test Record Number: *1568*
Test Date: *04/03/2026* Test Time: *8:17pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:17pm
FLO	Pass	8:17pm
FC	Pass	8:17pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:17pm
SRC	Pass	8:17pm
DET	Pass	8:17pm
BAR	Pass	8:17pm
BT	Pass	8:17pm

Blank Tests

Test	Status	Time
AIR	Pass	8:18pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:18pm

CRC Tests

Test	Status	Time
COMP	Pass	8:18pm
CAL	Pass	8:18pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Lenoir Instrument Location BAT Mobile Unit 9

Instrument Serial No. 008575

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 24th day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

2266313
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

LENOIR COUNTY BAT MOBILE UNIT 9 530

Serial Number: *008575*
Test Date: *04/24/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Sharpe Jr., Robert J*
Permit Number: *1820-8591*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG516204
Exp Date: 06/11/2027

Test	g/210L	Time
DIAG	Pass	9:35pm
AIR BLK	.00	9:36pm
ACCY CHK	.08	9:36pm
AIR BLK	.00	9:37pm
SUB TEST	**.00**	**9:38pm**
AIR BLK	.00	9:39pm
SUB TEST	**.00**	**9:41pm**
AIR BLK	.00	9:41pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

LENOIR COUNTY BAT MOBILE UNIT 9 530

Serial Number: *008575* Test Record Number: *1576*
Test Date: *04/24/2026* Test Time: *9:43pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:43pm
FLO	Pass	9:43pm
FC	Pass	9:43pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:43pm
SRC	Pass	9:43pm
DET	Pass	9:43pm
BAR	Pass	9:43pm
BT	Pass	9:43pm

Blank Tests

Test	Status	Time
AIR	Pass	9:44pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:44pm

CRC Tests

Test	Status	Time
COMP	Pass	9:44pm
CAL	Pass	9:44pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Lenoir Instrument Location BAT Mobile Unit 9

Instrument Serial No. 008616

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 3rd day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

226313
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

LENOIR COUNTY BAT MOBILE UNIT 9 530

Serial Number: *008616*
Test Date: *04/03/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Sharpe Jr., Robert J*
Permit Number: *1820-8591*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG506303
Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	8:08pm
AIR BLK	.00	8:09pm
ACCY CHK	.08	8:10pm
AIR BLK	.00	8:11pm
SUB TEST	**.00**	**8:12pm**
AIR BLK	.00	8:13pm
SUB TEST	**.00**	**8:15pm**
AIR BLK	.00	8:15pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

LENOIR COUNTY BAT MOBILE UNIT 9 530

Serial Number: *008616* Test Record Number: *2977*
Test Date: *04/03/2026* Test Time: *8:16pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:16pm
FLO	Pass	8:16pm
FC	Pass	8:17pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:17pm
SRC	Pass	8:17pm
DET	Pass	8:17pm
BAR	Pass	8:17pm
BT	Pass	8:17pm

Blank Tests

Test	Status	Time
AIR	Pass	8:17pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:17pm

CRC Tests

Test	Status	Time
COMP	Pass	8:18pm
CAL	Pass	8:18pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Lenoir Instrument Location BAT Mobile Unit 9

Instrument Serial No. 008616

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 24th day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

226313
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

LENOIR COUNTY BAT MOBILE UNIT 9 530

Serial Number: *008616*
Test Date: *04/24/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Sharpe Jr., Robert J*
Permit Number: *1820-8591*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG506303
Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	9:34pm
AIR BLK	.00	9:35pm
ACCY CHK	.08	9:36pm
AIR BLK	.00	9:37pm
SUB TEST	**.00**	**9:38pm**
AIR BLK	.00	9:39pm
SUB TEST	**.00**	**9:41pm**
AIR BLK	.00	9:41pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

LENOIR COUNTY BAT MOBILE UNIT 9 530

Serial Number: *008616* Test Record Number: *2988*
Test Date: *04/24/2026* Test Time: *9:42pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:43pm
FLO	Pass	9:43pm
FC	Pass	9:43pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:43pm
SRC	Pass	9:43pm
DET	Pass	9:43pm
BAR	Pass	9:43pm
BT	Pass	9:43pm

Blank Tests

Test	Status	Time
AIR	Pass	9:43pm

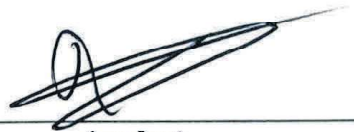
Printer Tests

Test	Status	Time
PRNT	Pass	9:43pm

CRC Tests

Test	Status	Time
COMP	Pass	9:44pm
CAL	Pass	9:44pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Lenoir Instrument Location BAT Mobile Unit 9

Instrument Serial No. 008647

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 3rd day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

2266313
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

LENOIR COUNTY BAT MOBILE UNIT 9 530

Serial Number: *008647*
Test Date: *04/03/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Sharpe Jr., Robert J*
Permit Number: *1820-8591*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG516203
Exp Date: 06/11/2027

Test	g/210L	Time
DIAG	Pass	8:12pm
AIR BLK	.00	8:13pm
ACCY CHK	.07	8:14pm
AIR BLK	.00	8:15pm
SUB TEST	**.00**	**8:15pm**
AIR BLK	.00	8:16pm
SUB TEST	**.00**	**8:17pm**
AIR BLK	.00	8:18pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

LENOIR COUNTY BAT MOBILE UNIT 9 530

Serial Number: *008647* Test Record Number: *2955*
Test Date: *04/03/2026* Test Time: *8:20pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:20pm
FLO	Pass	8:20pm
FC	Pass	8:20pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:20pm
SRC	Pass	8:20pm
DET	Pass	8:20pm
BAR	Pass	8:20pm
BT	Pass	8:20pm

Blank Tests

Test	Status	Time
AIR	Pass	8:21pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:21pm

CRC Tests

Test	Status	Time
COMP	Pass	8:21pm
CAL	Pass	8:21pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Lenoir Instrument Location BAT Mobile Unit 9

Instrument Serial No. 008647

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 24th day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

2266313
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

LENOIR COUNTY BAT MOBILE UNIT 9 530

Serial Number: *008647*
Test Date: *04/24/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Sharpe Jr., Robert J*
Permit Number: *1820-8591*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG516203
Exp Date: 06/11/2027

Test	g/210L	Time
DIAG	Pass	9:38pm
AIR BLK	.00	9:39pm
ACCY CHK	.08	9:39pm
AIR BLK	.00	9:40pm
SUB TEST	**.00**	**9:41pm**
AIR BLK	.00	9:42pm
SUB TEST	**.00**	**9:43pm**
AIR BLK	.00	9:44pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

LENOIR COUNTY BAT MOBILE UNIT 9 530

Serial Number: *008647* Test Record Number: *2963*
Test Date: *04/24/2026* Test Time: *9:45pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:46pm
FLO	Pass	9:46pm
FC	Pass	9:46pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:46pm
SRC	Pass	9:46pm
DET	Pass	9:46pm
BAR	Pass	9:46pm
BT	Pass	9:46pm

Blank Tests

Test	Status	Time
AIR	Pass	9:46pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:46pm

CRC Tests

Test	Status	Time
COMP	Pass	9:47pm
CAL	Pass	9:47pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Lenoir Instrument Location BAT Mobile Unit 9

Instrument Serial No. 008704

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 3rd day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

226313
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

LENOIR COUNTY BAT MOBILE UNIT 9 530

Serial Number: *008704*
Test Date: *04/03/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Sharpe Jr., Robert J*
Permit Number: *1820-8591*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG506303
Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	8:11pm
AIR BLK	.00	8:12pm
ACCY CHK	.07	8:13pm
AIR BLK	.00	8:14pm
SUB TEST	**.00**	**8:14pm**
AIR BLK	.00	8:15pm
SUB TEST	**.00**	**8:16pm**
AIR BLK	.00	8:17pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

LENOIR COUNTY BAT MOBILE UNIT 9 530

Serial Number: *008704* Test Record Number: *1007*
Test Date: *04/03/2026* Test Time: *8:19pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:20pm
FLO	Pass	8:20pm
FC	Pass	8:20pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:20pm
SRC	Pass	8:20pm
DET	Pass	8:20pm
BAR	Pass	8:20pm
BT	Pass	8:20pm

Blank Tests

Test	Status	Time
AIR	Pass	8:20pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:20pm

CRC Tests

Test	Status	Time
COMP	Pass	8:21pm
CAL	Pass	8:21pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Lenoir Instrument Location BAT Mobile Unit 9

Instrument Serial No. 008704

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 24th day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

2266313
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

LENOIR COUNTY BAT MOBILE UNIT 9 530

Serial Number: *008704*
Test Date: *04/24/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Sharpe Jr., Robert J*
Permit Number: *1820-8591*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG506303
Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	9:37pm
AIR BLK	.00	9:38pm
ACCY CHK	.07	9:38pm
AIR BLK	.00	9:39pm
SUB TEST	**.00**	**9:40pm**
AIR BLK	.00	9:41pm
SUB TEST	**.00**	**9:43pm**
AIR BLK	.00	9:43pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

LENOIR COUNTY BAT MOBILE UNIT 9 530

Serial Number: *008704* Test Record Number: *1015*
Test Date: *04/24/2026* Test Time: *9:45pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:45pm
FLO	Pass	9:45pm
FC	Pass	9:45pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:45pm
SRC	Pass	9:45pm
DET	Pass	9:45pm
BAR	Pass	9:45pm
BT	Pass	9:45pm

Blank Tests

Test	Status	Time
AIR	Pass	9:46pm

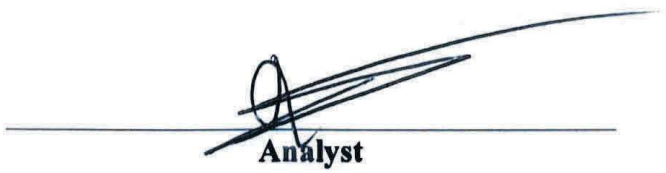
Printer Tests

Test	Status	Time
PRNT	Pass	9:46pm

CRC Tests

Test	Status	Time
COMP	Pass	9:46pm
CAL	Pass	9:46pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Lenoir Instrument Location BAT Mobile Unit 9

Instrument Serial No. 008826

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 3rd day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

226313
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

LENOIR COUNTY BAT MOBILE UNIT 9 530

Serial Number: *008826*
Test Date: *04/03/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Sharpe Jr., Robert J*
Permit Number: *1820-8591*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG516204
Exp Date: 06/11/2027

Test	g/210L	Time
DIAG	Pass	8:10pm
AIR BLK	.00	8:11pm
ACCY CHK	.07	8:12pm
AIR BLK	.00	8:13pm
SUB TEST	**.00**	**8:13pm**
AIR BLK	.00	8:14pm
SUB TEST	**.00**	**8:15pm**
AIR BLK	.00	8:16pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

LENOIR COUNTY BAT MOBILE UNIT 9 530

Serial Number: *008826* Test Record Number: *8642*
Test Date: *04/03/2026* Test Time: *8:17pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:18pm
FLO	Pass	8:18pm
FC	Pass	8:18pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:18pm
SRC	Pass	8:18pm
DET	Pass	8:18pm
BAR	Pass	8:18pm
BT	Pass	8:18pm

Blank Tests

Test	Status	Time
AIR	Pass	8:18pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:19pm

CRC Tests

Test	Status	Time
COMP	Pass	8:19pm
CAL	Pass	8:19pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Lenoir Instrument Location BAT Mobile Unit 9

Instrument Serial No. 008826

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 24th day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

2266313
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

LENOIR COUNTY BAT MOBILE UNIT 9 530

Serial Number: *008826*
Test Date: *04/24/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Sharpe Jr., Robert J*
Permit Number: *1820-8591*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG516204
Exp Date: 06/11/2027

Test	g/210L	Time
DIAG	Pass	9:36pm
AIR BLK	.00	9:37pm
ACCY CHK	.07	9:38pm
AIR BLK	.00	9:38pm
SUB TEST	**.00**	**9:39pm**
AIR BLK	.00	9:40pm
SUB TEST	**.00**	**9:42pm**
AIR BLK	.00	9:43pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

LENOIR COUNTY BAT MOBILE UNIT 9 530

Serial Number: *008826* Test Record Number: *8650*
Test Date: *04/24/2026* Test Time: *9:44pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:44pm
FLO	Pass	9:44pm
FC	Pass	9:44pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:44pm
SRC	Pass	9:44pm
DET	Pass	9:44pm
BAR	Pass	9:44pm
BT	Pass	9:44pm

Blank Tests

Test	Status	Time
AIR	Pass	9:45pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:45pm

CRC Tests

Test	Status	Time
COMP	Pass	9:45pm
CAL	Pass	9:45pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Lincoln Instrument Location Lincoln County Jail Lincolnton, NC

Instrument Serial No. 008827

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 8th day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

849845
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

LINCOLN COUNTY LINCOLN COUNTY SO 540

Serial Number: *008827*
Test Date: *04/08/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Helms, Bryce A*
Permit Number: *0084-9845*
Effective:
02/01/2025-02/01/2027

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG506303
Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	12:45pm
AIR BLK	.00	12:45pm
ACCY CHK	.08	12:46pm
AIR BLK	.00	12:47pm
SUB TEST	**.00**	**12:48pm**
AIR BLK	.00	12:49pm
SUB TEST	**.00**	**12:50pm**
AIR BLK	.00	12:51pm

Reported AC: .00 g/210L

Bryce Helms
Signature of Chemical Analyst

Court CVR

Bryce Helms
Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

LINCOLN COUNTY LINCOLN COUNTY SO 540

Serial Number: *008827* Test Record Number: *4540*
Test Date: *04/08/2026* Test Time: *12:52pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:52pm
FLO	Pass	12:52pm
FC	Pass	12:52pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:52pm
SRC	Pass	12:52pm
DET	Pass	12:52pm
BAR	Pass	12:52pm
BT	Pass	12:52pm

Blank Tests

Test	Status	Time
AIR	Pass	12:53pm

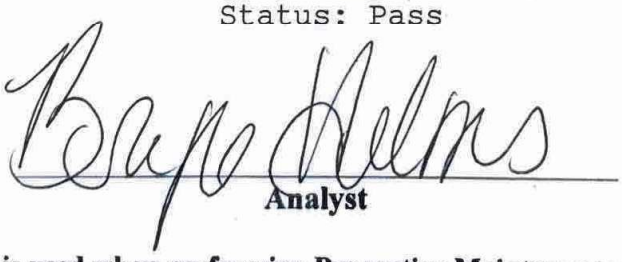
Printer Tests

Test	Status	Time
PRNT	Pass	12:53pm

CRC Tests

Test	Status	Time
COMP	Pass	12:53pm
CAL	Pass	12:53pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Martin Instrument Location Martin Co. S.O.

Instrument Serial No. 008912 305 E. Main St.
Williamston, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 1st day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

206272
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: *008912*
Test Date: *04/01/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Chappell, Mark A*
Permit Number: *0020-6272*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG431001
Exp Date: 11/05/2026

Test	g/210L	Time
DIAG	Pass	11:12am
AIR BLK	.00	11:12am
ACCY CHK	.08	11:13am
AIR BLK	.00	11:14am
SUB TEST	**.00**	**11:15am**
AIR BLK	.00	11:16am
SUB TEST	**.00**	**11:18am**
AIR BLK	.00	11:19am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: *008912* Test Record Number: *2415*
Test Date: *04/01/2026* Test Time: *11:20am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:20am
FLO	Pass	11:20am
FC	Pass	11:20am

Temperature Tests

Test	Status	Time
FC1	Pass	11:20am
SRC	Pass	11:20am
DET	Pass	11:20am
BAR	Pass	11:20am
BT	Pass	11:20am

Blank Tests

Test	Status	Time
AIR	Pass	11:21am

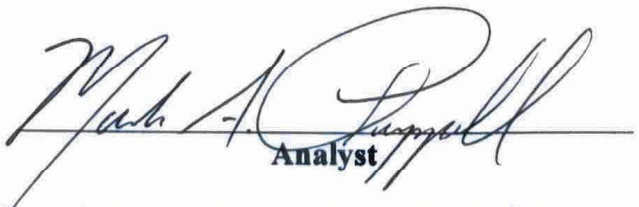
Printer Tests

Test	Status	Time
PRNT	Pass	11:21am

CRC Tests

Test	Status	Time
COMP	Pass	11:21am
CAL	Pass	11:21am

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County McDowell Instrument Location McDowell County Jail

Instrument Serial No. 098898 Marion, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 1 day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

244987
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

MCDOWELL COUNTY MCDOWELL COUNTY JAIL
580

Serial Number: *008888*
Test Date: *04/01/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Loftis, Benjamin C*
Permit Number: *0024-4987*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG431001
Exp Date: 11/05/2026

Test	g/210L	Time
DIAG	Pass	9:58am
AIR BLK	.00	9:58am
ACCY CHK	.07	9:59am
AIR BLK	.00	10:00am
SUB TEST	**.00**	**10:01am**
AIR BLK	.00	10:02am
SUB TEST	**.00**	**10:03am**
AIR BLK	.00	10:04am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

MCDOWELL COUNTY MCDOWELL COUNTY JAIL 580

Serial Number: *008888* Test Record Number: *1959*
Test Date: *04/01/2026* Test Time: *10:04am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:05am
FLO	Pass	10:05am
FC	Pass	10:05am

Temperature Tests

Test	Status	Time
FC1	Pass	10:05am
SRC	Pass	10:05am
DET	Pass	10:05am
BAR	Pass	10:05am
BT	Pass	10:05am

Blank Tests

Test	Status	Time
AIR	Pass	10:05am

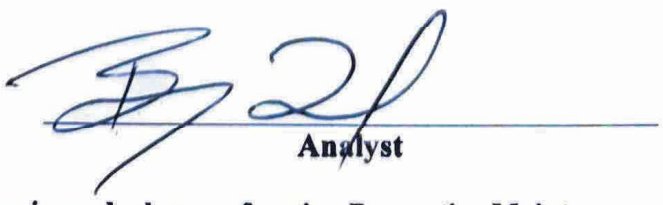
Printer Tests

Test	Status	Time
PRNT	Pass	10:05am

CRC Tests

Test	Status	Time
COMP	Pass	10:06am
CAL	Pass	10:06am

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County McDowell Instrument Location McDowell County Jail

Instrument Serial No. 008892 Marion, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 1 day of April, 20 26 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

244987
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

MCDOWELL COUNTY MCDOWELL COUNTY JAIL
580

Serial Number: *008892*
Test Date: *04/01/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Loftis, Benjamin C*
Permit Number: *0024-4987*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG506303
Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	9:54am
AIR BLK	.00	9:54am
ACCY CHK	.07	9:55am
AIR BLK	.00	9:56am
SUB TEST	**.00**	**9:59am**
AIR BLK	.00	9:59am
SUB TEST	**.00**	**10:01am**
AIR BLK	.00	10:02am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

MCDOWELL COUNTY MCDOWELL COUNTY JAIL 580

Serial Number: *008892* Test Record Number: *1455*
Test Date: *04/01/2026* Test Time: *10:02am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:02am
FLO	Pass	10:02am
FC	Pass	10:02am

Temperature Tests

Test	Status	Time
FC1	Pass	10:03am
SRC	Pass	10:03am
DET	Pass	10:03am
BAR	Pass	10:03am
BT	Pass	10:03am

Blank Tests

Test	Status	Time
AIR	Pass	10:03am

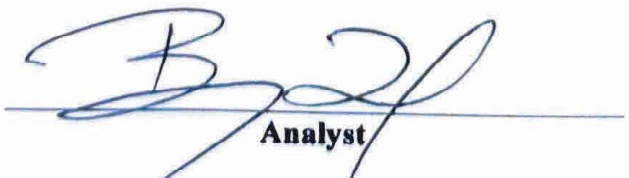
Printer Tests

Test	Status	Time
PRNT	Pass	10:03am

CRC Tests

Test	Status	Time
COMP	Pass	10:03am
CAL	Pass	10:03am

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Mecklenburg Instrument Location BAT Mobile Unit 10

Instrument Serial No. 008584

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 16 day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

193754
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

MECKLENBURG BAT MOBILE UNIT 10 590

Serial Number: *008584*
Test Date: *04/16/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Carroll, Barry J*
Permit Number: *0019-3759*
Effective:
09/01/2025-09/01/2027

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG534301
Exp Date: 12/09/2027

Test	g/210L	Time
DIAG	Pass	9:06pm
AIR BLK	.00	9:07pm
ACCY CHK	.08	9:07pm
AIR BLK	.00	9:08pm
SUB TEST	**.00**	**9:10pm**
AIR BLK	.00	9:10pm
SUB TEST	**.00**	**9:12pm**
AIR BLK	.00	9:13pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG BAT MOBILE UNIT 10 590

Serial Number: *008584* Test Record Number: *2879*
Test Date: *04/16/2026* Test Time: *9:14pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:15pm
FLO	Pass	9:15pm
FC	Pass	9:15pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:15pm
SRC	Pass	9:15pm
DET	Pass	9:15pm
BAR	Pass	9:15pm
BT	Pass	9:15pm

Blank Tests

Test	Status	Time
AIR	Pass	9:15pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:15pm

CRC Tests

Test	Status	Time
COMP	Pass	9:16pm
CAL	Pass	9:16pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Mecklenburg Instrument Location BAT Mobile Unit 8

Instrument Serial No. 008615 –

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 9 day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

