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 23rd day of May, 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.

Timothy B Hobbs
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: *05/23/2026*

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	10:41pm
AIR BLK	.00	10:42pm
ACCY CHK	.08	10:43pm
AIR BLK	.00	10:44pm
SUB TEST	**.00**	**10:44pm**
AIR BLK	.00	10:45pm
SUB TEST	**.00**	**10:47pm**
AIR BLK	.00	10:48pm

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
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Intox EC/IR-II: Preventive Maintenance

ALAMANCE COUNTY BAT MOBILE UNIT 13 000

Serial Number: *008869* Test Record Number: *2204*
Test Date: *05/23/2026* Test Time: *10:48pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:49pm
FLO	Pass	10:49pm
FC	Pass	10:49pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:49pm
SRC	Pass	10:49pm
DET	Pass	10:49pm
BAR	Pass	10:49pm
BT	Pass	10:49pm

Blank Tests

Test	Status	Time
AIR	Pass	10:49pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:49pm

CRC Tests

Test	Status	Time
COMP	Pass	10:50pm
CAL	Pass	10:50pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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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 23rd day of May, 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: *008898*
Test Date: *05/23/2026*

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	10:22pm
AIR BLK	.00	10:23pm
ACCY CHK	.07	10:24pm
AIR BLK	.00	10:25pm
SUB TEST	**.00**	**10:25pm**
AIR BLK	.00	10:26pm
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
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Intox EC/IR-II: Preventive Maintenance

ALAMANCE COUNTY BAT MOBILE UNIT 13 000

Serial Number: *008898* Test Record Number: *2147*
Test Date: *05/23/2026* Test Time: *10:34pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:35pm
FLO	Pass	10:35pm
FC	Pass	10:35pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:35pm
SRC	Pass	10:35pm
DET	Pass	10:35pm
BAR	Pass	10:35pm
BT	Pass	10:35pm

Blank Tests

Test	Status	Time
AIR	Pass	10:36pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:36pm

CRC Tests

Test	Status	Time
COMP	Pass	10:36pm
CAL	Pass	10:36pm

Preventive Maintenance
Status: Pass

Tony Bullock
Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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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 23rd day of May, 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

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: *05/23/2026*

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	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	10:12pm
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
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Intox EC/IR-II: Preventive Maintenance

ALAMANCE COUNTY BAT MOBILE UNIT 13 000

Serial Number: *008939* Test Record Number: *2006*
Test Date: *05/23/2026* Test Time: *10:15pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:15pm
FLO	Pass	10:15pm
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	10:16pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:16pm

CRC Tests

Test	Status	Time
COMP	Pass	10:16pm
CAL	Pass	10:16pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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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

Instrument Serial No 008597 SHERIFF'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 12 day of MAY, 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 Certificate Holder

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: *008597*
Test Date: *05/12/2026*

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: AG602203
Exp Date: 01/22/2028

Test	g/210L	Time
DIAG	Pass	12:45pm
AIR BLK	.00	12:46pm
ACCY CHK	.08	12:47pm
AIR BLK	.00	12:48pm
SUB TEST	**.00**	**12:49pm**
AIR BLK	.00	12:50pm
SUB TEST	**.00**	**12:51pm**
AIR BLK	.00	12:52pm

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
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Intox EC/IR-II: Preventive Maintenance

ANSON COUNTY SHERIFF'S OFFICE 030

Serial Number: *008597* Test Record Number: *2063*
Test Date: *05/12/2026* Test Time: *12:54pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:54pm
FLO	Pass	12:54pm
FC	Pass	12:54pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:54pm
SRC	Pass	12:54pm
DET	Pass	12:54pm
BAR	Pass	12:54pm
BT	Pass	12:54pm

Blank Tests

Test	Status	Time
AIR	Pass	12:55pm

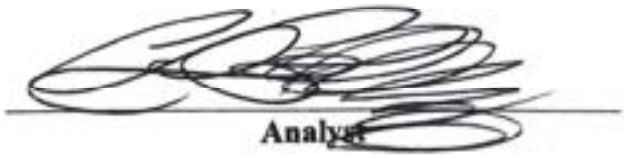
Printer Tests

Test	Status	Time
PRNT	Pass	12:55pm

CRC Tests

Test	Status	Time
COMP	Pass	12:55pm
CAL	Pass	12:55pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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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 12 day of MAY, 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

239711
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: *05/12/2026*

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: AG602203
Exp Date: 01/22/2028

Test	g/210L	Time
DIAG	Pass	12:46pm
AIR BLK	.00	12:47pm
ACCY CHK	.07	12:48pm
AIR BLK	.00	12:49pm
SUB TEST	**.00**	**12:50pm**
AIR BLK	.00	12:51pm
SUB TEST	**.00**	**12:52pm**
AIR BLK	.00	12:53pm

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
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Intox EC/IR-II: Preventive Maintenance

ANSON COUNTY SHERIFF'S OFFICE 030

Serial Number: *008739* Test Record Number: *1198*
Test Date: *05/12/2026* Test Time: *12:54pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:54pm
FLO	Pass	12:54pm
FC	Pass	12:54pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:54pm
SRC	Pass	12:54pm
DET	Pass	12:54pm
BAR	Pass	12:54pm
BT	Pass	12:54pm

Blank Tests

Test	Status	Time
AIR	Pass	12:55pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:55pm

CRC Tests

Test	Status	Time
COMP	Pass	12:55pm
CAL	Pass	12:55pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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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 Beaufort Instrument Location Beaufort Co Courthouse

Instrument Serial No. 008586 112 W. 2nd St., Washington, 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 May, 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

377122
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

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: *008586*
Test Date: *05/21/2026*

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: *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	12:00pm
AIR BLK	.00	12:00pm
ACCY CHK	.07	12:01pm
AIR BLK	.00	12:02pm
SUB TEST	**.00**	**12:03pm**
AIR BLK	.00	12:04pm
SUB TEST	**.00**	**12:05pm**
AIR BLK	.00	12:06pm

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
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Intox EC/IR-II: Preventive Maintenance

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: *008586* Test Record Number: *2510*
Test Date: *05/21/2026* Test Time: *12:11pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:11pm
FLO	Pass	12:11pm
FC	Pass	12:11pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:12pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:12pm

CRC Tests

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

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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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 Beaufort Instrument Location Beaufort Co. Courthouse

Instrument Serial No. 008909 112 W. 2nd St, Washington, 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 May, 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

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: *008909*
Test Date: *05/21/2026*

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: *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: AG506303
Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	11:59am
AIR BLK	.00	11:59am
ACCY CHK	.08	12:00pm
AIR BLK	.00	12:01pm
SUB TEST	**.00**	**12:02pm**
AIR BLK	.00	12:03pm
SUB TEST	**.00**	**12:04pm**
AIR BLK	.00	12:05pm

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
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Intox EC/IR-II: Preventive Maintenance

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: *008909* Test Record Number: *4400*
Test Date: *05/21/2026* Test Time: *12:11pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:11pm
FLO	Pass	12:11pm
FC	Pass	12:11pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:11pm
SRC	Pass	12:11pm
DET	Pass	12:11pm
BAR	Pass	12:11pm
BT	Pass	12:11pm

Blank Tests

Test	Status	Time
AIR	Pass	12:12pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:12pm

CRC Tests

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

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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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 Beaufort Instrument Location Belhaven P.D.

Instrument Serial No. 008928 144 W. Main St, Belhaven, 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 4th day of May, 2020 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

BEAUFORT COUNTY BELHAVEN PD 060

Serial Number: *008928*
Test Date: *05/04/2026*

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: *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: AG501303
Exp Date: 01/13/2027

Test	g/210L	Time
DIAG	Pass	11:48am
AIR BLK	.00	11:49am
ACCY CHK	.07	11:50am
AIR BLK	.00	11:51am
SUB TEST	**.00**	**11:52am**
AIR BLK	.00	11:53am
SUB TEST	**.00**	**11:54am**
AIR BLK	.00	11:55am

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
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Intox EC/IR-II: Preventive Maintenance

BEAUFORT COUNTY BELHAVEN PD 060

Serial Number: *008928* Test Record Number: *619*
Test Date: *05/04/2026* Test Time: *11:56am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:56am
FLO	Pass	11:56am
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	11:57am

CRC Tests

Test	Status	Time
COMP	Pass	11:57am
CAL	Pass	11:57am

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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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 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 23 day of May, 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

BRUNSWICK COUNTY BAT MOBILE UNIT 8 090

Serial Number: *008615*
Test Date: *05/23/2026*

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: *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	7:05pm
AIR BLK	.00	7:06pm
ACCY CHK	.07	7:07pm
AIR BLK	.00	7:08pm
SUB TEST	**.00**	**7:09pm**
AIR BLK	.00	7:10pm
SUB TEST	**.00**	**7:11pm**
AIR BLK	.00	7:12pm

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
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Intox EC/IR-II: Preventive Maintenance

BRUNSWICK COUNTY BAT MOBILE UNIT 8 090

Serial Number: *008615* Test Record Number: *6316*
Test Date: *05/23/2026* Test Time: *7:12pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	7:13pm
FLO	Pass	7:13pm
FC	Pass	7:13pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:13pm
SRC	Pass	7:13pm
DET	Pass	7:13pm
BAR	Pass	7:13pm
BT	Pass	7:13pm

Blank Tests

Test	Status	Time
AIR	Pass	7:14pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:14pm

CRC Tests

Test	Status	Time
COMP	Pass	7:14pm
CAL	Pass	7:14pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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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 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 23 day of May, 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

BRUNSWICK COUNTY BAT MOBILE UNIT 8 090

Serial Number: *008736*
Test Date: *05/23/2026*

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: *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	7:06pm
AIR BLK	.00	7:07pm
ACCY CHK	.07	7:08pm
AIR BLK	.00	7:09pm
SUB TEST	**.00**	**7:09pm**
AIR BLK	.00	7:10pm
SUB TEST	**.00**	**7:12pm**
AIR BLK	.00	7:12pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
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Intox EC/IR-II: Preventive Maintenance

BRUNSWICK COUNTY BAT MOBILE UNIT 8 090

Serial Number: *008736* Test Record Number: *1672*
Test Date: *05/23/2026* Test Time: *7:13pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	7:13pm
FLO	Pass	7:13pm
FC	Pass	7:13pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:13pm
SRC	Pass	7:13pm
DET	Pass	7:13pm
BAR	Pass	7:13pm
BT	Pass	7:13pm

Blank Tests

Test	Status	Time
AIR	Pass	7:14pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:14pm

CRC Tests

Test	Status	Time
COMP	Pass	7:14pm
CAL	Pass	7:14pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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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 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 23 *day of* May, 2026 *the foregoing 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

BRUNSWICK COUNTY BAT MOBILE UNIT 8 090

Serial Number: *008775*
Test Date: *05/23/2026*

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: *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	7:06pm
AIR BLK	.00	7:07pm
ACCY CHK	.08	7:07pm
AIR BLK	.00	7:08pm
SUB TEST	**.00**	**7:09pm**
AIR BLK	.00	7:10pm
SUB TEST	**.00**	**7:11pm**
AIR BLK	.00	7:12pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
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Intox EC/IR-II: Preventive Maintenance

BRUNSWICK COUNTY BAT MOBILE UNIT 8 090

Serial Number: *008775* Test Record Number: *2519*
Test Date: *05/23/2026* Test Time: *7:13pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	7:13pm
FLO	Pass	7:13pm
FC	Pass	7:13pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:13pm
SRC	Pass	7:13pm
DET	Pass	7:13pm
BAR	Pass	7:13pm
BT	Pass	7:13pm

Blank Tests

Test	Status	Time
AIR	Pass	7:14pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:14pm

CRC Tests

Test	Status	Time
COMP	Pass	7:14pm
CAL	Pass	7:14pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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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 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 23 day of May, 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

BRUNSWICK COUNTY BAT MOBILE UNIT 8 090

Serial Number: *008816*
Test Date: *05/23/2026*

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: *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	7:04pm
AIR BLK	.00	7:05pm
ACCY CHK	.07	7:06pm
AIR BLK	.00	7:07pm
SUB TEST	**.00**	**7:08pm**
AIR BLK	.00	7:08pm
SUB TEST	**.00**	**7:10pm**
AIR BLK	.00	7:11pm

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
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Intox EC/IR-II: Preventive Maintenance

BRUNSWICK COUNTY BAT MOBILE UNIT 8 090

Serial Number: *008816* Test Record Number: *8101*
Test Date: *05/23/2026* Test Time: *7:12pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	7:12pm
FLO	Pass	7:12pm
FC	Pass	7:12pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:12pm
SRC	Pass	7:12pm
DET	Pass	7:12pm
BAR	Pass	7:12pm
BT	Pass	7:12pm

Blank Tests

Test	Status	Time
AIR	Pass	7:13pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:13pm

CRC Tests

Test	Status	Time
COMP	Pass	7:13pm
CAL	Pass	7:13pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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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 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 22nd day of May, 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

BRUNSWICK COUNTY BAT MOBILE UNIT 13
090

Serial Number: *008869*
Test Date: *05/22/2026*

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: *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	8:35pm
AIR BLK	.00	8:36pm
ACCY CHK	.08	8:36pm
AIR BLK	.00	8:37pm
SUB TEST	**.00**	**8:38pm**
AIR BLK	.00	8:39pm
SUB TEST	**.00**	**8:40pm**
AIR BLK	.00	8:41pm

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
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Intox EC/IR-II: Preventive Maintenance

BRUNSWICK COUNTY BAT MOBILE UNIT 13 090

Serial Number: *008869* Test Record Number: *2202*
Test Date: *05/22/2026* Test Time: *8:48pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:49pm
FLO	Pass	8:49pm
FC	Pass	8:49pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:49pm
SRC	Pass	8:49pm
DET	Pass	8:49pm
BAR	Pass	8:49pm
BT	Pass	8:49pm

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	8:50pm
CAL	Pass	8:50pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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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 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 22nd day of May, 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

307199
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 BAT MOBILE UNIT 13
090

Serial Number: *008898*
Test Date: *05/22/2026*

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: *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	8:17pm
AIR BLK	.00	8:18pm
ACCY CHK	.07	8:19pm
AIR BLK	.00	8:20pm
SUB TEST	**.00**	**8:20pm**
AIR BLK	.00	8:21pm
SUB TEST	**.00**	**8:23pm**
AIR BLK	.00	8:24pm

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
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Intox EC/IR-II: Preventive Maintenance

BRUNSWICK COUNTY BAT MOBILE UNIT 13 090

Serial Number: *008898* Test Record Number: *2145*
Test Date: *05/22/2026* Test Time: *8:29pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:29pm
FLO	Pass	8:29pm
FC	Pass	8:29pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:29pm
SRC	Pass	8:29pm
DET	Pass	8:29pm
BAR	Pass	8:29pm
BT	Pass	8:29pm

Blank Tests

Test	Status	Time
AIR	Pass	8:30pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:30pm

CRC Tests

Test	Status	Time
COMP	Pass	8:30pm
CAL	Pass	8:30pm

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
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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 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 23 day of May, 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

BRUNSWICK COUNTY BAT MOBILE UNIT 8 090

Serial Number: *008929*
Test Date: *05/23/2026*

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: *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	7:03pm
AIR BLK	.00	7:04pm
ACCY CHK	.08	7:05pm
AIR BLK	.00	7:06pm
SUB TEST	**.00**	**7:07pm**
AIR BLK	.00	7:08pm
SUB TEST	**.00**	**7:09pm**
AIR BLK	.00	7:10pm

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
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Intox EC/IR-II: Preventive Maintenance

BRUNSWICK COUNTY BAT MOBILE UNIT 8 090

Serial Number: *008929* Test Record Number: *1807*
Test Date: *05/23/2026* Test Time: *7:11pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	7:12pm
FLO	Pass	7:12pm
FC	Pass	7:12pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:12pm
SRC	Pass	7:12pm
DET	Pass	7:12pm
BAR	Pass	7:12pm
BT	Pass	7:12pm

Blank Tests

Test	Status	Time
AIR	Pass	7:12pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:13pm

CRC Tests

Test	Status	Time
COMP	Pass	7:13pm
CAL	Pass	7:13pm

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
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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 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 22nd day of May, 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

BRUNSWICK COUNTY BAT MOBILE UNIT 13
090

Serial Number: *008939*
Test Date: *05/22/2026*

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: *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	8:03pm
AIR BLK	.00	8:04pm
ACCY CHK	.07	8:04pm
AIR BLK	.00	8:05pm
SUB TEST	**.00**	**8:06pm**
AIR BLK	.00	8:07pm
SUB TEST	**.00**	**8:08pm**
AIR BLK	.00	8:09pm

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
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Intox EC/IR-II: Preventive Maintenance

BRUNSWICK COUNTY BAT MOBILE UNIT 13 090

Serial Number: *008939* Test Record Number: *2004*
Test Date: *05/22/2026* Test Time: *8:10pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:10pm
FLO	Pass	8:10pm
FC	Pass	8:10pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:10pm
SRC	Pass	8:10pm
DET	Pass	8:10pm
BAR	Pass	8:10pm
BT	Pass	8:10pm

Blank Tests

Test	Status	Time
AIR	Pass	8:11pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:11pm

CRC Tests

Test	Status	Time
COMP	Pass	8:11pm
CAL	Pass	8:11pm

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
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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 27th day of May, 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: *05/27/2026*

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	9:50pm
AIR BLK	.00	9:50pm
ACCY CHK	.07	9:51pm
AIR BLK	.00	9:52pm
SUB TEST	**.00**	**9:52pm**
AIR BLK	.00	9:53pm
SUB TEST	**.00**	**9:55pm**
AIR BLK	.00	9:56pm

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
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Intox EC/IR-II: Preventive Maintenance

BUNCOMBE COUNTY BAT MOBILE UNIT 11 100

Serial Number: *008970* Test Record Number: *1444*
Test Date: *05/27/2026* Test Time: *9:57pm 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	9:58pm

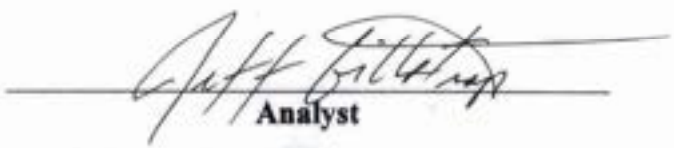
Printer Tests

Test	Status	Time
PRNT	Pass	9:58pm

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
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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 27th day of May, 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: *05/27/2026*

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	11:20pm
AIR BLK	.00	11:21pm
ACCY CHK	.07	11:22pm
AIR BLK	.00	11:23pm
SUB TEST	**.00**	**11:23pm**
AIR BLK	.00	11:24pm
SUB TEST	**.00**	**11:26pm**
AIR BLK	.00	11:26pm

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
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Intox EC/IR-II: Preventive Maintenance

BUNCOMBE COUNTY BAT MOBILE UNIT 11 100

Serial Number: *008970* Test Record Number: *1446*
Test Date: *05/27/2026* Test Time: *11:29pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:29pm
FLO	Pass	11:29pm
FC	Pass	11:29pm

Temperature Tests

Test	Status	Time
FC1	Pass	11:29pm
SRC	Pass	11:29pm
DET	Pass	11:29pm
BAR	Pass	11:29pm
BT	Pass	11:29pm

Blank Tests

Test	Status	Time
AIR	Pass	11:30pm

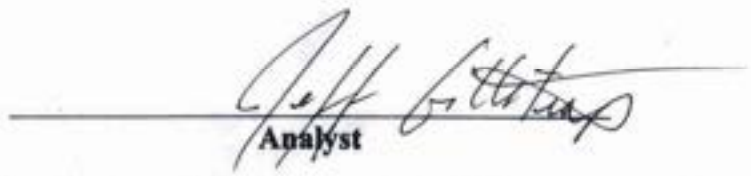
Printer Tests

Test	Status	Time
PRNT	Pass	11:30pm

CRC Tests

Test	Status	Time
COMP	Pass	11:30pm
CAL	Pass	11:30pm

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
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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 27th day of May, 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: *05/27/2026*

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	8:40pm
AIR BLK	.00	8:41pm
ACCY CHK	.07	8:42pm
AIR BLK	.00	8:43pm
SUB TEST	**.00**	**8:44pm**
AIR BLK	.00	8:44pm
SUB TEST	**.00**	**8:46pm**
AIR BLK	.00	8:47pm

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
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Intox EC/IR-II: Preventive Maintenance

BUNCOMBE COUNTY BAT MOBILE UNIT 11 100

Serial Number: *008970* Test Record Number: *1441*
Test Date: *05/27/2026* Test Time: *8:48pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:48pm
FLO	Pass	8:48pm
FC	Pass	8:49pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:49pm
SRC	Pass	8:49pm
DET	Pass	8:49pm
BAR	Pass	8:49pm
BT	Pass	8:49pm

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



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 27th day of May, 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

0624416
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: *05/24/2026*

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: *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	11:11pm
AIR BLK	.00	11:12pm
ACCY CHK	.07	11:13pm
AIR BLK	.00	11:14pm
SUB TEST	**.00**	**11:14pm**
AIR BLK	.00	11:15pm
SUB TEST	**.00**	**11:18pm**
AIR BLK	.00	11:18pm

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
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Intox EC/IR-II: Preventive Maintenance

BUNCOMBE COUNTY BAT MOBILE UNIT 11 100

Serial Number: *008973* Test Record Number: *1481*
Test Date: *05/24/2026* Test Time: *11:26pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:27pm
FLO	Pass	11:27pm
FC	Pass	11:27pm

Temperature Tests

Test	Status	Time
FC1	Pass	11:27pm
SRC	Pass	11:27pm
DET	Pass	11:27pm
BAR	Pass	11:27pm
BT	Pass	11:27pm

Blank Tests

Test	Status	Time
AIR	Pass	11:27pm

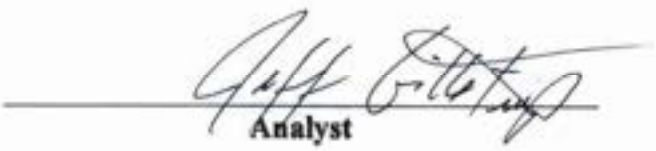
Printer Tests

Test	Status	Time
PRNT	Pass	11:28pm

CRC Tests

Test	Status	Time
COMP	Pass	11:28pm
CAL	Pass	11:28pm

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 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 27th day of May, 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: *05/25/2026*

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	1:50am
AIR BLK	.00	1:51am
ACCY CHK	.07	1:51am
AIR BLK	.00	1:52am
SUB TEST	**.00**	**1:53am**
AIR BLK	.00	1:54am
SUB TEST	**.00**	**1:55am**
AIR BLK	.00	1:56am

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
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Intox EC/IR-II: Preventive Maintenance

BUNCOMBE COUNTY BAT MOBILE UNIT 11 100

Serial Number: *008973* Test Record Number: *1485*
Test Date: *05/25/2026* Test Time: *1:57am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:57am
FLO	Pass	1:57am
FC	Pass	1:57am

Temperature Tests

Test	Status	Time
FC1	Pass	1:57am
SRC	Pass	1:57am
DET	Pass	1:57am
BAR	Pass	1:57am
BT	Pass	1:57am

Blank Tests

Test	Status	Time
AIR	Pass	1:58am

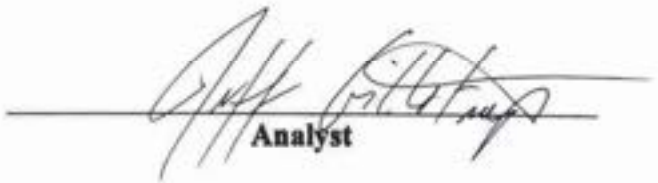
Printer Tests

Test	Status	Time
PRNT	Pass	1:58am

CRC Tests

Test	Status	Time
COMP	Pass	1:58am
CAL	Pass	1:58am

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
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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 27th day of May, 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

0624416
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: *05/24/2026*

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: *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	11:11pm
AIR BLK	.00	11:12pm
ACCY CHK	.07	11:13pm
AIR BLK	.00	11:14pm
SUB TEST	**.00**	**11:14pm**
AIR BLK	.00	11:15pm
SUB TEST	**.00**	**11:18pm**
AIR BLK	.00	11:18pm

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
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Intox EC/IR-II: Preventive Maintenance

BUNCOMBE COUNTY BAT MOBILE UNIT 11 100

Serial Number: *008973* Test Record Number: *1481*
Test Date: *05/24/2026* Test Time: *11:26pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:27pm
FLO	Pass	11:27pm
FC	Pass	11:27pm

Temperature Tests

Test	Status	Time
FC1	Pass	11:27pm
SRC	Pass	11:27pm
DET	Pass	11:27pm
BAR	Pass	11:27pm
BT	Pass	11:27pm

Blank Tests

Test	Status	Time
AIR	Pass	11:27pm

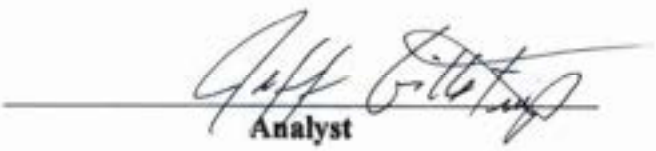
Printer Tests

Test	Status	Time
PRNT	Pass	11:28pm

CRC Tests

Test	Status	Time
COMP	Pass	11:28pm
CAL	Pass	11:28pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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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 Burke Instrument Location Burke County Jail

Instrument Serial No. 009831 Morganton, 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 5 day of May, 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

BURKE COUNTY BURKE COUNTY JAIL 110

Serial Number: *008831*
Test Date: *05/05/2026*

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: AG602101
Exp Date: 01/21/2028

Test	g/210L	Time
DIAG	Pass	10:42am
AIR BLK	.00	10:42am
ACCY CHK	.08	10:43am
AIR BLK	.00	10:44am
SUB TEST	**.00**	**10:45am**
AIR BLK	.00	10:45am
SUB TEST	**.00**	**10:47am**
AIR BLK	.00	10:48am

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
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Intox EC/IR-II: Preventive Maintenance

BURKE COUNTY BURKE COUNTY JAIL 110

Serial Number: *008831* Test Record Number: *3214*
Test Date: *05/05/2026* Test Time: *10:48am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:48am
FLO	Pass	10:48am
FC	Pass	10:48am

Temperature Tests

Test	Status	Time
FC1	Pass	10:49am
SRC	Pass	10:49am
DET	Pass	10:49am
BAR	Pass	10:49am
BT	Pass	10:49am

Blank Tests

Test	Status	Time
AIR	Pass	10:49am

Printer Tests

Test	Status	Time
PRNT	Pass	10:49am

CRC Tests

Test	Status	Time
COMP	Pass	10:49am
CAL	Pass	10:49am

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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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 Burke Instrument Location Burke County Jail

Instrument Serial No. 008904 Morganton, 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 5 day of May, 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

BURKE COUNTY BURKE COUNTY JAIL 110

Serial Number: *008904*
Test Date: *05/05/2026*

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: AG602101
Exp Date: 01/21/2028

Test	g/210L	Time
DIAG	Pass	10:41am
AIR BLK	.00	10:42am
ACCY CHK	.08	10:43am
AIR BLK	.00	10:44am
SUB TEST	**.00**	**10:44am**
AIR BLK	.00	10:45am
SUB TEST	**.00**	**10:47am**
AIR BLK	.00	10:48am

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
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Intox EC/IR-II: Preventive Maintenance

BURKE COUNTY BURKE COUNTY JAIL 110

Serial Number: *008904* Test Record Number: *3715*
Test Date: *05/05/2026* Test Time: *10:48am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:48am
FLO	Pass	10:48am
FC	Pass	10:48am

Temperature Tests

Test	Status	Time
FC1	Pass	10:48am
SRC	Pass	10:48am
DET	Pass	10:48am
BAR	Pass	10:48am
BT	Pass	10:48am

Blank Tests

Test	Status	Time
AIR	Pass	10:49am

Printer Tests

Test	Status	Time
PRNT	Pass	10:49am

CRC Tests

Test	Status	Time
COMP	Pass	10:49am
CAL	Pass	10:49am

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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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 Cabarrus County SO Concord, NC

Instrument Serial No. 008590

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 12th day of May, 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

CABARRUS COUNTY CABARRUS COUNTY SO 120

Serial Number: *008590*
Test Date: *05/12/2026*

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	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	2:42pm
SUB TEST	**.00**	**2:43pm**
AIR BLK	.00	2:44pm

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
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Intox EC/IR-II: Preventive Maintenance

CABARRUS COUNTY CABARRUS COUNTY SO 120

Serial Number: *008590* Test Record Number: *5985*
Test Date: *05/12/2026* Test Time: *2:48pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:48pm
FLO	Pass	2:48pm
FC	Pass	2:48pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:48pm
SRC	Pass	2:48pm
DET	Pass	2:48pm
BAR	Pass	2:48pm
BT	Pass	2:48pm

Blank Tests

Test	Status	Time
AIR	Pass	2:49pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:49pm

CRC Tests

Test	Status	Time
COMP	Pass	2:49pm
CAL	Pass	2:49pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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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 5 day of May 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

CABARRUS COUNTY BAT MOBILE UNIT 8 120

Serial Number: *008615*
Test Date: *05/05/2026*

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	6:54pm
AIR BLK	.00	6:55pm
ACCY CHK	.07	6:55pm
AIR BLK	.00	6:56pm
SUB TEST	**.00**	**6:57pm**
AIR BLK	.00	6:58pm
SUB TEST	**.00**	**6:59pm**
AIR BLK	.00	7:00pm

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
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Intox EC/IR-II: Preventive Maintenance

CABARRUS COUNTY BAT MOBILE UNIT 8 120

Serial Number: *008615* Test Record Number: *6303*
Test Date: *05/05/2026* Test Time: *7:00pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	7:01pm
FLO	Pass	7:01pm
FC	Pass	7:01pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:01pm
SRC	Pass	7:01pm
DET	Pass	7:01pm
BAR	Pass	7:01pm
BT	Pass	7:01pm

Blank Tests

Test	Status	Time
AIR	Pass	7:01pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:02pm

CRC Tests

Test	Status	Time
COMP	Pass	7:02pm
CAL	Pass	7:02pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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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 11 day of May, 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: *05/11/2026*

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	8:15am
AIR BLK	.00	8:16am
ACCY CHK	.07	8:17am
AIR BLK	.00	8:18am
SUB TEST	**.00**	**8:19am**
AIR BLK	.00	8:19am
SUB TEST	**.00**	**8:21am**
AIR BLK	.00	8:22am

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
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Intox EC/IR-II: Preventive Maintenance

CABARRUS COUNTY BAT MOBILE UNIT 8 120

Serial Number: *008615* Test Record Number: *6307*
Test Date: *05/11/2026* Test Time: *8:22am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:23am
FLO	Pass	8:23am
FC	Pass	8:23am

Temperature Tests

Test	Status	Time
FC1	Pass	8:23am
SRC	Pass	8:23am
DET	Pass	8:23am
BAR	Pass	8:23am
BT	Pass	8:23am

Blank Tests

Test	Status	Time
AIR	Pass	8:23am

Printer Tests

Test	Status	Time
PRNT	Pass	8:23am

CRC Tests

Test	Status	Time
COMP	Pass	8:24am
CAL	Pass	8:24am

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 14 day of May, 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: *05/14/2026*

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: *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	9:08am
AIR BLK	.00	9:09am
ACCY CHK	.07	9:10am
AIR BLK	.00	9:11am
SUB TEST	**.00**	**9:12am**
AIR BLK	.00	9:13am
SUB TEST	**.00**	**9:14am**
AIR BLK	.00	9:15am

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
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Intox EC/IR-II: Preventive Maintenance

CABARRUS COUNTY BAT MOBILE UNIT 8 120

Serial Number: *008615* Test Record Number: *6309*
Test Date: *05/14/2026* Test Time: *9:16am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:16am
FLO	Pass	9:16am
FC	Pass	9:16am

Temperature Tests

Test	Status	Time
FC1	Pass	9:16am
SRC	Pass	9:16am
DET	Pass	9:16am
BAR	Pass	9:16am
BT	Pass	9:16am

Blank Tests

Test	Status	Time
AIR	Pass	9:17am

Printer Tests

Test	Status	Time
PRNT	Pass	9:17am

CRC Tests

Test	Status	Time
COMP	Pass	9:17am
CAL	Pass	9:17am

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
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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 B

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 5 day of May, 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: *05/05/2026*

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	6:56pm
AIR BLK	.00	6:56pm
ACCY CHK	.07	6:57pm
AIR BLK	.00	6:58pm
SUB TEST	**.00**	**6:59pm**
AIR BLK	.00	6:59pm
SUB TEST	**.00**	**7:01pm**
AIR BLK	.00	7:02pm

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
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Intox EC/IR-II: Preventive Maintenance

CABARRUS COUNTY BAT MOBILE UNIT 8 120

Serial Number: *008736* Test Record Number: *1659*
Test Date: *05/05/2026* Test Time: *7:03pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	7:03pm
FLO	Pass	7:03pm
FC	Pass	7:03pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:03pm
SRC	Pass	7:03pm
DET	Pass	7:03pm
BAR	Pass	7:03pm
BT	Pass	7:03pm

Blank Tests

Test	Status	Time
AIR	Pass	7:04pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:04pm

CRC Tests

Test	Status	Time
COMP	Pass	7:04pm
CAL	Pass	7:04pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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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 11 day of May, 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: *05/11/2026*

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	8:17am
AIR BLK	.00	8:18am
ACCY CHK	.07	8:19am
AIR BLK	.00	8:20am
SUB TEST	**.00**	**8:20am**
AIR BLK	.00	8:21am
SUB TEST	**.00**	**8:23am**
AIR BLK	.00	8:24am

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
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Intox EC/IR-II: Preventive Maintenance

CABARRUS COUNTY BAT MOBILE UNIT 8 120

Serial Number: *008736* Test Record Number: *1663*
Test Date: *05/11/2026* Test Time: *8:25am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:25am
FLO	Pass	8:25am
FC	Pass	8:25am

Temperature Tests

Test	Status	Time
FC1	Pass	8:25am
SRC	Pass	8:25am
DET	Pass	8:25am
BAR	Pass	8:25am
BT	Pass	8:25am

Blank Tests

Test	Status	Time
AIR	Pass	8:26am

Printer Tests

Test	Status	Time
PRNT	Pass	8:26am

CRC Tests

Test	Status	Time
COMP	Pass	8:26am
CAL	Pass	8:26am

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
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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 14 day of May, 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

CABARRUS COUNTY BAT MOBILE UNIT 8 120

Serial Number: *008736*
Test Date: *05/14/2026*

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: *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	9:09am
AIR BLK	.00	9:10am
ACCY CHK	.07	9:11am
AIR BLK	.00	9:12am
SUB TEST	**.00**	**9:12am**
AIR BLK	.00	9:13am
SUB TEST	**.00**	**9:14am**
AIR BLK	.00	9:15am

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
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Intox EC/IR-II: Preventive Maintenance

CABARRUS COUNTY BAT MOBILE UNIT 8 120

Serial Number: *008736* Test Record Number: *1666*
Test Date: *05/14/2026* Test Time: *9:16am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:16am
FLO	Pass	9:16am
FC	Pass	9:16am

Temperature Tests

Test	Status	Time
FC1	Pass	9:16am
SRC	Pass	9:16am
DET	Pass	9:16am
BAR	Pass	9:16am
BT	Pass	9:16am

Blank Tests

Test	Status	Time
AIR	Pass	9:17am

Printer Tests

Test	Status	Time
PRNT	Pass	9:17am

CRC Tests

Test	Status	Time
COMP	Pass	9:17am
CAL	Pass	9:17am

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
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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 5 day of May, 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.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

CABARRUS COUNTY BAT MOBILE UNIT 8 120

Serial Number: *008775*
Test Date: *05/05/2026*

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	6:41pm
AIR BLK	.00	6:42pm
ACCY CHK	.07	6:43pm
AIR BLK	.00	6:44pm
SUB TEST	**.00**	**6:44pm**
AIR BLK	.00	6:45pm
SUB TEST	**.00**	**6:47pm**
AIR BLK	.00	6:48pm

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
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Intox EC/IR-II: Preventive Maintenance

CABARRUS COUNTY BAT MOBILE UNIT 8 120

Serial Number: *008775* Test Record Number: *2507*
Test Date: *05/05/2026* Test Time: *6:49pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	6:49pm
FLO	Pass	6:49pm
FC	Pass	6:49pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:49pm
SRC	Pass	6:49pm
DET	Pass	6:49pm
BAR	Pass	6:49pm
BT	Pass	6:49pm

Blank Tests

Test	Status	Time
AIR	Pass	6:50pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:50pm

CRC Tests

Test	Status	Time
COMP	Pass	6:50pm
CAL	Pass	6:50pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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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. 008795 –

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 May, 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: *05/11/2026*

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	8:16am
AIR BLK	.00	8:17am
ACCY CHK	.08	8:18am
AIR BLK	.00	8:19am
SUB TEST	**.00**	**8:20am**
AIR BLK	.00	8:21am
SUB TEST	**.00**	**8:22am**
AIR BLK	.00	8:23am

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
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Intox EC/IR-II: Preventive Maintenance

CABARRUS COUNTY BAT MOBILE UNIT 8 120

Serial Number: *008775* Test Record Number: *2511*
Test Date: *05/11/2026* Test Time: *8:24am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:24am
FLO	Pass	8:24am
FC	Pass	8:24am

Temperature Tests

Test	Status	Time
FC1	Pass	8:24am
SRC	Pass	8:24am
DET	Pass	8:24am
BAR	Pass	8:24am
BT	Pass	8:24am

Blank Tests

Test	Status	Time
AIR	Pass	8:25am

Printer Tests

Test	Status	Time
PRNT	Pass	8:25am

CRC Tests

Test	Status	Time
COMP	Pass	8:25am
CAL	Pass	8:25am

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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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. 808775 —

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 May, 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: *05/14/2026*

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: *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	8:31am
AIR BLK	.00	8:32am
ACCY CHK	.08	8:32am
AIR BLK	.00	8:33am
SUB TEST	**.00**	**8:34am**
AIR BLK	.00	8:34am
SUB TEST	**.00**	**8:36am**
AIR BLK	.00	8:37am

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
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Intox EC/IR-II: Preventive Maintenance

CABARRUS COUNTY BAT MOBILE UNIT 8 120

Serial Number: *008775* Test Record Number: *2513*
Test Date: *05/14/2026* Test Time: *8:37am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:37am
FLO	Pass	8:37am
FC	Pass	8:38am

Temperature Tests

Test	Status	Time
FC1	Pass	8:38am
SRC	Pass	8:38am
DET	Pass	8:38am
BAR	Pass	8:38am
BT	Pass	8:38am

Blank Tests

Test	Status	Time
AIR	Pass	8:38am

Printer Tests

Test	Status	Time
PRNT	Pass	8:38am

CRC Tests

Test	Status	Time
COMP	Pass	8:38am
CAL	Pass	8:38am

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
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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 5 day of May, 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

CABARRUS COUNTY BAT MOBILE UNIT 8 120

Serial Number: *008816*
Test Date: *05/05/2026*

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	6:47pm
AIR BLK	.00	6:48pm
ACCY CHK	.07	6:49pm
AIR BLK	.00	6:50pm
SUB TEST	**.00**	**6:50pm**
AIR BLK	.00	6:51pm
SUB TEST	**.00**	**6:53pm**
AIR BLK	.00	6:54pm

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
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Intox EC/IR-II: Preventive Maintenance

CABARRUS COUNTY BAT MOBILE UNIT 8 120

Serial Number: *008816* Test Record Number: *8088*
Test Date: *05/05/2026* Test Time: *6:54pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	6:54pm
FLO	Pass	6:54pm
FC	Pass	6:54pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:54pm
SRC	Pass	6:54pm
DET	Pass	6:54pm
BAR	Pass	6:54pm
BT	Pass	6:54pm

Blank Tests

Test	Status	Time
AIR	Pass	6:55pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:55pm

CRC Tests

Test	Status	Time
COMP	Pass	6:55pm
CAL	Pass	6:55pm

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
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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 11 day of May, 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

CABARRUS COUNTY BAT MOBILE UNIT 8 120

Serial Number: *008816*
Test Date: *05/11/2026*

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	8:17am
AIR BLK	.00	8:18am
ACCY CHK	.07	8:18am
AIR BLK	.00	8:19am
SUB TEST	**.00**	**8:20am**
AIR BLK	.00	8:21am
SUB TEST	**.00**	**8:23am**
AIR BLK	.00	8:24am

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
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Intox EC/IR-II: Preventive Maintenance

CABARRUS COUNTY BAT MOBILE UNIT 8 120

Serial Number: *008816* Test Record Number: *8093*
Test Date: *05/11/2026* Test Time: *8:24am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:24am
FLO	Pass	8:24am
FC	Pass	8:25am

Temperature Tests

Test	Status	Time
FC1	Pass	8:25am
SRC	Pass	8:25am
DET	Pass	8:25am
BAR	Pass	8:25am
BT	Pass	8:25am

Blank Tests

Test	Status	Time
AIR	Pass	8:25am

Printer Tests

Test	Status	Time
PRNT	Pass	8:25am

CRC Tests

Test	Status	Time
COMP	Pass	8:26am
CAL	Pass	8:26am

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
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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 14 day of May, 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: *05/14/2026*

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: *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	8:30am
AIR BLK	.00	8:31am
ACCY CHK	.07	8:31am
AIR BLK	.00	8:32am
SUB TEST	**.00**	**8:33am**
AIR BLK	.00	8:34am
SUB TEST	**.00**	**8:35am**
AIR BLK	.00	8:36am

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
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Intox EC/IR-II: Preventive Maintenance

CABARRUS COUNTY BAT MOBILE UNIT 8 120

Serial Number: *008816* Test Record Number: *8095*
Test Date: *05/14/2026* Test Time: *8:37am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:37am
FLO	Pass	8:37am
FC	Pass	8:37am

Temperature Tests

Test	Status	Time
FC1	Pass	8:37am
SRC	Pass	8:37am
DET	Pass	8:37am
BAR	Pass	8:37am
BT	Pass	8:37am

Blank Tests

Test	Status	Time
AIR	Pass	8:38am

Printer Tests

Test	Status	Time
PRNT	Pass	8:38am

CRC Tests

Test	Status	Time
COMP	Pass	8:38am
CAL	Pass	8:38am

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
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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 5 day of May, 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 Officer

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: *008929*
Test Date: *05/05/2026*

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	6:36pm
AIR BLK	.00	6:37pm
ACCY CHK	.07	6:38pm
AIR BLK	.00	6:39pm
SUB TEST	**.00**	**6:40pm**
AIR BLK	.00	6:41pm
SUB TEST	**.00**	**6:42pm**
AIR BLK	.00	6:43pm

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
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Intox EC/IR-II: Preventive Maintenance

CABARRUS COUNTY BAT MOBILE UNIT 8 120

Serial Number: *008929* Test Record Number: *1793*
Test Date: *05/05/2026* Test Time: *6:44pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	6:44pm
FLO	Pass	6:44pm
FC	Pass	6:44pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:44pm
SRC	Pass	6:44pm
DET	Pass	6:44pm
BAR	Pass	6:44pm
BT	Pass	6:44pm

Blank Tests

Test	Status	Time
AIR	Pass	6:45pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:45pm

CRC Tests

Test	Status	Time
COMP	Pass	6:45pm
CAL	Pass	6:45pm

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
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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 11 day of May, 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

CABARRUS COUNTY BAT MOBILE UNIT 8 120

Serial Number: *008929*
Test Date: *05/11/2026*

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	8:13am
AIR BLK	.00	8:14am
ACCY CHK	.07	8:15am
AIR BLK	.00	8:16am
SUB TEST	**.00**	**8:18am**
AIR BLK	.00	8:19am
SUB TEST	**.00**	**8:20am**
AIR BLK	.00	8:21am

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
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Intox EC/IR-II: Preventive Maintenance

CABARRUS COUNTY BAT MOBILE UNIT 8 120

Serial Number: *008929* Test Record Number: *1797*
Test Date: *05/11/2026* Test Time: *8:22am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:22am
FLO	Pass	8:22am
FC	Pass	8:22am

Temperature Tests

Test	Status	Time
FC1	Pass	8:22am
SRC	Pass	8:22am
DET	Pass	8:22am
BAR	Pass	8:22am
BT	Pass	8:22am

Blank Tests

Test	Status	Time
AIR	Pass	8:23am

Printer Tests

Test	Status	Time
PRNT	Pass	8:23am

CRC Tests

Test	Status	Time
COMP	Pass	8:23am
CAL	Pass	8:23am

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
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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 14 day of May, 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: *05/14/2026*

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: *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	8:28am
AIR BLK	.00	8:29am
ACCY CHK	.08	8:30am
AIR BLK	.00	8:31am
SUB TEST	**.00**	**8:32am**
AIR BLK	.00	8:33am
SUB TEST	**.00**	**8:35am**
AIR BLK	.00	8:36am

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
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Intox EC/IR-II: Preventive Maintenance

CABARRUS COUNTY BAT MOBILE UNIT 8 120

Serial Number: *008929* Test Record Number: *1799*
Test Date: *05/14/2026* Test Time: *8:36am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:37am
FLO	Pass	8:37am
FC	Pass	8:37am

Temperature Tests

Test	Status	Time
FC1	Pass	8:37am
SRC	Pass	8:37am
DET	Pass	8:37am
BAR	Pass	8:37am
BT	Pass	8:37am

Blank Tests

Test	Status	Time
AIR	Pass	8:38am

Printer Tests

Test	Status	Time
PRNT	Pass	8:38am

CRC Tests

Test	Status	Time
COMP	Pass	8:38am
CAL	Pass	8:38am

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
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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 CALDWELL CO. JAIL

Instrument Serial No. 008619 LENOIR 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 6th day of MAY, 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

CALDWELL COUNTY CALDWELL COUNTY JAIL
130

Serial Number: *008719*
Test Date: *05/06/2026*

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: *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: AG431001
Exp Date: 11/05/2026

Test	g/210L	Time
DIAG	Pass	11:24am
AIR BLK	.00	11:25am
ACCY CHK	.08	11:26am
AIR BLK	.00	11:27am
SUB TEST	**.00**	**11:28am**
AIR BLK	.00	11:28am
SUB TEST	**.00**	**11:30am**
AIR BLK	.00	11:31am

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
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Intox EC/IR-II: Preventive Maintenance

CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: *008719* Test Record Number: *3683*
Test Date: *05/06/2026* Test Time: *11:31am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:32am
FLO	Pass	11:32am
FC	Pass	11:32am

Temperature Tests

Test	Status	Time
FC1	Pass	11:32am
SRC	Pass	11:32am
DET	Pass	11:32am
BAR	Pass	11:32am
BT	Pass	11:32am

Blank Tests

Test	Status	Time
AIR	Pass	11:32am

Printer Tests

Test	Status	Time
PRNT	Pass	11:33am

CRC Tests

Test	Status	Time
COMP	Pass	11:33am
CAL	Pass	11:33am

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
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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 CALDWELL CO. JAIL

Instrument Serial No. 008803 LENOIR 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 06 day of MAY, 2020 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

CALDWELL COUNTY CALDWELL COUNTY JAIL
130

Serial Number: *008803*
Test Date: *05/06/2026*

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: *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	11:27am
AIR BLK	.00	11:27am
ACCY CHK	.07	11:28am
AIR BLK	.00	11:29am
SUB TEST	**.00**	**11:30am**
AIR BLK	.00	11:31am
SUB TEST	**.00**	**11:32am**
AIR BLK	.00	11:33am

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
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Intox EC/IR-II: Preventive Maintenance

CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: *008803* Test Record Number: *920*
Test Date: *05/06/2026* Test Time: *11:34am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:35am
FLO	Pass	11:35am
FC	Pass	11:35am

Temperature Tests

Test	Status	Time
FC1	Pass	11:35am
SRC	Pass	11:35am
DET	Pass	11:35am
BAR	Pass	11:35am
BT	Pass	11:35am