2219283
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

MECKLENBURG COUNTY BAT MOBILE UNIT 8
590

Serial Number: *008615*
Test Date: *04/09/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Glasscock, Jerry D*
Permit Number: *7180-9235*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG506303
Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	8:20am
AIR BLK	.00	8:21am
ACCY CHK	.07	8:21am
AIR BLK	.00	8:22am
SUB TEST	**.00**	**8:23am**
AIR BLK	.00	8:24am
SUB TEST	**.00**	**8:25am**
AIR BLK	.00	8:26am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY BAT MOBILE UNIT 8 590

Serial Number: *008615* Test Record Number: *6287*
Test Date: *04/09/2026* Test Time: *8:27am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:27am
FLO	Pass	8:27am
FC	Pass	8:27am

Temperature Tests

Test	Status	Time
FC1	Pass	8:27am
SRC	Pass	8:27am
DET	Pass	8:27am
BAR	Pass	8:27am
BT	Pass	8:27am

Blank Tests

Test	Status	Time
AIR	Pass	8:28am

Printer Tests

Test	Status	Time
PRNT	Pass	8:28am

CRC Tests

Test	Status	Time
COMP	Pass	8:28am
CAL	Pass	8:28am

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Mecklenburg Instrument Location BAT Mobile Unit 8

Instrument Serial No. 008615 –

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 15 day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

2219283
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

MECKLENBURG COUNTY BAT MOBILE UNIT 8
590

Serial Number: *008615*
Test Date: *04/15/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Glasscock, Jerry D*
Permit Number: *7180-9235*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG506303
Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	7:17pm
AIR BLK	.00	7:18pm
ACCY CHK	.07	7:18pm
AIR BLK	.00	7:19pm
SUB TEST	**.00**	**7:20pm**
AIR BLK	.00	7:21pm
SUB TEST	**.00**	**7:22pm**
AIR BLK	.00	7:23pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY BAT MOBILE UNIT 8 590

Serial Number: *008615* Test Record Number: *6295*
Test Date: *04/15/2026* Test Time: *7:24pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	7:24pm
FLO	Pass	7:24pm
FC	Pass	7:24pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:24pm
SRC	Pass	7:24pm
DET	Pass	7:24pm
BAR	Pass	7:24pm
BT	Pass	7:24pm

Blank Tests

Test	Status	Time
AIR	Pass	7:25pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:25pm

CRC Tests

Test	Status	Time
COMP	Pass	7:25pm
CAL	Pass	7:25pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Mecklenburg Instrument Location BAT Mobile Unit 10

Instrument Serial No. 008637

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 16 day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

193759
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

MECKLENBURG BAT MOBILE UNIT 10 590

Serial Number: *008637*
Test Date: *04/16/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Carroll, Barry J*
Permit Number: *0019-3759*
Effective:
09/01/2025-09/01/2027

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG534301
Exp Date: 12/09/2027

Test	g/210L	Time
DIAG	Pass	9:18pm
AIR BLK	.00	9:19pm
ACCY CHK	.07	9:19pm
AIR BLK	.00	9:20pm
SUB TEST	**.00**	**9:21pm**
AIR BLK	.00	9:22pm
SUB TEST	**.00**	**9:24pm**
AIR BLK	.00	9:25pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG BAT MOBILE UNIT 10 590

Serial Number: *008637* Test Record Number: *3608*
Test Date: *04/16/2026* Test Time: *9:26pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:26pm
FLO	Pass	9:26pm
FC	Pass	9:26pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:26pm
SRC	Pass	9:26pm
DET	Pass	9:26pm
BAR	Pass	9:26pm
BT	Pass	9:26pm

Blank Tests

Test	Status	Time
AIR	Pass	9:27pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:27pm

CRC Tests

Test	Status	Time
COMP	Pass	9:27pm
CAL	Pass	9:27pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Mecklenburg Instrument Location BAT Mobile Unit 10

Instrument Serial No. 008686

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 16 day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

193759
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

MECKLENBURG BAT MOBILE UNIT 10 590

Serial Number: *008686*
Test Date: *04/16/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Carroll, Barry J*
Permit Number: *0019-3759*
Effective:
09/01/2025-09/01/2027

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG506302
Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	9:14pm
AIR BLK	.00	9:15pm
ACCY CHK	.08	9:15pm
AIR BLK	.00	9:16pm
SUB TEST	**.00**	**9:17pm**
AIR BLK	.00	9:18pm
SUB TEST	**.00**	**9:20pm**
AIR BLK	.00	9:20pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG BAT MOBILE UNIT 10 590

Serial Number: *008686* Test Record Number: *7230*
Test Date: *04/16/2026* Test Time: *9:21pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:21pm
FLO	Pass	9:21pm
FC	Pass	9:21pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:22pm
SRC	Pass	9:22pm
DET	Pass	9:22pm
BAR	Pass	9:22pm
BT	Pass	9:22pm

Blank Tests

Test	Status	Time
AIR	Pass	9:22pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:22pm

CRC Tests

Test	Status	Time
COMP	Pass	9:22pm
CAL	Pass	9:22pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Mecklenburg Instrument Location Mecklenburg Co 80 Charlotte, NC

Instrument Serial No. 008698

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 30th day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

849845
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

MECKLENBURG COUNTY SHERIFFS OFFICE 590

Serial Number: *008690*
Test Date: *04/30/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Helms, Bryce A*
Permit Number: *0084-9845*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG602101
Exp Date: 01/21/2028

Test	g/210L	Time
DIAG	Pass	11:10am
AIR BLK	.00	11:11am
ACCY CHK	.08	11:12am
AIR BLK	.00	11:13am
SUB TEST	**.00**	**11:14am**
AIR BLK	.00	11:14am
SUB TEST	**.00**	**11:16am**
AIR BLK	.00	11:17am

Reported AC: .00 g/210L

Bryce Helms
Signature of Chemical Analyst

Court CVR

Bryce Helms
Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY SHERIFFS OFFICE 590

Serial Number: *008690* Test Record Number: *8000*
Test Date: *04/30/2026* Test Time: *11:17am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:18am
FLO	Pass	11:18am
FC	Pass	11:18am

Temperature Tests

Test	Status	Time
FC1	Pass	11:18am
SRC	Pass	11:18am
DET	Pass	11:18am
BAR	Pass	11:18am
BT	Pass	11:18am

Blank Tests

Test	Status	Time
AIR	Pass	11:18am

Printer Tests

Test	Status	Time
PRNT	Pass	11:18am

CRC Tests

Test	Status	Time
COMP	Pass	11:19am
CAL	Pass	11:19am

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Mecklenburg Instrument Location BAT Mobile Unit 8

Instrument Serial No. 008736 —

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 9 day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

2219283
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

MECKLENBURG COUNTY BAT MOBILE UNIT 8
590

Serial Number: *008736*
Test Date: *04/09/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Glasscock, Jerry D*
Permit Number: *7180-9235*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG506303
Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	8:20am
AIR BLK	.00	8:21am
ACCY CHK	.07	8:22am
AIR BLK	.00	8:23am
SUB TEST	**.00**	**8:23am**
AIR BLK	.00	8:24am
SUB TEST	**.00**	**8:26am**
AIR BLK	.00	8:27am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY BAT MOBILE UNIT 8 590

Serial Number: *008736* Test Record Number: *1642*
Test Date: *04/09/2026* Test Time: *8:27am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:27am
FLO	Pass	8:27am
FC	Pass	8:27am

Temperature Tests

Test	Status	Time
FC1	Pass	8:28am
SRC	Pass	8:28am
DET	Pass	8:28am
BAR	Pass	8:28am
BT	Pass	8:28am

Blank Tests

Test	Status	Time
AIR	Pass	8:28am

Printer Tests

Test	Status	Time
PRNT	Pass	8:28am

CRC Tests

Test	Status	Time
COMP	Pass	8:28am
CAL	Pass	8:28am

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Mecklenburg Instrument Location BAT Mobile Unit 8

Instrument Serial No. 008736 –

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 15 day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

2219283
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

MECKLENBURG COUNTY BAT MOBILE UNIT 8
590

Serial Number: *008736*
Test Date: *04/15/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Glasscock, Jerry D*
Permit Number: *7180-9235*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG506303
Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	7:17pm
AIR BLK	.00	7:18pm
ACCY CHK	.07	7:19pm
AIR BLK	.00	7:20pm
SUB TEST	**.00**	**7:20pm**
AIR BLK	.00	7:21pm
SUB TEST	**.00**	**7:23pm**
AIR BLK	.00	7:24pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY BAT MOBILE UNIT 8 590

Serial Number: *008736* Test Record Number: *1650*
Test Date: *04/15/2026* Test Time: *7:24pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	7:25pm
FLO	Pass	7:25pm
FC	Pass	7:25pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:25pm
SRC	Pass	7:25pm
DET	Pass	7:25pm
BAR	Pass	7:25pm
BT	Pass	7:25pm

Blank Tests

Test	Status	Time
AIR	Pass	7:25pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:26pm

CRC Tests

Test	Status	Time
COMP	Pass	7:26pm
CAL	Pass	7:26pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Mecklenburg Instrument Location BAT Mobile Unit 8

Instrument Serial No. 008736 –

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 15 day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

2219283
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

MECKLENBURG COUNTY BAT MOBILE UNIT 8
590

Serial Number: *008736*
Test Date: *04/15/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Glasscock, Jerry D*
Permit Number: *7180-9235*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG506303
Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	7:17pm
AIR BLK	.00	7:18pm
ACCY CHK	.07	7:19pm
AIR BLK	.00	7:20pm
SUB TEST	**.00**	**7:20pm**
AIR BLK	.00	7:21pm
SUB TEST	**.00**	**7:23pm**
AIR BLK	.00	7:24pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY BAT MOBILE UNIT 8 590

Serial Number: *008736* Test Record Number: *1650*
Test Date: *04/15/2026* Test Time: *7:24pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	7:25pm
FLO	Pass	7:25pm
FC	Pass	7:25pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:25pm
SRC	Pass	7:25pm
DET	Pass	7:25pm
BAR	Pass	7:25pm
BT	Pass	7:25pm

Blank Tests

Test	Status	Time
AIR	Pass	7:25pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:26pm

CRC Tests

Test	Status	Time
COMP	Pass	7:26pm
CAL	Pass	7:26pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Mecklenburg Instrument Location BAT Mobile Unit 8

Instrument Serial No. 008775 –

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 9 day of April, 20 26 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

2219283
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

MECKLENBURG COUNTY BAT MOBILE UNIT 8
590

Serial Number: *008775*
Test Date: *04/09/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Glasscock, Jerry D*
Permit Number: *7180-9235*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG506303
Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	8:19am
AIR BLK	.00	8:20am
ACCY CHK	.08	8:20am
AIR BLK	.00	8:22am
SUB TEST	**.00**	**8:22am**
AIR BLK	.00	8:23am
SUB TEST	**.00**	**8:24am**
AIR BLK	.00	8:25am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY BAT MOBILE UNIT 8 590

Serial Number: *008775* Test Record Number: *2495*
Test Date: *04/09/2026* Test Time: *8:26am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:26am
FLO	Pass	8:26am
FC	Pass	8:26am

Temperature Tests

Test	Status	Time
FC1	Pass	8:26am
SRC	Pass	8:26am
DET	Pass	8:26am
BAR	Pass	8:26am
BT	Pass	8:26am

Blank Tests

Test	Status	Time
AIR	Pass	8:27am

Printer Tests

Test	Status	Time
PRNT	Pass	8:27am

CRC Tests

Test	Status	Time
COMP	Pass	8:27am
CAL	Pass	8:27am

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Mecklenburg Instrument Location BAT Mobile Unit 8

Instrument Serial No. 008775

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 15 day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

2219283
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

MECKLENBURG COUNTY BAT MOBILE UNIT 8
590

Serial Number: *008775*
Test Date: *04/15/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Glasscock, Jerry D*
Permit Number: *7180-9235*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG506303
Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	7:18pm
AIR BLK	.00	7:19pm
ACCY CHK	.08	7:20pm
AIR BLK	.00	7:20pm
SUB TEST	**.00**	**7:21pm**
AIR BLK	.00	7:22pm
SUB TEST	**.00**	**7:24pm**
AIR BLK	.00	7:24pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY BAT MOBILE UNIT 8 590

Serial Number: *008775* Test Record Number: *2503*
Test Date: *04/15/2026* Test Time: *7:28pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	7:29pm
FLO	Pass	7:29pm
FC	Pass	7:29pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:29pm
SRC	Pass	7:29pm
DET	Pass	7:29pm
BAR	Pass	7:29pm
BT	Pass	7:29pm

Blank Tests

Test	Status	Time
AIR	Pass	7:29pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:29pm

CRC Tests

Test	Status	Time
COMP	Pass	7:30pm
CAL	Pass	7:30pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Mecklenburg Instrument Location BAT Mobile Unit 10

Instrument Serial No. 008776

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 16 day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

193759
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

MECKLENBURG BAT MOBILE UNIT 10 590

Serial Number: *008776*
Test Date: *04/16/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Carroll, Barry J*
Permit Number: *0019-3759*
Effective:
09/01/2025-09/01/2027

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG417803
Exp Date: 06/26/2026

Test	g/210L	Time
DIAG	Pass	9:09pm
AIR BLK	.00	9:10pm
ACCY CHK	.08	9:11pm
AIR BLK	.00	9:12pm
SUB TEST	**.00**	**9:12pm**
AIR BLK	.00	9:13pm
SUB TEST	**.00**	**9:14pm**
AIR BLK	.00	9:15pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG BAT MOBILE UNIT 10 590

Serial Number: *008776* Test Record Number: *4192*
Test Date: *04/16/2026* Test Time: *9:16pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:16pm
FLO	Pass	9:16pm
FC	Pass	9:16pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:16pm
SRC	Pass	9:16pm
DET	Pass	9:16pm
BAR	Pass	9:16pm
BT	Pass	9:16pm

Blank Tests

Test	Status	Time
AIR	Pass	9:17pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:17pm

CRC Tests

Test	Status	Time
COMP	Pass	9:17pm
CAL	Pass	9:17pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Mecklenburg Instrument Location BAT Mobile Unit 10

Instrument Serial No. 008779

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 16 day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

193759
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

MECKLENBURG BAT MOBILE UNIT 10 590

Serial Number: *008779*
Test Date: *04/16/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Carroll, Barry J*
Permit Number: *0019-3759*
Effective:
09/01/2025-09/01/2027

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG431002
Exp Date: 11/05/2026

Test	g/210L	Time
DIAG	Pass	9:08pm
AIR BLK	.00	9:09pm
ACCY CHK	.08	9:09pm
AIR BLK	.00	9:10pm
SUB TEST	**.00**	**9:12pm**
AIR BLK	.00	9:13pm
SUB TEST	**.00**	**9:14pm**
AIR BLK	.00	9:15pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG BAT MOBILE UNIT 10 590

Serial Number: *008779* Test Record Number: *4123*
Test Date: *04/16/2026* Test Time: *9:15pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:16pm
FLO	Pass	9:16pm
FC	Pass	9:16pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:16pm
SRC	Pass	9:16pm
DET	Pass	9:16pm
BAR	Pass	9:16pm
BT	Pass	9:16pm

Blank Tests

Test	Status	Time
AIR	Pass	9:16pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:17pm

CRC Tests

Test	Status	Time
COMP	Pass	9:17pm
CAL	Pass	9:17pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Mecklenburg Instrument Location BAT Mobile Unit 8

Instrument Serial No. 008816 –

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 9 day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

2219283
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

MECKLENBURG COUNTY BAT MOBILE UNIT 8
590

Serial Number: *008816*
Test Date: *04/09/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Glasscock, Jerry D*
Permit Number: *7180-9235*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG431002
Exp Date: 11/05/2026

Test	g/210L	Time
DIAG	Pass	8:18am
AIR BLK	.00	8:19am
ACCY CHK	.08	8:20am
AIR BLK	.00	8:21am
SUB TEST	**.00**	**8:21am**
AIR BLK	.00	8:22am
SUB TEST	**.00**	**8:24am**
AIR BLK	.00	8:25am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY BAT MOBILE UNIT 8 590

Serial Number: *008816* Test Record Number: *8076*
Test Date: *04/09/2026* Test Time: *8:25am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:26am
FLO	Pass	8:26am
FC	Pass	8:26am

Temperature Tests

Test	Status	Time
FC1	Pass	8:26am
SRC	Pass	8:26am
DET	Pass	8:26am
BAR	Pass	8:26am
BT	Pass	8:26am

Blank Tests

Test	Status	Time
AIR	Pass	8:27am

Printer Tests

Test	Status	Time
PRNT	Pass	8:27am

CRC Tests

Test	Status	Time
COMP	Pass	8:27am
CAL	Pass	8:27am

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Mecklenburg Instrument Location BAT Mobile Unit 8

Instrument Serial No. 008816 -

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 15 day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

2219283
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

MECKLENBURG COUNTY BAT MOBILE UNIT 8
590

Serial Number: *008816*
Test Date: *04/15/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Glasscock, Jerry D*
Permit Number: *7180-9235*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG431002
Exp Date: 11/05/2026

Test	g/210L	Time
DIAG	Pass	7:16pm
AIR BLK	.00	7:17pm
ACCY CHK	.07	7:18pm
AIR BLK	.00	7:19pm
SUB TEST	**.00**	**7:19pm**
AIR BLK	.00	7:20pm
SUB TEST	**.00**	**7:22pm**
AIR BLK	.00	7:23pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY BAT MOBILE UNIT 8 590

Serial Number: *008816* Test Record Number: *8084*
Test Date: *04/15/2026* Test Time: *7:23pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	7:24pm
FLO	Pass	7:24pm
FC	Pass	7:24pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:24pm
SRC	Pass	7:24pm
DET	Pass	7:24pm
BAR	Pass	7:24pm
BT	Pass	7:24pm

Blank Tests

Test	Status	Time
AIR	Pass	7:25pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:25pm

CRC Tests

Test	Status	Time
COMP	Pass	7:25pm
CAL	Pass	7:25pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Mecklenburg Instrument Location BAT Mobile Unit 13

Instrument Serial No. 008869

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 23rd day of April, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

307699
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

MECKLENBURG COUNTY BAT MOBILE UNIT 13
590

Serial Number: *008869*
Test Date: *04/23/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

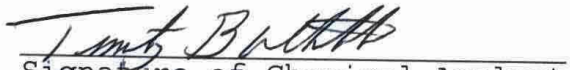
Analyst's Name: *Whitehurst, Timothy B*
Permit Number: *0030-7699*
Effective:
03/01/2026-03/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG506303
Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	9:56pm
AIR BLK	.00	9:57pm
ACCY CHK	.08	9:58pm
AIR BLK	.00	9:58pm
SUB TEST	**.00**	**9:59pm**
AIR BLK	.00	10:00pm
SUB TEST	**.00**	**10:01pm**
AIR BLK	.00	10:02pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY BAT MOBILE UNIT 13 590

Serial Number: *008869* Test Record Number: *2189*
Test Date: *04/23/2026* Test Time: *10:03pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:03pm
FLO	Pass	10:03pm
FC	Pass	10:03pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:03pm
SRC	Pass	10:03pm
DET	Pass	10:03pm
BAR	Pass	10:03pm
BT	Pass	10:03pm

Blank Tests

Test	Status	Time
AIR	Pass	10:04pm

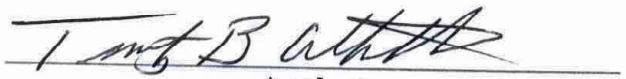
Printer Tests

Test	Status	Time
PRNT	Pass	10:04pm

CRC Tests

Test	Status	Time
COMP	Pass	10:04pm
CAL	Pass	10:04pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Mecklenburg Instrument Location BAT Mobile Unit 13

Instrument Serial No. 008898

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 23rd day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

T m B

Signature of Certifying Official

307699

Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

MECKLENBURG COUNTY BAT MOBILE UNIT 13
590

Serial Number: *008898*
Test Date: *04/23/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Whitehurst, Timothy B*
Permit Number: *0030-7699*
Effective:
03/01/2026-03/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG506302
Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	9:43pm
AIR BLK	.00	9:44pm
ACCY CHK	.07	9:44pm
AIR BLK	.00	9:45pm
SUB TEST	**.00**	**9:46pm**
AIR BLK	.00	9:47pm
SUB TEST	**.00**	**9:48pm**
AIR BLK	.00	9:49pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY BAT MOBILE UNIT 13 590

Serial Number: *008898* Test Record Number: *2133*
Test Date: *04/23/2026* Test Time: *9:50pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:50pm
FLO	Pass	9:50pm
FC	Pass	9:50pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:50pm
SRC	Pass	9:50pm
DET	Pass	9:50pm
BAR	Pass	9:50pm
BT	Pass	9:50pm

Blank Tests

Test	Status	Time
AIR	Pass	9:51pm

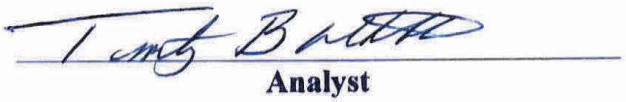
Printer Tests

Test	Status	Time
PRNT	Pass	9:51pm

CRC Tests

Test	Status	Time
COMP	Pass	9:51pm
CAL	Pass	9:51pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Mecklenburg Instrument Location BAT Mobile Unit 8