Blank Tests

Test	Status	Time
AIR	Pass	11:36am

Printer Tests

Test	Status	Time
PRNT	Pass	11:36am

CRC Tests

Test	Status	Time
COMP	Pass	11:36am
CAL	Pass	11:36am

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
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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. 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 16th day of May, 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: *05/16/2026*

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: *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	9:15pm
AIR BLK	.00	9:16pm
ACCY CHK	.07	9:17pm
AIR BLK	.00	9:18pm
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
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Intox EC/IR-II: Preventive Maintenance

CALDWELL COUNTY BAT MOBILE UNIT 11 130

Serial Number: *008970* Test Record Number: *1439*
Test Date: *05/16/2026* Test Time: *9:23pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:23pm
FLO	Pass	9:23pm
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	9:24pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:24pm

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
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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. 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 30th day of May, 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: *05/30/2026*

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: *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	10:16pm
AIR BLK	.00	10:17pm
ACCY CHK	.07	10:18pm
AIR BLK	.00	10:19pm
SUB TEST	**.00**	**10:19pm**
AIR BLK	.00	10:20pm
SUB TEST	**.00**	**10:22pm**
AIR BLK	.00	10:22pm

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
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Intox EC/IR-II: Preventive Maintenance

CALDWELL COUNTY BAT MOBILE UNIT 11 130

Serial Number: *008970* Test Record Number: *1449*
Test Date: *05/30/2026* Test Time: *10:23pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:23pm
FLO	Pass	10:23pm
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	10:24pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:24pm

CRC Tests

Test	Status	Time
COMP	Pass	10:24pm
CAL	Pass	10:24pm

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
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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 16th day of May, 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)

CALDWELL COUNTY BAT MOBILE UNIT 11 130

Serial Number: *008973*
Test Date: *05/16/2026*

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: *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	8:24am
AIR BLK	.00	8:25am
ACCY CHK	.07	8:26am
AIR BLK	.00	8:27am
SUB TEST	**.00**	**8:28am**
AIR BLK	.00	8:29am
SUB TEST	**.00**	**8:30am**
AIR BLK	.00	8:31am

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
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Intox EC/IR-II: Preventive Maintenance

CALDWELL COUNTY BAT MOBILE UNIT 11 130

Serial Number: *008973* Test Record Number: *1479*
Test Date: *05/16/2026* Test Time: *8:35am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:36am
FLO	Pass	8:36am
FC	Pass	8:36am

Temperature Tests

Test	Status	Time
FC1	Pass	8:36am
SRC	Pass	8:36am
DET	Pass	8:36am
BAR	Pass	8:36am
BT	Pass	8:36am

Blank Tests

Test	Status	Time
AIR	Pass	8:37am

Printer Tests

Test	Status	Time
PRNT	Pass	8:37am

CRC Tests

Test	Status	Time
COMP	Pass	8:37am
CAL	Pass	8:37am

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
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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 30th day of May, 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: *05/30/2026*

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: *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	10:11pm
AIR BLK	.00	10:12pm
ACCY CHK	.07	10:12pm
AIR BLK	.00	10:13pm
SUB TEST	**.00**	**10:14pm**
AIR BLK	.00	10:15pm
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
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Intox EC/IR-II: Preventive Maintenance

CALDWELL COUNTY BAT MOBILE UNIT 11 130

Serial Number: *008973* Test Record Number: *1487*
Test Date: *05/30/2026* 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
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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 Carteret 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 25th day of May, 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

CARTERET COUNTY BAT MOBILE UNIT 9 150

Serial Number: *008575*
Test Date: *05/25/2026*

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: *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	12:35pm
AIR BLK	.00	12:36pm
ACCY CHK	.08	12:37pm
AIR BLK	.00	12:37pm
SUB TEST	**.00**	**12:38pm**
AIR BLK	.00	12:39pm
SUB TEST	**.00**	**12:40pm**
AIR BLK	.00	12:41pm

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
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Intox EC/IR-II: Preventive Maintenance

CARTERET COUNTY BAT MOBILE UNIT 9 150

Serial Number: *008575* Test Record Number: *1596*
Test Date: *05/25/2026* Test Time: *12:42pm 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
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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 CARTERET Instrument Location CARTERET COUNTY

Instrument Serial No. 008605 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 27th day of MAY, 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

2824952
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

CARTERET COUNTY DETENTION CENTER 150

Serial Number: *008605*
Test Date: *05/27/2026*

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: AG516203
Exp Date: 06/11/2027

Test	g/210L	Time
DIAG	Pass	12:20pm
AIR BLK	.00	12:20pm
ACCY CHK	.07	12:21pm
AIR BLK	.00	12:22pm
SUB TEST	**.00**	**12:23pm**
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
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Intox EC/IR-II: Preventive Maintenance

CARTERET COUNTY DETENTION CENTER 150

Serial Number: *008605* Test Record Number: *4724*
Test Date: *05/27/2026* Test Time: *12:27pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:27pm
FLO	Pass	12:27pm
FC	Pass	12:27pm

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	12:28pm
CAL	Pass	12:28pm

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 Carteret 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 25th day of May, 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

CARTERET COUNTY BAT MOBILE UNIT 9 150

Serial Number: *008616*
Test Date: *05/25/2026*

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: *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	12:45pm
AIR BLK	.00	12:46pm
ACCY CHK	.07	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

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

CARTERET COUNTY BAT MOBILE UNIT 9 150

Serial Number: *008616* Test Record Number: *3008*
Test Date: *05/25/2026* 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	12:53pm
SRC	Pass	12:53pm
DET	Pass	12:53pm
BAR	Pass	12:53pm
BT	Pass	12:53pm

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 CARTERET Instrument Location EMERALD ISLE POLICE DEPT

Instrument Serial No. 008620

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 27th day of MAY, 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.

Intox EC/IR-II: Subject Test

CARTERET COUNTY EMERALD ISLE PD 150

Serial Number: *008620*
Test Date: *05/27/2026*

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	2:38pm
AIR BLK	.00	2:39pm
ACCY CHK	.08	2:39pm
AIR BLK	.00	2:41pm
SUB TEST	**.00**	**2:41pm**
AIR BLK	.00	2:42pm
SUB TEST	**.00**	**2:44pm**
AIR BLK	.00	2:45pm

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
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Intox EC/IR-II: Preventive Maintenance

CARTERET COUNTY EMERALD ISLE PD 150

Serial Number: *008620* Test Record Number: *2687*
Test Date: *05/27/2026* Test Time: *2:45pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:45pm
FLO	Pass	2:45pm
FC	Pass	2:45pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:46pm
SRC	Pass	2:46pm
DET	Pass	2:46pm
BAR	Pass	2:46pm
BT	Pass	2:46pm

Blank Tests

Test	Status	Time
AIR	Pass	2:46pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:46pm

CRC Tests

Test	Status	Time
COMP	Pass	2:46pm
CAL	Pass	2:46pm

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 Carteret 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 25th day of May, 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

CARTERET COUNTY BAT MOBILE UNIT 9 150

Serial Number: *008647*
Test Date: *05/25/2026*

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: *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	12:37pm
AIR BLK	.00	12:38pm
ACCY CHK	.08	12:39pm
AIR BLK	.00	12:40pm
SUB TEST	**.00**	**12:40pm**
AIR BLK	.00	12:41pm
SUB TEST	**.00**	**12:43pm**
AIR BLK	.00	12:44pm

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
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Intox EC/IR-II: Preventive Maintenance

CARTERET COUNTY BAT MOBILE UNIT 9 150

Serial Number: *008647* Test Record Number: *2982*
Test Date: *05/25/2026* Test Time: *12:46pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:46pm
FLO	Pass	12:46pm
FC	Pass	12:46pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:46pm
SRC	Pass	12:46pm
DET	Pass	12:46pm
BAR	Pass	12:46pm
BT	Pass	12:46pm

Blank Tests

Test	Status	Time
AIR	Pass	12:47pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:47pm

CRC Tests

Test	Status	Time
COMP	Pass	12:47pm
CAL	Pass	12:47pm

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
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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 Carteret 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 25th day of May, 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

CARTERET COUNTY BAT MOBILE UNIT 9 150

Serial Number: *008704*
Test Date: *05/25/2026*

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: *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	12:36pm
AIR BLK	.00	12:37pm
ACCY CHK	.07	12:38pm
AIR BLK	.00	12:39pm
SUB TEST	**.00**	**12:39pm**
AIR BLK	.00	12:40pm
SUB TEST	**.00**	**12:42pm**
AIR BLK	.00	12:43pm

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
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Intox EC/IR-II: Preventive Maintenance

CARTERET COUNTY BAT MOBILE UNIT 9 150

Serial Number: *008704* Test Record Number: *1033*
Test Date: *05/25/2026* Test Time: *12:45pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:46pm
FLO	Pass	12:46pm
FC	Pass	12:46pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:46pm
SRC	Pass	12:46pm
DET	Pass	12:46pm
BAR	Pass	12:46pm
BT	Pass	12:46pm

Blank Tests

Test	Status	Time
AIR	Pass	12:47pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:47pm

CRC Tests

Test	Status	Time
COMP	Pass	12:47pm
CAL	Pass	12:47pm

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
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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 CARTERET Instrument Location MOREHEAD CITY

Instrument Serial No. 008731 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 27 day of MAY, 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

2824930
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

CARTERET COUNTY MOREHEAD CITY PD 150

Serial Number: *008731*
Test Date: *05/27/2026*

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	11:32am
AIR BLK	.00	11:33am
ACCY CHK	.08	11:33am
AIR BLK	.00	11:35am
SUB TEST	**.00**	**11:35am**
AIR BLK	.00	11:36am
SUB TEST	**.00**	**11:37am**
AIR BLK	.00	11:38am

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
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Intox EC/IR-II: Preventive Maintenance

CARTERET COUNTY MOREHEAD CITY PD 150

Serial Number: *008731* Test Record Number: *2953*
Test Date: *05/27/2026* Test Time: *11:38am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:39am
FLO	Pass	11:39am
FC	Pass	11:39am

Temperature Tests

Test	Status	Time
FC1	Pass	11:39am
SRC	Pass	11:39am
DET	Pass	11:39am
BAR	Pass	11:39am
BT	Pass	11:39am

Blank Tests

Test	Status	Time
AIR	Pass	11:40am

Printer Tests

Test	Status	Time
PRNT	Pass	11:40am

CRC Tests

Test	Status	Time
COMP	Pass	11:40am
CAL	Pass	11:40am

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
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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 CARTERET Instrument Location ATLANTIC BEACH

Instrument Serial No. 008785 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 27th day of MAY, 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

CARTERET COUNTY ATLANTIC BEACH PD 150

Serial Number: *008785*
Test Date: *05/27/2026*

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: AG506303
Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	1:31pm
AIR BLK	.00	1:31pm
ACCY CHK	.07	1:32pm
AIR BLK	.00	1:33pm
SUB TEST	**.00**	**1:34pm**
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
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Intox EC/IR-II: Preventive Maintenance

CARTERET COUNTY ATLANTIC BEACH PD 150

Serial Number: *008785* Test Record Number: *1678*
Test Date: *05/27/2026* Test Time: *1:37pm 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	1:38pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:38pm

CRC Tests

Test	Status	Time
COMP	Pass	1:38pm
CAL	Pass	1:38pm

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
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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 Carteret 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 25th day of May, 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

226310
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

CARTERET COUNTY BAT MOBILE UNIT 9 150

Serial Number: *008826*
Test Date: *05/25/2026*

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: *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	12:36pm
AIR BLK	.00	12:37pm
ACCY CHK	.07	12:37pm
AIR BLK	.00	12:38pm
SUB TEST	**.00**	**12:39pm**
AIR BLK	.00	12:40pm
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
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Intox EC/IR-II: Preventive Maintenance

CARTERET COUNTY BAT MOBILE UNIT 9 150

Serial Number: *008826* Test Record Number: *8669*
Test Date: *05/25/2026* 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 CARTERET Instrument Location CARTERET COUNTY DETENTION CENTER

Instrument Serial No. 008882

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 27th day of MAY, 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.

Intox EC/IR-II: Subject Test

CARTERET COUNTY DETENTION CENTER 150

Serial Number: *008882*
Test Date: *05/27/2026*

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: AG516203
Exp Date: 06/11/2027

Test	g/210L	Time
DIAG	Pass	12:20pm
AIR BLK	.00	12:21pm
ACCY CHK	.08	12:22pm
AIR BLK	.00	12:23pm
SUB TEST	**.00**	**12:23pm**
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
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Intox EC/IR-II: Preventive Maintenance

CARTERET COUNTY DETENTION CENTER 150

Serial Number: *008882* Test Record Number: *2796*
Test Date: *05/27/2026* Test Time: *12:27pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:27pm
FLO	Pass	12:27pm
FC	Pass	12:27pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:27pm
SRC	Pass	12:27pm
DET	Pass	12:27pm
BAR	Pass	12:27pm
BT	Pass	12:27pm

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	12:28pm
CAL	Pass	12:28pm

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
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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 PD

Instrument Serial No. 005L087 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 18 day of MAY, 2022 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

CATAWBA COUNTY CATAWBA COUNTY SO 170

Serial Number: *008687*
Test Date: *05/18/2026*

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: *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: AG516203
Exp Date: 06/11/2027

Test	g/210L	Time
DIAG	Pass	10:04am
AIR BLK	.00	10:05am
ACCY CHK	.08	10:05am
AIR BLK	.00	10:06am
SUB TEST	**.00**	**10:07am**
AIR BLK	.00	10:08am
SUB TEST	**.00**	**10:10am**
AIR BLK	.00	10:10am

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
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Intox EC/IR-II: Preventive Maintenance

CATAWBA COUNTY CATAWBA COUNTY SO 170

Serial Number: *008687* Test Record Number: *4367*
Test Date: *05/18/2026* Test Time: *10:12am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:12am
FLO	Pass	10:12am
FC	Pass	10:12am

Temperature Tests

Test	Status	Time
FC1	Pass	10:12am
SRC	Pass	10:12am
DET	Pass	10:12am
BAR	Pass	10:12am
BT	Pass	10:12am

Blank Tests

Test	Status	Time
AIR	Pass	10:13am

Printer Tests

Test	Status	Time
PRNT	Pass	10:13am

CRC Tests

Test	Status	Time
COMP	Pass	10:13am
CAL	Pass	10:13am

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 CATAWBA Instrument Location HICKORY PD

Instrument Serial No. 000841 HICKORY 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 26 day of MAY, 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.

Intox EC/IR-II: Subject Test

CATAWBA COUNTY HICKORY PD 170

Serial Number: *008841*
Test Date: *05/06/2026*

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: *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	10:06am
AIR BLK	.00	10:06am
ACCY CHK	.08	10:07am
AIR BLK	.00	10:08am
SUB TEST	**.00**	**10:09am**
AIR BLK	.00	10:10am
SUB TEST	**.00**	**10:12am**
AIR BLK	.00	10:12am

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
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Intox EC/IR-II: Preventive Maintenance

CATAWBA COUNTY HICKORY PD 170

Serial Number: *008841* Test Record Number: *2626*
Test Date: *05/06/2026* Test Time: *10:13am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:14am
FLO	Pass	10:14am
FC	Pass	10:14am

Temperature Tests

Test	Status	Time
FC1	Pass	10:14am
SRC	Pass	10:14am
DET	Pass	10:14am
BAR	Pass	10:14am
BT	Pass	10:14am

Blank Tests

Test	Status	Time
AIR	Pass	10:15am

Printer Tests

Test	Status	Time
PRNT	Pass	10:15am

CRC Tests

Test	Status	Time
COMP	Pass	10:15am
CAL	Pass	10:15am

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 CHATHAM Instrument Location CHATHAM COUNTY DETENTION CENTER

Instrument Serial No. 008591

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 MAY, 2020 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

739771
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

CHATHAM COUNTY DETENTION CENTER 180

Serial Number: *008591*
Test Date: *05/04/2026*

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: *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: AG516204
Exp Date: 06/11/2027

Test	g/210L	Time
DIAG	Pass	12:07pm
AIR BLK	.00	12:07pm
ACCY CHK	.08	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
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Intox EC/IR-II: Preventive Maintenance

CHATHAM COUNTY DETENTION CENTER 180

Serial Number: *008591* Test Record Number: *3461*
Test Date: *05/04/2026* Test Time: *12:13pm 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
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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 CHATHAM Instrument Location BAT MOBILE UNIT 12

Instrument Serial No. 00860/

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 May, 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

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

CHATHAM COUNTY BAT MOBILE UNIT 12 180

Serial Number: *008601*
Test Date: *05/23/2026*

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:
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	2:09pm
AIR BLK	.00	2:10pm
ACCY CHK	.07	2:11pm
AIR BLK	.00	2:12pm
SUB TEST	**.00**	**2:12pm**
AIR BLK	.00	2:13pm
SUB TEST	**.00**	**2:15pm**
AIR BLK	.00	2:15pm

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
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Intox EC/IR-II: Preventive Maintenance

CHATHAM COUNTY BAT MOBILE UNIT 12 180

Serial Number: *008601* Test Record Number: *1940*
Test Date: *05/23/2026* Test Time: *2:16pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:16pm
FLO	Pass	2:16pm
FC	Pass	2:16pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:17pm
SRC	Pass	2:17pm
DET	Pass	2:17pm
BAR	Pass	2:17pm
BT	Pass	2:17pm

Blank Tests

Test	Status	Time
AIR	Pass	2:17pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:17pm

CRC Tests

Test	Status	Time
COMP	Pass	2:17pm
CAL	Pass	2:17pm

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
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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 CHATHAM 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 25th day of May, 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

8304 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

CHATHAM COUNTY BAT MOBILE UNIT 12'180

Serial Number: *008698*
Test Date: *05/23/2026*

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:
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	2:11pm
AIR BLK	.00	2:12pm
ACCY CHK	.08	2:12pm
AIR BLK	.00	2:13pm
SUB TEST	**.00**	**2:14pm**
AIR BLK	.00	2:15pm
SUB TEST	**.00**	**2:16pm**
AIR BLK	.00	2:17pm

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
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Intox EC/IR-II: Preventive Maintenance

CHATHAM COUNTY BAT MOBILE UNIT 12 180

Serial Number: *008698* Test Record Number: *2774*
Test Date: *05/23/2026* Test Time: *2:26pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:27pm
FLO	Pass	2:27pm
FC	Pass	2:27pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:27pm
SRC	Pass	2:27pm
DET	Pass	2:27pm
BAR	Pass	2:27pm
BT	Pass	2:27pm

Blank Tests

Test	Status	Time
AIR	Pass	2:27pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:28pm

CRC Tests

Test	Status	Time
COMP	Pass	2:28pm
CAL	Pass	2:28pm

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 CHATHAM 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 23rd day of May 20 16 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

CHATHAM COUNTY BAT MOBILE UNIT 42 180

Serial Number: *008788*
Test Date: *05/23/2026*

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:
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	2:31pm
AIR BLK	.00	2:32pm
ACCY CHK	.07	2:32pm
AIR BLK	.00	2:33pm
SUB TEST	**.00**	**2:34pm**
AIR BLK	.00	2:35pm
SUB TEST	**.00**	**2:36pm**
AIR BLK	.00	2:37pm

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
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Intox EC/IR-II: Preventive Maintenance

CHATHAM COUNTY BAT MOBILE UNIT 12 180

Serial Number: *008788* Test Record Number: *2557*
Test Date: *05/23/2026* Test Time: *2:38pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:38pm
FLO	Pass	2:38pm
FC	Pass	2:38pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:38pm
SRC	Pass	2:38pm
DET	Pass	2:38pm
BAR	Pass	2:38pm
BT	Pass	2:38pm

Blank Tests

Test	Status	Time
AIR	Pass	2:39pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:39pm

CRC Tests

Test	Status	Time
COMP	Pass	2:39pm
CAL	Pass	2:39pm

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 CHATHAM Instrument Location SILER CITY POLICE DEPARTMENT

Instrument Serial No. 008811

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 MAY, 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

CHATHAM COUNTY SILER CITY PD 180

Serial Number: *008811*
Test Date: *05/04/2026*

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: *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: AG516204
Exp Date: 06/11/2027

Test	g/210L	Time
DIAG	Pass	1:25pm
AIR BLK	.00	1:26pm
ACCY CHK	.08	1:27pm
AIR BLK	.00	1:28pm
SUB TEST	**.00**	**1:28pm**
AIR BLK	.00	1:29pm
SUB TEST	**.00**	**1:31pm**
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
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Intox EC/IR-II: Preventive Maintenance

CHATHAM COUNTY SILER CITY PD 180

Serial Number: *008811* Test Record Number: *1927*
Test Date: *05/04/2026* Test Time: *1:33pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:33pm
FLO	Pass	1:33pm
FC	Pass	1:33pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:34pm
SRC	Pass	1:34pm
DET	Pass	1:34pm
BAR	Pass	1:34pm
BT	Pass	1:34pm

Blank Tests

Test	Status	Time
AIR	Pass	1:34pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:34pm

CRC Tests

Test	Status	Time
COMP	Pass	1:35pm
CAL	Pass	1:35pm

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 Cleveland Instrument Location Cleveland County SO - Annex

Instrument Serial No. 008887 Shelby, 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 May, 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.

Intox EC/IR-II: Subject Test

CLEVELAND COUNTY CLEVELAND SO-ANNEX
220

Serial Number: *008887*
Test Date: *05/04/2026*

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: *Loftis, Benjamin C*
Permit Number: *0024-4*
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	12:10pm
AIR BLK	.00	12:11pm
ACCY CHK	.07	12:12pm
AIR BLK	.00	12:13pm
SUB TEST	**.00**	**12:14pm**
AIR BLK	.00	12:15pm
SUB TEST	**.00**	**12:17pm**
AIR BLK	.00	12:18pm

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
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Intox EC/IR-II: Preventive Maintenance

CLEVELAND COUNTY CLEVELAND SO-ANNEX 220

Serial Number: *008887* Test Record Number: *4544*
Test Date: *05/04/2026* Test Time: *12:20pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:21pm
FLO	Pass	12:21pm
FC	Pass	12:21pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:21pm
SRC	Pass	12:21pm
DET	Pass	12:21pm
BAR	Pass	12:21pm
BT	Pass	12:21pm

Blank Tests

Test	Status	Time
AIR	Pass	12:21pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:21pm

CRC Tests

Test	Status	Time
COMP	Pass	12:22pm
CAL	Pass	12:22pm

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 Cleveland Instrument Location Cleveland County SO-Annex

Instrument Serial No. 008893 Shelby, 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 May, 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.

Intox EC/IR-II: Subject Test

CLEVELAND COUNTY CLEVELAND SO-ANNEX 220

Serial Number: *008893*
Test Date: *05/04/2026*

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: *Loftis, Benjamin C*
Permit Number: *0024-4*
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	12:11pm
AIR BLK	.00	12:12pm
ACCY CHK	.08	12:13pm
AIR BLK	.00	12:14pm
SUB TEST	**.00**	**12:15pm**
AIR BLK	.00	12:16pm
SUB TEST	**.00**	**12:17pm**
AIR BLK	.00	12:18pm

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
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Intox EC/IR-II: Preventive Maintenance

CLEVELAND COUNTY CLEVELAND SO-ANNEX 220

Serial Number: *008893* Test Record Number: *2108*
Test Date: *05/04/2026* Test Time: *12:20pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:20pm
FLO	Pass	12:20pm
FC	Pass	12:20pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:20pm
SRC	Pass	12:20pm
DET	Pass	12:20pm
BAR	Pass	12:20pm
BT	Pass	12:20pm

Blank Tests

Test	Status	Time
AIR	Pass	12:21pm

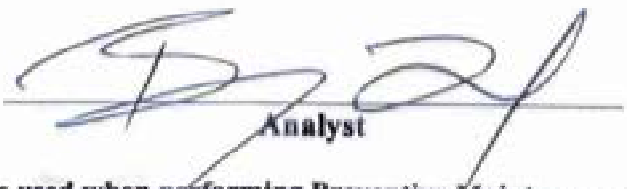
Printer Tests

Test	Status	Time
PRNT	Pass	12:21pm

CRC Tests

Test	Status	Time
COMP	Pass	12:21pm
CAL	Pass	12:21pm

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 Cleveland Instrument Location Kings Mountain PD

Instrument Serial No 008900 Kings Mountain, 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 May, 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

CLEVELAND COUNTY KINGS MOUNTAIN PD 220

Serial Number: *008900*
Test Date: *05/04/2026*

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: *Loftis, Benjamin C*
Permit Number: *0024-4*
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	11:05am
AIR BLK	.00	11:06am
ACCY CHK	.07	11:07am
AIR BLK	.00	11:08am
SUB TEST	**.00**	**11:09am**
AIR BLK	.00	11:09am
SUB TEST	**.00**	**11:11am**
AIR BLK	.00	11:12am

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

CLEVELAND COUNTY KINGS MOUNTAIN PD 220

Serial Number: *008900* Test Record Number: *1148*
Test Date: *05/04/2026* Test Time: *11:12am 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	11:13am
SRC	Pass	11:13am
DET	Pass	11:13am
BAR	Pass	11:13am
BT	Pass	11:13am

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 Columbus 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 22nd day of May, 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

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

COLUMBUS COUNTY BAT MOBILE UNIT 12 230

Serial Number: *008601*
Test Date: *05/22/2026*

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:
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	7:33pm
AIR BLK	.00	7:34pm
ACCY CHK	.07	7:34pm
AIR BLK	.00	7:35pm
SUB TEST	**.00**	**7:36pm**
AIR BLK	.00	7:37pm
SUB TEST	**.00**	**7:38pm**
AIR BLK	.00	7:39pm

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

COLUMBUS COUNTY BAT MOBILE UNIT 12 230

Serial Number: *008601* Test Record Number: *1936*
Test Date: *05/22/2026* Test Time: *7:40pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	7:40pm
FLO	Pass	7:40pm
FC	Pass	7:40pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:40pm
SRC	Pass	7:40pm
DET	Pass	7:40pm
BAR	Pass	7:40pm
BT	Pass	7:40pm

Blank Tests

Test	Status	Time
AIR	Pass	7:41pm

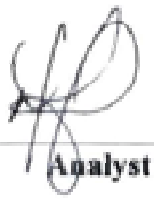
Printer Tests

Test	Status	Time
PRNT	Pass	7:41pm

CRC Tests

Test	Status	Time
COMP	Pass	7:41pm
CAL	Pass	7:41pm

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 Columbus 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 22nd day of May, 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

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

COLUMBUS COUNTY BAT MOBILE UNIT 12 230

Serial Number: *008698*
Test Date: *05/22/2026*

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:
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	7:34pm
AIR BLK	.00	7:35pm
ACCY CHK	.08	7:36pm
AIR BLK	.00	7:37pm
SUB TEST	**.00**	**7:37pm**
AIR BLK	.00	7:38pm
SUB TEST	**.00**	**7:40pm**
AIR BLK	.00	7:41pm

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

COLUMBUS COUNTY BAT MOBILE UNIT 12 230

Serial Number: *008698* Test Record Number: *2772*
Test Date: *05/22/2026* Test Time: *7:42pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	7:43pm
FLO	Pass	7:43pm
FC	Pass	7:43pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:43pm
SRC	Pass	7:43pm
DET	Pass	7:43pm
BAR	Pass	7:43pm
BT	Pass	7:43pm

Blank Tests

Test	Status	Time
AIR	Pass	7:43pm

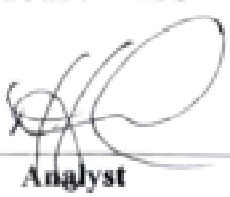
Printer Tests

Test	Status	Time
PRNT	Pass	7:43pm

CRC Tests

Test	Status	Time
COMP	Pass	7:44pm
CAL	Pass	7:44pm

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 Columbus 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 22nd day of May, 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

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

COLUMBUS COUUNTY BAT MOBILE UNIT 12
230

Serial Number: *008788*
Test Date: *05/22/2026*

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:
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	7:45pm
AIR BLK	.00	7:46pm
ACCY CHK	.07	7:47pm
AIR BLK	.00	7:48pm
SUB TEST	**.00**	**7:48pm**
AIR BLK	.00	7:49pm
SUB TEST	**.00**	**7:51pm**
AIR BLK	.00	7:52pm

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
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Intox EC/IR-II: Preventive Maintenance

COLUMBUS COUUNTY BAT MOBILE UNIT 12 230

Serial Number: *008788* Test Record Number: *2555*
Test Date: *05/22/2026* Test Time: *8:00pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:01pm
FLO	Pass	8:01pm
FC	Pass	8:01pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:01pm
SRC	Pass	8:01pm
DET	Pass	8:01pm
BAR	Pass	8:01pm
BT	Pass	8:01pm

Blank Tests

Test	Status	Time
AIR	Pass	8:02pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:02pm

CRC Tests

Test	Status	Time
COMP	Pass	8:02pm
CAL	Pass	8:02pm

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
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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 CRAVEN Instrument Location CRAVEN COUNTY

Instrument Serial No. 008732 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 14th day of MAY, 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

CRAVEN COUNTY DETENTION CENTER 240

Serial Number: *008732*
Test Date: *05/14/2026*

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: *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	10:39am
AIR BLK	.00	10:39am
ACCY CHK	.07	10:40am
AIR BLK	.00	10:41am
SUB TEST	**.00**	**10:42am**
AIR BLK	.00	10:43am
SUB TEST	**.00**	**10:44am**
AIR BLK	.00	10:45am

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
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Intox EC/IR-II: Preventive Maintenance

CRAVEN COUNTY DETENTION CENTER 240

Serial Number: *008732* Test Record Number: *3739*
Test Date: *05/14/2026* 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



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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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 CRAVEN Instrument Location HAVELOCK

Instrument Serial No. 008800 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 14th day of MAY, 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

282 1950
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

CRAVEN COUNTY HAVELOCK PD 240

Serial Number: *008800*
Test Date: *05/14/2026*

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: *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	3:09pm
AIR BLK	.00	3:09pm
ACCY CHK	.07	3:10pm
AIR BLK	.00	3:11pm
SUB TEST	**.00**	**3:12pm**
AIR BLK	.00	3:13pm
SUB TEST	**.00**	**3:15pm**
AIR BLK	.00	3:15pm

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
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Intox EC/IR-II: Preventive Maintenance

CRAVEN COUNTY HAVELOCK PD 240

Serial Number: *008800* Test Record Number: *1787*
Test Date: *05/14/2026* 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
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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 CRAVEN Instrument Location NEW BERN POLICE DEPT

Instrument Serial No. 008817

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 MAY, 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

CRAVEN COUNTY NEW BERN PD 240

Serial Number: *008817*
Test Date: *05/14/2026*

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: *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	11:43am
AIR BLK	.00	11:44am
ACCY CHK	.07	11:45am
AIR BLK	.00	11:46am
SUB TEST	**.00**	**11:47am**
AIR BLK	.00	11:47am
SUB TEST	**.00**	**11:49am**
AIR BLK	.00	11:50am

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
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Intox EC/IR-II: Preventive Maintenance

CRAVEN COUNTY NEW BERN PD 240

Serial Number: *008817* Test Record Number: *2267*
Test Date: *05/14/2026* Test Time: *11:50am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:50am
FLO	Pass	11:50am
FC	Pass	11:51am

Temperature Tests

Test	Status	Time
FC1	Pass	11:51am
SRC	Pass	11:51am
DET	Pass	11:51am
BAR	Pass	11:51am
BT	Pass	11:51am

Blank Tests

Test	Status	Time
AIR	Pass	11:51am

Printer Tests

Test	Status	Time
PRNT	Pass	11:51am

CRC Tests

Test	Status	Time
COMP	Pass	11:51am
CAL	Pass	11:51am

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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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 CRAVEN Instrument Location MCAS PMO

Instrument Serial No. 010819 CHERRY POINT

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 MAY, 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

28249J

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

CRAVEN COUNTY MCAS CHERRY POINT 240

Serial Number: *010819*
Test Date: *05/14/2026*

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: *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	2:18pm
AIR BLK	.00	2:19pm
ACCY CHK	.07	2:19pm
AIR BLK	.00	2:20pm
SUB TEST	**.00**	**2:21pm**
AIR BLK	.00	2:22pm
SUB TEST	**.00**	**2:24pm**
AIR BLK	.00	2:25pm

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
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Intox EC/IR-II: Preventive Maintenance

CRAVEN COUNTY MCAS CHERRY POINT 240

Serial Number: *010819* Test Record Number: *994*
Test Date: *05/14/2026* 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
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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 Currituck Instrument Location Currituck Co. S.O. - Corolla

Instrument Serial No. 008949 1123 Ocean Trl., Corolla, 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 12th day of May, 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

CURRITUCK COUNTY SO-COROLLA 260

Serial Number: *008949*
Test Date: *05/12/2026*

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	2:20pm
AIR BLK	.00	2:21pm
ACCY CHK	.08	2:21pm
AIR BLK	.00	2:23pm
SUB TEST	**.00**	**2:23pm**
AIR BLK	.00	2:24pm
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
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Intox EC/IR-II: Preventive Maintenance

CURRITUCK COUNTY SO-COROLLA 260

Serial Number: *008949* Test Record Number: *874*
Test Date: *05/12/2026* Test Time: *2:29pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:30pm
FLO	Pass	2:30pm
FC	Pass	2:30pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:30pm
SRC	Pass	2:30pm
DET	Pass	2:30pm
BAR	Pass	2:30pm
BT	Pass	2:30pm

Blank Tests

Test	Status	Time
AIR	Pass	2:31pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:31pm

CRC Tests

Test	Status	Time
COMP	Pass	2:31pm
CAL	Pass	2:31pm

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
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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. S.O. - Buxton

Instrument Serial No. 008807 50347 Hwy 12, Buxton, 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 27th day of May, 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 A. Bagwell
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

DARE COUNTY DARE CO SO BUXTON 270

Serial Number: *008807*
Test Date: *05/27/2026*

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	1:59pm
AIR BLK	.00	2:00pm
ACCY CHK	.07	2:01pm
AIR BLK	.00	2:02pm
SUB TEST	**.00**	**2:02pm**
AIR BLK	.00	2:03pm
SUB TEST	**.00**	**2:05pm**
AIR BLK	.00	2:06pm

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
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Intox EC/IR-II: Preventive Maintenance

DARE COUNTY DARE CO SO BUXTON 270

Serial Number: *008807* Test Record Number: *1582*
Test Date: *05/27/2026* Test Time: *2:09pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:09pm
FLO	Pass	2:09pm
FC	Pass	2:09pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:09pm
SRC	Pass	2:09pm
DET	Pass	2:09pm
BAR	Pass	2:09pm
BT	Pass	2:09pm

Blank Tests

Test	Status	Time
AIR	Pass	2:10pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:10pm

CRC Tests

Test	Status	Time
COMP	Pass	2:10pm
CAL	Pass	2:10pm

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 Davidson 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 6 day of May, 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

DAVIDSON COUNTY BAT MOBILE UNIT 8 280

Serial Number: *008615*
Test Date: *05/06/2026*

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: *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	6:18am
AIR BLK	.00	6:19am
ACCY CHK	.07	6:19am
AIR BLK	.00	6:20am
SUB TEST	**.00**	**6:21am**
AIR BLK	.00	6:22am
SUB TEST	**.00**	**6:23am**
AIR BLK	.00	6:24am

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
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Intox EC/IR-II: Preventive Maintenance

DAVIDSON COUNTY BAT MOBILE UNIT 8 280

Serial Number: *008615* Test Record Number: *6305*
Test Date: *05/06/2026* Test Time: *6:24am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	6:25am
FLO	Pass	6:25am
FC	Pass	6:25am

Temperature Tests

Test	Status	Time
FC1	Pass	6:25am
SRC	Pass	6:25am
DET	Pass	6:25am
BAR	Pass	6:25am
BT	Pass	6:25am

Blank Tests

Test	Status	Time
AIR	Pass	6:26am

Printer Tests

Test	Status	Time
PRNT	Pass	6:26am

CRC Tests

Test	Status	Time
COMP	Pass	6:26am
CAL	Pass	6:26am

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
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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 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 24 day of May, 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

DAVIDSON COUNTY BAT MOBILE UNIT 8 280

Serial Number: *008615*
Test Date: *05/24/2026*

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: *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	2:48pm
AIR BLK	.00	2:49pm
ACCY CHK	.07	2:49pm
AIR BLK	.00	2:50pm
SUB TEST	**.00**	**2:51pm**
AIR BLK	.00	2:52pm
SUB TEST	**.00**	**2:53pm**
AIR BLK	.00	2:54pm

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
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Intox EC/IR-II: Preventive Maintenance

DAVIDSON COUNTY BAT MOBILE UNIT 8 280

Serial Number: *008615* Test Record Number: *6318*
Test Date: *05/24/2026* Test Time: *2:55pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:56pm
FLO	Pass	2:56pm
FC	Pass	2:56pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:56pm
SRC	Pass	2:56pm
DET	Pass	2:56pm
BAR	Pass	2:56pm
BT	Pass	2:56pm

Blank Tests

Test	Status	Time
AIR	Pass	2:57pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:57pm

CRC Tests

Test	Status	Time
COMP	Pass	2:57pm
CAL	Pass	2:57pm

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
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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 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 6 day of May, 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

DAVIDSON COUNTY BAT MOBILE UNIT 8 280

Serial Number: *008736*
Test Date: *05/06/2026*

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: *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	6:17am
AIR BLK	.00	6:18am
ACCY CHK	.07	6:18am
AIR BLK	.00	6:20am
SUB TEST	**.00**	**6:20am**
AIR BLK	.00	6:21am
SUB TEST	**.00**	**6:22am**
AIR BLK	.00	6:23am

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
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Intox EC/IR-II: Preventive Maintenance

DAVIDSON COUNTY BAT MOBILE UNIT 8 280

Serial Number: *008736* Test Record Number: *1661*
Test Date: *05/06/2026* Test Time: *6:24am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	6:24am
FLO	Pass	6:24am
FC	Pass	6:24am

Temperature Tests

Test	Status	Time
FC1	Pass	6:24am
SRC	Pass	6:24am
DET	Pass	6:24am
BAR	Pass	6:24am
BT	Pass	6:24am

Blank Tests

Test	Status	Time
AIR	Pass	6:25am

Printer Tests

Test	Status	Time
PRNT	Pass	6:25am

CRC Tests

Test	Status	Time
COMP	Pass	6:25am
CAL	Pass	6:25am

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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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 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 24 day of May, 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

DAVIDSON COUNTY BAT MOBILE UNIT 8 280

Serial Number: *008736*
Test Date: *05/24/2026*

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: *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	2:49pm
AIR BLK	.00	2:50pm
ACCY CHK	.07	2:51pm
AIR BLK	.00	2:52pm
SUB TEST	**.00**	**2:52pm**
AIR BLK	.00	2:53pm
SUB TEST	**.00**	**2:55pm**
AIR BLK	.00	2:55pm

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
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Intox EC/IR-II: Preventive Maintenance

DAVIDSON COUNTY BAT MOBILE UNIT 8 280

Serial Number: *008736* Test Record Number: *1674*
Test Date: *05/24/2026* Test Time: *2:56pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:56pm
FLO	Pass	2:56pm
FC	Pass	2:56pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:56pm
SRC	Pass	2:56pm
DET	Pass	2:56pm
BAR	Pass	2:56pm
BT	Pass	2:56pm

Blank Tests

Test	Status	Time
AIR	Pass	2:57pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:57pm

CRC Tests

Test	Status	Time
COMP	Pass	2:57pm
CAL	Pass	2:57pm

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
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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 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 6 day of May, 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

DAVIDSON COUNTY BAT MOBILE UNIT 8 280

Serial Number: *008775*
Test Date: *05/06/2026*

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: *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	6:16am
AIR BLK	.00	6:17am
ACCY CHK	.08	6:18am
AIR BLK	.00	6:19am
SUB TEST	**.00**	**6:19am**
AIR BLK	.00	6:20am
SUB TEST	**.00**	**6:21am**
AIR BLK	.00	6:22am

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
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Intox EC/IR-II: Preventive Maintenance

DAVIDSON COUNTY BAT MOBILE UNIT 8 280

Serial Number: *008775* Test Record Number: *2509*
Test Date: *05/06/2026* Test Time: *6:23am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	6:23am
FLO	Pass	6:23am
FC	Pass	6:23am

Temperature Tests

Test	Status	Time
FC1	Pass	6:23am
SRC	Pass	6:23am
DET	Pass	6:23am
BAR	Pass	6:23am
BT	Pass	6:23am

Blank Tests

Test	Status	Time
AIR	Pass	6:24am

Printer Tests

Test	Status	Time
PRNT	Pass	6:24am

CRC Tests

Test	Status	Time
COMP	Pass	6:24am
CAL	Pass	6:24am

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
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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 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 24 day of May, 2021 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

DAVIDSON COUNTY BAT MOBILE UNIT 8 280

Serial Number: *008775*
Test Date: *05/24/2026*

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: *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	2:49pm
AIR BLK	.00	2:50pm
ACCY CHK	.08	2:50pm
AIR BLK	.00	2:51pm
SUB TEST	**.00**	**2:52pm**
AIR BLK	.00	2:53pm
SUB TEST	**.00**	**2:54pm**
AIR BLK	.00	2:55pm

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
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Intox EC/IR-II: Preventive Maintenance

DAVIDSON COUNTY BAT MOBILE UNIT 8 280

Serial Number: *008775* Test Record Number: *2521*
Test Date: *05/24/2026* Test Time: *2:55pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:56pm
FLO	Pass	2:56pm
FC	Pass	2:56pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:56pm
SRC	Pass	2:56pm
DET	Pass	2:56pm
BAR	Pass	2:56pm
BT	Pass	2:56pm

Blank Tests

Test	Status	Time
AIR	Pass	2:57pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:57pm

CRC Tests

Test	Status	Time
COMP	Pass	2:57pm
CAL	Pass	2:57pm

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
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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 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 6 day of May, 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

DAVIDSON COUNTY BAT MOBILE UNIT 8 280

Serial Number: *008816*
Test Date: *05/06/2026*

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: *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	6:15am
AIR BLK	.00	6:16am
ACCY CHK	.07	6:17am
AIR BLK	.00	6:18am
SUB TEST	**.00**	**6:19am**
AIR BLK	.00	6:20am
SUB TEST	**.00**	**6:21am**
AIR BLK	.00	6:22am

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
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Intox EC/IR-II: Preventive Maintenance

DAVIDSON COUNTY BAT MOBILE UNIT 8 280

Serial Number: *008816* Test Record Number: *8090*
Test Date: *05/06/2026* Test Time: *6:23am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	6:23am
FLO	Pass	6:23am
FC	Pass	6:23am

Temperature Tests

Test	Status	Time
FC1	Pass	6:23am
SRC	Pass	6:23am
DET	Pass	6:23am
BAR	Pass	6:23am
BT	Pass	6:23am

Blank Tests

Test	Status	Time
AIR	Pass	6:24am

Printer Tests

Test	Status	Time
PRNT	Pass	6:24am

CRC Tests

Test	Status	Time
COMP	Pass	6:24am
CAL	Pass	6:24am

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
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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 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 24 day of May, 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

DAVIDSON COUNTY BAT MOBILE UNIT 8 280

Serial Number: *008816*
Test Date: *05/24/2026*

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: *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	2:47pm
AIR BLK	.00	2:48pm
ACCY CHK	.07	2:49pm
AIR BLK	.00	2:50pm
SUB TEST	**.00**	**2:51pm**
AIR BLK	.00	2:51pm
SUB TEST	**.00**	**2:53pm**
AIR BLK	.00	2:54pm

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
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Intox EC/IR-II: Preventive Maintenance

DAVIDSON COUNTY BAT MOBILE UNIT 8 280

Serial Number: *008816* Test Record Number: *8103*
Test Date: *05/24/2026* Test Time: *2:55pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:55pm
FLO	Pass	2:55pm
FC	Pass	2:55pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:55pm
SRC	Pass	2:55pm
DET	Pass	2:55pm
BAR	Pass	2:55pm
BT	Pass	2:55pm

Blank Tests

Test	Status	Time
AIR	Pass	2:56pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:56pm

CRC Tests

Test	Status	Time
COMP	Pass	2:56pm
CAL	Pass	2:56pm

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
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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 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 6 day of May, 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

DAVIDSON COUNTY BAT MOBILE UNIT 8 280

Serial Number: *008929*
Test Date: *05/06/2026*

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: *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	6:18am
AIR BLK	.00	6:20am
ACCY CHK	.07	6:20am
AIR BLK	.00	6:22am
SUB TEST	**.00**	**6:22am**
AIR BLK	.00	6:23am
SUB TEST	**.00**	**6:25am**
AIR BLK	.00	6:26am

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
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Intox EC/IR-II: Preventive Maintenance

DAVIDSON COUNTY BAT MOBILE UNIT 8 280

Serial Number: *008929* Test Record Number: *1795*
Test Date: *05/06/2026* Test Time: *6:28am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	6:28am
FLO	Pass	6:28am
FC	Pass	6:29am

Temperature Tests

Test	Status	Time
FC1	Pass	6:29am
SRC	Pass	6:29am
DET	Pass	6:29am
BAR	Pass	6:29am
BT	Pass	6:29am

Blank Tests

Test	Status	Time
AIR	Pass	6:29am

Printer Tests

Test	Status	Time
PRNT	Pass	6:30am

CRC Tests

Test	Status	Time
COMP	Pass	6:30am
CAL	Pass	6:30am

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
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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 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 24 day of May, 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

DAVIDSON COUNTY BAT MOBILE UNIT 8 280

Serial Number: *008929*
Test Date: *05/24/2026*

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: *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	2:46pm
AIR BLK	.00	2:48pm
ACCY CHK	.08	2:48pm
AIR BLK	.00	2:50pm
SUB TEST	**.00**	**2:50pm**
AIR BLK	.00	2:51pm
SUB TEST	**.00**	**2:53pm**
AIR BLK	.00	2:54pm

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
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Intox EC/IR-II: Preventive Maintenance

DAVIDSON COUNTY BAT MOBILE UNIT 8 280

Serial Number: *008929* Test Record Number: *1809*
Test Date: *05/24/2026* Test Time: *2:55pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:55pm
FLO	Pass	2:55pm
FC	Pass	2:55pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:56pm
SRC	Pass	2:56pm
DET	Pass	2:56pm
BAR	Pass	2:56pm
BT	Pass	2:56pm

Blank Tests

Test	Status	Time
AIR	Pass	2:56pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:56pm

CRC Tests

Test	Status	Time
COMP	Pass	2:57pm
CAL	Pass	2:57pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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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 DAVIE Instrument Location DAVIE COUNTY DETENTION CENTER

Instrument Serial No. 008905 MOCKSVILLE, 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 11 day of MAY, 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

DAVIE COUNTY DETENTION CENTER 290

Serial Number: *008905*
Test Date: *05/11/2026*

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: *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: AG431003
Exp Date: 11/05/2026

Test	g/210L	Time
DIAG	Pass	12:15pm
AIR BLK	.00	12:15pm
ACCY CHK	.07	12:16pm
AIR BLK	.00	12:17pm
SUB TEST	**.00**	**12:18pm**
AIR BLK	.00	12:19pm
SUB TEST	**.00**	**12:20pm**
AIR BLK	.00	12:21pm

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
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Intox EC/IR-II: Preventive Maintenance

DAVIE COUNTY DETENTION CENTER 290

Serial Number: *008905* Test Record Number: *3353*
Test Date: *05/11/2026* Test Time: *12:22pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:22pm
FLO	Pass	12:22pm
FC	Pass	12:22pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:22pm
SRC	Pass	12:22pm
DET	Pass	12:22pm
BAR	Pass	12:22pm
BT	Pass	12:22pm

Blank Tests

Test	Status	Time
AIR	Pass	12:23pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:23pm