Instrument Serial No. 008929 —

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 9 day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

2219283
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

MECKLENBURG COUNTY BAT MOBILE UNIT 8
590

Serial Number: *008929*
Test Date: *04/09/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Glasscock, Jerry D*
Permit Number: *7180-9235*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG506303
Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	8:17am
AIR BLK	.00	8:19am
ACCY CHK	.08	8:19am
AIR BLK	.00	8:21am
SUB TEST	**.00**	**8:21am**
AIR BLK	.00	8:22am
SUB TEST	**.00**	**8:23am**
AIR BLK	.00	8:25am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY BAT MOBILE UNIT 8 590

Serial Number: *008929* Test Record Number: *1780*
Test Date: *04/09/2026* Test Time: *8:25am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:25am
FLO	Pass	8:25am
FC	Pass	8:26am

Temperature Tests

Test	Status	Time
FC1	Pass	8:26am
SRC	Pass	8:26am
DET	Pass	8:26am
BAR	Pass	8:26am
BT	Pass	8:26am

Blank Tests

Test	Status	Time
AIR	Pass	8:26am

Printer Tests

Test	Status	Time
PRNT	Pass	8:27am

CRC Tests

Test	Status	Time
COMP	Pass	8:27am
CAL	Pass	8:27am

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Mecklenburg Instrument Location BAT Mobile Unit 8

Instrument Serial No. 008929

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 15 day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

2219283
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

MECKLENBURG COUNTY BAT MOBILE UNIT 8
590

Serial Number: *008929*
Test Date: *04/15/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Glasscock, Jerry D*
Permit Number: *7180-9235*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG506303
Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	7:15pm
AIR BLK	.00	7:16pm
ACCY CHK	.07	7:17pm
AIR BLK	.00	7:18pm
SUB TEST	**.00**	**7:19pm**
AIR BLK	.00	7:20pm
SUB TEST	**.00**	**7:21pm**
AIR BLK	.00	7:22pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY BAT MOBILE UNIT 8 590

Serial Number: *008929* Test Record Number: *1788*
Test Date: *04/15/2026* Test Time: *7:23pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	7:24pm
FLO	Pass	7:24pm
FC	Pass	7:24pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:24pm
SRC	Pass	7:24pm
DET	Pass	7:24pm
BAR	Pass	7:24pm
BT	Pass	7:24pm

Blank Tests

Test	Status	Time
AIR	Pass	7:25pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:25pm

CRC Tests

Test	Status	Time
COMP	Pass	7:25pm
CAL	Pass	7:25pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Mecklenburg Instrument Location BAT Mobile Unit 13

Instrument Serial No. 008939

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 23rd day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

THE GREAT SEAL OF THE STATE OF NORTH CAROLINA MAY 20, 1775 APRIL 12, 1776 ESSE QUAM VIDERI

Tanty B [signature] 307699

Signature of Certifying Official Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

MECKLENBURG COUNTY BAT MOBILE UNIT 13
590

Serial Number: *008939*
Test Date: *04/23/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Whitehurst, Timothy B*
Permit Number: *0030-7699*
Effective:
03/01/2026-03/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG506302
Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	9:30pm
AIR BLK	.00	9:31pm
ACCY CHK	.07	9:31pm
AIR BLK	.00	9:32pm
SUB TEST	**.00**	**9:33pm**
AIR BLK	.00	9:34pm
SUB TEST	**.00**	**9:35pm**
AIR BLK	.00	9:36pm

Reported AC: .00 g/210L

T mty B Whitehurst
Signature of Chemical Analyst

Court CVR

T mty B Whitehurst
Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY BAT MOBILE UNIT 13 590

Serial Number: *008939* Test Record Number: *1993*
Test Date: *04/23/2026* Test Time: *9:36pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:37pm
FLO	Pass	9:37pm
FC	Pass	9:37pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:37pm
SRC	Pass	9:37pm
DET	Pass	9:37pm
BAR	Pass	9:37pm
BT	Pass	9:37pm

Blank Tests

Test	Status	Time
AIR	Pass	9:38pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:38pm

CRC Tests

Test	Status	Time
COMP	Pass	9:38pm
CAL	Pass	9:38pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Moore Instrument Location BAT Mobile Unit 10

Instrument Serial No. 0085564

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests. whichever occurs first.

I certify that on the 24 day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

193759
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

MOORE COUNTY BAT MOBILE UNIT 10 620

Serial Number: *008584*
Test Date: *04/24/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Carroll, Barry J*
Permit Number: *0019-3759*
Effective:
09/01/2025-09/01/2027

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG534301
Exp Date: 12/09/2027

Test	g/210L	Time
DIAG	Pass	9:47pm
AIR BLK	.00	9:48pm
ACCY CHK	.08	9:48pm
AIR BLK	.00	9:49pm
SUB TEST	**.00**	**9:50pm**
AIR BLK	.00	9:51pm
SUB TEST	**.00**	**9:54pm**
AIR BLK	.00	9:55pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

MOORE COUNTY BAT MOBILE UNIT 10 620

Serial Number: *008584* Test Record Number: *2883*
Test Date: *04/24/2026* Test Time: *9:56pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:57pm
FLO	Pass	9:57pm
FC	Pass	9:57pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:57pm
SRC	Pass	9:57pm
DET	Pass	9:57pm
BAR	Pass	9:57pm
BT	Pass	9:57pm

Blank Tests

Test	Status	Time
AIR	Pass	9:57pm

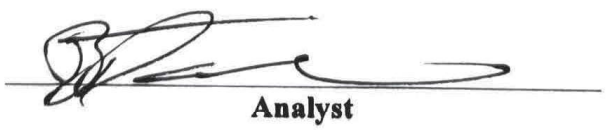
Printer Tests

Test	Status	Time
PRNT	Pass	9:57pm

CRC Tests

Test	Status	Time
COMP	Pass	9:58pm
CAL	Pass	9:58pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Moore Instrument Location BAT Mobile Unit 10

Instrument Serial No. 008637

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 24 day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

193759
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

MOORE COUNTY BAT MOBILE UNIT 10 620

Serial Number: *008637*
Test Date: *04/24/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Carroll, Barry J*
Permit Number: *0019-3759*
Effective:
09/01/2025-09/01/2027

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG534301
Exp Date: 12/09/2027

Test	g/210L	Time
DIAG	Pass	10:17pm
AIR BLK	.00	10:18pm
ACCY CHK	.07	10:19pm
AIR BLK	.00	10:20pm
SUB TEST	**.00**	**10:20pm**
AIR BLK	.00	10:21pm
SUB TEST	**.00**	**10:22pm**
AIR BLK	.00	10:23pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

MOORE COUNTY BAT MOBILE UNIT 10 620

Serial Number: *008637* Test Record Number: *3614*
Test Date: *04/24/2026* Test Time: *10:24pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:24pm
FLO	Pass	10:24pm
FC	Pass	10:24pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:24pm
SRC	Pass	10:24pm
DET	Pass	10:24pm
BAR	Pass	10:24pm
BT	Pass	10:24pm

Blank Tests

Test	Status	Time
AIR	Pass	10:25pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:25pm

CRC Tests

Test	Status	Time
COMP	Pass	10:25pm
CAL	Pass	10:25pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Moore Instrument Location BAT Mobile Unit 10

Instrument Serial No. 008686

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 24 day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

193759
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

MOORE COUNTY BAT MOBILE UNIT 10 620

Serial Number: *008686*
Test Date: *04/24/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Carroll, Barry J*
Permit Number: *0019-3759*
Effective:
09/01/2025-09/01/2027

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG506302
Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	9:58pm
AIR BLK	.00	9:59pm
ACCY CHK	.08	9:59pm
AIR BLK	.00	10:00pm
SUB TEST	**.00**	**10:01pm**
AIR BLK	.00	10:02pm
SUB TEST	**.00**	**10:03pm**
AIR BLK	.00	10:04pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

MOORE COUNTY BAT MOBILE UNIT 10 620

Serial Number: *008686* Test Record Number: *7234*
Test Date: *04/24/2026* Test Time: *10:04pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:05pm
FLO	Pass	10:05pm
FC	Pass	10:05pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:05pm
SRC	Pass	10:05pm
DET	Pass	10:05pm
BAR	Pass	10:05pm
BT	Pass	10:05pm

Blank Tests

Test	Status	Time
AIR	Pass	10:06pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:06pm

CRC Tests

Test	Status	Time
COMP	Pass	10:06pm
CAL	Pass	10:06pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Moore Instrument Location BAT Mobile Unit 10

Instrument Serial No. 008776

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 24 day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

193759
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

MOORE COUNTY BAT MOBILE UNIT 10 620

Serial Number: *008776*
Test Date: *04/24/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Carroll, Barry J*
Permit Number: *0019-3759*
Effective:
09/01/2025-09/01/2027

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG417803
Exp Date: 06/26/2026

Test	g/210L	Time
DIAG	Pass	9:52pm
AIR BLK	.00	9:53pm
ACCY CHK	.08	9:53pm
AIR BLK	.00	9:54pm
SUB TEST	**.00**	**9:56pm**
AIR BLK	.00	9:57pm
SUB TEST	**.00**	**9:59pm**
AIR BLK	.00	10:00pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

MOORE COUNTY BAT MOBILE UNIT 10 620

Serial Number: *008776* Test Record Number: *4197*
Test Date: *04/24/2026* Test Time: *10:01pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:01pm
FLO	Pass	10:01pm
FC	Pass	10:01pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:01pm
SRC	Pass	10:01pm
DET	Pass	10:01pm
BAR	Pass	10:01pm
BT	Pass	10:01pm

Blank Tests

Test	Status	Time
AIR	Pass	10:02pm

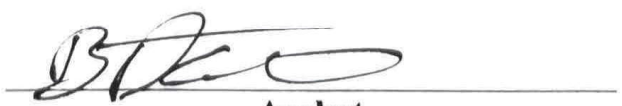
Printer Tests

Test	Status	Time
PRNT	Pass	10:02pm

CRC Tests

Test	Status	Time
COMP	Pass	10:02pm
CAL	Pass	10:02pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Moore Instrument Location BAT Mobile Unit 10

Instrument Serial No. 008779

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 24 day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

193759
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

MOORE COUNTY BAT MOBILE UNIT 10 620

Serial Number: *008779*
Test Date: *04/24/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Carroll, Barry J*
Permit Number: *0019-3759*
Effective:
09/01/2025-09/01/2027

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG431002
Exp Date: 11/05/2026

Test	g/210L	Time
DIAG	Pass	9:50pm
AIR BLK	.00	9:51pm
ACCY CHK	.08	9:51pm
AIR BLK	.00	9:52pm
SUB TEST	**.00**	**9:54pm**
AIR BLK	.00	9:55pm
SUB TEST	**.00**	**9:56pm**
AIR BLK	.00	9:57pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

MOORE COUNTY BAT MOBILE UNIT 10 620

Serial Number: *008779* Test Record Number: *4128*
Test Date: *04/24/2026* Test Time: *9:59pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:59pm
FLO	Pass	9:59pm
FC	Pass	9:59pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:59pm
SRC	Pass	9:59pm
DET	Pass	9:59pm
BAR	Pass	9:59pm
BT	Pass	9:59pm

Blank Tests

Test	Status	Time
AIR	Pass	10:00pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:00pm

CRC Tests

Test	Status	Time
COMP	Pass	10:00pm
CAL	Pass	10:00pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County NASH Instrument Location Nash County Detention Center

Instrument Serial No. DO8630 222 S. Washington St.
Nashville, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 14 day of April, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

16951
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

NASH COUNTY NASH DETENTION CTR 630

Serial Number: *008630*
Test Date: *04/14/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Brame, Bryant T*
Permit Number: *0016-9451*
Effective:
04/01/2026-04/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG534301
Exp Date: 12/09/2027

Test	g/210L	Time
DIAG	Pass	9:30am
AIR BLK	.00	9:30am
ACCY CHK	.07	9:31am
AIR BLK	.00	9:32am
SUB TEST	**.00**	**9:33am**
AIR BLK	.00	9:34am
SUB TEST	**.00**	**9:35am**
AIR BLK	.00	9:36am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

NASH COUNTY NASH DETENTION CTR 630

Serial Number: *008630* Test Record Number: *6976*
Test Date: *04/14/2026* Test Time: *9:37am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:37am
FLO	Pass	9:37am
FC	Pass	9:37am

Temperature Tests

Test	Status	Time
FC1	Pass	9:37am
SRC	Pass	9:37am
DET	Pass	9:37am
BAR	Pass	9:37am
BT	Pass	9:37am

Blank Tests

Test	Status	Time
AIR	Pass	9:38am

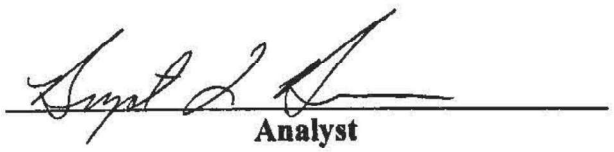
Printer Tests

Test	Status	Time
PRNT	Pass	9:38am

CRC Tests

Test	Status	Time
COMP	Pass	9:38am
CAL	Pass	9:38am

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County NASH Instrument Location Rocky Mount PD

Instrument Serial No. 008738 330 S. CHURCH ST

Rocky Mount, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 4 day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

179707
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: *008738*
Test Date: *04/04/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Bryant, Earl A*
Permit Number: *0017-9707*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG534301
Exp Date: 12/09/2027

Test	g/210L	Time
DIAG	Pass	7:49pm
AIR BLK	.00	7:50pm
ACCY CHK	.07	7:51pm
AIR BLK	.00	7:52pm
SUB TEST	**.00**	**7:52pm**
AIR BLK	.00	7:53pm
SUB TEST	**.00**	**7:55pm**
AIR BLK	.00	7:56pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: *008738* Test Record Number: *1439*
Test Date: *04/04/2026* Test Time: *7:57pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	7:57pm
FLO	Pass	7:57pm
FC	Pass	7:57pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:57pm
SRC	Pass	7:57pm
DET	Pass	7:57pm
BAR	Pass	7:57pm
BT	Pass	7:57pm

Blank Tests

Test	Status	Time
AIR	Pass	7:58pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:58pm

CRC Tests

Test	Status	Time
COMP	Pass	7:58pm
CAL	Pass	7:58pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Nash Instrument Location Rocky Mount PD

Instrument Serial No. 008741 330 S. Church St.

Rocky Mount, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 14 day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

169451
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: *008741*
Test Date: *04/14/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Brame, Bryant T*
Permit Number: *0016-9451*
Effective:
04/01/2026-04/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG534301
Exp Date: 12/09/2027

Test	g/210L	Time
DIAG	Pass	10:23am
AIR BLK	.00	10:23am
ACCY CHK	.07	10:24am
AIR BLK	.00	10:25am
SUB TEST	**.00**	**10:26am**
AIR BLK	.00	10:26am
SUB TEST	**.00**	**10:28am**
AIR BLK	.00	10:29am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: *008741* Test Record Number: *3321*
Test Date: *04/14/2026* Test Time: *10:29am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:30am
FLO	Pass	10:30am
FC	Pass	10:30am

Temperature Tests

Test	Status	Time
FC1	Pass	10:30am
SRC	Pass	10:30am
DET	Pass	10:30am
BAR	Pass	10:30am
BT	Pass	10:30am

Blank Tests

Test	Status	Time
AIR	Pass	10:30am

Printer Tests

Test	Status	Time
PRNT	Pass	10:31am

CRC Tests

Test	Status	Time
COMP	Pass	10:31am
CAL	Pass	10:31am

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County NEW HANOVER Instrument Location NEW HANOVER COUNTY DETENTION CENTER

Instrument Serial No. 008617

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 06 day of APRIL, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

146279
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

NEW HANOVER COUNTY DETENTION CENTER
640

Serial Number: *008617*
Test Date: *04/06/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *BARNES, ALVIN R*
Permit Number: *0014-6279*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG534301
Exp Date: 12/09/2027

Test	g/210L	Time
DIAG	Pass	1:24pm
AIR BLK	.00	1:25pm
ACCY CHK	.08	1:26pm
AIR BLK	.00	1:27pm
SUB TEST	**.00**	**1:28pm**
AIR BLK	.00	1:29pm
SUB TEST	**.00**	**1:32pm**
AIR BLK	.00	1:32pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

NEW HANOVER COUNTY DETENTION CENTER 640

Serial Number: *008617* Test Record Number: *5408*
Test Date: *04/06/2026* Test Time: *1:34pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:34pm
FLO	Pass	1:34pm
FC	Pass	1:35pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:35pm
SRC	Pass	1:35pm
DET	Pass	1:35pm
BAR	Pass	1:35pm
BT	Pass	1:35pm

Blank Tests

Test	Status	Time
AIR	Pass	1:35pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:35pm

CRC Tests

Test	Status	Time
COMP	Pass	1:35pm
CAL	Pass	1:35pm

Preventive Maintenance
Status: Pass

Alan Ry Bennett

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County NEW HANOVER Instrument Location NEW HANOVER COUNTY

Instrument Serial No. 008626 DETENTION CENTER

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 06 day of APRIL, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

146279
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

NEW HANOVER COUNTY DETENTION CENTER
640

Serial Number: *008626*
Test Date: *04/06/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *BARNES, ALVIN R*
Permit Number: *0014-6279*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG534301
Exp Date: 12/09/2027

Test	g/210L	Time
DIAG	Pass	1:08pm
AIR BLK	.00	1:10pm
ACCY CHK	.08	1:10pm
AIR BLK	.00	1:12pm
SUB TEST	**.00**	**1:12pm**
AIR BLK	.00	1:13pm
SUB TEST	**.00**	**1:15pm**
AIR BLK	.00	1:16pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

NEW HANOVER COUNTY DETENTION CENTER 640

Serial Number: *008626* Test Record Number: *9228*
Test Date: *04/06/2026* Test Time: *1:17pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:17pm
FLO	Pass	1:18pm
FC	Pass	1:18pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:18pm
SRC	Pass	1:18pm
DET	Pass	1:18pm
BAR	Pass	1:18pm
BT	Pass	1:18pm

Blank Tests

Test	Status	Time
AIR	Pass	1:18pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:19pm

CRC Tests

Test	Status	Time
COMP	Pass	1:19pm
CAL	Pass	1:19pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County NEW HANOVER Instrument Location CAROLINA BEACH POLICE DEPT

Instrument Serial No. 008661

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 06 day of APRIL, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

146279
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

NEW HANOVER COUNTY CAROLINA BEACH PD
640

Serial Number: *008661*
Test Date: *04/06/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *BARNES, ALVIN R*
Permit Number: *0014-6279*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG534301
Exp Date: 12/09/2027

Test	g/210L	Time
DIAG	Pass	3:19pm
AIR BLK	.00	3:19pm
ACCY CHK	.07	3:20pm
AIR BLK	.00	3:21pm
SUB TEST	**.00**	**3:23pm**
AIR BLK	.00	3:23pm
SUB TEST	**.00**	**3:25pm**
AIR BLK	.00	3:26pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

NEW HANOVER COUNTY CAROLINA BEACH PD 640

Serial Number: *008661* Test Record Number: *3547*
Test Date: *04/06/2026* Test Time: *3:26pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:27pm
FLO	Pass	3:27pm
FC	Pass	3:27pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:27pm
SRC	Pass	3:27pm
DET	Pass	3:27pm
BAR	Pass	3:27pm
BT	Pass	3:27pm

Blank Tests

Test	Status	Time
AIR	Pass	3:28pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:28pm

CRC Tests

Test	Status	Time
COMP	Pass	3:28pm
CAL	Pass	3:28pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County NEW HANOVER Instrument Location WRIGHTSVILE BEACH

Instrument Serial No. 008667 POLICE DEPT

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 06 day of APRIL, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

146279
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

NEW HANOVER COUNTY WRIGHTSVILLE BCH PD
640

Serial Number: *008667*
Test Date: *04/06/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *BARNES, ALVIN R*
Permit Number: *0014-6279*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG534301
Exp Date: 12/09/2027

Test	g/210L	Time
DIAG	Pass	5:45pm
AIR BLK	.00	5:46pm
ACCY CHK	.08	5:46pm
AIR BLK	.00	5:48pm
SUB TEST	**.00**	**5:49pm**
AIR BLK	.00	5:50pm
SUB TEST	**.00**	**5:51pm**
AIR BLK	.00	5:52pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

NEW HANOVER COUNTY WRIGHTSVILLE BCH PD 640

Serial Number: *008667* Test Record Number: *3108*
Test Date: *04/06/2026* Test Time: *5:54pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	5:55pm
FLO	Pass	5:55pm
FC	Pass	5:55pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:55pm
SRC	Pass	5:55pm
DET	Pass	5:55pm
BAR	Pass	5:55pm
BT	Pass	5:55pm

Blank Tests

Test	Status	Time
AIR	Pass	5:56pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:56pm

CRC Tests

Test	Status	Time
COMP	Pass	5:56pm
CAL	Pass	5:56pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Northampton Instrument Location Northampton Co. S.O.

Instrument Serial No. 008607 105 West Jefferson St.