CRC Tests

Test	Status	Time
COMP	Pass	12:23pm
CAL	Pass	12:23pm

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
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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 Durham 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 8 day of May, 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

DURHAM COUNTY BAT MOBILE UNIT 10 310

Serial Number: *008584*
Test Date: *05/08/2026*

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: *Carroll, Barry Jean D*
Permit Number: *0019-3759*
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	9:49pm
AIR BLK	.00	9:50pm
ACCY CHK	.08	9:51pm
AIR BLK	.00	9:52pm
SUB TEST	**.00**	**9:52pm**
AIR BLK	.00	9:53pm
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
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Intox EC/IR-II: Preventive Maintenance

DURHAM COUNTY BAT MOBILE UNIT 10 310

Serial Number: *008584* Test Record Number: *2891*
Test Date: *05/08/2026* Test Time: *10:07pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
1R	Pass	10:07pm
FLO	Pass	10:07pm
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	10:08pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:08pm

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
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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 Durham 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 8 day of May, 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

DURHAM COUNTY BAT MOBILE UNIT 10 310

Serial Number: *008637*
Test Date: *05/08/2026*

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: *Carroll, Barry Jean D*
Permit Number: *0019-3759*
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	10:01pm
AIR BLK	.00	10:02pm
ACCY CHK	.07	10:02pm
AIR BLK	.00	10:03pm
SUB TEST	**.00**	**10:04pm**
AIR BLK	.00	10:05pm
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
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Intox EC/IR-II: Preventive Maintenance

DURHAM COUNTY BAT MOBILE UNIT 10 310

Serial Number: *008637* Test Record Number: *3621*
Test Date: *05/08/2026* Test Time: *10:08pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:08pm
FLO	Pass	10:08pm
FC	Pass	10:08pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:09pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:09pm

CRC Tests

Test	Status	Time
COMP	Pass	10:09pm
CAL	Pass	10:09pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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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 Durham 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 8 day of May, 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

DURHAM COUNTY BAT MOBILE UNIT 10 310

Serial Number: *008686*
Test Date: *05/08/2026*

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: *Carroll, Barry Jean D*
Permit Number: *0019-3759*
Effective:
04/01/2026-04/01/2028

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	10:04pm
AIR BLK	.00	10:05pm
ACCY CHK	.08	10:05pm
AIR BLK	.00	10:06pm
SUB TEST	**.00**	**10:07pm**
AIR BLK	.00	10:08pm
SUB TEST	**.00**	**10:10pm**
AIR BLK	.00	10:11pm

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
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Intox EC/IR-II: Preventive Maintenance

DURHAM COUNTY BAT MOBILE UNIT 10 310

Serial Number: *008686* Test Record Number: *7242*
Test Date: *05/08/2026* 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
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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 Durham 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 8 day of May, 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

DURHAM COUNTY BAT MOBILE UNIT 10 310

Serial Number: *008776*
Test Date: *05/08/2026*

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: *Carroll, Barry Jean D*
Permit Number: *0019-3759*
Effective:
04/01/2026-04/01/2028

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	9:55pm
AIR BLK	.00	9:56pm
ACCY CHK	.08	9:57pm
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
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Intox EC/IR-II: Preventive Maintenance

DURHAM COUNTY BAT MOBILE UNIT 10 310

Serial Number: *008776* Test Record Number: *4211*
Test Date: *05/08/2026* 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
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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 Durham 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 8 day of May, 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

DURHAM COUNTY BAT MOBILE UNIT 10 310

Serial Number: *008779*
Test Date: *05/08/2026*

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: *Carroll, Barry Jean D*
Permit Number: *0019-3759*
Effective:
04/01/2026-04/01/2028

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	9:54pm
AIR BLK	.00	9:55pm
ACCY CHK	.08	9:56pm
AIR BLK	.00	9:56pm
SUB TEST	**.00**	**9:59pm**
AIR BLK	.00	10:00pm
SUB TEST	**.00**	**10:02pm**
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
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Intox EC/IR-II: Preventive Maintenance

DURHAM COUNTY BAT MOBILE UNIT 10 310

Serial Number: *008779* Test Record Number: *4137*
Test Date: *05/08/2026* 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
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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. 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 13th day of May, 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

FORSYTH COUNTY BAT MOBILE UNIT 7 330

Serial Number: *008002*
Test Date: *05/13/2026*

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: *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	1:35pm
AIR BLK	.00	1:36pm
ACCY CHK	.08	1:36pm
AIR BLK	.00	1:37pm
SUB TEST	**.00**	**1:38pm**
AIR BLK	.00	1:38pm
SUB TEST	**.00**	**1:40pm**
AIR BLK	.00	1:41pm

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
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Intox EC/IR-II: Preventive Maintenance

FORSYTH COUNTY BAT MOBILE UNIT 7 330

Serial Number: *008002* Test Record Number: *901*
Test Date: *05/13/2026* Test Time: *1:42pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:42pm
FLO	Pass	1:42pm
FC	Pass	1:42pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:42pm
SRC	Pass	1:42pm
DET	Pass	1:42pm
BAR	Pass	1:42pm
BT	Pass	1:42pm

Blank Tests

Test	Status	Time
AIR	Pass	1:43pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:43pm

CRC Tests

Test	Status	Time
COMP	Pass	1:43pm
CAL	Pass	1:43pm

Preventive Maintenance
Status: Pass

John Ranier

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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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 27th day of May, 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: *008002*
Test Date: *05/27/2026*

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	2:27pm
AIR BLK	.00	2:28pm
ACCY CHK	.07	2:28pm
AIR BLK	.00	2:29pm
SUB TEST	**.00**	**2:30pm**
AIR BLK	.00	2:31pm
SUB TEST	**.00**	**2:32pm**
AIR BLK	.00	2:33pm

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
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Intox EC/IR-II: Preventive Maintenance

FORSYTH COUNTY BAT MOBILE UNIT 7 330

Serial Number: *008002* Test Record Number: *910*
Test Date: *05/27/2026* Test Time: *2:33pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:34pm
FLO	Pass	2:34pm
FC	Pass	2:34pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:34pm
SRC	Pass	2:34pm
DET	Pass	2:34pm
BAR	Pass	2:34pm
BT	Pass	2:34pm

Blank Tests

Test	Status	Time
AIR	Pass	2:35pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:35pm

CRC Tests

Test	Status	Time
COMP	Pass	2:35pm
CAL	Pass	2:35pm

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
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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 29th day of May, 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 Ponier
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: *05/29/2026*

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	7:55pm
AIR BLK	.00	7:56pm
ACCY CHK	.07	7:57pm
AIR BLK	.00	7:58pm
SUB TEST	**.00**	**7:58pm**
AIR BLK	.00	7:59pm
SUB TEST	**.00**	**8:01pm**
AIR BLK	.00	8:02pm

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
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Intox EC/IR-II: Preventive Maintenance

FORSYTH COUNTY BAT MOBILE UNIT 7 330

Serial Number: *008002* Test Record Number: *912*
Test Date: *05/29/2026* Test Time: *8:02pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:03pm
FLO	Pass	8:03pm
FC	Pass	8:03pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:03pm
SRC	Pass	8:03pm
DET	Pass	8:03pm
BAR	Pass	8:03pm
BT	Pass	8:03pm

Blank Tests

Test	Status	Time
AIR	Pass	8:04pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:04pm

CRC Tests

Test	Status	Time
COMP	Pass	8:04pm
CAL	Pass	8:04pm

Preventive Maintenance
Status: Pass

John Ranier

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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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. 008968

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 13th day of May, 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: *008968*
Test Date: *05/13/2026*

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: *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	1:32pm
AIR BLK	.00	1:33pm
ACCY CHK	.08	1:34pm
AIR BLK	.00	1:35pm
SUB TEST	**.00**	**1:35pm**
AIR BLK	.00	1:36pm
SUB TEST	**.00**	**1:38pm**
AIR BLK	.00	1:39pm

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
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Intox EC/IR-II: Preventive Maintenance

FORSYTH COUNTY BAT MOBILE UNIT 7 330

Serial Number: *008968* Test Record Number: *452*
Test Date: *05/13/2026* Test Time: *1:46pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:46pm
FLO	Pass	1:46pm
FC	Pass	1:47pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:47pm
SRC	Pass	1:47pm
DET	Pass	1:47pm
BAR	Pass	1:47pm
BT	Pass	1:47pm

Blank Tests

Test	Status	Time
AIR	Pass	1:47pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:47pm

CRC Tests

Test	Status	Time
COMP	Pass	1:47pm
CAL	Pass	1:47pm

Preventive Maintenance
Status: Pass

John Ranier
Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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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. D08968

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 27th day of May, 2020 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

FORSYTH COUNTY BAT MOBILE UNIT 7 330

Serial Number: *008968*
Test Date: *05/27/2026*

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	3:01pm
AIR BLK	.00	3:02pm
ACCY CHK	.07	3:03pm
AIR BLK	.00	3:04pm
SUB TEST	**.00**	**3:04pm**
AIR BLK	.00	3:05pm
SUB TEST	**.00**	**3:07pm**
AIR BLK	.00	3:08pm

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: *008968* Test Record Number: *466*
Test Date: *05/27/2026* Test Time: *3:09pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:09pm
FLO	Pass	3:09pm
FC	Pass	3:09pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:09pm
SRC	Pass	3:09pm
DET	Pass	3:09pm
BAR	Pass	3:09pm
BT	Pass	3:09pm

Blank Tests

Test	Status	Time
AIR	Pass	3:10pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:10pm

CRC Tests

Test	Status	Time
COMP	Pass	3:10pm
CAL	Pass	3:10pm

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 BAT Mobile Unit 7

Instrument Serial No. 008968

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 29th day of May, 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: *008968*
Test Date: *05/29/2026*

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	7:53pm
AIR BLK	.00	7:54pm
ACCY CHK	.08	7:55pm
AIR BLK	.00	7:56pm
SUB TEST	**.00**	**7:57pm**
AIR BLK	.00	7:57pm
SUB TEST	**.00**	**7:59pm**
AIR BLK	.00	8:00pm

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: *008968* Test Record Number: *468*
Test Date: *05/29/2026* Test Time: *8:01pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:01pm
FLO	Pass	8:01pm
FC	Pass	8:01pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:01pm
SRC	Pass	8:01pm
DET	Pass	8:01pm
BAR	Pass	8:01pm
BT	Pass	8:01pm

Blank Tests

Test	Status	Time
AIR	Pass	8:02pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:02pm

CRC Tests

Test	Status	Time
COMP	Pass	8:02pm
CAL	Pass	8:02pm

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. 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 13th day of May, 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: *008971*
Test Date: *05/13/2026*

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: *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	1:39pm
AIR BLK	.00	1:40pm
ACCY CHK	.08	1:41pm
AIR BLK	.00	1:42pm
SUB TEST	**.00**	**1:42pm**
AIR BLK	.00	1:43pm
SUB TEST	**.00**	**1:45pm**
AIR BLK	.00	1:46pm

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
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Intox EC/IR-II: Preventive Maintenance

FORSYTH COUNTY BAT MOBILE UNIT 7 330

Serial Number: *008971* Test Record Number: *408*
Test Date: *05/13/2026* Test Time: *1:47pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:47pm
FLO	Pass	1:47pm
FC	Pass	1:48pm

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	1:48pm

CRC Tests

Test	Status	Time
COMP	Pass	1:48pm
CAL	Pass	1:48pm

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. 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 27th day of May, 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: *008971*
Test Date: *05/27/2026*

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	3:03pm
AIR BLK	.00	3:04pm
ACCY CHK	.08	3:04pm
AIR BLK	.00	3:05pm
SUB TEST	**.00**	**3:06pm**
AIR BLK	.00	3:07pm
SUB TEST	**.00**	**3:08pm**
AIR BLK	.00	3:09pm

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
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Intox EC/IR-II: Preventive Maintenance

FORSYTH COUNTY BAT MOBILE UNIT 7 330

Serial Number: *008971* Test Record Number: *414*
Test Date: *05/27/2026* Test Time: *3:10pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:10pm
FLO	Pass	3:10pm
FC	Pass	3:10pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:10pm
SRC	Pass	3:10pm
DET	Pass	3:10pm
BAR	Pass	3:10pm
BT	Pass	3:10pm

Blank Tests

Test	Status	Time
AIR	Pass	3:11pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:11pm

CRC Tests

Test	Status	Time
COMP	Pass	3:11pm
CAL	Pass	3:11pm

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. 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 29th day of May, 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 Davies — 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: *05/29/2026*

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	7:56pm
AIR BLK	.00	7:57pm
ACCY CHK	.08	7:58pm
AIR BLK	.00	7:59pm
SUB TEST	**.00**	**8:00pm**
AIR BLK	.00	8:00pm
SUB TEST	**.00**	**8:02pm**
AIR BLK	.00	8:03pm

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

FORSYTH COUNTY BAT MOBILE UNIT 7 330

Serial Number: *008971* Test Record Number: *416*
Test Date: *05/29/2026* Test Time: *8:03pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:04pm
FLO	Pass	8:04pm
FC	Pass	8:04pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:04pm
SRC	Pass	8:04pm
DET	Pass	8:04pm
BAR	Pass	8:04pm
BT	Pass	8:04pm

Blank Tests

Test	Status	Time
AIR	Pass	8:05pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:05pm

CRC Tests

Test	Status	Time
COMP	Pass	8:05pm
CAL	Pass	8:05pm

Preventive Maintenance
Status: Pass

John Davis
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 13th day of May, 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: *05/13/2026*

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: *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	1:35pm
AIR BLK	.00	1:36pm
ACCY CHK	.08	1:37pm
AIR BLK	.00	1:38pm
SUB TEST	**.00**	**1:38pm**
AIR BLK	.00	1:39pm
SUB TEST	**.00**	**1:41pm**
AIR BLK	.00	1:42pm

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: *471*
Test Date: *05/13/2026* 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

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. 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 27th day of May, 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: *008972*
Test Date: *05/27/2026*

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	2:46pm
AIR BLK	.00	2:46pm
ACCY CHK	.07	2:47pm
AIR BLK	.00	2:48pm
SUB TEST	**.00**	**2:49pm**
AIR BLK	.00	2:50pm
SUB TEST	**.00**	**2:51pm**
AIR BLK	.00	2:52pm

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
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Intox EC/IR-II: Preventive Maintenance

FORSYTH COUNTY BAT MOBILE UNIT 7 330

Serial Number: *008972* Test Record Number: *480*
Test Date: *05/27/2026* Test Time: *2:54pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:54pm
FLO	Pass	2:54pm
FC	Pass	2:54pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:54pm
SRC	Pass	2:54pm
DET	Pass	2:54pm
BAR	Pass	2:54pm
BT	Pass	2:54pm

Blank Tests

Test	Status	Time
AIR	Pass	2:55pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:55pm

CRC Tests

Test	Status	Time
COMP	Pass	2:55pm
CAL	Pass	2:55pm

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 29th day of May, 2020 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: *05/29/2026*

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	7:56pm
AIR BLK	.00	7:57pm
ACCY CHK	.08	7:57pm
AIR BLK	.00	7:58pm
SUB TEST	**.00**	**7:59pm**
AIR BLK	.00	8:00pm
SUB TEST	**.00**	**8:02pm**
AIR BLK	.00	8:02pm

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
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Intox EC/IR-II: Preventive Maintenance

FORSYTH COUNTY BAT MOBILE UNIT 7 330

Serial Number: *008972* Test Record Number: *482*
Test Date: *05/29/2026* Test Time: *8:03pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:03pm
FLO	Pass	8:03pm
FC	Pass	8:03pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:03pm
SRC	Pass	8:03pm
DET	Pass	8:03pm
BAR	Pass	8:03pm
BT	Pass	8:03pm

Blank Tests

Test	Status	Time
AIR	Pass	8:04pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:04pm

CRC Tests

Test	Status	Time
COMP	Pass	8:04pm
CAL	Pass	8:04pm

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
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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 Gaston 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 29 day of May, 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

GASTON COUNTY BAT MOBILE UNIT 8 350

Serial Number: *008615*
Test Date: *05/29/2026*

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	9:18pm
AIR BLK	.00	9:19pm
ACCY CHK	.07	9:19pm
AIR BLK	.00	9:20pm
SUB TEST	**.00**	**9:22pm**
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
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Intox EC/IR-II: Preventive Maintenance

GASTON COUNTY BAT MOBILE UNIT 8 350

Serial Number: *008615* Test Record Number: *6322*
Test Date: *05/29/2026* 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
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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 Gaston Instrument Location Mt. Holly PD

Instrument Serial No. 008733 Mt. Holly, 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 5th day of May, 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

GASTON COUNTY MT. HOLLY PD 350

Serial Number: *008733*
Test Date: *05/05/2026*

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: AG431002
Exp Date: 11/05/2026

Test	g/210L	Time
DIAG	Pass	12:32pm
AIR BLK	.00	12:33pm
ACCY CHK	.07	12:33pm
AIR BLK	.00	12:34pm
SUB TEST	**.00**	**12:35pm**
AIR BLK	.00	12:36pm
SUB TEST	**.00**	**12:37pm**
AIR BLK	.00	12:38pm

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
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Intox EC/IR-II: Preventive Maintenance

GASTON COUNTY MT. HOLLY PD 350

Serial Number: *008733* Test Record Number: *1640*
Test Date: *05/05/2026* Test Time: *12:39pm 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	12:40pm

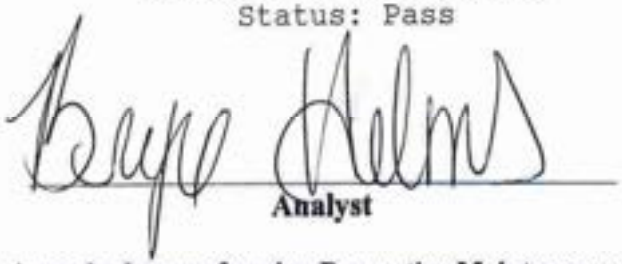
Printer Tests

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
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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 Gaston 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 29 day of May, 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

GASTON COUNTY BAT MOBILE UNIT 8 350

Serial Number: *008736*
Test Date: *05/29/2026*

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	9:18pm
AIR BLK	.00	9:19pm
ACCY CHK	.07	9:20pm
AIR BLK	.00	9:21pm
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
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Intox EC/IR-II: Preventive Maintenance

GASTON COUNTY BAT MOBILE UNIT 8 350

Serial Number: *008736* Test Record Number: *1678*
Test Date: *05/29/2026* Test Time: *9:25pm 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 Gaston 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 29 day of May, 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

GASTON COUNTY BAT MOBILE UNIT 8 350

Serial Number: *008775*
Test Date: *05/29/2026*

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	9:19pm
AIR BLK	.00	9:20pm
ACCY CHK	.08	9:20pm
AIR BLK	.00	9:21pm
SUB TEST	**.00**	**9:22pm**
AIR BLK	.00	9:23pm
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
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Intox EC/IR-II: Preventive Maintenance

GASTON COUNTY BAT MOBILE UNIT 8 350

Serial Number: *008775* Test Record Number: *2526*
Test Date: *05/29/2026* 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
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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 Gaston 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 29 day of May, 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

GASTON COUNTY BAT MOBILE UNIT 8 350

Serial Number: *008816*
Test Date: *05/29/2026*

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	9:20pm
AIR BLK	.00	9:21pm
ACCY CHK	.07	9:22pm
AIR BLK	.00	9:23pm
SUB TEST	**.00**	**9:23pm**
AIR BLK	.00	9:24pm
SUB TEST	**.00**	**9:25pm**
AIR BLK	.00	9:26pm

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
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Intox EC/IR-II: Preventive Maintenance

GASTON COUNTY BAT MOBILE UNIT 8 350

Serial Number: *008816* Test Record Number: *8107*
Test Date: *05/29/2026* Test Time: *9:27pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:27pm
FLO	Pass	9:27pm
FC	Pass	9:27pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:27pm
SRC	Pass	9:27pm
DET	Pass	9:27pm
BAR	Pass	9:27pm
BT	Pass	9:27pm

Blank Tests

Test	Status	Time
AIR	Pass	9:28pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:28pm

CRC Tests

Test	Status	Time
COMP	Pass	9:28pm
CAL	Pass	9:28pm

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
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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 Gaston 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 29 day of May, 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

GASTON COUNTY BAT MOBILE UNIT 8 350

Serial Number: *008929*
Test Date: *05/29/2026*

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	9:20pm
AIR BLK	.00	9:21pm
ACCY CHK	.07	9:22pm
AIR BLK	.00	9:23pm
SUB TEST	**.00**	**9:24pm**
AIR BLK	.00	9:25pm
SUB TEST	**.00**	**9:26pm**
AIR BLK	.00	9:27pm

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

GASTON COUNTY BAT MOBILE UNIT 8 350

Serial Number: *008929* Test Record Number: *1813*
Test Date: *05/29/2026* Test Time: *9:29pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:29pm
FLO	Pass	9:29pm
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	9:30pm

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
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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 Gates Instrument Location Gates Co. S.O.