Jackson, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 14 day of April, 20 24 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

169451
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT
650

Serial Number: *008607*
Test Date: *04/14/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Brame, Bryant T*
Permit Number: *0016-9451*
Effective:
04/01/2026-04/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG501307
Exp Date: 01/13/2027

Test	g/210L	Time
DIAG	Pass	1:30pm
AIR BLK	.00	1:31pm
ACCY CHK	.07	1:32pm
AIR BLK	.00	1:32pm
SUB TEST	**.00**	**1:33pm**
AIR BLK	.00	1:34pm
SUB TEST	**.00**	**1:36pm**
AIR BLK	.00	1:37pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: *008607* Test Record Number: *1412*
Test Date: *04/14/2026* Test Time: *1:38pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:38pm
FLO	Pass	1:38pm
FC	Pass	1:38pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:38pm
SRC	Pass	1:38pm
DET	Pass	1:38pm
BAR	Pass	1:38pm
BT	Pass	1:38pm

Blank Tests

Test	Status	Time
AIR	Pass	1:39pm

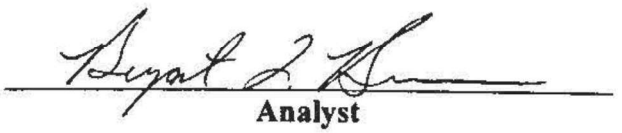
Printer Tests

Test	Status	Time
PRNT	Pass	1:39pm

CRC Tests

Test	Status	Time
COMP	Pass	1:39pm
CAL	Pass	1:39pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Northampton Instrument Location Northampton Co. S.O.

Instrument Serial No. 008688 105 West Jefferson ST.

Jackson, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 14 day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

16945/
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT
650

Serial Number: *008688*
Test Date: *04/14/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Brame, Bryant T*
Permit Number: *0016-9451*
Effective:
04/01/2026-04/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG501307
Exp Date: 01/13/2027

Test	g/210L	Time
DIAG	Pass	1:36pm
AIR BLK	.00	1:36pm
ACCY CHK	.07	1:37pm
AIR BLK	.00	1:39pm
SUB TEST	**.00**	**1:39pm**
AIR BLK	.00	1:40pm
SUB TEST	**.00**	**1:42pm**
AIR BLK	.00	1:43pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: *008688* Test Record Number: *1205*
Test Date: *04/14/2026* Test Time: *1:43pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:44pm
FLO	Pass	1:44pm
FC	Pass	1:44pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:44pm
SRC	Pass	1:44pm
DET	Pass	1:44pm
BAR	Pass	1:44pm
BT	Pass	1:44pm

Blank Tests

Test	Status	Time
AIR	Pass	1:45pm

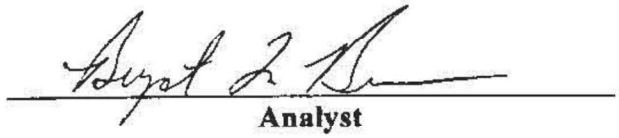
Printer Tests

Test	Status	Time
PRNT	Pass	1:45pm

CRC Tests

Test	Status	Time
COMP	Pass	1:45pm
CAL	Pass	1:45pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Onslow Instrument Location BAT Mobile Unit 9

Instrument Serial No. 008575

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 18th day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

226313
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

ONSLOW COUNTY BAT MOBILE UNIT 9 660

Serial Number: *008575*
Test Date: *04/18/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Sharpe Jr., Robert J*
Permit Number: *1820-8591*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG516204
Exp Date: 06/11/2027

Test	g/210L	Time
DIAG	Pass	9:42pm
AIR BLK	.00	9:43pm
ACCY CHK	.08	9:44pm
AIR BLK	.00	9:45pm
SUB TEST	**.00**	**9:45pm**
AIR BLK	.00	9:46pm
SUB TEST	**.00**	**9:48pm**
AIR BLK	.00	9:49pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

ONSLOW COUNTY BAT MOBILE UNIT 9 660

Serial Number: *008575* Test Record Number: *1574*
Test Date: *04/18/2026* Test Time: *9:50pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:50pm
FLO	Pass	9:50pm
FC	Pass	9:50pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:50pm
SRC	Pass	9:50pm
DET	Pass	9:50pm
BAR	Pass	9:50pm
BT	Pass	9:50pm

Blank Tests

Test	Status	Time
AIR	Pass	9:51pm

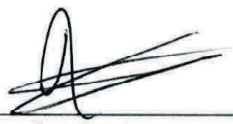
Printer Tests

Test	Status	Time
PRNT	Pass	9:51pm

CRC Tests

Test	Status	Time
COMP	Pass	9:51pm
CAL	Pass	9:51pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Onslow Instrument Location BAT Mobile Unit 9

Instrument Serial No. 008616

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 18th day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

2266313
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

ONSLOW COUNTY BAT MOBILE UNIT 9 660

Serial Number: *008616*
Test Date: *04/18/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Sharpe Jr., Robert J*
Permit Number: *1820-8591*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG506303
Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	9:41pm
AIR BLK	.00	9:42pm
ACCY CHK	.08	9:43pm
AIR BLK	.00	9:44pm
SUB TEST	**.00**	**9:45pm**
AIR BLK	.00	9:46pm
SUB TEST	**.00**	**9:48pm**
AIR BLK	.00	9:48pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

ONSLOW COUNTY BAT MOBILE UNIT 9 660

Serial Number: *008616* Test Record Number: *2986*
Test Date: *04/18/2026* Test Time: *9:49pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:49pm
FLO	Pass	9:49pm
FC	Pass	9:50pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:50pm
SRC	Pass	9:50pm
DET	Pass	9:50pm
BAR	Pass	9:50pm
BT	Pass	9:50pm

Blank Tests

Test	Status	Time
AIR	Pass	9:50pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:50pm

CRC Tests

Test	Status	Time
COMP	Pass	9:51pm
CAL	Pass	9:51pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Onslow Instrument Location BAT Mobile Unit 9

Instrument Serial No. 008647

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 18th day of April, 20 26 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

2266313
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

ONSLOW COUNTY BAT MOBILE UNIT 9 660

Serial Number: *008647*
Test Date: *04/18/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Sharpe Jr., Robert J*
Permit Number: *1820-8591*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG516203
Exp Date: 06/11/2027

Test	g/210L	Time
DIAG	Pass	9:45pm
AIR BLK	.00	9:46pm
ACCY CHK	.08	9:47pm
AIR BLK	.00	9:47pm
SUB TEST	**.00**	**9:48pm**
AIR BLK	.00	9:49pm
SUB TEST	**.00**	**9:50pm**
AIR BLK	.00	9:51pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

ONSLOW COUNTY BAT MOBILE UNIT 9 660

Serial Number: *008647* Test Record Number: *2961*
Test Date: *04/18/2026* Test Time: *9:52pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:52pm
FLO	Pass	9:52pm
FC	Pass	9:52pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:52pm
SRC	Pass	9:52pm
DET	Pass	9:52pm
BAR	Pass	9:52pm
BT	Pass	9:52pm

Blank Tests

Test	Status	Time
AIR	Pass	9:53pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:53pm

CRC Tests

Test	Status	Time
COMP	Pass	9:53pm
CAL	Pass	9:53pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Onslow Instrument Location BAT Mobile Unit 9

Instrument Serial No. 008704

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 18th day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

2266313
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

ONSLOW COUNTY BAT MOBILE UNIT 9 660

Serial Number: *008704*
Test Date: *04/18/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Sharpe Jr., Robert J*
Permit Number: *1820-8591*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG506303
Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	9:44pm
AIR BLK	.00	9:45pm
ACCY CHK	.07	9:45pm
AIR BLK	.00	9:46pm
SUB TEST	**.00**	**9:47pm**
AIR BLK	.00	9:48pm
SUB TEST	**.00**	**9:49pm**
AIR BLK	.00	9:50pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

ONSLOW COUNTY BAT MOBILE UNIT 9 660

Serial Number: *008704* Test Record Number: *1013*
Test Date: *04/18/2026* Test Time: *9:51pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:51pm
FLO	Pass	9:51pm
FC	Pass	9:51pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:51pm
SRC	Pass	9:51pm
DET	Pass	9:51pm
BAR	Pass	9:51pm
BT	Pass	9:51pm

Blank Tests

Test	Status	Time
AIR	Pass	9:52pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:52pm

CRC Tests

Test	Status	Time
COMP	Pass	9:52pm
CAL	Pass	9:52pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Onslow Instrument Location BAT Mobile Unit 9

Instrument Serial No. 008826

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 18th day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

2266313
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

ONSLOW COUNTY BAT MOBILE UNIT 9 660

Serial Number: *008826*
Test Date: *04/18/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Sharpe Jr., Robert J*
Permit Number: *1820-8591*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG516204
Exp Date: 06/11/2027

Test	g/210L	Time
DIAG	Pass	9:43pm
AIR BLK	.00	9:44pm
ACCY CHK	.07	9:45pm
AIR BLK	.00	9:46pm
SUB TEST	**.00**	**9:46pm**
AIR BLK	.00	9:47pm
SUB TEST	**.00**	**9:49pm**
AIR BLK	.00	9:49pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

ONSLOW COUNTY BAT MOBILE UNIT 9 660

Serial Number: *008826* Test Record Number: *8648*
Test Date: *04/18/2026* Test Time: *9:50pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:50pm
FLO	Pass	9:50pm
FC	Pass	9:50pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:51pm
SRC	Pass	9:51pm
DET	Pass	9:51pm
BAR	Pass	9:51pm
BT	Pass	9:51pm

Blank Tests

Test	Status	Time
AIR	Pass	9:51pm

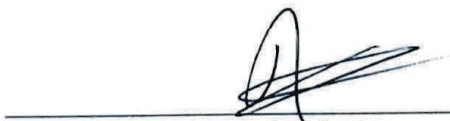
Printer Tests

Test	Status	Time
PRNT	Pass	9:51pm

CRC Tests

Test	Status	Time
COMP	Pass	9:51pm
CAL	Pass	9:51pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Orange Instrument Location Orange Co. Detention Ctr

Instrument Serial No. 008799 1200 US Highway 70 west

Hillsborough, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 7 day of April, 20 26 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

169457
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

ORANGE COUNTY DETENTION CENTER 670

Serial Number: *008799*
Test Date: *04/07/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Brame, Bryant T*
Permit Number: *0016-9451*
Effective:
09/01/2025-09/01/2027

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG534301
Exp Date: 12/09/2027

Test	g/210L	Time
DIAG	Pass	11:57am
AIR BLK	.00	11:57am
ACCY CHK	.08	11:58am
AIR BLK	.00	11:59am
SUB TEST	**.00**	**12:00pm**
AIR BLK	.00	12:01pm
SUB TEST	**.00**	**12:02pm**
AIR BLK	.00	12:03pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

ORANGE COUNTY DETENTION CENTER 670

Serial Number: *008799* Test Record Number: *4327*
Test Date: *04/07/2026* Test Time: *12:04pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:04pm
FLO	Pass	12:04pm
FC	Pass	12:04pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:04pm
SRC	Pass	12:04pm
DET	Pass	12:04pm
BAR	Pass	12:04pm
BT	Pass	12:04pm

Blank Tests

Test	Status	Time
AIR	Pass	12:05pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:05pm

CRC Tests

Test	Status	Time
COMP	Pass	12:05pm
CAL	Pass	12:05pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Orange Instrument Location Orange Co. Detention Ctr

Instrument Serial No. 008839 1200 US Hwy 70 west

Hillsborough, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 7 day of April, 20 26 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

169451
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

ORANGE COUNTY DETENTION CENTER 670

Serial Number: *008839*
Test Date: *04/07/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Brame, Bryant T*
Permit Number: *0016-9451*
Effective:
09/01/2025-09/01/2027

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG534301
Exp Date: 12/09/2027

Test	g/210L	Time
DIAG	Pass	11:55am
AIR BLK	.00	11:56am
ACCY CHK	.08	11:57am
AIR BLK	.00	11:58am
SUB TEST	**.00**	**11:59am**
AIR BLK	.00	11:59am
SUB TEST	**.00**	**12:01pm**
AIR BLK	.00	12:02pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

ORANGE COUNTY DETENTION CENTER 670

Serial Number: *008839* Test Record Number: *3050*
Test Date: *04/07/2026* Test Time: *12:03pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:03pm
FLO	Pass	12:03pm
FC	Pass	12:03pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:03pm
SRC	Pass	12:03pm
DET	Pass	12:03pm
BAR	Pass	12:03pm
BT	Pass	12:03pm

Blank Tests

Test	Status	Time
AIR	Pass	12:04pm

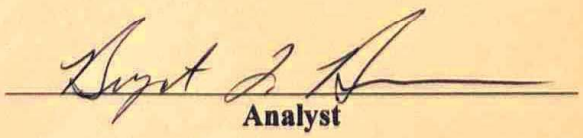
Printer Tests

Test	Status	Time
PRNT	Pass	12:04pm

CRC Tests

Test	Status	Time
COMP	Pass	12:04pm
CAL	Pass	12:04pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Orange Instrument Location Chapel Hill PD

Instrument Serial No. 008856 7300 Mill House Rd. Suite 150

Chapel Hill, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 7 day of April, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

16 9451
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: *008856*
Test Date: *04/07/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Brame, Bryant T*
Permit Number: *0016-9451*
Effective:
09/01/2025-09/01/2027

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG431003
Exp Date: 11/05/2026

Test	g/210L	Time
DIAG	Pass	1:20pm
AIR BLK	.00	1:21pm
ACCY CHK	.08	1:21pm
AIR BLK	.00	1:23pm
SUB TEST	**.00**	**1:23pm**
AIR BLK	.00	1:24pm
SUB TEST	**.00**	**1:26pm**
AIR BLK	.00	1:27pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: *008856* Test Record Number: *3424*
Test Date: *04/07/2026* Test Time: *1:27pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:27pm
FLO	Pass	1:27pm
FC	Pass	1:28pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:28pm
SRC	Pass	1:28pm
DET	Pass	1:28pm
BAR	Pass	1:28pm
BT	Pass	1:28pm

Blank Tests

Test	Status	Time
AIR	Pass	1:28pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:28pm

CRC Tests

Test	Status	Time
COMP	Pass	1:29pm
CAL	Pass	1:29pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County ORANGE Instrument Location CARRBORO PD

Instrument Serial No. 008945 100 N. Greensboro St.

Carrboro, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 7 day of April, 20 24 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

THE GREAT SEAL OF THE STATE OF NORTH CAROLINA MAY 20. 1775 APRIL 12. 1776 ESSE QUAM VIDERI

Signature of Certifying Official

169451
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

ORANGE COUNTY CARRBORO PD 670

Serial Number: *008945*
Test Date: *04/07/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Brame, Bryant T*
Permit Number: *0016-9451*
Effective:
09/01/2025-09/01/2027

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG505001
Exp Date: 02/19/2027

Test	g/210L	Time
DIAG	Pass	2:05pm
AIR BLK	.00	2:06pm
ACCY CHK	.08	2:07pm
AIR BLK	.00	2:08pm
SUB TEST	**.00**	**2:09pm**
AIR BLK	.00	2:09pm
SUB TEST	**.00**	**2:11pm**
AIR BLK	.00	2:12pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

ORANGE COUNTY CARRBORO PD 670

Serial Number: *008945* Test Record Number: *901*
Test Date: *04/07/2026* Test Time: *2:12pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:13pm
FLO	Pass	2:13pm
FC	Pass	2:13pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:13pm
SRC	Pass	2:13pm
DET	Pass	2:13pm
BAR	Pass	2:13pm
BT	Pass	2:13pm

Blank Tests

Test	Status	Time
AIR	Pass	2:14pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:14pm

CRC Tests

Test	Status	Time
COMP	Pass	2:14pm
CAL	Pass	2:14pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County PENDER Instrument Location PENDER COUNTY

Instrument Serial No. 008935 DETENTION CENTER

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 08 day of APRIL, 20 26 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Alan Ray Burns — Signature of Certifying Official

146279 — Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

PENDER COUNTY DETENTION CENTER 700

Serial Number: *008935*
Test Date: *04/08/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *BARNES, ALVIN R*
Permit Number: *0014-6279*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG534301
Exp Date: 12/09/2027

Test	g/210L	Time
DIAG	Pass	12:55pm
AIR BLK	.00	12:55pm
ACCY CHK	.08	12:56pm
AIR BLK	.00	12:57pm
SUB TEST	**.00**	**12:58pm**
AIR BLK	.00	12:59pm
SUB TEST	**.00**	**1:00pm**
AIR BLK	.00	1:01pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

PENDER COUNTY DETENTION CENTER 700

Serial Number: *008935* Test Record Number: *3876*
Test Date: *04/08/2026* Test Time: *1:02pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:02pm
FLO	Pass	1:02pm
FC	Pass	1:02pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:02pm
SRC	Pass	1:02pm
DET	Pass	1:02pm
BAR	Pass	1:02pm
BT	Pass	1:02pm

Blank Tests

Test	Status	Time
AIR	Pass	1:03pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:03pm

CRC Tests

Test	Status	Time
COMP	Pass	1:03pm
CAL	Pass	1:03pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County PENDER Instrument Location PENDER COUNTY

Instrument Serial No. 008948 GOVERNMENT ANNEX

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 17TH day of APRIL, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

2824950
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

PENDER COUNTY GOVERNMENT ANNEX 700

Serial Number: *008948*
Test Date: *04/17/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *GILLESPIE, PENTTI W*
Permit Number: *9523-2149*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG534301
Exp Date: 12/09/2027

Test	g/210L	Time
DIAG	Pass	9:57am
AIR BLK	.00	9:58am
ACCY CHK	.07	9:58am
AIR BLK	.00	9:59am
SUB TEST	**.00**	**10:00am**
AIR BLK	.00	10:01am
SUB TEST	**.00**	**10:02am**
AIR BLK	.00	10:03am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

PENDER COUNTY GOVERNMENT ANNEX 700

Serial Number: *008948* Test Record Number: *1662*
Test Date: *04/17/2026* Test Time: *10:04am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:04am
FLO	Pass	10:04am
FC	Pass	10:04am

Temperature Tests

Test	Status	Time
FC1	Pass	10:04am
SRC	Pass	10:04am
DET	Pass	10:04am
BAR	Pass	10:04am
BT	Pass	10:04am

Blank Tests

Test	Status	Time
AIR	Pass	10:05am

Printer Tests

Test	Status	Time
PRNT	Pass	10:05am

CRC Tests

Test	Status	Time
COMP	Pass	10:05am
CAL	Pass	10:05am

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Perquimans Instrument Location Perquimans Co. S. O.

Instrument Serial No. 008921 110 N. Church St. Hertford, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 2nd day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Mark L. Tugwell
Signature of Certifying Official

206272
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

PERQUIMANS COUNTY PERQUIMANS CO SO 710

Serial Number: *008921*
Test Date: *04/02/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Chappell, Mark A*
Permit Number: *0020-6272*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG431001
Exp Date: 11/05/2026

Test	g/210L	Time
DIAG	Pass	11:53am
AIR BLK	.00	11:53am
ACCY CHK	.07	11:54am
AIR BLK	.00	11:55am
SUB TEST	**.00**	**11:56am**
AIR BLK	.00	11:57am
SUB TEST	**.00**	**11:58am**
AIR BLK	.00	11:59am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

PERQUIMANS COUNTY PERQUIMANS CO SO 710

Serial Number: *008921* Test Record Number: *1442*
Test Date: *04/02/2026* Test Time: *12:00pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:00pm
FLO	Pass	12:00pm
FC	Pass	12:00pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:00pm
SRC	Pass	12:00pm
DET	Pass	12:00pm
BAR	Pass	12:00pm
BT	Pass	12:00pm

Blank Tests

Test	Status	Time
AIR	Pass	12:01pm

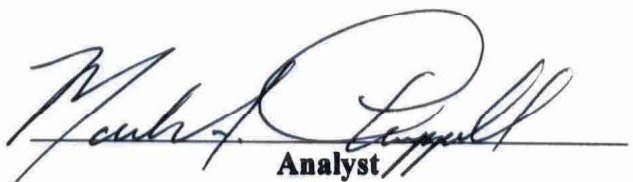
Printer Tests

Test	Status	Time
PRNT	Pass	12:01pm

CRC Tests

Test	Status	Time
COMP	Pass	12:01pm
CAL	Pass	12:01pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Pitt Instrument Location Pitt Co. Detention Center

Instrument Serial No. 008646 124 New Hope Rd., Greenville, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 30th day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

377722
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

PITT COUNTY PITT CO DETENTION 730

Serial Number: *008646*
Test Date: *04/30/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Gray, Kelly D*
Permit Number: *0037-7722*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG516203
Exp Date: 06/11/2027

Test	g/210L	Time
DIAG	Pass	9:00am
AIR BLK	.00	9:01am
ACCY CHK	.07	9:01am
AIR BLK	.00	9:03am
SUB TEST	**.00**	**9:04am**
AIR BLK	.00	9:04am
SUB TEST	**.00**	**9:06am**
AIR BLK	.00	9:07am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

PITT COUNTY PITT CO DETENTION 730

Serial Number: *008646* Test Record Number: *5502*
Test Date: *04/30/2026* Test Time: *9:08am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:08am
FLO	Pass	9:08am
FC	Pass	9:08am

Temperature Tests

Test	Status	Time
FC1	Pass	9:08am
SRC	Pass	9:08am
DET	Pass	9:08am
BAR	Pass	9:08am
BT	Pass	9:08am

Blank Tests

Test	Status	Time
AIR	Pass	9:09am

Printer Tests

Test	Status	Time
PRNT	Pass	9:09am

CRC Tests

Test	Status	Time
COMP	Pass	9:09am
CAL	Pass	9:09am

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Pitt Instrument Location Pitt Co. Detention Center

Instrument Serial No. 008662 124 New Hope Rd., Greenville, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 30th day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

377722
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

PITT COUNTY PITT CO DETENTION 730

Serial Number: *008662*
Test Date: *04/30/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Gray, Kelly D*
Permit Number: *0037-7722*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG431003
Exp Date: 11/05/2026

Test	g/210L	Time
DIAG	Pass	9:21am
AIR BLK	.00	9:22am
ACCY CHK	.08	9:23am
AIR BLK	.00	9:24am
SUB TEST	**.00**	**9:25am**
AIR BLK	.00	9:25am
SUB TEST	**.00**	**9:27am**
AIR BLK	.00	9:28am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

PITT COUNTY PITT CO DETENTION 730

Serial Number: *008662* Test Record Number: *1466*
Test Date: *04/30/2026* Test Time: *9:29am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:29am
FLO	Pass	9:29am
FC	Pass	9:29am

Temperature Tests

Test	Status	Time
FC1	Pass	9:29am
SRC	Pass	9:29am
DET	Pass	9:29am
BAR	Pass	9:29am
BT	Pass	9:29am

Blank Tests

Test	Status	Time
AIR	Pass	9:30am

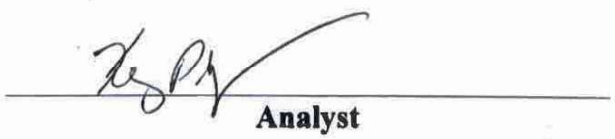
Printer Tests

Test	Status	Time
PRNT	Pass	9:30am

CRC Tests

Test	Status	Time
COMP	Pass	9:30am
CAL	Pass	9:30am

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County RICHMOND Instrument Location RICHMOND COUNTY MAGISTRATE'S OFFICE

Instrument Serial No. 008701

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 17 day of APRIL, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

J69771
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

RICHMOND COUNTY MAGISTRATE'S OFFICE
760

Serial Number: *008701*
Test Date: *04/17/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Galloway, Charles L*
Permit Number: *0023-9771*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG431002
Exp Date: 11/05/2026

Test	g/210L	Time
DIAG	Pass	10:52am
AIR BLK	.00	10:53am
ACCY CHK	.07	10:53am
AIR BLK	.00	10:54am
SUB TEST	**.00**	**10:55am**
AIR BLK	.00	10:56am
SUB TEST	**.00**	**10:58am**
AIR BLK	.00	10:58am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

RICHMOND COUNTY MAGISTRATE'S OFFICE 760

Serial Number: *008701* Test Record Number: *1641*
Test Date: *04/17/2026* Test Time: *11:00am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:01am
FLO	Pass	11:01am
FC	Pass	11:01am

Temperature Tests

Test	Status	Time
FC1	Pass	11:01am
SRC	Pass	11:01am
DET	Pass	11:01am
BAR	Pass	11:01am
BT	Pass	11:01am

Blank Tests

Test	Status	Time
AIR	Pass	11:02am

Printer Tests

Test	Status	Time
PRNT	Pass	11:02am

CRC Tests

Test	Status	Time
COMP	Pass	11:02am
CAL	Pass	11:02am

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County RICHMOND Instrument Location RICHMOND COUNTY

Instrument Serial No. 008840 MAGISTRATE'S OFFICE

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 17 day of APRIL, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

J39771
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

RICHMOND COUNTY MAGISTRATE'S OFFICE
760

Serial Number: *008840*
Test Date: *04/17/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Galloway, Charles L*
Permit Number: *0023-9771*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG431002
Exp Date: 11/05/2026

Test	g/210L	Time
DIAG	Pass	10:50am
AIR BLK	.00	10:51am
ACCY CHK	.07	10:52am
AIR BLK	.00	10:53am
SUB TEST	**.00**	**10:54am**
AIR BLK	.00	10:55am
SUB TEST	**.00**	**10:56am**
AIR BLK	.00	10:57am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

RICHMOND COUNTY MAGISTRATE'S OFFICE 760

Serial Number: *008840* Test Record Number: *3393*
Test Date: *04/17/2026* Test Time: *10:58am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:59am
FLO	Pass	10:59am
FC	Pass	10:59am

Temperature Tests

Test	Status	Time
FC1	Pass	10:59am
SRC	Pass	10:59am
DET	Pass	10:59am
BAR	Pass	10:59am
BT	Pass	10:59am

Blank Tests

Test	Status	Time
AIR	Pass	10:59am

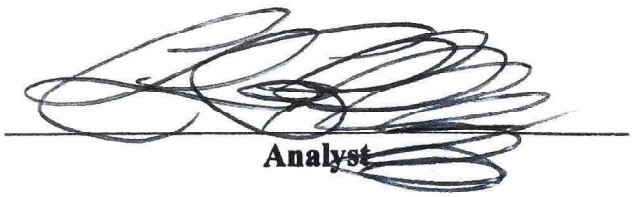
Printer Tests

Test	Status	Time
PRNT	Pass	10:59am

CRC Tests

Test	Status	Time
COMP	Pass	11:00am
CAL	Pass	11:00am

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Robeson Instrument Location BAT Mobile Unit 9

Instrument Serial No. 008575

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 8th day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

2266313
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

ROBESON COUNTY BAT MOBILE UNIT 9 770

Serial Number: *008575*
Test Date: *04/08/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Sharpe Jr., Robert J*
Permit Number: *1820-8591*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG516204
Exp Date: 06/11/2027

Test	g/210L	Time
DIAG	Pass	3:04pm
AIR BLK	.00	3:05pm
ACCY CHK	.08	3:05pm
AIR BLK	.00	3:06pm
SUB TEST	**.00**	**3:07pm**
AIR BLK	.00	3:08pm
SUB TEST	**.00**	**3:09pm**
AIR BLK	.00	3:10pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

ROBESON COUNTY BAT MOBILE UNIT 9 770

Serial Number: *008575* Test Record Number: *1570*
Test Date: *04/08/2026* Test Time: *3:11pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:11pm
FLO	Pass	3:11pm
FC	Pass	3:11pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:11pm
SRC	Pass	3:11pm
DET	Pass	3:11pm
BAR	Pass	3:11pm
BT	Pass	3:11pm

Blank Tests

Test	Status	Time
AIR	Pass	3:12pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:12pm

CRC Tests

Test	Status	Time
COMP	Pass	3:12pm
CAL	Pass	3:12pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County ROBESON Instrument Location BAT Mobile Unit 12

Instrument Serial No. 008601

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 30th day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

83034
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

ROBESON COUNTY BAT MOBILE UNIT 12 770

Serial Number: *008601*
Test Date: *04/30/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name:
Crutchfield Jr., Marshall B
Permit Number: *0008-3034*
Effective:
03/01/2026-03/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG501307
Exp Date: 01/13/2027

Test	g/210L	Time
DIAG	Pass	9:02pm
AIR BLK	.00	9:03pm
ACCY CHK	.08	9:04pm
AIR BLK	.00	9:05pm
SUB TEST	**.00**	**9:05pm**
AIR BLK	.00	9:06pm
SUB TEST	**.00**	**9:08pm**
AIR BLK	.00	9:10pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

ROBESON COUNTY BAT MOBILE UNIT 12 770

Serial Number: *008601* Test Record Number: *1928*
Test Date: *04/30/2026* Test Time: *9:11pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:11pm
FLO	Pass	9:11pm
FC	Pass	9:11pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:11pm
SRC	Pass	9:11pm
DET	Pass	9:11pm
BAR	Pass	9:11pm
BT	Pass	9:11pm

Blank Tests

Test	Status	Time
AIR	Pass	9:12pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:12pm

CRC Tests

Test	Status	Time
COMP	Pass	9:12pm
CAL	Pass	9:12pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Robeson Instrument Location BAT Mobile Unit 9

Instrument Serial No. 008616

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 8th day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

226313
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

ROBESON COUNTY BAT MOBILE UNIT 9 770

Serial Number: *008616*
Test Date: *04/08/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Sharpe Jr., Robert J*
Permit Number: *1820-8591*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG506303
Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	3:03pm
AIR BLK	.00	3:04pm
ACCY CHK	.08	3:04pm
AIR BLK	.00	3:06pm
SUB TEST	**.00**	**3:07pm**
AIR BLK	.00	3:08pm
SUB TEST	**.00**	**3:09pm**
AIR BLK	.00	3:10pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

ROBESON COUNTY BAT MOBILE UNIT 9 770

Serial Number: *008616* Test Record Number: *2981*
Test Date: *04/08/2026* Test Time: *3:11pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:11pm
FLO	Pass	3:11pm
FC	Pass	3:12pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:12pm
SRC	Pass	3:12pm
DET	Pass	3:12pm
BAR	Pass	3:12pm
BT	Pass	3:12pm

Blank Tests

Test	Status	Time
AIR	Pass	3:12pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:12pm

CRC Tests

Test	Status	Time
COMP	Pass	3:13pm
CAL	Pass	3:13pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Robeson Instrument Location BAT Mobile Unit 9

Instrument Serial No. 008647

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 8th day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

22 66313
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

ROBESON COUNTY BAT MOBILE UNIT 9 770

Serial Number: *008647*
Test Date: *04/08/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Sharpe Jr., Robert J*
Permit Number: *1820-8591*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG516203
Exp Date: 06/11/2027

Test	g/210L	Time
DIAG	Pass	3:06pm
AIR BLK	.00	3:07pm
ACCY CHK	.08	3:08pm
AIR BLK	.00	3:09pm
SUB TEST	**.00**	**3:09pm**
AIR BLK	.00	3:10pm
SUB TEST	**.00**	**3:12pm**
AIR BLK	.00	3:13pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

ROBESON COUNTY BAT MOBILE UNIT 9 770

Serial Number: *008647* Test Record Number: *2957*
Test Date: *04/08/2026* Test Time: *3:13pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:14pm
FLO	Pass	3:14pm
FC	Pass	3:14pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:14pm
SRC	Pass	3:14pm
DET	Pass	3:14pm
BAR	Pass	3:14pm
BT	Pass	3:14pm

Blank Tests

Test	Status	Time
AIR	Pass	3:15pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:15pm

CRC Tests

Test	Status	Time
COMP	Pass	3:15pm
CAL	Pass	3:15pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Robeson Instrument Location BAT Mobile Unit 12

Instrument Serial No. 008698

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 30th day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

83034
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

ROBESON COUNTY BAT MOBILE UNIT 12 770

Serial Number: *008698*
Test Date: *04/30/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name:
Crutchfield Jr., Marshall B
Permit Number: *0008-3034*
Effective:
03/01/2026-03/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG431002
Exp Date: 11/05/2026

Test	g/210L	Time
DIAG	Pass	9:04pm
AIR BLK	.00	9:05pm
ACCY CHK	.08	9:05pm
AIR BLK	.00	9:06pm
SUB TEST	**.00**	**9:07pm**
AIR BLK	.00	9:08pm
SUB TEST	**.00**	**9:09pm**
AIR BLK	.00	9:10pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

ROBESON COUNTY BAT MOBILE UNIT 12 770

Serial Number: *008698* Test Record Number: *2761*
Test Date: *04/30/2026* Test Time: *9:14pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:15pm
FLO	Pass	9:15pm
FC	Pass	9:15pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:15pm
SRC	Pass	9:15pm
DET	Pass	9:15pm
BAR	Pass	9:15pm
BT	Pass	9:15pm

Blank Tests

Test	Status	Time
AIR	Pass	9:16pm

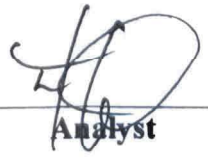
Printer Tests

Test	Status	Time
PRNT	Pass	9:16pm

CRC Tests

Test	Status	Time
COMP	Pass	9:16pm
CAL	Pass	9:16pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Robeson Instrument Location BAT Mobile Unit 9

Instrument Serial No. 008704

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 6th day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

226313
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

ROBESON COUNTY BAT MOBILE UNIT 9 770

Serial Number: *008704*
Test Date: *04/08/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Sharpe Jr., Robert J*
Permit Number: *1820-8591*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG506303
Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	3:05pm
AIR BLK	.00	3:06pm
ACCY CHK	.07	3:07pm
AIR BLK	.00	3:08pm
SUB TEST	**.00**	**3:08pm**
AIR BLK	.00	3:09pm
SUB TEST	**.00**	**3:11pm**
AIR BLK	.00	3:12pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

ROBESON COUNTY BAT MOBILE UNIT 9 770

Serial Number: *008704* Test Record Number: *1009*
Test Date: *04/08/2026* Test Time: *3:13pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:13pm
FLO	Pass	3:13pm
FC	Pass	3:13pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:14pm
SRC	Pass	3:14pm
DET	Pass	3:14pm
BAR	Pass	3:14pm
BT	Pass	3:14pm

Blank Tests

Test	Status	Time
AIR	Pass	3:14pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:14pm

CRC Tests

Test	Status	Time
COMP	Pass	3:14pm
CAL	Pass	3:14pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Robeson Instrument Location BAT Mobile Unit 12

Instrument Serial No. 008788

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 30th day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

83034
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

ROBESON COUNTY BAT MOBILE UNIT 12 770

Serial Number: *008788*
Test Date: *04/30/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name:
Crutchfield Jr., Marshall B
Permit Number: *0008-3034*
Effective:
03/01/2026-03/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG417802
Exp Date: 06/26/2026

Test	g/210L	Time
DIAG	Pass	9:22pm
AIR BLK	.00	9:23pm
ACCY CHK	.07	9:24pm
AIR BLK	.00	9:24pm
SUB TEST	**.00**	**9:25pm**
AIR BLK	.00	9:26pm
SUB TEST	**.00**	**9:28pm**
AIR BLK	.00	9:28pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

ROBESON COUNTY BAT MOBILE UNIT 12 770

Serial Number: *008788* Test Record Number: *2546*
Test Date: *04/30/2026* Test Time: *9:30pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:30pm
FLO	Pass	9:30pm
FC	Pass	9:30pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:30pm
SRC	Pass	9:30pm
DET	Pass	9:30pm
BAR	Pass	9:30pm
BT	Pass	9:30pm

Blank Tests

Test	Status	Time
AIR	Pass	9:31pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:31pm

CRC Tests

Test	Status	Time
COMP	Pass	9:31pm
CAL	Pass	9:31pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Robeson Instrument Location BAT Mobile Unit 9

Instrument Serial No. 008826

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 8th day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

2266313
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

ROBESON COUNTY BAT MOBILE UNIT 9 770

Serial Number: *008826*
Test Date: *04/08/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Sharpe Jr., Robert J*
Permit Number: *1820-8591*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG516204
Exp Date: 06/11/2027

Test	g/210L	Time
DIAG	Pass	3:05pm
AIR BLK	.00	3:06pm
ACCY CHK	.07	3:06pm
AIR BLK	.00	3:07pm
SUB TEST	**.00**	**3:07pm**
AIR BLK	.00	3:08pm
SUB TEST	**.00**	**3:10pm**
AIR BLK	.00	3:11pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

ROBESON COUNTY BAT MOBILE UNIT 9 770

Serial Number: *008826* Test Record Number: *8644*
Test Date: *04/08/2026* Test Time: *3:12pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:12pm
FLO	Pass	3:12pm
FC	Pass	3:12pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:12pm
SRC	Pass	3:12pm
DET	Pass	3:12pm
BAR	Pass	3:12pm
BT	Pass	3:12pm

Blank Tests

Test	Status	Time
AIR	Pass	3:13pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:13pm

CRC Tests

Test	Status	Time
COMP	Pass	3:13pm
CAL	Pass	3:13pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Robeson Instrument Location Pembroke Police Department

Instrument Serial No. 008837

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 1 day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

365156
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

ROBESON COUNTY PEMBROKE POLICE DEPT
770

Serial Number: *008837*
Test Date: *04/01/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Garner, Joel K*
Permit Number: *0036-5156*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG501308
Exp Date: 01/13/2027

Test	g/210L	Time
DIAG	Pass	9:27am
AIR BLK	.00	9:28am
ACCY CHK	.08	9:28am
AIR BLK	.00	9:30am
SUB TEST	**.00**	**9:30am**
AIR BLK	.00	9:31am
SUB TEST	**.00**	**9:33am**
AIR BLK	.00	9:34am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

ROBESON COUNTY PEMBROKE POLICE DEPT 770

Serial Number: *008837* Test Record Number: *1380*
Test Date: *04/01/2026* Test Time: *9:34am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:35am
FLO	Pass	9:35am
FC	Pass	9:35am

Temperature Tests

Test	Status	Time
FC1	Pass	9:35am
SRC	Pass	9:35am
DET	Pass	9:35am
BAR	Pass	9:35am
BT	Pass	9:35am

Blank Tests

Test	Status	Time
AIR	Pass	9:35am

Printer Tests

Test	Status	Time
PRNT	Pass	9:36am

CRC Tests

Test	Status	Time
COMP	Pass	9:36am
CAL	Pass	9:36am

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Rockingham Instrument Location EDEN POLICE DEPARTMENT

Instrument Serial No. 008636

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 10th day of April, 20 26 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

509387
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

ROCKINGHAM COUNTY EDEN PD 780

Serial Number: *008636*
Test Date: *04/10/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Long, Thomas A*
Permit Number: *0050-9387*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG534301
Exp Date: 12/09/2027

Test	g/210L	Time
DIAG	Pass	11:44am
AIR BLK	.00	11:45am
ACCY CHK	.08	11:45am
AIR BLK	.00	11:47am
SUB TEST	**.00**	**11:48am**
AIR BLK	.00	11:48am
SUB TEST	**.00**	**11:50am**
AIR BLK	.00	11:51am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

ROCKINGHAM COUNTY EDEN PD 780

Serial Number: *008636* Test Record Number: *3024*
Test Date: *04/10/2026* Test Time: *11:53am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:53am
FLO	Pass	11:53am
FC	Pass	11:53am

Temperature Tests

Test	Status	Time
FC1	Pass	11:53am
SRC	Pass	11:53am
DET	Pass	11:53am
BAR	Pass	11:53am
BT	Pass	11:53am

Blank Tests

Test	Status	Time
AIR	Pass	11:54am

Printer Tests

Test	Status	Time
PRNT	Pass	11:54am

CRC Tests

Test	Status	Time
COMP	Pass	11:54am
CAL	Pass	11:54am

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County ROCKINGHAM Instrument Location ROCKINGHAM COUNTY JAIL

Instrument Serial No. 008796

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 10th day of April, 20 26 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

509387
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

ROCKINGHAM COUNTY ROCKINGHAM CO JAIL
780

Serial Number: *008796*
Test Date: *04/10/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Long, Thomas A*
Permit Number: *0050-9387*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG516204
Exp Date: 06/11/2027

Test	g/210L	Time
DIAG	Pass	1:40pm
AIR BLK	.00	1:40pm
ACCY CHK	.08	1:41pm
AIR BLK	.00	1:42pm
SUB TEST	**.00**	**1:43pm**
AIR BLK	.00	1:44pm
SUB TEST	**.00**	**1:46pm**
AIR BLK	.00	1:46pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

ROCKINGHAM COUNTY ROCKINGHAM CO JAIL 780

Serial Number: *008796* Test Record Number: *4092*
Test Date: *04/10/2026* Test Time: *1:47pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:47pm
FLO	Pass	1:47pm
FC	Pass	1:47pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:48pm
SRC	Pass	1:48pm
DET	Pass	1:48pm
BAR	Pass	1:48pm
BT	Pass	1:48pm

Blank Tests

Test	Status	Time
AIR	Pass	1:48pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:48pm

CRC Tests

Test	Status	Time
COMP	Pass	1:48pm
CAL	Pass	1:48pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Rutherford Instrument Location Forest City PD

Instrument Serial No. 008889 Forest City, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 8 day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

244987
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

RUTHERFORD COUNTY FOREST CITY PD 800

Serial Number: *008889*
Test Date: *04/08/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Loftis, Benjamin C*
Permit Number: *0024-4987*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG431001
Exp Date: 11/05/2026

Test	g/210L	Time
DIAG	Pass	10:24am
AIR BLK	.00	10:25am
ACCY CHK	.07	10:25am
AIR BLK	.00	10:27am
SUB TEST	**.00**	**10:27am**
AIR BLK	.00	10:28am
SUB TEST	**.00**	**10:30am**
AIR BLK	.00	10:30am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

RUTHERFORD COUNTY FOREST CITY PD 800

Serial Number: *008889* Test Record Number: *1310*
Test Date: *04/08/2026* Test Time: *10:32am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:32am
FLO	Pass	10:32am
FC	Pass	10:33am

Temperature Tests

Test	Status	Time
FC1	Pass	10:33am
SRC	Pass	10:33am
DET	Pass	10:33am
BAR	Pass	10:33am
BT	Pass	10:33am

Blank Tests

Test	Status	Time
AIR	Pass	10:34am

Printer Tests

Test	Status	Time
PRNT	Pass	10:34am

CRC Tests

Test	Status	Time
COMP	Pass	10:34am
CAL	Pass	10:34am

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Rutherford Instrument Location Rutherford County Jail

Instrument Serial No. 003914 Rutherfordton, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 8 day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