Instrument Serial No. 008884 202 Court St., Gatesville, 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 May, 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

GATES COUNTY GATES CO SO 360

Serial Number: *008884*
Test Date: *05/14/2026*

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: *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	2:48pm
AIR BLK	.00	2:48pm
ACCY CHK	.07	2:49pm
AIR BLK	.00	2:50pm
SUB TEST	**.00**	**2:51pm**
AIR BLK	.00	2:52pm
SUB TEST	**.00**	**2:54pm**
AIR BLK	.00	2:54pm

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
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Intox EC/IR-II: Preventive Maintenance

GATES COUNTY GATES CO SO 360

Serial Number: *008884* Test Record Number: *1307*
Test Date: *05/14/2026* Test Time: *2:55pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:56pm
FLO	Pass	2:56pm
FC	Pass	2:56pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:56pm
SRC	Pass	2:56pm
DET	Pass	2:56pm
BAR	Pass	2:56pm
BT	Pass	2:56pm

Blank Tests

Test	Status	Time
AIR	Pass	2:56pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:57pm

CRC Tests

Test	Status	Time
COMP	Pass	2:57pm
CAL	Pass	2:57pm

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
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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 14th day of May, 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

GUILFORD COUNTY BAT MOBILE UNIT 7 400

Serial Number: *008002*
Test Date: *05/14/2026*

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: *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	7:52pm
AIR BLK	.00	7:53pm
ACCY CHK	.08	7:54pm
AIR BLK	.00	7:55pm
SUB TEST	**.00**	**7:55pm**
AIR BLK	.00	7:56pm
SUB TEST	**.00**	**7:58pm**
AIR BLK	.00	7:59pm

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
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Intox EC/IR-II: Preventive Maintenance

GUILFORD COUNTY BAT MOBILE UNIT 7 400

Serial Number: *008002* Test Record Number: *903*
Test Date: *05/14/2026* Test Time: *8:00pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:00pm
FLO	Pass	8:00pm
FC	Pass	8:00pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:00pm
SRC	Pass	8:00pm
DET	Pass	8:00pm
BAR	Pass	8:00pm
BT	Pass	8:00pm

Blank Tests

Test	Status	Time
AIR	Pass	8:01pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:01pm

CRC Tests

Test	Status	Time
COMP	Pass	8:01pm
CAL	Pass	8:01pm

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
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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 Unit7

Instrument Serial No. 008968

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 May, 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

16049 30
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 BAT MOBILE UNIT 7 400

Serial Number: *008968*
Test Date: *05/14/2026*

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: *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	7:51pm
AIR BLK	.00	7:52pm
ACCY CHK	.08	7:52pm
AIR BLK	.00	7:53pm
SUB TEST	**.00**	**7:54pm**
AIR BLK	.00	7:55pm
SUB TEST	**.00**	**7:56pm**
AIR BLK	.00	7:57pm

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
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Intox EC/IR-II: Preventive Maintenance

GUILFORD COUNTY BAT MOBILE UNIT 7 400

Serial Number: *008968* Test Record Number: *454*
Test Date: *05/14/2026* Test Time: *7:58pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	7:58pm
FLO	Pass	7:58pm
FC	Pass	7:58pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:58pm
SRC	Pass	7:58pm
DET	Pass	7:58pm
BAR	Pass	7:58pm
BT	Pass	7:58pm

Blank Tests

Test	Status	Time
AIR	Pass	7:59pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:59pm

CRC Tests

Test	Status	Time
COMP	Pass	7:59pm
CAL	Pass	7:59pm

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
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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. D08971

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 May, 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

GUILFORD COUNTY BAT MOBILE UNIT 7 400

Serial Number: *008971*
Test Date: *05/14/2026*

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: *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	7:54pm
AIR BLK	.00	7:55pm
ACCY CHK	.08	7:55pm
AIR BLK	.00	7:56pm
SUB TEST	**.00**	**7:57pm**
AIR BLK	.00	7:58pm
SUB TEST	**.00**	**8:00pm**
AIR BLK	.00	8:01pm

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
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Intox EC/IR-II: Preventive Maintenance

GUILFORD COUNTY BAT MOBILE UNIT 7 400

Serial Number: *008971* Test Record Number: *410*
Test Date: *05/14/2026* Test Time: *8:01pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:02pm
FLO	Pass	8:02pm
FC	Pass	8:02pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:02pm
SRC	Pass	8:02pm
DET	Pass	8:02pm
BAR	Pass	8:02pm
BT	Pass	8:02pm

Blank Tests

Test	Status	Time
AIR	Pass	8:02pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:03pm

CRC Tests

Test	Status	Time
COMP	Pass	8:03pm
CAL	Pass	8:03pm

Preventive Maintenance
Status: Pass

John Lanier

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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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. DD8972

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 May, 2020 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

GUILFORD COUNTY BAT MOBILE UNIT 7 400

Serial Number: *008972*
Test Date: *05/14/2026*

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: *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	7:53pm
AIR BLK	.00	7:54pm
ACCY CHK	.08	7:55pm
AIR BLK	.00	7:56pm
SUB TEST	**.00**	**7:56pm**
AIR BLK	.00	7:57pm
SUB TEST	**.00**	**7:59pm**
AIR BLK	.00	8:00pm

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
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Intox EC/IR-II: Preventive Maintenance

GUILFORD COUNTY BAT MOBILE UNIT 7 400

Serial Number: *008972* Test Record Number: *473*
Test Date: *05/14/2026* Test Time: *8:00pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:01pm
FLO	Pass	8:01pm
FC	Pass	8:01pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:01pm
SRC	Pass	8:01pm
DET	Pass	8:01pm
BAR	Pass	8:01pm
BT	Pass	8:01pm

Blank Tests

Test	Status	Time
AIR	Pass	8:01pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:02pm

CRC Tests

Test	Status	Time
COMP	Pass	8:02pm
CAL	Pass	8:02pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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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 HALIFAX 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 8th day of May, 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

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

HALIFAX COUNTY BAT MOBILE UNIT 12 410

Serial Number: *008601*
Test Date: *05/08/2026*

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:
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	7:49pm
AIR BLK	.00	7:50pm
ACCY CHK	.07	7:51pm
AIR BLK	.00	7:52pm
SUB TEST	**.00**	**7:53pm**
AIR BLK	.00	7:54pm
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
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Intox EC/IR-II: Preventive Maintenance

HALIFAX COUNTY BAT MOBILE UNIT 12 410

Serial Number: *008601* Test Record Number: *1933*
Test Date: *05/08/2026* 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
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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 HALIFAX 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 8th day of May, 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

87074
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

HALIFAX COUNTY BAT MOBILE UNIT 12 410

Serial Number: *008698*
Test Date: *05/08/2026*

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:
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	8:02pm
AIR BLK	.00	8:03pm
ACCY CHK	.07	8:04pm
AIR BLK	.00	8:05pm
SUB TEST	**.00**	**8:06pm**
AIR BLK	.00	8:07pm
SUB TEST	**.00**	**8:08pm**
AIR BLK	.00	8:09pm

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
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Intox EC/IR-II: Preventive Maintenance

HALIFAX COUNTY BAT MOBILE UNIT 12 410

Serial Number: *008698* Test Record Number: *2768*
Test Date: *05/08/2026* Test Time: *8:10pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:11pm
FLO	Pass	8:11pm
FC	Pass	8:11pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:11pm
SRC	Pass	8:11pm
DET	Pass	8:11pm
BAR	Pass	8:11pm
BT	Pass	8:11pm

Blank Tests

Test	Status	Time
AIR	Pass	8:12pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:12pm

CRC Tests

Test	Status	Time
COMP	Pass	8:12pm
CAL	Pass	8:12pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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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 HALIFAX 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 8th day of May, 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

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

HALIFAX COUNTY BAT MOBILE UNIT 12 410

Serial Number: *008788*
Test Date: *05/08/2026*

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:
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	8:16pm
AIR BLK	.00	8:17pm
ACCY CHK	.07	8:17pm
AIR BLK	.00	8:18pm
SUB TEST	**.00**	**8:19pm**
AIR BLK	.00	8:20pm
SUB TEST	**.00**	**8:21pm**
AIR BLK	.00	8:22pm

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
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Intox EC/IR-II: Preventive Maintenance

HALIFAX COUNTY BAT MOBILE UNIT 12 410

Serial Number: *008788* Test Record Number: *2553*
Test Date: *05/08/2026* Test Time: *8:23pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:23pm
FLO	Pass	8:23pm
FC	Pass	8:24pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:24pm
SRC	Pass	8:24pm
DET	Pass	8:24pm
BAR	Pass	8:24pm
BT	Pass	8:24pm

Blank Tests

Test	Status	Time
AIR	Pass	8:24pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:24pm

CRC Tests

Test	Status	Time
COMP	Pass	8:24pm
CAL	Pass	8:24pm

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
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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 Halifax 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 May, 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.

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

HALIFAX COUNTY BAT MOBILE UNIT 13 410

Serial Number: *008869*
Test Date: *05/24/2026*

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	3:23pm
AIR BLK	.00	3:24pm
ACCY CHK	.08	3:25pm
AIR BLK	.00	3:26pm
SUB TEST	**.00**	**3:27pm**
AIR BLK	.00	3:28pm
SUB TEST	**.00**	**3:29pm**
AIR BLK	.00	3:30pm

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
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Intox EC/IR-II: Preventive Maintenance

HALIFAX COUNTY BAT MOBILE UNIT 13 410

Serial Number: *008869* Test Record Number: *2206*
Test Date: *05/24/2026* Test Time: *3:36pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:36pm
FLO	Pass	3:36pm
FC	Pass	3:36pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:37pm
SRC	Pass	3:37pm
DET	Pass	3:37pm
BAR	Pass	3:37pm
BT	Pass	3:37pm

Blank Tests

Test	Status	Time
AIR	Pass	3:37pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:37pm

CRC Tests

Test	Status	Time
COMP	Pass	3:37pm
CAL	Pass	3:37pm

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
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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 Halifax 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 May, 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.

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

HALIFAX COUNTY BAT MOBILE UNIT 13 410

Serial Number: *008898*
Test Date: *05/24/2026*

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	3:06pm
AIR BLK	.00	3:07pm
ACCY CHK	.07	3:08pm
AIR BLK	.00	3:09pm
SUB TEST	**.00**	**3:10pm**
AIR BLK	.00	3:10pm
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
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Intox EC/IR-II: Preventive Maintenance

HALIFAX COUNTY BAT MOBILE UNIT 13 410

Serial Number: *008898* Test Record Number: *2149*
Test Date: *05/24/2026* 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
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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 Halifax 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 May, 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 White
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

HALIFAX COUNTY BAT MOBILE UNIT 13 410

Serial Number: *008939*
Test Date: *05/24/2026*

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	2:51pm
AIR BLK	.00	2:52pm
ACCY CHK	.08	2:53pm
AIR BLK	.00	2:54pm
SUB TEST	**.00**	**2:55pm**
AIR BLK	.00	2:56pm
SUB TEST	**.00**	**2:58pm**
AIR BLK	.00	2:58pm

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
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Intox EC/IR-II: Preventive Maintenance

HALIFAX COUNTY BAT MOBILE UNIT 13 410

Serial Number: *008939* Test Record Number: *2008*
Test Date: *05/24/2026* Test Time: *2:59pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:00pm
FLO	Pass	3:00pm
FC	Pass	3:00pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:00pm
SRC	Pass	3:00pm
DET	Pass	3:00pm
BAR	Pass	3:00pm
BT	Pass	3:00pm

Blank Tests

Test	Status	Time
AIR	Pass	3:00pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:00pm

CRC Tests

Test	Status	Time
COMP	Pass	3:01pm
CAL	Pass	3:01pm

Preventive Maintenance
Status: Pass

Timothy B Pittle
Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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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 Hertford Instrument Location Ahoskie P.D.

Instrument Serial No. 008848 705 W. Main St. Ahoskie, 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 May, 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

HERTFORD COUNTY AHOSKIE PD 450

Serial Number: *008848*
Test Date: *05/14/2026*

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: *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	10:30am
AIR BLK	.00	10:31am
ACCY CHK	.07	10:31am
AIR BLK	.00	10:33am
SUB TEST	**.00**	**10:33am**
AIR BLK	.00	10:34am
SUB TEST	**.00**	**10:36am**
AIR BLK	.00	10:36am

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
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Intox EC/IR-II: Preventive Maintenance

HERTFORD COUNTY AHOSKIE PD 450

Serial Number: *008848* Test Record Number: *2037*
Test Date: *05/14/2026* Test Time: *10:37am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:38am
FLO	Pass	10:38am
FC	Pass	10:38am

Temperature Tests

Test	Status	Time
FC1	Pass	10:38am
SRC	Pass	10:38am
DET	Pass	10:38am
BAR	Pass	10:38am
BT	Pass	10:38am

Blank Tests

Test	Status	Time
AIR	Pass	10:39am

Printer Tests

Test	Status	Time
PRNT	Pass	10:39am

CRC Tests

Test	Status	Time
COMP	Pass	10:39am
CAL	Pass	10:39am

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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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 Hertford Instrument Location Murfreesboro P.D.

Instrument Serial No. 008906 115 E. Broad St.
Murfreesboro, 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 May, 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

HERTFORD COUNTY MURFREESBORO PD 450

Serial Number: *008906*
Test Date: *05/14/2026*

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: *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	1:24pm
AIR BLK	.00	1:24pm
ACCY CHK	.08	1:25pm
AIR BLK	.00	1:26pm
SUB TEST	**.00**	**1:27pm**
AIR BLK	.00	1:28pm
SUB TEST	**.00**	**1:29pm**
AIR BLK	.00	1:30pm

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
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Intox EC/IR-II: Preventive Maintenance

HERTFORD COUNTY MURFREESBORO PD 450

Serial Number: *008906* Test Record Number: *1024*
Test Date: *05/14/2026* Test Time: *1:31pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:32pm
FLO	Pass	1:32pm
FC	Pass	1:32pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:32pm
SRC	Pass	1:32pm
DET	Pass	1:32pm
BAR	Pass	1:32pm
BT	Pass	1:32pm

Blank Tests

Test	Status	Time
AIR	Pass	1:32pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:32pm

CRC Tests

Test	Status	Time
COMP	Pass	1:33pm
CAL	Pass	1:33pm

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
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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 Hoke Instrument Location Hoke County

Instrument Serial No. 008852 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 11 day of May, 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

HOKE COUNTY DETENTION CENTER 460

Serial Number: *008852*
Test Date: *05/11/2026*

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: *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	8:47am
AIR BLK	.00	8:48am
ACCY CHK	.08	8:48am
AIR BLK	.00	8:50am
SUB TEST	**.00**	**8:50am**
AIR BLK	.00	8:51am
SUB TEST	**.00**	**8:52am**
AIR BLK	.00	8:53am

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
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Intox EC/IR-II: Preventive Maintenance

HOKE COUNTY DETENTION CENTER 460

Serial Number: *008852* Test Record Number: *1835*
Test Date: *05/11/2026* Test Time: *8:56am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:56am
FLO	Pass	8:56am
FC	Pass	8:56am

Temperature Tests

Test	Status	Time
FC1	Pass	8:56am
SRC	Pass	8:56am
DET	Pass	8:56am
BAR	Pass	8:56am
BT	Pass	8:56am

Blank Tests

Test	Status	Time
AIR	Pass	8:57am

Printer Tests

Test	Status	Time
PRNT	Pass	8:57am

CRC Tests

Test	Status	Time
COMP	Pass	8:57am
CAL	Pass	8:57am

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 Hoke Instrument Location Hoke County Detention Center

Instrument Serial No. 008855

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 May, 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

HOKE COUNTY DETENTION CENTER 460

Serial Number: *008855*
Test Date: *05/11/2026*

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: *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	8:52am
AIR BLK	.00	8:53am
ACCY CHK	.08	8:53am
AIR BLK	.00	8:55am
SUB TEST	**.00**	**8:55am**
AIR BLK	.00	8:56am
SUB TEST	**.00**	**8:58am**
AIR BLK	.00	8:58am

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
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Intox EC/IR-II: Preventive Maintenance

HOKE COUNTY DETENTION CENTER 460

Serial Number: *008855* Test Record Number: *2053*
Test Date: *05/11/2026* Test Time: *8:59am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:00am
FLO	Pass	9:00am
FC	Pass	9:00am

Temperature Tests

Test	Status	Time
FC1	Pass	9:00am
SRC	Pass	9:00am
DET	Pass	9:00am
BAR	Pass	9:00am
BT	Pass	9:00am

Blank Tests

Test	Status	Time
AIR	Pass	9:01am

Printer Tests

Test	Status	Time
PRNT	Pass	9:01am

CRC Tests

Test	Status	Time
COMP	Pass	9:01am
CAL	Pass	9:01am

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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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 Hyde Instrument Location Hyde Co. S.O.

Instrument Serial No. 008801 1223 Main St, Swan Quarter, 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 8th day of May, 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

HYDE COUNTY HYDE CO SO SWAN QUAR 470

Serial Number: *008801*
Test Date: *05/08/2026*

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: *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: AG506301
Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	10:17am
AIR BLK	.00	10:18am
ACCY CHK	.07	10:18am
AIR BLK	.00	10:19am
SUB TEST	**.00**	**10:20am**
AIR BLK	.00	10:21am
SUB TEST	**.00**	**10:23am**
AIR BLK	.00	10:23am

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
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Intox EC/IR-II: Preventive Maintenance

HYDE COUNTY HYDE CO SO SWAN QUAR 470

Serial Number: *008801* Test Record Number: *811*
Test Date: *05/08/2026* Test Time: *10:24am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:25am
FLO	Pass	10:25am
FC	Pass	10:25am

Temperature Tests

Test	Status	Time
FC1	Pass	10:25am
SRC	Pass	10:25am
DET	Pass	10:25am
BAR	Pass	10:25am
BT	Pass	10:25am

Blank Tests

Test	Status	Time
AIR	Pass	10:26am

Printer Tests

Test	Status	Time
PRNT	Pass	10:26am

CRC Tests

Test	Status	Time
COMP	Pass	10:26am
CAL	Pass	10:26am

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
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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 Hyde Instrument Location Hyde Co. S.O.

Instrument Serial No. 008851 1223 Main St. Swan Quarter, 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 4th day of May, 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

HYDE CO HYDE CO SO SWAN QUAR 470

Serial Number: *008851*
Test Date: *05/04/2026*

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: *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	5:41pm
AIR BLK	.00	5:42pm
ACCY CHK	.08	5:42pm
AIR BLK	.00	5:43pm
SUB TEST	**.00**	**5:44pm**
AIR BLK	.00	5:45pm
SUB TEST	**.00**	**5:47pm**
AIR BLK	.00	5:48pm

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
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Intox EC/IR-II: Preventive Maintenance

HYDE CO HYDE CO SO SWAN QUAR 470

Serial Number: *008851* Test Record Number: *1109*
Test Date: *05/04/2026* Test Time: *5:50pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	5:50pm
FLO	Pass	5:50pm
FC	Pass	5:50pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:50pm
SRC	Pass	5:50pm
DET	Pass	5:50pm
BAR	Pass	5:50pm
BT	Pass	5:50pm

Blank Tests

Test	Status	Time
AIR	Pass	5:51pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:51pm

CRC Tests

Test	Status	Time
COMP	Pass	5:51pm
CAL	Pass	5:51pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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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 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 9 day of May, 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

JOHNSTON COUNTY BAT MOBILE UNIT 10 500

Serial Number: *008584*
Test Date: *05/09/2026*

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: *Carroll, Barry Jean D*
Permit Number: *0019-3759*
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	9:33pm
AIR BLK	.00	9:34pm
ACCY CHK	.08	9:34pm
AIR BLK	.00	9:35pm
SUB TEST	**.00**	**9:36pm**
AIR BLK	.00	9:37pm
SUB TEST	**.00**	**9:39pm**
AIR BLK	.00	9:40pm

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
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Intox EC/IR-II: Preventive Maintenance

JOHNSTON COUNTY BAT MOBILE UNIT 10 500

Serial Number: 008584 Test Record Number: 2895
Test Date: 05/09/2026 Test Time: 9:41pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:42pm
FLO	Pass	9:42pm
FC	Pass	9:42pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:42pm
SRC	Pass	9:42pm
DET	Pass	9:42pm
BAR	Pass	9:42pm
BT	Pass	9:42pm

Blank Tests

Test	Status	Time
AIR	Pass	9:42pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:43pm

CRC Tests

Test	Status	Time
COMP	Pass	9:43pm
CAL	Pass	9:43pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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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 Selma Police Department

Instrument Serial No. 008595

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 May, 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 SELMA PD 500

Serial Number: *008595*
Test Date: *05/01/2026*

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: AG602203
Exp Date: 01/22/2028

Test	g/210L	Time
DIAG	Pass	9:54am
AIR BLK	.00	9:55am
ACCY CHK	.07	9:55am
AIR BLK	.00	9:57am
SUB TEST	**.00**	**9:58am**
AIR BLK	.00	9:58am
SUB TEST	**.00**	**10:00am**
AIR BLK	.00	10:01am

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
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Intox EC/IR-II: Preventive Maintenance

JOHNSTON COUNTY SELMA PD 500

Serial Number: *008595* Test Record Number: *1932*
Test Date: *05/01/2026* 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	10:02am
SRC	Pass	10:02am
DET	Pass	10:02am
BAR	Pass	10:02am
BT	Pass	10:02am

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
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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 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 9 day of May, 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

JOHNSTON COUNTY BAT MOBILE UNIT 10 500

Serial Number: *008637*
Test Date: *05/09/2026*

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: *Carroll, Barry Jean D*
Permit Number: *0019-3759*
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	9:38pm
AIR BLK	.00	9:39pm
ACCY CHK	.07	9:40pm
AIR BLK	.00	9:41pm
SUB TEST	**.00**	**9:42pm**
AIR BLK	.00	9:42pm
SUB TEST	**.00**	**9:44pm**
AIR BLK	.00	9:45pm

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
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Intox EC/IR-II: Preventive Maintenance

JOHNSTON COUNTY BAT MOBILE UNIT 10 500

Serial Number: *008637* Test Record Number: *3624*
Test Date: *05/09/2026* Test Time: *9:46pm 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	9:47pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:47pm

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
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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 Clayton Police Department

Instrument Serial No. 008658

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 May, 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

JOHNSTON COUNTY CLAYTON PD 500

Serial Number: *008658*
Test Date: *05/01/2026*

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: AG534301
Exp Date: 12/09/2027

Test	g/210L	Time
DIAG	Pass	8:49am
AIR BLK	.00	8:50am
ACCY CHK	.08	8:50am
AIR BLK	.00	8:52am
SUB TEST	**.00**	**8:52am**
AIR BLK	.00	8:53am
SUB TEST	**.00**	**8:55am**
AIR BLK	.00	8:56am

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
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Intox EC/IR-II: Preventive Maintenance

JOHNSTON COUNTY CLAYTON PD 500

Serial Number: *008658* Test Record Number: *2485*
Test Date: *05/01/2026* Test Time: *8:57am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:57am
FLO	Pass	8:57am
FC	Pass	8:57am

Temperature Tests

Test	Status	Time
FC1	Pass	8:57am
SRC	Pass	8:57am
DET	Pass	8:57am
BAR	Pass	8:57am
BT	Pass	8:57am

Blank Tests

Test	Status	Time
AIR	Pass	8:58am

Printer Tests

Test	Status	Time
PRNT	Pass	8:58am

CRC Tests

Test	Status	Time
COMP	Pass	8:58am
CAL	Pass	8:58am

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
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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 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 9 day of May, 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

1937759
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 10 500

Serial Number: *008686*
Test Date: *05/09/2026*

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: *Carroll, Barry Jean D*
Permit Number: *0019-3759*
Effective:
04/01/2026-04/01/2028

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	9:41pm
AIR BLK	.00	9:42pm
ACCY CHK	.08	9:42pm
AIR BLK	.00	9:43pm
SUB TEST	**.00**	**9:44pm**
AIR BLK	.00	9:45pm
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
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Intox EC/IR-II: Preventive Maintenance

JOHNSTON COUNTY BAT MOBILE UNIT 10 500

Serial Number: *008686* Test Record Number: *7246*
Test Date: *05/09/2026* Test Time: *9:49pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:49pm
FLO	Pass	9:49pm
FC	Pass	9:49pm

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

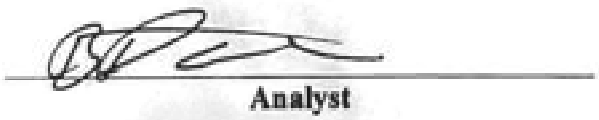
Printer Tests

Test	Status	Time
PRNT	Pass	9:50pm

CRC Tests

Test	Status	Time
COMP	Pass	9:50pm
CAL	Pass	9:50pm

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
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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 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 9 day of May, 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

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 10 500

Serial Number: *008776*
Test Date: *05/09/2026*

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: *Carroll, Barry Jean D*
Permit Number: *0019-3759*
Effective:
04/01/2026-04/01/2028

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	9:36pm
AIR BLK	.00	9:37pm
ACCY CHK	.08	9:38pm
AIR BLK	.00	9:39pm
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
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Intox EC/IR-II: Preventive Maintenance

JOHNSTON COUNTY BAT MOBILE UNIT 10 500

Serial Number: *008776* Test Record Number: *4213*
Test Date: *05/09/2026* 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

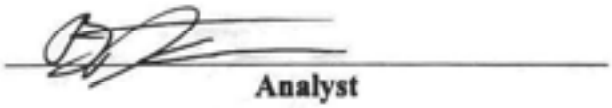
Printer Tests

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
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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 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 9 day of May, 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

JOHNSTON COUNTY BAT MOBILE UNIT 10 500

Serial Number: *008779*
Test Date: *05/09/2026*

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: *Carroll, Barry Jean D*
Permit Number: *0019-3759*
Effective:
04/01/2026-04/01/2028

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	9:35pm
AIR BLK	.00	9:36pm
ACCY CHK	.07	9:36pm
AIR BLK	.00	9:37pm
SUB TEST	**.00**	**9:39pm**
AIR BLK	.00	9:40pm
SUB TEST	**.00**	**9:41pm**
AIR BLK	.00	9:42pm

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
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Intox EC/IR-II: Preventive Maintenance

JOHNSTON COUNTY BAT MOBILE UNIT 10 500

Serial Number: *008779* Test Record Number: *4141*
Test Date: *05/09/2026* Test Time: *9:43pm 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
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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 Benson Police Department

Instrument Serial No. 008885

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 May, 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

JOHNSTON COUNTY BENSON PD 500

Serial Number: *008885*
Test Date: *05/01/2026*

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: AG534301
Exp Date: 12/09/2027

Test	g/210L	Time
DIAG	Pass	10:54am
AIR BLK	.00	10:55am
ACCY CHK	.08	10:55am
AIR BLK	.00	10:56am
SUB TEST	**.00**	**10:57am**
AIR BLK	.00	10:58am
SUB TEST	**.00**	**10:59am**
AIR BLK	.00	11:00am

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
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Intox EC/IR-II: Preventive Maintenance