244987
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

RUTHERFORD COUNTY RUTHERFORD COUNTY SO
800

Serial Number: *008914*
Test Date: *04/08/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Loftis, Benjamin C*
Permit Number: *0024-4987*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG534301
Exp Date: 12/09/2027

Test	g/210L	Time
DIAG	Pass	11:11am
AIR BLK	.00	11:11am
ACCY CHK	.08	11:12am
AIR BLK	.00	11:13am
SUB TEST	**.00**	**11:14am**
AIR BLK	.00	11:15am
SUB TEST	**.00**	**11:17am**
AIR BLK	.00	11:18am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

RUTHERFORD COUNTY RUTHERFORD COUNTY SO 800

Serial Number: *008914* Test Record Number: *3077*
Test Date: *04/08/2026* Test Time: *11:18am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:18am
FLO	Pass	11:18am
FC	Pass	11:18am

Temperature Tests

Test	Status	Time
FC1	Pass	11:19am
SRC	Pass	11:19am
DET	Pass	11:19am
BAR	Pass	11:19am
BT	Pass	11:19am

Blank Tests

Test	Status	Time
AIR	Pass	11:19am

Printer Tests

Test	Status	Time
PRNT	Pass	11:19am

CRC Tests

Test	Status	Time
COMP	Pass	11:19am
CAL	Pass	11:19am

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Sampson Instrument Location BAT Mobile Unit 9

Instrument Serial No. 008575

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 1st day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

226313
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

SAMPSON COUNTY BAT MOBILE UNIT 9 810

Serial Number: *008575*
Test Date: *04/01/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Sharpe Jr., Robert J*
Permit Number: *1820-8591*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG516204
Exp Date: 06/11/2027

Test	g/210L	Time
DIAG	Pass	12:25pm
AIR BLK	.00	12:26pm
ACCY CHK	.07	12:27pm
AIR BLK	.00	12:28pm
SUB TEST	**.00**	**12:28pm**
AIR BLK	.00	12:29pm
SUB TEST	**.00**	**12:31pm**
AIR BLK	.00	12:32pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

SAMPSON COUNTY BAT MOBILE UNIT 9 810

Serial Number: *008575* Test Record Number: *1566*
Test Date: *04/01/2026* Test Time: *12:32pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:33pm
FLO	Pass	12:33pm
FC	Pass	12:33pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:33pm
SRC	Pass	12:33pm
DET	Pass	12:33pm
BAR	Pass	12:33pm
BT	Pass	12:33pm

Blank Tests

Test	Status	Time
AIR	Pass	12:34pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:34pm

CRC Tests

Test	Status	Time
COMP	Pass	12:34pm
CAL	Pass	12:34pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Sampson Instrument Location BAT Mobile Unit 9

Instrument Serial No. 008616

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 1st day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

226313
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

SAMPSON COUNTY BAT MOBILE UNIT 9 810

Serial Number: *008616*
Test Date: *04/01/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Sharpe Jr., Robert J*
Permit Number: *1820-8591*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG506303
Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	12:57pm
AIR BLK	.00	12:58pm
ACCY CHK	.07	12:59pm
AIR BLK	.00	1:00pm
SUB TEST	**.00**	**1:01pm**
AIR BLK	.00	1:02pm
SUB TEST	**.00**	**1:04pm**
AIR BLK	.00	1:05pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

SAMPSON COUNTY BAT MOBILE UNIT 9 810

Serial Number: *008616* Test Record Number: *2975*
Test Date: *04/01/2026* Test Time: *1:06pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:06pm
FLO	Pass	1:06pm
FC	Pass	1:06pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:06pm
SRC	Pass	1:06pm
DET	Pass	1:06pm
BAR	Pass	1:06pm
BT	Pass	1:06pm

Blank Tests

Test	Status	Time
AIR	Pass	1:07pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:07pm

CRC Tests

Test	Status	Time
COMP	Pass	1:07pm
CAL	Pass	1:07pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Sampson Instrument Location BAT Mobile Unit 9

Instrument Serial No. 008647

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 1st day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

226313
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

SAMPSON COUNTY BAT MOBILE UNIT 9 810

Serial Number: *008647*
Test Date: *04/01/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Sharpe Jr., Robert J*
Permit Number: *1820-8591*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG516203
Exp Date: 06/11/2027

Test	g/210L	Time
DIAG	Pass	12:43pm
AIR BLK	.00	12:44pm
ACCY CHK	.07	12:44pm
AIR BLK	.00	12:45pm
SUB TEST	**.00**	**12:46pm**
AIR BLK	.00	12:47pm
SUB TEST	**.00**	**12:49pm**
AIR BLK	.00	12:50pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

SAMPSON COUNTY BAT MOBILE UNIT 9 810

Serial Number: *008647* Test Record Number: *2953*
Test Date: *04/01/2026* Test Time: *1:35pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:36pm
FLO	Pass	1:36pm
FC	Pass	1:36pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:36pm
SRC	Pass	1:36pm
DET	Pass	1:36pm
BAR	Pass	1:36pm
BT	Pass	1:36pm

Blank Tests

Test	Status	Time
AIR	Pass	1:37pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:37pm

CRC Tests

Test	Status	Time
COMP	Pass	1:37pm
CAL	Pass	1:37pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Sampson Instrument Location BAT Mobile Unit 9

Instrument Serial No. 008704

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 1st day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

226313
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

SAMPSON COUNTY BAT MOBILE UNIT 9 810

Serial Number: *008704*
Test Date: *04/01/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Sharpe Jr., Robert J*
Permit Number: *1820-8591*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG506303
Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	12:35pm
AIR BLK	.00	12:36pm
ACCY CHK	.07	12:36pm
AIR BLK	.00	12:37pm
SUB TEST	**.00**	**12:38pm**
AIR BLK	.00	12:39pm
SUB TEST	**.00**	**12:41pm**
AIR BLK	.00	12:42pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

SAMPSON COUNTY BAT MOBILE UNIT 9 810

Serial Number: *008704* Test Record Number: *1005*
Test Date: *04/01/2026* Test Time: *12:43pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:44pm
FLO	Pass	12:44pm
FC	Pass	12:44pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:44pm
SRC	Pass	12:44pm
DET	Pass	12:44pm
BAR	Pass	12:44pm
BT	Pass	12:44pm

Blank Tests

Test	Status	Time
AIR	Pass	12:45pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:45pm

CRC Tests

Test	Status	Time
COMP	Pass	12:45pm
CAL	Pass	12:45pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Sampson Instrument Location BAT Mobile Unit 9

Instrument Serial No. 008826

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 1st day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

226313
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

SAMPSON COUNTY BAT MOBILE UNIT 9 810

Serial Number: *008826*
Test Date: *04/01/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Sharpe Jr., Robert J*
Permit Number: *1820-8591*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG516204
Exp Date: 06/11/2027

Test	g/210L	Time
DIAG	Pass	12:30pm
AIR BLK	.00	12:31pm
ACCY CHK	.07	12:31pm
AIR BLK	.00	12:32pm
SUB TEST	**.00**	**12:33pm**
AIR BLK	.00	12:34pm
SUB TEST	**.00**	**12:35pm**
AIR BLK	.00	12:36pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

SAMPSON COUNTY BAT MOBILE UNIT 9 810

Serial Number: *008826* Test Record Number: *8640*
Test Date: *04/01/2026* Test Time: *12:37pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:38pm
FLO	Pass	12:38pm
FC	Pass	12:38pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:38pm
SRC	Pass	12:38pm
DET	Pass	12:38pm
BAR	Pass	12:38pm
BT	Pass	12:38pm

Blank Tests

Test	Status	Time
AIR	Pass	12:38pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:38pm

CRC Tests

Test	Status	Time
COMP	Pass	12:39pm
CAL	Pass	12:39pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Stanly Instrument Location Stanly County SO Albemarle, NC

Instrument Serial No 008824

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 1st day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

849845
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

STANLY COUNTY STANLY COUNTY SO 830

Serial Number: *008824*
Test Date: *04/01/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Helms, Bryce A*
Permit Number: *0084-9845*
Effective:
02/01/2025-02/01/2027

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG516203
Exp Date: 06/11/2027

Test	g/210L	Time
DIAG	Pass	1:53pm
AIR BLK	.00	1:54pm
ACCY CHK	.07	1:55pm
AIR BLK	.00	1:56pm
SUB TEST	**.00**	**1:56pm**
AIR BLK	.00	1:57pm
SUB TEST	**.00**	**1:59pm**
AIR BLK	.00	2:00pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

STANLY COUNTY STANLY COUNTY SO 830

Serial Number: *008824* Test Record Number: *2306*
Test Date: *04/01/2026* Test Time: *2:01pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:01pm
FLO	Pass	2:01pm
FC	Pass	2:02pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:02pm
SRC	Pass	2:02pm
DET	Pass	2:02pm
BAR	Pass	2:02pm
BT	Pass	2:02pm

Blank Tests

Test	Status	Time
AIR	Pass	2:02pm

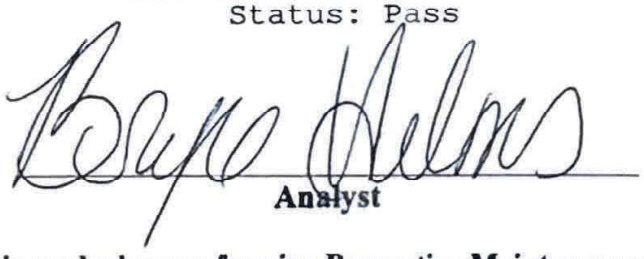
Printer Tests

Test	Status	Time
PRNT	Pass	2:02pm

CRC Tests

Test	Status	Time
COMP	Pass	2:02pm
CAL	Pass	2:02pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Stanly Instrument Location Stanly County SO Albemarle, NC

Instrument Serial No. 008842

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 1st day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

849845
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

STANLY COUNTY STANLY COUNTY SO 830

Serial Number: *008842*
Test Date: *04/01/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Helms, Bryce A*
Permit Number: *0084-9845*
Effective:
02/01/2025-02/01/2027

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG534301
Exp Date: 12/09/2027

Test	g/210L	Time
DIAG	Pass	1:52pm
AIR BLK	.00	1:52pm
ACCY CHK	.08	1:53pm
AIR BLK	.00	1:54pm
SUB TEST	**.00**	**1:55pm**
AIR BLK	.00	1:56pm
SUB TEST	**.00**	**1:58pm**
AIR BLK	.00	1:58pm

Reported AC: .00 g/210L

Bryce Helms
Signature of Chemical Analyst

Court CVR

Bryce Helms
Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

STANLY COUNTY STANLY COUNTY SO 830

Serial Number: *008842* Test Record Number: *3342*
Test Date: *04/01/2026* Test Time: *1:59pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:59pm
FLO	Pass	1:59pm
FC	Pass	1:59pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:59pm
SRC	Pass	1:59pm
DET	Pass	1:59pm
BAR	Pass	1:59pm
BT	Pass	1:59pm

Blank Tests

Test	Status	Time
AIR	Pass	2:00pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:00pm

CRC Tests

Test	Status	Time
COMP	Pass	2:00pm
CAL	Pass	2:00pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County STOKES Instrument Location STOKES COUNTY JAIL

Instrument Serial No. 008596 DANBURY, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 17TH day of APRIL, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

353799
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

STOKES COUNTY JAIL 840

Serial Number: *008596*
Test Date: *04/17/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Oligmueller, Leo A*
Permit Number: *0035-3799*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG534301
Exp Date: 12/09/2027

Test	g/210L	Time
DIAG	Pass	9:34am
AIR BLK	.00	9:35am
ACCY CHK	.08	9:36am
AIR BLK	.00	9:37am
SUB TEST	**.00**	**9:38am**
AIR BLK	.00	9:38am
SUB TEST	**.00**	**9:40am**
AIR BLK	.00	9:41am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

STOKES COUNTY JAIL 840

Serial Number: *008596* Test Record Number: *1661*
Test Date: *04/17/2026* Test Time: *9:42am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:43am
FLO	Pass	9:43am
FC	Pass	9:43am

Temperature Tests

Test	Status	Time
FC1	Pass	9:43am
SRC	Pass	9:43am
DET	Pass	9:43am
BAR	Pass	9:43am
BT	Pass	9:43am

Blank Tests

Test	Status	Time
AIR	Pass	9:44am

Printer Tests

Test	Status	Time
PRNT	Pass	9:44am

CRC Tests

Test	Status	Time
COMP	Pass	9:44am
CAL	Pass	9:44am

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County STOKES Instrument Location KING POLICE DEPARTMENT

Instrument Serial No. 008660

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 6TH day of APRIL, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

353799
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

STOKES COUNTY KING PD 840

Serial Number: *008660*
Test Date: *04/06/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Oligmueller, Leo A*
Permit Number: *0035-3799*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG506301
Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	12:35pm
AIR BLK	.00	12:35pm
ACCY CHK	.07	12:36pm
AIR BLK	.00	12:38pm
SUB TEST	**.00**	**12:38pm**
AIR BLK	.00	12:39pm
SUB TEST	**.00**	**12:41pm**
AIR BLK	.00	12:42pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

STOKES COUNTY KING PD 840

Serial Number: *008660* Test Record Number: *4812*
Test Date: *04/06/2026* Test Time: *12:43pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:43pm
FLO	Pass	12:43pm
FC	Pass	12:43pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:43pm
SRC	Pass	12:43pm
DET	Pass	12:43pm
BAR	Pass	12:43pm
BT	Pass	12:43pm

Blank Tests

Test	Status	Time
AIR	Pass	12:44pm

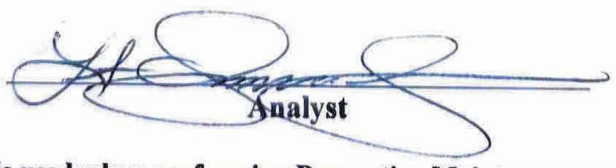
Printer Tests

Test	Status	Time
PRNT	Pass	12:44pm

CRC Tests

Test	Status	Time
COMP	Pass	12:44pm
CAL	Pass	12:44pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County STOKES Instrument Location KING POLICE DEPARTMENT

Instrument Serial No. 008718

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 14TH day of APRIL, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

353799
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

STOKES COUNTY KING PD 840

Serial Number: *008718*
Test Date: *04/14/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Oligmueller, Leo A*
Permit Number: *0035-3799*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG506301
Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	12:28pm
AIR BLK	.00	12:29pm
ACCY CHK	.07	12:30pm
AIR BLK	.00	12:31pm
SUB TEST	**.00**	**12:32pm**
AIR BLK	.00	12:32pm
SUB TEST	**.00**	**12:34pm**
AIR BLK	.00	12:35pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

STOKES COUNTY KING PD 840

Serial Number: *008718* Test Record Number: *2552*
Test Date: *04/14/2026* Test Time: *12:36pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:36pm
FLO	Pass	12:36pm
FC	Pass	12:36pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:36pm
SRC	Pass	12:36pm
DET	Pass	12:36pm
BAR	Pass	12:36pm
BT	Pass	12:36pm

Blank Tests

Test	Status	Time
AIR	Pass	12:37pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:37pm

CRC Tests

Test	Status	Time
COMP	Pass	12:37pm
CAL	Pass	12:37pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County SURRY Instrument Location PILOT MOUNTAIN

Instrument Serial No. 008938 POLICE DEPARTMENT

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 17TH day of APRIL, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

353799
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

SURRY COUNTY PILOT MOUNTAIN PD 850

Serial Number: *008938*
Test Date: *04/17/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Oligmueller, Leo A*
Permit Number: *0035-3799*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG506301
Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	11:00am
AIR BLK	.00	11:01am
ACCY CHK	.08	11:02am
AIR BLK	.00	11:03am
SUB TEST	**.00**	**11:04am**
AIR BLK	.00	11:05am
SUB TEST	**.00**	**11:07am**
AIR BLK	.00	11:08am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

SURRY COUNTY PILOT MOUNTAIN PD 850

Serial Number: *008938* Test Record Number: *922*
Test Date: *04/17/2026* Test Time: *11:08am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:09am
FLO	Pass	11:09am
FC	Pass	11:09am

Temperature Tests

Test	Status	Time
FC1	Pass	11:09am
SRC	Pass	11:09am
DET	Pass	11:09am
BAR	Pass	11:09am
BT	Pass	11:09am

Blank Tests

Test	Status	Time
AIR	Pass	11:09am

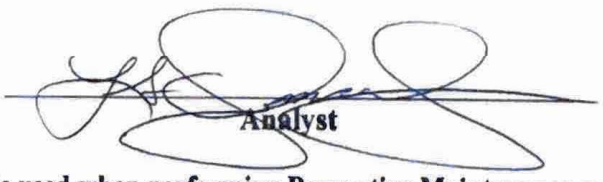
Printer Tests

Test	Status	Time
PRNT	Pass	11:09am

CRC Tests

Test	Status	Time
COMP	Pass	11:10am
CAL	Pass	11:10am

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Transylvania Instrument Location Transylvania County Jail

Instrument Serial No. 008609 Brevard, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 13 day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

244987
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

TRANSYLVANIA COUNTY TRANSYLVANIA COUNTY JAIL 870

Serial Number: *008609*
Test Date: *04/13/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Loftis, Benjamin C*
Permit Number: *0024-4987*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG534301
Exp Date: 12/09/2027

Test	g/210L	Time
DIAG	Pass	12:21pm
AIR BLK	.00	12:22pm
ACCY CHK	.07	12:22pm
AIR BLK	.00	12:24pm
SUB TEST	**.00**	**12:24pm**
AIR BLK	.00	12:25pm
SUB TEST	**.00**	**12:26pm**
AIR BLK	.00	12:27pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

TRANSYLVANIA COUNTY TRANSYLVANIA COUNTY JAIL 870

Serial Number: *008609* Test Record Number: *1398*
Test Date: *04/13/2026* Test Time: *12:27pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:28pm
FLO	Pass	12:28pm
FC	Pass	12:28pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:28pm
SRC	Pass	12:28pm
DET	Pass	12:28pm
BAR	Pass	12:28pm
BT	Pass	12:28pm

Blank Tests

Test	Status	Time
AIR	Pass	12:29pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:29pm

CRC Tests

Test	Status	Time
COMP	Pass	12:29pm
CAL	Pass	12:29pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Transylvania Instrument Location Transylvania County Jail

Instrument Serial No. 009820 Brevard, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 13 day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

244987
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

TRANSYLVANIA COUNTY TRANSYLVANIA COUNTY JAIL 870

Serial Number: *008820*
Test Date: *04/13/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Loftis, Benjamin C*
Permit Number: *0024-4987*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG534301
Exp Date: 12/09/2027

Test	g/210L	Time
DIAG	Pass	12:21pm
AIR BLK	.00	12:21pm
ACCY CHK	.07	12:22pm
AIR BLK	.00	12:23pm
SUB TEST	**.00**	**12:24pm**
AIR BLK	.00	12:24pm
SUB TEST	**.00**	**12:26pm**
AIR BLK	.00	12:27pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

TRANSYLVANIA COUNTY TRANSYLVANIA COUNTY JAIL 870

Serial Number: *008820* Test Record Number: *1858*
Test Date: *04/13/2026* Test Time: *12:27pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:27pm
FLO	Pass	12:27pm
FC	Pass	12:28pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:28pm
SRC	Pass	12:28pm
DET	Pass	12:28pm
BAR	Pass	12:28pm
BT	Pass	12:28pm

Blank Tests

Test	Status	Time
AIR	Pass	12:28pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:28pm

CRC Tests

Test	Status	Time
COMP	Pass	12:29pm
CAL	Pass	12:29pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Union Instrument Location Stallings PD Stallings, NC

Instrument Serial No. 008694

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 10th day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Bryce Helms — Signature of Certifying Official

849845 — Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

UNION COUNTY STALLINGS PD 890

Serial Number: *008694*
Test Date: *04/10/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Helms, Bryce A*
Permit Number: *0084-9845*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG602101
Exp Date: 01/21/2028

Test	g/210L	Time
DIAG	Pass	11:20am
AIR BLK	.00	11:20am
ACCY CHK	.08	11:21am
AIR BLK	.00	11:22am
SUB TEST	**.00**	**11:22am**
AIR BLK	.00	11:23am
SUB TEST	**.00**	**11:25am**
AIR BLK	.00	11:26am

Reported AC: .00 g/210L

Bryce Helms
Signature of Chemical Analyst

Court CVR

Bryce Helms
Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

UNION COUNTY STALLINGS PD 890

Serial Number: *008694* Test Record Number: *1993*
Test Date: *04/10/2026* Test Time: *11:26am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:27am
FLO	Pass	11:27am
FC	Pass	11:27am

Temperature Tests

Test	Status	Time
FC1	Pass	11:27am
SRC	Pass	11:27am
DET	Pass	11:27am
BAR	Pass	11:27am
BT	Pass	11:27am

Blank Tests

Test	Status	Time
AIR	Pass	11:28am

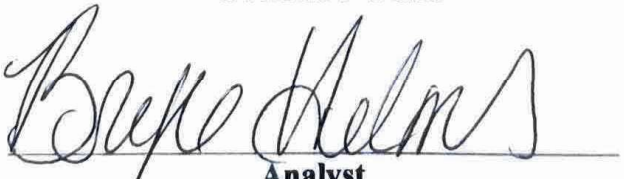
Printer Tests

Test	Status	Time
PRNT	Pass	11:28am

CRC Tests

Test	Status	Time
COMP	Pass	11:28am
CAL	Pass	11:28am

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Vance Instrument Location Vance Co. S.D.