JOHNSTON COUNTY BENSON PD 500

Serial Number: *008885* Test Record Number: *945*
Test Date: *05/01/2026* Test Time: *11:01am 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	11:02am
SRC	Pass	11:02am
DET	Pass	11:02am
BAR	Pass	11:02am
BT	Pass	11:02am

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
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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 LEE Instrument Location LEE COUNTY DETENTION CENTER

Instrument Serial No. 008645

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 MAY, 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

LEE COUNTY DETENTION CENTER 520

Serial Number: *008645*
Test Date: *05/06/2026*

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: *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: AG602203
Exp Date: 01/22/2028

Test	g/210L	Time
DIAG	Pass	10:05am
AIR BLK	.00	10:06am
ACCY CHK	.08	10:06am
AIR BLK	.00	10:07am
SUB TEST	**.00**	**10:08am**
AIR BLK	.00	10:09am
SUB TEST	**.00**	**10:11am**
AIR BLK	.00	10:11am

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
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Intox EC/IR-II: Preventive Maintenance

LEE COUNTY DETENTION CENTER 520

Serial Number: *008645* Test Record Number: *2848*
Test Date: *05/06/2026* Test Time: *10:14am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:14am
FLO	Pass	10:14am
FC	Pass	10:14am

Temperature Tests

Test	Status	Time
FC1	Pass	10:14am
SRC	Pass	10:14am
DET	Pass	10:14am
BAR	Pass	10:14am
BT	Pass	10:14am

Blank Tests

Test	Status	Time
AIR	Pass	10:15am

Printer Tests

Test	Status	Time
PRNT	Pass	10:15am

CRC Tests

Test	Status	Time
COMP	Pass	10:15am
CAL	Pass	10:15am

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
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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 LEE Instrument Location SANFORD POLICE DEPARTMENT

Instrument Serial No. 008867

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 MAY, 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

LEE COUNTY SANFORD POLICE DEPT 520

Serial Number: *008867*
Test Date: *05/06/2026*

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: *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	12:15pm
AIR BLK	.00	12:16pm
ACCY CHK	.08	12:16pm
AIR BLK	.00	12:17pm
SUB TEST	**.00**	**12:18pm**
AIR BLK	.00	12:19pm
SUB TEST	**.00**	**12:21pm**
AIR BLK	.00	12:21pm

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
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Intox EC/IR-II: Preventive Maintenance

LEE COUNTY SANFORD POLICE DEPT 520

Serial Number: 008867 Test Record Number: 1608
Test Date: 05/06/2026 Test Time: 12:22pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:22pm
FLO	Pass	12:22pm
FC	Pass	12:23pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:23pm
SRC	Pass	12:23pm
DET	Pass	12:23pm
BAR	Pass	12:23pm
BT	Pass	12:23pm

Blank Tests

Test	Status	Time
AIR	Pass	12:23pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:23pm

CRC Tests

Test	Status	Time
COMP	Pass	12:23pm
CAL	Pass	12:23pm

Preventive Maintenance
Status: Pass



This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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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 14th day of May, 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: *008575*
Test Date: *05/16/2026*

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: *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	9:48pm
AIR BLK	.00	9:49pm
ACCY CHK	.08	9:49pm
AIR BLK	.00	9:50pm
SUB TEST	**.00**	**9:51pm**
AIR BLK	.00	9:52pm
SUB TEST	**.00**	**9:53pm**
AIR BLK	.00	9:54pm

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
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Intox EC/IR-II: Preventive Maintenance

LENOIR COUNTY BAT MOBILE UNIT 9 530

Serial Number: *008575* Test Record Number: *1584*
Test Date: *05/16/2026* Test Time: *9:55pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:55pm
FLO	Pass	9:55pm
FC	Pass	9:55pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:55pm
SRC	Pass	9:55pm
DET	Pass	9:55pm
BAR	Pass	9:55pm
BT	Pass	9:55pm

Blank Tests

Test	Status	Time
AIR	Pass	9:56pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:56pm

CRC Tests

Test	Status	Time
COMP	Pass	9:56pm
CAL	Pass	9:56pm

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
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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 16th day of May, 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: *05/16/2026*

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: *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	9:47pm
AIR BLK	.00	9:48pm
ACCY CHK	.08	9:48pm
AIR BLK	.00	9:49pm
SUB TEST	**.00**	**9:50pm**
AIR BLK	.00	9:52pm
SUB TEST	**.00**	**9:53pm**
AIR BLK	.00	9:54pm

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
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Intox EC/IR-II: Preventive Maintenance

LENOIR COUNTY BAT MOBILE UNIT 9 530

Serial Number: *008616* Test Record Number: *2996*
Test Date: *05/16/2026* Test Time: *9:54pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:55pm
FLO	Pass	9:55pm
FC	Pass	9:55pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:55pm
SRC	Pass	9:55pm
DET	Pass	9:55pm
BAR	Pass	9:55pm
BT	Pass	9:55pm

Blank Tests

Test	Status	Time
AIR	Pass	9:56pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:56pm

CRC Tests

Test	Status	Time
COMP	Pass	9:56pm
CAL	Pass	9:56pm

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 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 16th day of May, 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: *008647*
Test Date: *05/16/2026*

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: *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	9:50pm
AIR BLK	.00	9:51pm
ACCY CHK	.08	9:52pm
AIR BLK	.00	9:53pm
SUB TEST	**.00**	**9:53pm**
AIR BLK	.00	9:54pm
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
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Intox EC/IR-II: Preventive Maintenance

LENOIR COUNTY BAT MOBILE UNIT 9 530

Serial Number: *008647* Test Record Number: *2972*
Test Date: *05/16/2026* Test Time: *9:57pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:58pm
FLO	Pass	9:58pm
FC	Pass	9:58pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:58pm
SRC	Pass	9:58pm
DET	Pass	9:58pm
BAR	Pass	9:58pm
BT	Pass	9:58pm

Blank Tests

Test	Status	Time
AIR	Pass	9:59pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:59pm

CRC Tests

Test	Status	Time
COMP	Pass	9:59pm
CAL	Pass	9:59pm

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
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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. 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 16th day of May, 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: *05/16/2026*

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: *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	9:49pm
AIR BLK	.00	9:50pm
ACCY CHK	.07	9:51pm
AIR BLK	.00	9:52pm
SUB TEST	**.00**	**9:52pm**
AIR BLK	.00	9:53pm
SUB TEST	**.00**	**9:55pm**
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
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Intox EC/IR-II: Preventive Maintenance

LENOIR COUNTY BAT MOBILE UNIT 9 530

Serial Number: *008704* Test Record Number: *1023*
Test Date: *05/16/2026* Test Time: *9:56pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:56pm
FLO	Pass	9:56pm
FC	Pass	9:56pm

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	9:57pm
CAL	Pass	9:57pm

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
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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 16th day of May, 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: *05/16/2026*

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: *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	9:49pm
AIR BLK	.00	9:50pm
ACCY CHK	.07	9:50pm
AIR BLK	.00	9:51pm
SUB TEST	**.00**	**9:52pm**
AIR BLK	.00	9:52pm
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
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Intox EC/IR-II: Preventive Maintenance

LENOIR COUNTY BAT MOBILE UNIT 9 530

Serial Number: *008826* Test Record Number: *8659*
Test Date: *05/16/2026* Test Time: *9:55pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:56pm
FLO	Pass	9:56pm
FC	Pass	9:56pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:56pm
SRC	Pass	9:56pm
DET	Pass	9:56pm
BAR	Pass	9:56pm
BT	Pass	9:56pm

Blank Tests

Test	Status	Time
AIR	Pass	9:56pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:57pm

CRC Tests

Test	Status	Time
COMP	Pass	9:57pm
CAL	Pass	9:57pm

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
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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 Macon Instrument Location Macon Co. Jail

Instrument Serial No. 008911 Franklin, 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 28 day of May, 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

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: *008911*
Test Date: *05/28/2026*

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: *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	11:14am
AIR BLK	.00	11:14am
ACCY CHK	.07	11:15am
AIR BLK	.00	11:16am
SUB TEST	**.00**	**11:17am**
AIR BLK	.00	11:18am
SUB TEST	**.00**	**11:19am**
AIR BLK	.00	11:20am

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
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Intox EC/IR-II: Preventive Maintenance

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: *008911* Test Record Number: *964*
Test Date: *05/28/2026* Test Time: *11:21am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:21am
FLO	Pass	11:21am
FC	Pass	11:22am

Temperature Tests

Test	Status	Time
FC1	Pass	11:22am
SRC	Pass	11:22am
DET	Pass	11:22am
BAR	Pass	11:22am
BT	Pass	11:22am

Blank Tests

Test	Status	Time
AIR	Pass	11:22am

Printer Tests

Test	Status	Time
PRNT	Pass	11:22am

CRC Tests

Test	Status	Time
COMP	Pass	11:22am
CAL	Pass	11:22am

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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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 14 day of May, 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: *05/14/2026*

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: *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	8:56pm
AIR BLK	.00	8:57pm
ACCY CHK	.07	8:58pm
AIR BLK	.00	8:59pm
SUB TEST	**.00**	**8:59pm**
AIR BLK	.00	9:00pm
SUB TEST	**.00**	**9:02pm**
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
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Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY BAT MOBILE UNIT 8 590

Serial Number: *008615* Test Record Number: *6311*
Test Date: *05/14/2026* 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
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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 21 day of May, 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: *008615*
Test Date: *05/21/2026*

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: *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	8:03pm
AIR BLK	.00	8:04pm
ACCY CHK	.07	8:05pm
AIR BLK	.00	8:06pm
SUB TEST	**.00**	**8:07pm**
AIR BLK	.00	8:07pm
SUB TEST	**.00**	**8:09pm**
AIR BLK	.00	8:10pm

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
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Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY BAT MOBILE UNIT 8 590

Serial Number: *008615* Test Record Number: *6314*
Test Date: *05/21/2026* Test Time: *8:11pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:12pm
FLO	Pass	8:12pm
FC	Pass	8:12pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:12pm
SRC	Pass	8:12pm
DET	Pass	8:12pm
BAR	Pass	8:12pm
BT	Pass	8:12pm

Blank Tests

Test	Status	Time
AIR	Pass	8:13pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:13pm

CRC Tests

Test	Status	Time
COMP	Pass	8:13pm
CAL	Pass	8:13pm

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 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 28 day of May, 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: *008615*
Test Date: *05/28/2026*

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: *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	8:27pm
AIR BLK	.00	8:28pm
ACCY CHK	.07	8:28pm
AIR BLK	.00	8:29pm
SUB TEST	**.00**	**8:30pm**
AIR BLK	.00	8:31pm
SUB TEST	**.00**	**8:32pm**
AIR BLK	.00	8:33pm

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
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Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY BAT MOBILE UNIT 8 590

Serial Number: *008615* Test Record Number: *6320*
Test Date: *05/28/2026* Test Time: *8:33pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:34pm
FLO	Pass	8:34pm
FC	Pass	8:34pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:34pm
SRC	Pass	8:34pm
DET	Pass	8:34pm
BAR	Pass	8:34pm
BT	Pass	8:34pm

Blank Tests

Test	Status	Time
AIR	Pass	8:35pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:35pm

CRC Tests

Test	Status	Time
COMP	Pass	8:35pm
CAL	Pass	8:35pm

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
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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 CORNELIUS PD

Instrument Serial No. 002692 CORNELIUS 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 MAY, 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

MECKLENBURG COUNTY CORNELIUS PD 590

Serial Number: *008692*
Test Date: *05/13/2026*

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: AG431001
Exp Date: 11/05/2026

Test	g/210L	Time
DIAG	Pass	10:03am
AIR BLK	.00	10:04am
ACCY CHK	.08	10:05am
AIR BLK	.00	10:06am
SUB TEST	**.00**	**10:07am**
AIR BLK	.00	10:08am
SUB TEST	**.00**	**10:09am**
AIR BLK	.00	10:10am

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
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Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY CORNELIUS PD 590

Serial Number: *008692* Test Record Number: *3963*
Test Date: *05/13/2026* Test Time: *10:11am EDT*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	10:11am
SRC	Pass	10:11am
DET	Pass	10:11am
BAR	Pass	10:11am
BT	Pass	10:11am

Blank Tests

Test	Status	Time
AIR	Pass	10:12am

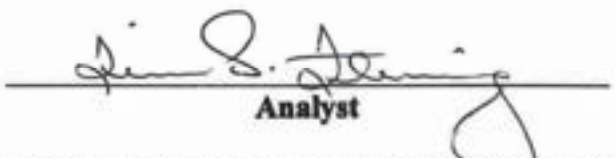
Printer Tests

Test	Status	Time
PRNT	Pass	10:12am

CRC Tests

Test	Status	Time
COMP	Pass	10:12am
CAL	Pass	10:12am

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 14 day of May, 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: *05/14/2026*

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: *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	8:55pm
AIR BLK	.00	8:56pm
ACCY CHK	.07	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
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Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY BAT MOBILE UNIT 8 590

Serial Number: *008736* Test Record Number: *1668*
Test Date: *05/14/2026* 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 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 21 day of May, 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: *05/21/2026*

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: *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	8:04pm
AIR BLK	.00	8:05pm
ACCY CHK	.07	8:05pm
AIR BLK	.00	8:06pm
SUB TEST	**.00**	**8:07pm**
AIR BLK	.00	8:07pm
SUB TEST	**.00**	**8:09pm**
AIR BLK	.00	8:10pm

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
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Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY BAT MOBILE UNIT 8 590

Serial Number: *008736* Test Record Number: *1670*
Test Date: *05/21/2026* Test Time: *8:11pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:12pm
FLO	Pass	8:12pm
FC	Pass	8:12pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:12pm
SRC	Pass	8:12pm
DET	Pass	8:12pm
BAR	Pass	8:12pm
BT	Pass	8:12pm

Blank Tests

Test	Status	Time
AIR	Pass	8:13pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:13pm

CRC Tests

Test	Status	Time
COMP	Pass	8:13pm
CAL	Pass	8:13pm

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 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 28 day of May, 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: *05/28/2026*

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

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

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

Test	g/210L	Time
DIAG	Pass	8:26pm
AIR BLK	.00	8:27pm
ACCY CHK	.07	8:27pm
AIR BLK	.00	8:28pm
SUB TEST	**.00**	**8:29pm**
AIR BLK	.00	8:30pm
SUB TEST	**.00**	**8:31pm**
AIR BLK	.00	8:32pm

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
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Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY BAT MOBILE UNIT 8 590

Serial Number: *008736* Test Record Number: *1676*
Test Date: *05/28/2026* Test Time: *8:33pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:34pm
FLO	Pass	8:34pm
FC	Pass	8:34pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:34pm
SRC	Pass	8:34pm
DET	Pass	8:34pm
BAR	Pass	8:34pm
BT	Pass	8:34pm

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	8:35pm
CAL	Pass	8:35pm

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 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 14 day of May, 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: *008775*
Test Date: *05/14/2026*

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: *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	8:55pm
AIR BLK	.00	8:56pm
ACCY CHK	.08	8:56pm
AIR BLK	.00	8:57pm
SUB TEST	**.00**	**8:58pm**
AIR BLK	.00	8:59pm
SUB TEST	**.00**	**9:00pm**
AIR BLK	.00	9:01pm

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

MECKLENBURG COUNTY BAT MOBILE UNIT 8 590

Serial Number: *008775* Test Record Number: *2515*
Test Date: *05/14/2026* 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 Mecklenburg Instrument Location BAT Mobile Unit 8

Instrument Serial No. 068775 —

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 21 day of May, 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.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

MECKLENBURG COUNTY BAT MOBILE UNIT 8
590

Serial Number: *008775*
Test Date: *05/21/2026*

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: *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	8:04pm
AIR BLK	.00	8:05pm
ACCY CHK	.08	8:06pm
AIR BLK	.00	8:07pm
SUB TEST	**.00**	**8:07pm**
AIR BLK	.00	8:08pm
SUB TEST	**.00**	**8:10pm**
AIR BLK	.00	8:11pm

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
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Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY BAT MOBILE UNIT 8 590

Serial Number: *008775* Test Record Number: *2517*
Test Date: *05/21/2026* Test Time: *8:12pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:12pm
FLO	Pass	8:12pm
FC	Pass	8:12pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:12pm
SRC	Pass	8:12pm
DET	Pass	8:12pm
BAR	Pass	8:12pm
BT	Pass	8:12pm

Blank Tests

Test	Status	Time
AIR	Pass	8:13pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:13pm

CRC Tests

Test	Status	Time
COMP	Pass	8:13pm
CAL	Pass	8:13pm

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 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 28 day of May, 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: *008775*
Test Date: *05/28/2026*

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: *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	8:25pm
AIR BLK	.00	8:26pm
ACCY CHK	.08	8:26pm
AIR BLK	.00	8:27pm
SUB TEST	**.00**	**8:28pm**
AIR BLK	.00	8:29pm
SUB TEST	**.00**	**8:30pm**
AIR BLK	.00	8:31pm

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
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Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY BAT MOBILE UNIT 8 590

Serial Number: *008775* Test Record Number: *2523*
Test Date: *05/28/2026* Test Time: *8:32pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:32pm
FLO	Pass	8:32pm
FC	Pass	8:32pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:32pm
SRC	Pass	8:32pm
DET	Pass	8:32pm
BAR	Pass	8:32pm
BT	Pass	8:32pm

Blank Tests

Test	Status	Time
AIR	Pass	8:33pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:33pm

CRC Tests

Test	Status	Time
COMP	Pass	8:33pm
CAL	Pass	8:33pm

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
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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 14 day of May, 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: *05/14/2026*

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: *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	8:54pm
AIR BLK	.00	8:55pm
ACCY CHK	.07	8:56pm
AIR BLK	.00	8:57pm
SUB TEST	**.00**	**8:58pm**
AIR BLK	.00	8:59pm
SUB TEST	**.00**	**9:00pm**
AIR BLK	.00	9:01pm

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
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Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY BAT MOBILE UNIT 8 590

Serial Number: *008816* Test Record Number: *8097*
Test Date: *05/14/2026* Test Time: *9:02pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:02pm
FLO	Pass	9:02pm
FC	Pass	9:02pm

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	9:03pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:03pm

CRC Tests

Test	Status	Time
COMP	Pass	9:03pm
CAL	Pass	9:03pm

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
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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 21 day of May, 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: *008816*
Test Date: *05/21/2026*

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: *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	8:05pm
AIR BLK	.00	8:06pm
ACCY CHK	.07	8:07pm
AIR BLK	.00	8:08pm
SUB TEST	**.00**	**8:08pm**
AIR BLK	.00	8:09pm
SUB TEST	**.00**	**8:11pm**
AIR BLK	.00	8:12pm

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
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Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY BAT MOBILE UNIT 8 590

Serial Number: *008816* Test Record Number: *8099*
Test Date: *05/21/2026* Test Time: *8:12pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:12pm
FLO	Pass	8:12pm
FC	Pass	8:12pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:13pm
SRC	Pass	8:13pm
DET	Pass	8:13pm
BAR	Pass	8:13pm
BT	Pass	8:13pm

Blank Tests

Test	Status	Time
AIR	Pass	8:13pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:13pm

CRC Tests

Test	Status	Time
COMP	Pass	8:13pm
CAL	Pass	8:13pm

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
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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 28 day of May, 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: *05/28/2026*

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: *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	8:24pm
AIR BLK	.00	8:25pm
ACCY CHK	.07	8:26pm
AIR BLK	.00	8:27pm
SUB TEST	**.00**	**8:28pm**
AIR BLK	.00	8:29pm
SUB TEST	**.00**	**8:30pm**
AIR BLK	.00	8:31pm

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
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Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY BAT MOBILE UNIT 8 590

Serial Number: *008816* Test Record Number: *8105*
Test Date: *05/28/2026* Test Time: *8:31pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:32pm
FLO	Pass	8:32pm
FC	Pass	8:32pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:32pm
SRC	Pass	8:32pm
DET	Pass	8:32pm
BAR	Pass	8:32pm
BT	Pass	8:32pm

Blank Tests

Test	Status	Time
AIR	Pass	8:32pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:33pm

CRC Tests

Test	Status	Time
COMP	Pass	8:33pm
CAL	Pass	8:33pm

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
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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 29th day of May, 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.

Timothy B White — 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: *05/29/2026*

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	9:40pm
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	9:46pm

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
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Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY BAT MOBILE UNIT 13 590

Serial Number: *008869* Test Record Number: *2209*
Test Date: *05/29/2026* Test Time: *9:51pm 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
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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 29th day of May, 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.

Timothy B Whitt — 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: *05/29/2026*

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	9:26pm
AIR BLK	.00	9:27pm
ACCY CHK	.07	9:27pm
AIR BLK	.00	9:28pm
SUB TEST	**.00**	**9:29pm**
AIR BLK	.00	9:30pm
SUB TEST	**.00**	**9:31pm**
AIR BLK	.00	9:32pm

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
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Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY BAT MOBILE UNIT 13 590

Serial Number: *008898* Test Record Number: *2151*
Test Date: *05/29/2026* Test Time: *9:33pm 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
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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 HUNTERSVILLE PD

Instrument Serial No. 008910 HUNTERSVILLE 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 12 day of MAY, 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

MECKLENBURG COUNTY HUNTERSVILLE PD 590

Serial Number: *008910*
Test Date: *05/12/2026*

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: AG602102
Exp Date: 01/21/2028

Test	g/210L	Time
DIAG	Pass	12:48pm
AIR BLK	.00	12:49pm
ACCY CHK	.07	12:49pm
AIR BLK	.00	12:50pm
SUB TEST	**.00**	**12:51pm**
AIR BLK	.00	12:52pm
SUB TEST	**.00**	**12:53pm**
AIR BLK	.00	12:54pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
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Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY HUNTERSVILLE PD 590

Serial Number: *008910* Test Record Number: *1923*
Test Date: *05/12/2026* Test Time: *12:55pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:55pm
FLO	Pass	12:55pm
FC	Pass	12:55pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:55pm
SRC	Pass	12:55pm
DET	Pass	12:55pm
BAR	Pass	12:55pm
BT	Pass	12:55pm

Blank Tests

Test	Status	Time
AIR	Pass	12:56pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:56pm

CRC Tests

Test	Status	Time
COMP	Pass	12:56pm
CAL	Pass	12:56pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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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 14 day of May, 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: *05/14/2026*

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: *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	8:54pm
AIR BLK	.00	8:55pm
ACCY CHK	.08	8:56pm
AIR BLK	.00	8:57pm
SUB TEST	**.00**	**8:57pm**
AIR BLK	.00	8:58pm
SUB TEST	**.00**	**9:00pm**
AIR BLK	.00	9:01pm

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
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Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY BAT MOBILE UNIT 8 590

Serial Number: *008929* Test Record Number: *1801*
Test Date: *05/14/2026* Test Time: *9:01pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:02pm
FLO	Pass	9:02pm
FC	Pass	9:02pm

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	9:03pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:03pm

CRC Tests

Test	Status	Time
COMP	Pass	9:03pm
CAL	Pass	9:03pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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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 21 day of May, 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

22192B3
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: *008929*
Test Date: *05/21/2026*

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: *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	8:06pm
AIR BLK	.00	8:07pm
ACCY CHK	.07	8:07pm
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

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
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Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY BAT MOBILE UNIT 8 590

Serial Number: *008929* Test Record Number: *1805*
Test Date: *05/21/2026* Test Time: *8:15pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:16pm
FLO	Pass	8:16pm
FC	Pass	8:16pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:16pm
SRC	Pass	8:16pm
DET	Pass	8:16pm
BAR	Pass	8:16pm
BT	Pass	8:16pm

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	8:17pm
CAL	Pass	8:17pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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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 28 day of May, 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: *05/28/2026*

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: *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	8:23pm
AIR BLK	.00	8:25pm
ACCY CHK	.07	8:25pm
AIR BLK	.00	8:26pm
SUB TEST	**.00**	**8:27pm**
AIR BLK	.00	8:28pm
SUB TEST	**.00**	**8:30pm**
AIR BLK	.00	8:31pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
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Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY BAT MOBILE UNIT 8 590

Serial Number: *008929* Test Record Number: *1811*
Test Date: *05/28/2026* Test Time: *8:31pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:32pm
FLO	Pass	8:32pm
FC	Pass	8:32pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:32pm
SRC	Pass	8:32pm
DET	Pass	8:32pm
BAR	Pass	8:32pm
BT	Pass	8:32pm

Blank Tests

Test	Status	Time
AIR	Pass	8:33pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:33pm

CRC Tests

Test	Status	Time
COMP	Pass	8:33pm
CAL	Pass	8:33pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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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 29th day of May, 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: *008939*
Test Date: *05/29/2026*

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	9:09pm
AIR BLK	.00	9:10pm
ACCY CHK	.07	9:11pm
AIR BLK	.00	9:12pm
SUB TEST	**.00**	**9:12pm**
AIR BLK	.00	9:13pm
SUB TEST	**.00**	**9:15pm**
AIR BLK	.00	9:16pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
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Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY BAT MOBILE UNIT 13 590

Serial Number: *008939* Test Record Number: *2010*
Test Date: *05/29/2026* Test Time: *9:16pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:17pm
FLO	Pass	9:17pm
FC	Pass	9:17pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:17pm
SRC	Pass	9:17pm
DET	Pass	9:17pm
BAR	Pass	9:17pm
BT	Pass	9:17pm

Blank Tests

Test	Status	Time
AIR	Pass	9:18pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:18pm

CRC Tests

Test	Status	Time
COMP	Pass	9:18pm
CAL	Pass	9:18pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
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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 Mitchell Instrument Location Spruce Pine P.D.