Instrument Serial No. 008870 156 Church St.

Henderson, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 13 day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

16945-1
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: *008870*
Test Date: *04/13/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Brame, Bryant T*
Permit Number: *0016-9451*
Effective:
04/01/2026-04/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG534301
Exp Date: 12/09/2027

Test	g/210L	Time
DIAG	Pass	1:10pm
AIR BLK	.00	1:11pm
ACCY CHK	.07	1:12pm
AIR BLK	.00	1:13pm
SUB TEST	**.00**	**1:14pm**
AIR BLK	.00	1:15pm
SUB TEST	**.00**	**1:17pm**
AIR BLK	.00	1:18pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: *008870* Test Record Number: *4256*
Test Date: *04/13/2026* Test Time: *1:19pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:19pm
FLO	Pass	1:19pm
FC	Pass	1:19pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:19pm
SRC	Pass	1:19pm
DET	Pass	1:19pm
BAR	Pass	1:19pm
BT	Pass	1:19pm

Blank Tests

Test	Status	Time
AIR	Pass	1:20pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:20pm

CRC Tests

Test	Status	Time
COMP	Pass	1:20pm
CAL	Pass	1:20pm

Preventive Maintenance
Status: Pass

Bryst L B
Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Vance Instrument Location Vance Co. S.O.

Instrument Serial No. 008937 156 Church St.

Henderson, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 13 day of April, 20 26 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

169451
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: *008937*
Test Date: *04/13/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Brame, Bryant T*
Permit Number: *0016-9451*
Effective:
04/01/2026-04/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG534301
Exp Date: 12/09/2027

Test	g/210L	Time
DIAG	Pass	1:08pm
AIR BLK	.00	1:09pm
ACCY CHK	.08	1:10pm
AIR BLK	.00	1:11pm
SUB TEST	**.00**	**1:12pm**
AIR BLK	.00	1:13pm
SUB TEST	**.00**	**1:14pm**
AIR BLK	.00	1:15pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: *008937* Test Record Number: *3625*
Test Date: *04/13/2026* Test Time: *1:17pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:17pm
FLO	Pass	1:17pm
FC	Pass	1:17pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:17pm
SRC	Pass	1:17pm
DET	Pass	1:17pm
BAR	Pass	1:17pm
BT	Pass	1:17pm

Blank Tests

Test	Status	Time
AIR	Pass	1:18pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:18pm

CRC Tests

Test	Status	Time
COMP	Pass	1:18pm
CAL	Pass	1:18pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Wake Instrument Location BAT Mobile Unit 10

Instrument Serial No. 008584

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 10 day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

193759
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: *008584*
Test Date: *04/10/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Carroll, Barry J*
Permit Number: *0019-3759*
Effective:
09/01/2025-09/01/2027

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG534301
Exp Date: 12/09/2027

Test	g/210L	Time
DIAG	Pass	8:56pm
AIR BLK	.00	8:57pm
ACCY CHK	.08	8:57pm
AIR BLK	.00	8:58pm
SUB TEST	**.00**	**8:59pm**
AIR BLK	.00	8:59pm
SUB TEST	**.00**	**9:01pm**
AIR BLK	.00	9:02pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: *008584* Test Record Number: *2877*
Test Date: *04/10/2026* Test Time: *9:05pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:06pm
FLO	Pass	9:06pm
FC	Pass	9:06pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:06pm
SRC	Pass	9:06pm
DET	Pass	9:06pm
BAR	Pass	9:06pm
BT	Pass	9:06pm

Blank Tests

Test	Status	Time
AIR	Pass	9:06pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:06pm

CRC Tests

Test	Status	Time
COMP	Pass	9:07pm
CAL	Pass	9:07pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Wake Instrument Location BAT Mobile Unit 10

Instrument Serial No. 005584

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 17 day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

193759
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

WAKE BAT MOBILE UNIT 10 910

Serial Number: *008584*
Test Date: *04/17/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Carroll, Barry J*
Permit Number: *0019-3759*
Effective:
09/01/2025-09/01/2027

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG534301
Exp Date: 12/09/2027

Test	g/210L	Time
DIAG	Pass	9:55pm
AIR BLK	.00	9:56pm
ACCY CHK	.08	9:57pm
AIR BLK	.00	9:57pm
SUB TEST	**.00**	**9:59pm**
AIR BLK	.00	9:59pm
SUB TEST	**.00**	**10:02pm**
AIR BLK	.00	10:03pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

WAKE BAT MOBILE UNIT 10 910

Serial Number: *008584* Test Record Number: *2881*
Test Date: *04/17/2026* Test Time: *10:03pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:03pm
FLO	Pass	10:03pm
FC	Pass	10:03pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:04pm
SRC	Pass	10:04pm
DET	Pass	10:04pm
BAR	Pass	10:04pm
BT	Pass	10:04pm

Blank Tests

Test	Status	Time
AIR	Pass	10:04pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:04pm

CRC Tests

Test	Status	Time
COMP	Pass	10:04pm
CAL	Pass	10:04pm

Preventive Maintenance
Status: Pass

_____

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Wake Instrument Location BAT Mobile Unit 10

Instrument Serial No. 008584

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 25 day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

193759
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: *008584*
Test Date: *04/25/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Carroll, Barry J*
Permit Number: *0019-3759*
Effective:
09/01/2025-09/01/2027

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG534301
Exp Date: 12/09/2027

Test	g/210L	Time
DIAG	Pass	8:53pm
AIR BLK	.00	8:54pm
ACCY CHK	.08	8:54pm
AIR BLK	.00	8:55pm
SUB TEST	**.00**	**8:56pm**
AIR BLK	.00	8:57pm
SUB TEST	**.00**	**8:59pm**
AIR BLK	.00	9:00pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: *008584* Test Record Number: *2885*
Test Date: *04/25/2026* Test Time: *9:01pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:01pm
FLO	Pass	9:01pm
FC	Pass	9:01pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:02pm
SRC	Pass	9:02pm
DET	Pass	9:02pm
BAR	Pass	9:02pm
BT	Pass	9:02pm

Blank Tests

Test	Status	Time
AIR	Pass	9:02pm

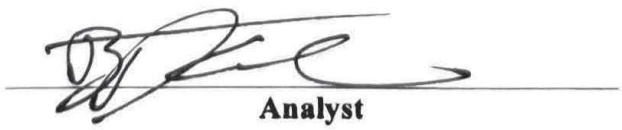
Printer Tests

Test	Status	Time
PRNT	Pass	9:02pm

CRC Tests

Test	Status	Time
COMP	Pass	9:02pm
CAL	Pass	9:02pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Wake Instrument Location Raleigh PD Northeast Dist.

Instrument Serial No. 008623 5228 Greens Dairy RD

Raleigh, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 13 day of April, 20 26 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

16945-1
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

WAKE COUNTY NORTH EAST DISTRICT 910

Serial Number: *008623*
Test Date: *04/13/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Brame, Bryant T*
Permit Number: *0016-9451*
Effective:
04/01/2026-04/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG602101
Exp Date: 01/21/2028

Test	g/210L	Time
DIAG	Pass	10:11am
AIR BLK	.00	10:11am
ACCY CHK	.07	10:12am
AIR BLK	.00	10:13am
SUB TEST	**.00**	**10:14am**
AIR BLK	.00	10:15am
SUB TEST	**.00**	**10:17am**
AIR BLK	.00	10:17am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY NORTH EAST DISTRICT 910

Serial Number: *008623* Test Record Number: *5064*
Test Date: *04/13/2026* Test Time: *10:18am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:18am
FLO	Pass	10:18am
FC	Pass	10:19am

Temperature Tests

Test	Status	Time
FC1	Pass	10:19am
SRC	Pass	10:19am
DET	Pass	10:19am
BAR	Pass	10:19am
BT	Pass	10:19am

Blank Tests

Test	Status	Time
AIR	Pass	10:19am

Printer Tests

Test	Status	Time
PRNT	Pass	10:19am

CRC Tests

Test	Status	Time
COMP	Pass	10:19am
CAL	Pass	10:19am

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Wake Instrument Location BAT Mobile Unit 10

Instrument Serial No. 005637

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 10 day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

193759
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: *008637*
Test Date: *04/10/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Carroll, Barry J*
Permit Number: *0019-3759*
Effective:
09/01/2025-09/01/2027

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG534301
Exp Date: 12/09/2027

Test	g/210L	Time
DIAG	Pass	9:03pm
AIR BLK	.00	9:04pm
ACCY CHK	.07	9:05pm
AIR BLK	.00	9:06pm
SUB TEST	**.00**	**9:06pm**
AIR BLK	.00	9:07pm
SUB TEST	**.00**	**9:09pm**
AIR BLK	.00	9:10pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: *008637* Test Record Number: *3604*
Test Date: *04/10/2026* Test Time: *9:10pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:11pm
FLO	Pass	9:11pm
FC	Pass	9:11pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:11pm
SRC	Pass	9:11pm
DET	Pass	9:11pm
BAR	Pass	9:11pm
BT	Pass	9:11pm

Blank Tests

Test	Status	Time
AIR	Pass	9:11pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:12pm

CRC Tests

Test	Status	Time
COMP	Pass	9:12pm
CAL	Pass	9:12pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Wake Instrument Location BAT Mobile Unit 10

Instrument Serial No. 008637

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 17 day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

193759
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

WAKE BAT MOBILE UNIT 10 910

Serial Number: *008637*
Test Date: *04/17/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Carroll, Barry J*
Permit Number: *0019-3759*
Effective:
09/01/2025-09/01/2027

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG534301
Exp Date: 12/09/2027

Test	g/210L	Time
DIAG	Pass	10:00pm
AIR BLK	.00	10:01pm
ACCY CHK	.07	10:02pm
AIR BLK	.00	10:03pm
SUB TEST	**.00**	**10:03pm**
AIR BLK	.00	10:04pm
SUB TEST	**.00**	**10:07pm**
AIR BLK	.00	10:07pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

WAKE BAT MOBILE UNIT 10 910

Serial Number: *008637* Test Record Number: *3610*
Test Date: *04/17/2026* Test Time: *10:10pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:10pm
FLO	Pass	10:10pm
FC	Pass	10:10pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:11pm
SRC	Pass	10:11pm
DET	Pass	10:11pm
BAR	Pass	10:11pm
BT	Pass	10:11pm

Blank Tests

Test	Status	Time
AIR	Pass	10:11pm

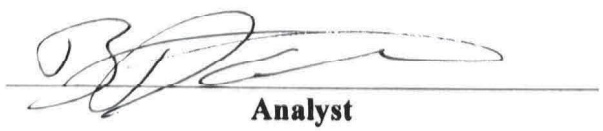
Printer Tests

Test	Status	Time
PRNT	Pass	10:11pm

CRC Tests

Test	Status	Time
COMP	Pass	10:11pm
CAL	Pass	10:11pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Wake Instrument Location BAT Mobile Unit 10

Instrument Serial No. 008686

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 10 day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

193759
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: *008686*
Test Date: *04/10/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Carroll, Barry J*
Permit Number: *0019-3759*
Effective:
09/01/2025-09/01/2027

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG506302
Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	9:05pm
AIR BLK	.00	9:06pm
ACCY CHK	.08	9:06pm
AIR BLK	.00	9:07pm
SUB TEST	**.00**	**9:08pm**
AIR BLK	.00	9:08pm
SUB TEST	**.00**	**9:10pm**
AIR BLK	.00	9:11pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: *008686* Test Record Number: *7228*
Test Date: *04/10/2026* Test Time: *9:11pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:12pm
FLO	Pass	9:12pm
FC	Pass	9:12pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:12pm
SRC	Pass	9:12pm
DET	Pass	9:12pm
BAR	Pass	9:12pm
BT	Pass	9:12pm

Blank Tests

Test	Status	Time
AIR	Pass	9:12pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:13pm

CRC Tests

Test	Status	Time
COMP	Pass	9:13pm
CAL	Pass	9:13pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Wake Instrument Location BAT Mobile Unit 10

Instrument Serial No. 008686

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 17 day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

193759
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

WAKE BAT MOBILE UNIT 10 910

Serial Number: *008686*
Test Date: *04/17/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Carroll, Barry J*
Permit Number: *0019-3759*
Effective:
09/01/2025-09/01/2027

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG506302
Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	10:02pm
AIR BLK	.00	10:03pm
ACCY CHK	.08	10:03pm
AIR BLK	.00	10:04pm
SUB TEST	**.00**	**10:05pm**
AIR BLK	.00	10:05pm
SUB TEST	**.00**	**10:07pm**
AIR BLK	.00	10:08pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

WAKE BAT MOBILE UNIT 10 910

Serial Number: *008686* Test Record Number: *7232*
Test Date: *04/17/2026* Test Time: *10:10pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:10pm
FLO	Pass	10:10pm
FC	Pass	10:11pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:11pm
SRC	Pass	10:11pm
DET	Pass	10:11pm
BAR	Pass	10:11pm
BT	Pass	10:11pm

Blank Tests

Test	Status	Time
AIR	Pass	10:11pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:11pm

CRC Tests

Test	Status	Time
COMP	Pass	10:11pm
CAL	Pass	10:11pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Wake Instrument Location BAT Mobile Unit 10

Instrument Serial No. 086686

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 25 day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

19375 9
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: *008686*
Test Date: *04/25/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Carroll, Barry J*
Permit Number: *0019-3759*
Effective:
09/01/2025-09/01/2027

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG506302
Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	9:01pm
AIR BLK	.00	9:02pm
ACCY CHK	.08	9:02pm
AIR BLK	.00	9:03pm
SUB TEST	**.00**	**9:04pm**
AIR BLK	.00	9:05pm
SUB TEST	**.00**	**9:06pm**
AIR BLK	.00	9:07pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: *008686* Test Record Number: *7236*
Test Date: *04/25/2026* Test Time: *9:10pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:10pm
FLO	Pass	9:10pm
FC	Pass	9:10pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:10pm
SRC	Pass	9:10pm
DET	Pass	9:10pm
BAR	Pass	9:10pm
BT	Pass	9:10pm

Blank Tests

Test	Status	Time
AIR	Pass	9:11pm

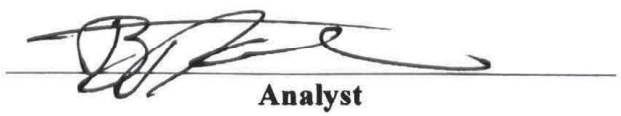
Printer Tests

Test	Status	Time
PRNT	Pass	9:11pm

CRC Tests

Test	Status	Time
COMP	Pass	9:11pm
CAL	Pass	9:11pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Wake Instrument Location Wake Forest PD

Instrument Serial No. 008700 225 S. Taylor St.

Wake Forest, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 13 day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

16945I
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

WAKE COUNTY WAKE FOREST PD 910

Serial Number: *008700*
Test Date: *04/13/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Brame, Bryant T*
Permit Number: *0016-9451*
Effective:
04/01/2026-04/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG505001
Exp Date: 02/19/2027

Test	g/210L	Time
DIAG	Pass	11:30am
AIR BLK	.00	11:30am
ACCY CHK	.08	11:31am
AIR BLK	.00	11:32am
SUB TEST	**.00**	**11:33am**
AIR BLK	.00	11:34am
SUB TEST	**.00**	**11:36am**
AIR BLK	.00	11:36am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY WAKE FOREST PD 910

Serial Number: *008700* Test Record Number: *2864*
Test Date: *04/13/2026* Test Time: *11:37am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:37am
FLO	Pass	11:37am
FC	Pass	11:37am

Temperature Tests

Test	Status	Time
FC1	Pass	11:37am
SRC	Pass	11:37am
DET	Pass	11:37am
BAR	Pass	11:37am
BT	Pass	11:37am

Blank Tests

Test	Status	Time
AIR	Pass	11:38am

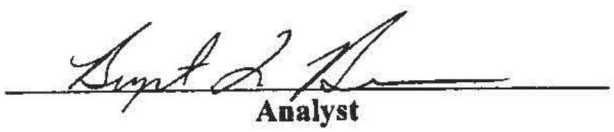
Printer Tests

Test	Status	Time
PRNT	Pass	11:38am

CRC Tests

Test	Status	Time
COMP	Pass	11:38am
CAL	Pass	11:38am

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Wake Instrument Location BAT Mobile Unit 10

Instrument Serial No. 008776

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 17 day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

193759
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

WAKE BAT MOBILE UNIT 10 910

Serial Number: *008776*
Test Date: *04/17/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Carroll, Barry J*
Permit Number: *0019-3759*
Effective:
09/01/2025-09/01/2027

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG417803
Exp Date: 06/26/2026

Test	g/210L	Time
DIAG	Pass	9:58pm
AIR BLK	.00	9:59pm
ACCY CHK	.08	10:00pm
AIR BLK	.00	10:01pm
SUB TEST	**.00**	**10:02pm**
AIR BLK	.00	10:03pm
SUB TEST	**.00**	**10:04pm**
AIR BLK	.00	10:05pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

WAKE BAT MOBILE UNIT 10 910

Serial Number: *008776* Test Record Number: *4194*
Test Date: *04/17/2026* Test Time: *10:06pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:06pm
FLO	Pass	10:06pm
FC	Pass	10:07pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:07pm
SRC	Pass	10:07pm
DET	Pass	10:07pm
BAR	Pass	10:07pm
BT	Pass	10:07pm

Blank Tests

Test	Status	Time
AIR	Pass	10:07pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:07pm

CRC Tests

Test	Status	Time
COMP	Pass	10:08pm
CAL	Pass	10:08pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Wake Instrument Location BAT Mobile Unit 10

Instrument Serial No. 008776

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 25 day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

193759
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: *008776*
Test Date: *04/25/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Carroll, Barry J*
Permit Number: *0019-3759*
Effective:
09/01/2025-09/01/2027

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG417803
Exp Date: 06/26/2026

Test	g/210L	Time
DIAG	Pass	8:56pm
AIR BLK	.00	8:57pm
ACCY CHK	.08	8:58pm
AIR BLK	.00	8:58pm
SUB TEST	**.00**	**8:59pm**
AIR BLK	.00	9:00pm
SUB TEST	**.00**	**9:01pm**
AIR BLK	.00	9:02pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: *008776* Test Record Number: *4204*
Test Date: *04/25/2026* Test Time: *9:03pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:03pm
FLO	Pass	9:03pm
FC	Pass	9:03pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:03pm
SRC	Pass	9:03pm
DET	Pass	9:03pm
BAR	Pass	9:03pm
BT	Pass	9:03pm

Blank Tests

Test	Status	Time
AIR	Pass	9:04pm

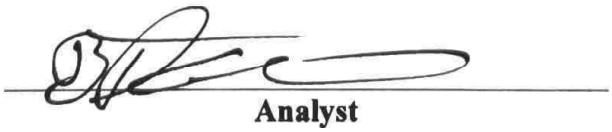
Printer Tests

Test	Status	Time
PRNT	Pass	9:04pm

CRC Tests

Test	Status	Time
COMP	Pass	9:04pm
CAL	Pass	9:04pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County WAKE Instrument Location WAKE Co. Detention CTR

Instrument Serial No. 008924 3301 Hammonds RD

Raleigh, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 6 day of April, 20 26 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

16945I
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

WAKE COUNTY DETENTION CENTER 910

Serial Number: *008778*
Test Date: *04/06/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Brame, Bryant T*
Permit Number: *0016-9451*
Effective:
09/01/2025-09/01/2027

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG516203
Exp Date: 06/11/2027

Test	g/210L	Time
DIAG	Pass	11:03am
AIR BLK	.00	11:05am
ACCY CHK	.08	11:05am
AIR BLK	.00	11:07am
SUB TEST	**.00**	**11:07am**
AIR BLK	.00	11:08am
SUB TEST	**.00**	**11:09am**
AIR BLK	.00	11:10am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY DETENTION CENTER 910

Serial Number: *008778* Test Record Number: *9139*
Test Date: *04/06/2026* Test Time: *11:11am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:12am
FLO	Pass	11:12am
FC	Pass	11:12am

Temperature Tests

Test	Status	Time
FC1	Pass	11:12am
SRC	Pass	11:12am
DET	Pass	11:12am
BAR	Pass	11:12am
BT	Pass	11:12am

Blank Tests

Test	Status	Time
AIR	Pass	11:13am

Printer Tests

Test	Status	Time
PRNT	Pass	11:13am

CRC Tests

Test	Status	Time
COMP	Pass	11:13am
CAL	Pass	11:13am

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Wake Instrument Location BAT Mobile Unit 10

Instrument Serial No. 008779

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 10 day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

193759
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: *008779*
Test Date: *04/10/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Carroll, Barry J*
Permit Number: *0019-3759*
Effective:
09/01/2025-09/01/2027

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG431002
Exp Date: 11/05/2026

Test	g/210L	Time
DIAG	Pass	10:09pm
AIR BLK	.00	10:10pm
ACCY CHK	.08	10:10pm
AIR BLK	.00	10:11pm
SUB TEST	**.00**	**10:12pm**
AIR BLK	.00	10:13pm
SUB TEST	**.00**	**10:16pm**
AIR BLK	.00	10:17pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: *008779* Test Record Number: *4121*
Test Date: *04/10/2026* Test Time: *10:17pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:17pm
FLO	Pass	10:17pm
FC	Pass	10:17pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:18pm
SRC	Pass	10:18pm
DET	Pass	10:18pm
BAR	Pass	10:18pm
BT	Pass	10:18pm

Blank Tests

Test	Status	Time
AIR	Pass	10:18pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:18pm

CRC Tests

Test	Status	Time
COMP	Pass	10:18pm
CAL	Pass	10:18pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Wake Instrument Location BAT Mobile Unit 10

Instrument Serial No. 008779

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 17 day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

193759
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

WAKE BAT MOBILE UNIT 10 910

Serial Number: *008779*
Test Date: *04/17/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Carroll, Barry J*
Permit Number: *0019-3759*
Effective:
09/01/2025-09/01/2027

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG431002
Exp Date: 11/05/2026

Test	g/210L	Time
DIAG	Pass	9:57pm
AIR BLK	.00	9:58pm
ACCY CHK	.08	9:58pm
AIR BLK	.00	9:59pm
SUB TEST	**.00**	**10:00pm**
AIR BLK	.00	10:01pm
SUB TEST	**.00**	**10:03pm**
AIR BLK	.00	10:04pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

WAKE BAT MOBILE UNIT 10 910

Serial Number: *008779* Test Record Number: *4126*
Test Date: *04/17/2026* Test Time: *10:05pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:05pm
FLO	Pass	10:05pm
FC	Pass	10:05pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:05pm
SRC	Pass	10:05pm
DET	Pass	10:05pm
BAR	Pass	10:05pm
BT	Pass	10:05pm

Blank Tests

Test	Status	Time
AIR	Pass	10:06pm

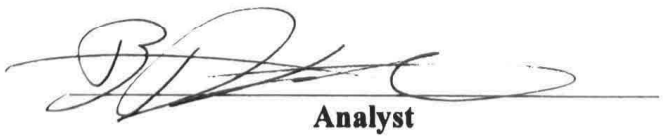
Printer Tests

Test	Status	Time
PRNT	Pass	10:06pm

CRC Tests

Test	Status	Time
COMP	Pass	10:06pm
CAL	Pass	10:06pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Wake Instrument Location BAT Mobile Unit 10

Instrument Serial No. 008779

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 25 day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

193759
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: *008779*
Test Date: *04/25/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Carroll, Barry J*
Permit Number: *0019-3759*
Effective:
09/01/2025-09/01/2027

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG431002
Exp Date: 11/05/2026

Test	g/210L	Time
DIAG	Pass	8:54pm
AIR BLK	.00	8:55pm
ACCY CHK	.08	8:56pm
AIR BLK	.00	8:57pm
SUB TEST	**.00**	**8:58pm**
AIR BLK	.00	8:58pm
SUB TEST	**.00**	**9:01pm**
AIR BLK	.00	9:02pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: *008779* Test Record Number: *4130*
Test Date: *04/25/2026* Test Time: *9:04pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:04pm
FLO	Pass	9:04pm
FC	Pass	9:04pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:05pm
SRC	Pass	9:05pm
DET	Pass	9:05pm
BAR	Pass	9:05pm
BT	Pass	9:05pm

Blank Tests

Test	Status	Time
AIR	Pass	9:05pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:05pm

CRC Tests

Test	Status	Time
COMP	Pass	9:05pm
CAL	Pass	9:05pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Wake Instrument Location Wake Co Detention Ctr

Instrument Serial No. 008873 3301 Hammond Rd

Raleigh, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 17 day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

146221
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

WAKE COUNTY DETENTION CENTER 910

Serial Number: *008873*
Test Date: *04/17/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Barnes, Simon S*
Permit Number: *0014-6221*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG516203
Exp Date: 06/11/2027

Test	g/210L	Time
DIAG	Pass	9:52am
AIR BLK	.00	9:52am
ACCY CHK	.08	9:53am
AIR BLK	.00	9:54am
SUB TEST	**.00**	**9:55am**
AIR BLK	.00	9:56am
SUB TEST	**.00**	**9:57am**
AIR BLK	.00	9:58am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY DETENTION CENTER 910

Serial Number: *008873* Test Record Number: *2387*
Test Date: *04/17/2026* Test Time: *9:58am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:59am
FLO	Pass	9:59am
FC	Pass	9:59am

Temperature Tests

Test	Status	Time
FC1	Pass	9:59am
SRC	Pass	9:59am
DET	Pass	9:59am
BAR	Pass	9:59am
BT	Pass	9:59am

Blank Tests

Test	Status	Time
AIR	Pass	10:00am

Printer Tests

Test	Status	Time
PRNT	Pass	10:00am

CRC Tests

Test	Status	Time
COMP	Pass	10:00am
CAL	Pass	10:00am

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Wake Instrument Location Wake Co Detention Ctr

Instrument Serial No. 008924 3301 Hammond Rd

Raleigh, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 17 day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

146221
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

WAKE COUNTY DETENTION CENTER 910

Serial Number: *008924*
Test Date: *04/17/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Barnes, Simon S*
Permit Number: *0014-6221*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG516203
Exp Date: 06/11/2027

Test	g/210L	Time
DIAG	Pass	10:07am
AIR BLK	.00	10:08am
ACCY CHK	.08	10:09am
AIR BLK	.00	10:10am
SUB TEST	**.00**	**10:10am**
AIR BLK	.00	10:11am
SUB TEST	**.00**	**10:13am**
AIR BLK	.00	10:14am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY DETENTION CENTER 910

Serial Number: *008924* Test Record Number: *2079*
Test Date: *04/17/2026* Test Time: *10:17am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:17am
FLO	Pass	10:17am
FC	Pass	10:17am

Temperature Tests

Test	Status	Time
FC1	Pass	10:17am
SRC	Pass	10:17am
DET	Pass	10:17am
BAR	Pass	10:17am
BT	Pass	10:17am

Blank Tests

Test	Status	Time
AIR	Pass	10:18am

Printer Tests

Test	Status	Time
PRNT	Pass	10:18am

CRC Tests

Test	Status	Time
COMP	Pass	10:18am
CAL	Pass	10:18am

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Warren Instrument Location Warren Co. LEC

Instrument Serial No. 008793 128 RAFTERS LANE

WARRENTON, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 13 day of April, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

16945
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

WARREN COUNTY WARREN COUNTY JAIL 920

Serial Number: *008793*
Test Date: *04/13/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Brame, Bryant T*
Permit Number: *0016-9451*
Effective:
04/01/2026-04/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG534301
Exp Date: 12/09/2027

Test	g/210L	Time
DIAG	Pass	3:04pm
AIR BLK	.00	3:05pm
ACCY CHK	.07	3:05pm
AIR BLK	.00	3:06pm
SUB TEST	**.00**	**3:07pm**
AIR BLK	.00	3:08pm
SUB TEST	**.00**	**3:09pm**
AIR BLK	.00	3:10pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

WARREN COUNTY WARREN COUNTY JAIL 920

Serial Number: *008793* Test Record Number: *2340*
Test Date: *04/13/2026* Test Time: *3:11pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:11pm
FLO	Pass	3:11pm
FC	Pass	3:11pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:11pm
SRC	Pass	3:11pm
DET	Pass	3:11pm
BAR	Pass	3:11pm
BT	Pass	3:11pm

Blank Tests

Test	Status	Time
AIR	Pass	3:12pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:12pm

CRC Tests

Test	Status	Time
COMP	Pass	3:12pm
CAL	Pass	3:12pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Wilkes Instrument Location BAT Mobile Unit 7

Instrument Serial No. D08002

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 10th day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

THE GREAT SEAL OF THE STATE OF NORTH CAROLINA MAY 20, 1775 ESSE QUAM VIDERI APRIL 12, 1776

John Lanier
Signature of Certifying Official

1604930
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

WILKES COUNTY BAT MOBILE UNIT 7 960

Serial Number: *008002*
Test Date: *04/10/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Lanier Jr., John P*
Permit Number: *4582-9118*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG506303
Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	4:36pm
AIR BLK	.00	4:37pm
ACCY CHK	.08	4:37pm
AIR BLK	.00	4:38pm
SUB TEST	**.00**	**4:39pm**
AIR BLK	.00	4:40pm
SUB TEST	**.00**	**4:42pm**
AIR BLK	.00	4:43pm

Reported AC: .00 g/210L

John Lanier

Signature of Chemical Analyst

Court CVR

John Lanier

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

WILKES COUNTY BAT MOBILE UNIT 7 960

Serial Number: *008002* Test Record Number: *888*
Test Date: *04/10/2026* Test Time: *4:43pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	4:44pm
FLO	Pass	4:44pm
FC	Pass	4:44pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:44pm
SRC	Pass	4:44pm
DET	Pass	4:44pm
BAR	Pass	4:44pm
BT	Pass	4:44pm

Blank Tests

Test	Status	Time
AIR	Pass	4:45pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:45pm

CRC Tests

Test	Status	Time
COMP	Pass	4:45pm
CAL	Pass	4:45pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Wilkes Instrument Location BAT Mobile Unit 7

Instrument Serial No. 008090

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 10th day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

THE GREAT SEAL OF THE STATE OF NORTH CAROLINA MAY 20, 1775 APRIL 12, 1776 ESSE QUAM VIDERI

[signature] 1604930

Signature of Certifying Official Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

WILKES COUNTY BAT MOBILE UNIT 7 960

Serial Number: *008090*
Test Date: *04/10/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Lanier Jr., John P*
Permit Number: *4582-9118*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG506303
Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	5:34pm
AIR BLK	.00	5:35pm
ACCY CHK	.08	5:35pm
AIR BLK	.00	5:36pm
SUB TEST	**.00**	**5:38pm**
AIR BLK	.00	5:38pm
SUB TEST	**.00**	**5:40pm**
AIR BLK	.00	5:41pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

WILKES COUNTY BAT MOBILE UNIT 7 960

Serial Number: *008090* Test Record Number: *266*
Test Date: *04/10/2026* Test Time: *5:42pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	5:42pm
FLO	Pass	5:42pm
FC	Pass	5:42pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:42pm
SRC	Pass	5:42pm
DET	Pass	5:42pm
BAR	Pass	5:42pm
BT	Pass	5:42pm

Blank Tests

Test	Status	Time
AIR	Pass	5:43pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:43pm

CRC Tests

Test	Status	Time
COMP	Pass	5:43pm
CAL	Pass	5:43pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County WILKES Instrument Location WILKES COUNTY DETENTION CENTER

Instrument Serial No. 008843 WILKESBORO, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 16 day of APRIL, 20 26 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

353799
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

WILKES COUNTY DETENTION CENTER 960

Serial Number: *008843*
Test Date: *04/16/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Oligmueller, Leo A*
Permit Number: *0035-3799*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG534301
Exp Date: 12/09/2027

Test	g/210L	Time
DIAG	Pass	12:01pm
AIR BLK	.00	12:02pm
ACCY CHK	.08	12:02pm
AIR BLK	.00	12:03pm
SUB TEST	**.00**	**12:04pm**
AIR BLK	.00	12:05pm
SUB TEST	**.00**	**12:07pm**
AIR BLK	.00	12:08pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

WILKES COUNTY DETENTION CENTER 960

Serial Number: *008843* Test Record Number: *3067*
Test Date: *04/16/2026* Test Time: *12:08pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:08pm
FLO	Pass	12:08pm
FC	Pass	12:09pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:09pm
SRC	Pass	12:09pm
DET	Pass	12:09pm
BAR	Pass	12:09pm
BT	Pass	12:09pm

Blank Tests

Test	Status	Time
AIR	Pass	12:09pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:09pm

CRC Tests

Test	Status	Time
COMP	Pass	12:09pm
CAL	Pass	12:09pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County WILKES Instrument Location WILKES COUNTY DETENTION CENTER

Instrument Serial No. 008865 WILKESBORO, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 16 day of APRIL, 20 26 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

353799
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

WILKES COUNTY DETENTION CENTER 960

Serial Number: *008865*
Test Date: *04/16/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Oligmueller, Leo A*
Permit Number: *0035-3799*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG534301
Exp Date: 12/09/2027

Test	g/210L	Time
DIAG	Pass	12:02pm
AIR BLK	.00	12:03pm
ACCY CHK	.08	12:03pm
AIR BLK	.00	12:05pm
SUB TEST	**.00**	**12:06pm**
AIR BLK	.00	12:06pm
SUB TEST	**.00**	**12:08pm**
AIR BLK	.00	12:09pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

WILKES COUNTY DETENTION CENTER 960

Serial Number: *008865* Test Record Number: *1217*
Test Date: *04/16/2026* Test Time: *12:10pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:10pm
FLO	Pass	12:10pm
FC	Pass	12:10pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:10pm
SRC	Pass	12:10pm
DET	Pass	12:10pm
BAR	Pass	12:10pm
BT	Pass	12:10pm

Blank Tests

Test	Status	Time
AIR	Pass	12:11pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:11pm

CRC Tests

Test	Status	Time
COMP	Pass	12:11pm
CAL	Pass	12:11pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Wilkes Instrument Location BAT Mobile Unit 7

Instrument Serial No. 008971

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 10th day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

1604930
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

WILKES COUNTY BAT MOBILE UNIT 7 960

Serial Number: *008971*
Test Date: *04/10/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Lanier Jr., John P*
Permit Number: *4582-9118*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG506302
Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	4:46pm
AIR BLK	.00	4:46pm
ACCY CHK	.08	4:47pm
AIR BLK	.00	4:48pm
SUB TEST	**.00**	**4:49pm**
AIR BLK	.00	4:49pm
SUB TEST	**.00**	**4:51pm**
AIR BLK	.00	4:52pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

WILKES COUNTY BAT MOBILE UNIT 7 960

Serial Number: *008971* Test Record Number: *400*
Test Date: *04/10/2026* Test Time: *4:53pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	4:53pm
FLO	Pass	4:53pm
FC	Pass	4:53pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:53pm
SRC	Pass	4:53pm
DET	Pass	4:53pm
BAR	Pass	4:53pm
BT	Pass	4:53pm

Blank Tests

Test	Status	Time
AIR	Pass	4:54pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:54pm

CRC Tests

Test	Status	Time
COMP	Pass	4:54pm
CAL	Pass	4:54pm

Preventive Maintenance
Status: Pass

John Lanier
Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Wilkes Instrument Location BAT Mobile Unit 7

Instrument Serial No. 008972

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 10th day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

John Lanier — Signature of Certifying Official

1604930 — Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

WILKES COUNTY BAT MOBILE UNIT 7 960

Serial Number: *008972*
Test Date: *04/10/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Lanier Jr., John P*
Permit Number: *4582-9118*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG506303
Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	4:33pm
AIR BLK	.00	4:34pm
ACCY CHK	.08	4:35pm
AIR BLK	.00	4:36pm
SUB TEST	**.00**	**4:37pm**
AIR BLK	.00	4:38pm
SUB TEST	**.00**	**4:40pm**
AIR BLK	.00	4:40pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

WILKES COUNTY BAT MOBILE UNIT 7 960

Serial Number: *008972* Test Record Number: *460*
Test Date: *04/10/2026* Test Time: *4:41pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	4:41pm
FLO	Pass	4:41pm
FC	Pass	4:41pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:41pm
SRC	Pass	4:41pm
DET	Pass	4:41pm
BAR	Pass	4:41pm
BT	Pass	4:41pm

Blank Tests

Test	Status	Time
AIR	Pass	4:42pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:42pm

CRC Tests

Test	Status	Time
COMP	Pass	4:42pm
CAL	Pass	4:42pm

Preventive Maintenance
Status: Pass

John Lanier

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Wilson Instrument Location Wilson County Detention Center

Instrument Serial No. 008627 100 E. Green St, Wilson, N.C.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 16th day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

377722
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

WILSON COUNTY DETENTION CENTER 970

Serial Number: *008627*
Test Date: *04/16/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Gray, Kelly D*
Permit Number: *0037-7722*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG516203
Exp Date: 06/11/2027

Test	g/210L	Time
DIAG	Pass	9:51am
AIR BLK	.00	9:51am
ACCY CHK	.07	9:52am
AIR BLK	.00	9:53am
SUB TEST	**.00**	**9:54am**
AIR BLK	.00	9:55am
SUB TEST	**.00**	**9:56am**
AIR BLK	.00	9:57am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

WILSON COUNTY DETENTION CENTER 970

Serial Number: *008627* Test Record Number: *3710*
Test Date: *04/16/2026* Test Time: *9:59am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:59am
FLO	Pass	9:59am
FC	Pass	9:59am

Temperature Tests

Test	Status	Time
FC1	Pass	9:59am
SRC	Pass	9:59am
DET	Pass	9:59am
BAR	Pass	9:59am
BT	Pass	9:59am

Blank Tests

Test	Status	Time
AIR	Pass	10:00am

Printer Tests

Test	Status	Time
PRNT	Pass	10:00am

CRC Tests

Test	Status	Time
COMP	Pass	10:00am
CAL	Pass	10:00am

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Wilson Instrument Location Wilson County Detention Center

Instrument Serial No. 008652 100 E. Green St., Wilson, NC.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 10th day of April, 2026 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

377722
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

WILSON COUNTY DETENTION CENTER 970

Serial Number: *008652*
Test Date: *04/16/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Gray, Kelly D*
Permit Number: *0037-7722*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG602102
Exp Date: 01/21/2028

Test	g/210L	Time
DIAG	Pass	10:12am
AIR BLK	.00	10:13am
ACCY CHK	.08	10:14am
AIR BLK	.00	10:15am
SUB TEST	**.00**	**10:16am**
AIR BLK	.00	10:17am
SUB TEST	**.00**	**10:18am**
AIR BLK	.00	10:19am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

WILSON COUNTY DETENTION CENTER 970

Serial Number: *008652* Test Record Number: *4166*
Test Date: *04/16/2026* Test Time: *10:22am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:22am
FLO	Pass	10:22am
FC	Pass	10:22am

Temperature Tests

Test	Status	Time
FC1	Pass	10:22am
SRC	Pass	10:22am
DET	Pass	10:22am
BAR	Pass	10:22am
BT	Pass	10:22am

Blank Tests

Test	Status	Time
AIR	Pass	10:23am

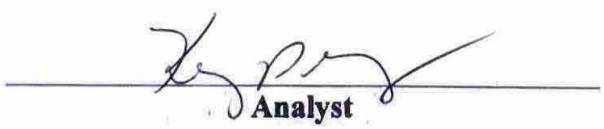
Printer Tests

Test	Status	Time
PRNT	Pass	10:23am

CRC Tests

Test	Status	Time
COMP	Pass	10:23am
CAL	Pass	10:23am

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County YADKIN Instrument Location YADKIN COUNTY JAIL

Instrument Serial No. 008854 YADKINVILLE, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 14th day of April, 20 26 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

509387
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: *008854*
Test Date: *04/14/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Long, Thomas A*
Permit Number: *0050-9387*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG534301
Exp Date: 12/09/2027

Test	g/210L	Time
DIAG	Pass	8:08am
AIR BLK	.00	8:08am
ACCY CHK	.08	8:09am
AIR BLK	.00	8:10am
SUB TEST	**.00**	**8:11am**
AIR BLK	.00	8:12am
SUB TEST	**.00**	**8:13am**
AIR BLK	.00	8:14am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: *008854* Test Record Number: *1117*
Test Date: *04/14/2026* Test Time: *8:16am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:16am
FLO	Pass	8:16am
FC	Pass	8:16am

Temperature Tests

Test	Status	Time
FC1	Pass	8:16am
SRC	Pass	8:16am
DET	Pass	8:16am
BAR	Pass	8:16am
BT	Pass	8:16am

Blank Tests

Test	Status	Time
AIR	Pass	8:17am

Printer Tests

Test	Status	Time
PRNT	Pass	8:17am

CRC Tests

Test	Status	Time
COMP	Pass	8:17am
CAL	Pass	8:17am

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County YADKIN Instrument Location YADKIN COUNTY JAIL

Instrument Serial No. 008944 YADKINVILLE, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

(2) Verify instrument displays time and date;

(3) Initiate breath test sequence;

(4) Enter information as prompted;

(5) Verify instrument accuracy;

(6) When "PLEASE BLOW" appears, collect breath sample;

(7) When "PLEASE BLOW" appears, collect breath sample;

(8) Print test record;

(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and

(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 14th day of April, 20 26 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

509387
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: *008944*
Test Date: *04/14/2026*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Long, Thomas A*
Permit Number: *0050-9387*
Effective:
02/01/2026-02/01/2028

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG534301
Exp Date: 12/09/2027

Test	g/210L	Time
DIAG	Pass	8:10am
AIR BLK	.00	8:11am
ACCY CHK	.08	8:11am
AIR BLK	.00	8:12am
SUB TEST	**.00**	**8:13am**
AIR BLK	.00	8:14am
SUB TEST	**.00**	**8:15am**
AIR BLK	.00	8:16am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: *008944* Test Record Number: *2077*
Test Date: *04/14/2026* Test Time: *8:17am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:17am
FLO	Pass	8:17am
FC	Pass	8:17am

Temperature Tests

Test	Status	Time
FC1	Pass	8:17am
SRC	Pass	8:17am
DET	Pass	8:17am
BAR	Pass	8:17am
BT	Pass	8:17am

Blank Tests

Test	Status	Time
AIR	Pass	8:18am

Printer Tests

Test	Status	Time
PRNT	Pass	8:18am

CRC Tests

Test	Status	Time
COMP	Pass	8:18am
CAL	Pass	8:18am

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007