Instrument Serial No. 008726 Spruce Pine, 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 29 day of May, 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

MITCHELL COUNTY SPRUCE PINE PD 600

Serial Number: *008726*
Test Date: *05/29/2026*

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: AG503001
Exp Date: 01/30/2027

Test	g/210L	Time
DIAG	Pass	10:55am
AIR BLK	.00	10:56am
ACCY CHK	.08	10:56am
AIR BLK	.00	10:58am
SUB TEST	**.00**	**10:59am**
AIR BLK	.00	10:59am
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
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Intox EC/IR-II: Preventive Maintenance

MITCHELL COUNTY SPRUCE PINE PD 600

Serial Number: *008726* Test Record Number: *1611*
Test Date: *05/29/2026* Test Time: *11:02am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:02am
FLO	Pass	11:02am
FC	Pass	11:02am

Temperature Tests

Test	Status	Time
FC1	Pass	11:02am
SRC	Pass	11:02am
DET	Pass	11:02am
BAR	Pass	11:02am
BT	Pass	11:02am

Blank Tests

Test	Status	Time
AIR	Pass	11:03am

Printer Tests

Test	Status	Time
PRNT	Pass	11:03am

CRC Tests

Test	Status	Time
COMP	Pass	11:03am
CAL	Pass	11:03am

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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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 FD
330 S. CHURCH ST
Rocky Mount, NC

Instrument Serial No. Q08740

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 27 day of MAY, 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.

E A Bryant II
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: *008740*
Test Date: *05/27/2026*

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: AG602202
Exp Date: 01/22/2028

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**	**1:13pm**
AIR BLK	.00	1:14pm
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
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Intox EC/IR-II: Preventive Maintenance

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: *008740* Test Record Number: *1212*
Test Date: *05/27/2026* Test Time: *1:20pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:20pm
FLO	Pass	1:20pm
FC	Pass	1:20pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:20pm
SRC	Pass	1:20pm
DET	Pass	1:20pm
BAR	Pass	1:20pm
BT	Pass	1:20pm

Blank Tests

Test	Status	Time
AIR	Pass	1:21pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:21pm

CRC Tests

Test	Status	Time
COMP	Pass	1:21pm
CAL	Pass	1:21pm

Preventive Maintenance
Status: Pass

E A Bryant

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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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 27 day of May, 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.

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.

DHHS 4080 (04/20)

Intox EC/IR-II: Subject Test

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: *008741*
Test Date: *05/27/2026*

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: AG602202
Exp Date: 01/22/2028

Test	g/210L	Time
DIAG	Pass	1:08pm
AIR BLK	.00	1:09pm
ACCY CHK	.07	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
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Intox EC/IR-II: Preventive Maintenance

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: *008741* Test Record Number: *3353*
Test Date: *05/27/2026* 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	1:20pm
SRC	Pass	1:20pm
DET	Pass	1:20pm
BAR	Pass	1:20pm
BT	Pass	1:20pm

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

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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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 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 22nd day of May, 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.

Intox EC/IR-II: Subject Test

NEW HANOVER COUNTY BAT MOBILE UNIT 9
640

Serial Number: *008575*
Test Date: *05/22/2026*

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: *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	8:13pm
AIR BLK	.00	8:14pm
ACCY CHK	.08	8:15pm
AIR BLK	.00	8:16pm
SUB TEST	**.00**	**8:16pm**
AIR BLK	.00	8:17pm
SUB TEST	**.00**	**8:19pm**
AIR BLK	.00	8:20pm

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
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Intox EC/IR-II: Preventive Maintenance

NEW HANOVER COUNTY BAT MOBILE UNIT 9 640

Serial Number: *008575* Test Record Number: *1590*
Test Date: *05/22/2026* Test Time: *8:20pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:21pm
FLO	Pass	8:21pm
FC	Pass	8:21pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:21pm
SRC	Pass	8:21pm
DET	Pass	8:21pm
BAR	Pass	8:21pm
BT	Pass	8:21pm

Blank Tests

Test	Status	Time
AIR	Pass	8:22pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:22pm

CRC Tests

Test	Status	Time
COMP	Pass	8:22pm
CAL	Pass	8:22pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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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 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 23rd day of May, 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

NEW HANOVER COUNTY BAT MOBILE UNIT 9
640

Serial Number: *008575*
Test Date: *05/23/2026*

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: *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	9:12pm
AIR BLK	.00	9:13pm
ACCY CHK	.07	9:13pm
AIR BLK	.00	9:14pm
SUB TEST	**.00**	**9:15pm**
AIR BLK	.00	9:16pm
SUB TEST	**.00**	**9:17pm**
AIR BLK	.00	9:18pm

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
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Intox EC/IR-II: Preventive Maintenance

NEW HANOVER COUNTY BAT MOBILE UNIT 9 640

Serial Number: *008575* Test Record Number: *1594*
Test Date: *05/23/2026* Test Time: *9:19pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:19pm
FLO	Pass	9:19pm
FC	Pass	9:19pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:19pm
SRC	Pass	9:19pm
DET	Pass	9:19pm
BAR	Pass	9:19pm
BT	Pass	9:19pm

Blank Tests

Test	Status	Time
AIR	Pass	9:20pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:20pm

CRC Tests

Test	Status	Time
COMP	Pass	9:20pm
CAL	Pass	9:20pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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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 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 22 day of May, 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

NEW HANOVER COUNTY BAT MOBILE UNIT 10
640

Serial Number: *008584*
Test Date: *05/22/2026*

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*

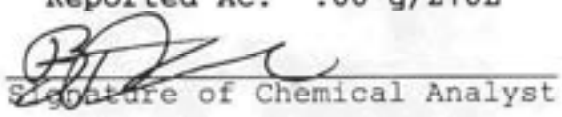
Analyst's Name: *Carroll, Barry Jean D*
Permit Number: *0019-3759*
Effective:
04/01/2026-04/01/2028

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	8:17pm
AIR BLK	.00	8:18pm
ACCY CHK	.08	8:19pm
AIR BLK	.00	8:20pm
SUB TEST	**.00**	**8:20pm**
AIR BLK	.00	8:21pm
SUB TEST	**.00**	**8:23pm**
AIR BLK	.00	8:24pm

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
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Intox EC/IR-II: Preventive Maintenance

NEW HANOVER COUNTY BAT MOBILE UNIT 10 640

Serial Number: *008584* Test Record Number: *2901*
Test Date: *05/22/2026* Test Time: *8:25pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:25pm
FLO	Pass	8:25pm
FC	Pass	8:25pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:25pm
SRC	Pass	8:25pm
DET	Pass	8:25pm
BAR	Pass	8:25pm
BT	Pass	8:25pm

Blank Tests

Test	Status	Time
AIR	Pass	8:26pm

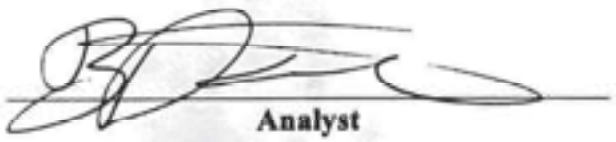
Printer Tests

Test	Status	Time
PRNT	Pass	8:26pm

CRC Tests

Test	Status	Time
COMP	Pass	8:26pm
CAL	Pass	8:26pm

Preventive Maintenance
Status: Pass



Analyst

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Forensic Tests for Alcohol Branch
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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 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 22nd day of May, 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

NEW HANOVER COUNTY BAT MOBILE UNIT 9
640

Serial Number: *008616*
Test Date: *05/22/2026*

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: *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	8:12pm
AIR BLK	.00	8:13pm
ACCY CHK	.08	8:14pm
AIR BLK	.00	8:15pm
SUB TEST	**.00**	**8:16pm**
AIR BLK	.00	8:17pm
SUB TEST	**.00**	**8:19pm**
AIR BLK	.00	8:20pm

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
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Intox EC/IR-II: Preventive Maintenance

NEW HANOVER COUNTY BAT MOBILE UNIT 9 640

Serial Number: *008616* Test Record Number: *3000*
Test Date: *05/22/2026* Test Time: *8:20pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:21pm
FLO	Pass	8:21pm
FC	Pass	8:21pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:21pm
SRC	Pass	8:21pm
DET	Pass	8:21pm
BAR	Pass	8:21pm
BT	Pass	8:21pm

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	8:22pm
CAL	Pass	8:22pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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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 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 23rd day of May, 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

NEW HANOVER COUNTY BAT MOBILE UNIT 9
640

Serial Number: *008616*
Test Date: *05/23/2026*

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: *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	9:11pm
AIR BLK	.00	9:12pm
ACCY CHK	.08	9:13pm
AIR BLK	.00	9:14pm
SUB TEST	**.00**	**9:14pm**
AIR BLK	.00	9:15pm
SUB TEST	**.00**	**9:17pm**
AIR BLK	.00	9:18pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
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Intox EC/IR-II: Preventive Maintenance

NEW HANOVER COUNTY BAT MOBILE UNIT 9 640

Serial Number: *008616* Test Record Number: *3005*
Test Date: *05/23/2026* Test Time: *9:18pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:19pm
FLO	Pass	9:19pm
FC	Pass	9:19pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:19pm
SRC	Pass	9:19pm
DET	Pass	9:19pm
BAR	Pass	9:19pm
BT	Pass	9:19pm

Blank Tests

Test	Status	Time
AIR	Pass	9:20pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:20pm

CRC Tests

Test	Status	Time
COMP	Pass	9:20pm
CAL	Pass	9:20pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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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 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 22 day of May, 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

NEW HANOVER COUNTY BAT MOBILE UNIT 10
640

Serial Number: *008637*
Test Date: *05/22/2026*

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: *Carroll, Barry Jean D*
Permit Number: *0019-3759*
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	8:58pm
AIR BLK	.00	8:59pm
ACCY CHK	.07	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



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 BAT MOBILE UNIT 10 640

Serial Number: *008637* Test Record Number: *3631*
Test Date: *05/22/2026* 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	9:06pm

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 New Hanover 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 22nd day of May, 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

NEW HANOVER COUNTY BAT MOBILE UNIT 9
640

Serial Number: *008647*
Test Date: *05/22/2026*

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: *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	8:16pm
AIR BLK	.00	8:17pm
ACCY CHK	.08	8:18pm
AIR BLK	.00	8:19pm
SUB TEST	**.00**	**8:19pm**
AIR BLK	.00	8:20pm
SUB TEST	**.00**	**8:21pm**
AIR BLK	.00	8:22pm

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

NEW HANOVER COUNTY BAT MOBILE UNIT 9 640

Serial Number: *008647* Test Record Number: *2976*
Test Date: *05/22/2026* Test Time: *8:23pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:23pm
FLO	Pass	8:23pm
FC	Pass	8:24pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:24pm
SRC	Pass	8:24pm
DET	Pass	8:24pm
BAR	Pass	8:24pm
BT	Pass	8:24pm

Blank Tests

Test	Status	Time
AIR	Pass	8:24pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:24pm

CRC Tests

Test	Status	Time
COMP	Pass	8:25pm
CAL	Pass	8:25pm

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 New Hanover 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 23rd day of May, 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

NEW HANOVER COUNTY BAT MOBILE UNIT 9
640

Serial Number: *008647*
Test Date: *05/23/2026*

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: *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	9:14pm
AIR BLK	.00	9:15pm
ACCY CHK	.07	9:16pm
AIR BLK	.00	9:17pm
SUB TEST	**.00**	**9:17pm**
AIR BLK	.00	9:18pm
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

NEW HANOVER COUNTY BAT MOBILE UNIT 9 640

Serial Number: *008647* Test Record Number: *2980*
Test Date: *05/23/2026* Test Time: *9:21pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:21pm
FLO	Pass	9:21pm
FC	Pass	9:22pm

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	9:23pm
CAL	Pass	9:23pm

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 New Hanover 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 22 day of May, 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

1937759
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 BAT MOBILE UNIT 10
640

Serial Number: *008686*
Test Date: *05/22/2026*

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: *Carroll, Barry Jean D*
Permit Number: *0019-3759*
Effective:
04/01/2026-04/01/2028

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	8:43pm
AIR BLK	.00	8:44pm
ACCY CHK	.08	8:44pm
AIR BLK	.00	8:45pm
SUB TEST	**.00**	**8:46pm**
AIR BLK	.00	8:47pm
SUB TEST	**.00**	**8:49pm**
AIR BLK	.00	8:50pm

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
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Intox EC/IR-II: Preventive Maintenance

NEW HANOVER COUNTY BAT MOBILE UNIT 10 640

Serial Number: *008686* Test Record Number: *7250*
Test Date: *05/22/2026* Test Time: *8:51pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:52pm
FLO	Pass	8:52pm
FC	Pass	8:52pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:52pm
SRC	Pass	8:52pm
DET	Pass	8:52pm
BAR	Pass	8:52pm
BT	Pass	8:52pm

Blank Tests

Test	Status	Time
AIR	Pass	8:52pm

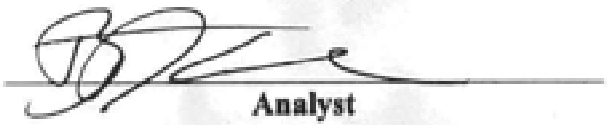
Printer Tests

Test	Status	Time
PRNT	Pass	8:53pm

CRC Tests

Test	Status	Time
COMP	Pass	8:53pm
CAL	Pass	8:53pm

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 New Hanover 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 22nd day of May, 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

NEW HANOVER COUNTY BAT MOBILE UNIT 9
640

Serial Number: *008704*
Test Date: *05/22/2026*

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: *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	8:15pm
AIR BLK	.00	8:16pm
ACCY CHK	.07	8:16pm
AIR BLK	.00	8:17pm
SUB TEST	**.00**	**8:18pm**
AIR BLK	.00	8:19pm
SUB TEST	**.00**	**8:20pm**
AIR BLK	.00	8:21pm

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

NEW HANOVER COUNTY BAT MOBILE UNIT 9 640

Serial Number: *008704* Test Record Number: *1027*
Test Date: *05/22/2026* 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	8:22pm
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 New Hanover 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 23rd day of May, 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

NEW HANOVER COUNTY BAT MOBILE UNIT 9
640

Serial Number: *008704*
Test Date: *05/23/2026*

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: *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	9:13pm
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	9:19pm

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

NEW HANOVER COUNTY BAT MOBILE UNIT 9 640

Serial Number: *008704* Test Record Number: *1031*
Test Date: *05/23/2026* Test Time: *9:20pm EDT*

System Check: *Passed*

Baseline Tests

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

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	9:21pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:21pm

CRC Tests

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

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 New Hanover Instrument Location BAT Mobile unit 10

Instrument Serial No. 006776

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 May, 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

1937579
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 BAT MOBILE UNIT 10
640

Serial Number: *008776*
Test Date: *05/22/2026*

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: *Carroll, Barry Jean D*
Permit Number: *0019-3759*
Effective:
04/01/2026-04/01/2028

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	8:38pm
AIR BLK	.00	8:39pm
ACCY CHK	.08	8:39pm
AIR BLK	.00	8:40pm
SUB TEST	**.00**	**8:41pm**
AIR BLK	.00	8:42pm
SUB TEST	**.00**	**8:44pm**
AIR BLK	.00	8:45pm

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 BAT MOBILE UNIT 10 640

Serial Number: *008776* Test Record Number: *4219*
Test Date: *05/22/2026* 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	8:47pm
SRC	Pass	8:47pm
DET	Pass	8:47pm
BAR	Pass	8:47pm
BT	Pass	8:47pm

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 New Hanover 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 22 day of May, 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

NEW HANOVER COUNTY BAT MOBILE UNIT 10
640

Serial Number: *008779*
Test Date: *05/22/2026*

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: *Carroll, Barry Jean D*
Permit Number: *0019-3759*
Effective:
04/01/2026-04/01/2028

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	8:36pm
AIR BLK	.00	8:37pm
ACCY CHK	.08	8:37pm
AIR BLK	.00	8:38pm
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
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Intox EC/IR-II: Preventive Maintenance

NEW HANOVER COUNTY BAT MOBILE UNIT 10 640

Serial Number: *008779* Test Record Number: *4145*
Test Date: *05/22/2026* Test Time: *8:45pm 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	8:46pm

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
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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 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 22nd day of May, 20 20 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

NEW HANOVER COUNTY BAT MOBILE UNIT 9
640

Serial Number: *008826*
Test Date: *05/22/2026*

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: *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	8:14pm
AIR BLK	.00	8:15pm
ACCY CHK	.07	8:16pm
AIR BLK	.00	8:17pm
SUB TEST	**.00**	**8:17pm**
AIR BLK	.00	8:18pm
SUB TEST	**.00**	**8:20pm**
AIR BLK	.00	8:20pm

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
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Intox EC/IR-II: Preventive Maintenance

NEW HANOVER COUNTY BAT MOBILE UNIT 9 640

Serial Number: *008826* Test Record Number: *8663*
Test Date: *05/22/2026* Test Time: *8:21pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:21pm
FLO	Pass	8:21pm
FC	Pass	8:21pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:21pm
SRC	Pass	8:21pm
DET	Pass	8:21pm
BAR	Pass	8:21pm
BT	Pass	8:21pm

Blank Tests

Test	Status	Time
AIR	Pass	8:22pm

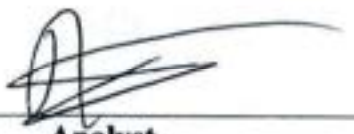
Printer Tests

Test	Status	Time
PRNT	Pass	8:22pm

CRC Tests

Test	Status	Time
COMP	Pass	8:22pm
CAL	Pass	8:22pm

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
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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 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 23rd day of May, 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

NEW HANOVER COUNTY BAT MOBILE UNIT 9
640

Serial Number: *008826*
Test Date: *05/23/2026*

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: *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	9:13pm
AIR BLK	.00	9:14pm
ACCY CHK	.07	9:14pm
AIR BLK	.00	9:15pm
SUB TEST	**.00**	**9:16pm**
AIR BLK	.00	9:16pm
SUB TEST	**.00**	**9:18pm**
AIR BLK	.00	9:19pm

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
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Intox EC/IR-II: Preventive Maintenance

NEW HANOVER COUNTY BAT MOBILE UNIT 9 640

Serial Number: *008826* Test Record Number: *8667*
Test Date: *05/23/2026* Test Time: *9:19pm EDT*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	9:20pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:21pm

CRC Tests

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

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
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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 11th day of May, 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: *05/11/2026*

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: *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	6:35am
AIR BLK	.00	6:36am
ACCY CHK	.08	6:36am
AIR BLK	.00	6:37am
SUB TEST	**.00**	**6:38am**
AIR BLK	.00	6:39am
SUB TEST	**.00**	**6:40am**
AIR BLK	.00	6:41am

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
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Intox EC/IR-II: Preventive Maintenance

ONSLOW COUNTY BAT MOBILE UNIT 9 660

Serial Number: *008575* Test Record Number: *1580*
Test Date: *05/11/2026* Test Time: *6:42am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	6:42am
FLO	Pass	6:42am
FC	Pass	6:42am

Temperature Tests

Test	Status	Time
FC1	Pass	6:43am
SRC	Pass	6:43am
DET	Pass	6:43am
BAR	Pass	6:43am
BT	Pass	6:43am

Blank Tests

Test	Status	Time
AIR	Pass	6:43am

Printer Tests

Test	Status	Time
PRNT	Pass	6:43am

CRC Tests

Test	Status	Time
COMP	Pass	6:43am
CAL	Pass	6:43am

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 ONSLOW Instrument Location ONSLOW COUNTY

Instrument Serial No. 008578 SNEADS FERRY 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 28th day of MAY, 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.

Intox EC/IR-II: Subject Test

ONSLOW COUNTY SNEADS FERRY SUB 660

Serial Number: *008578*
Test Date: *05/28/2026*

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: *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	3:24pm
AIR BLK	.00	3:25pm
ACCY CHK	.07	3:25pm
AIR BLK	.00	3:26pm
SUB TEST	**.00**	**3:27pm**
AIR BLK	.00	3:28pm
SUB TEST	**.00**	**3:30pm**
AIR BLK	.00	3:30pm

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
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Intox EC/IR-II: Preventive Maintenance

ONSLOW COUNTY SNEADS FERRY SUB 660

Serial Number: *008578* Test Record Number: *3761*
Test Date: *05/28/2026* Test Time: *3:31pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:31pm
FLO	Pass	3:31pm
FC	Pass	3:31pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:31pm
SRC	Pass	3:31pm
DET	Pass	3:31pm
BAR	Pass	3:31pm
BT	Pass	3:31pm

Blank Tests

Test	Status	Time
AIR	Pass	3:32pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:32pm

CRC Tests

Test	Status	Time
COMP	Pass	3:32pm
CAL	Pass	3:32pm

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 13th day of May, 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: *05/11/2026*

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: *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	6:36am
AIR BLK	.00	6:37am
ACCY CHK	.08	6:38am
AIR BLK	.00	6:39am
SUB TEST	**.00**	**6:39am**
AIR BLK	.00	6:41am
SUB TEST	**.00**	**6:42am**
AIR BLK	.00	6:43am

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: *2992*
Test Date: *05/11/2026* Test Time: *6:44am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	6:44am
FLO	Pass	6:44am
FC	Pass	6:44am

Temperature Tests

Test	Status	Time
FC1	Pass	6:44am
SRC	Pass	6:44am
DET	Pass	6:44am
BAR	Pass	6:44am
BT	Pass	6:44am

Blank Tests

Test	Status	Time
AIR	Pass	6:45am

Printer Tests

Test	Status	Time
PRNT	Pass	6:45am

CRC Tests

Test	Status	Time
COMP	Pass	6:45am
CAL	Pass	6:45am

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 11th day of May, 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: *008647*
Test Date: *05/11/2026*

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: *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	6:37am
AIR BLK	.00	6:38am
ACCY CHK	.08	6:39am
AIR BLK	.00	6:40am
SUB TEST	**.00**	**6:40am**
AIR BLK	.00	6:41am
SUB TEST	**.00**	**6:42am**
AIR BLK	.00	6:43am

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
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Intox EC/IR-II: Preventive Maintenance

ONSLOW COUNTY BAT MOBILE UNIT 9 660

Serial Number: *008647* Test Record Number: *2968*
Test Date: *05/11/2026* Test Time: *6:44am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	6:44am
FLO	Pass	6:44am
FC	Pass	6:44am

Temperature Tests

Test	Status	Time
FC1	Pass	6:45am
SRC	Pass	6:45am
DET	Pass	6:45am
BAR	Pass	6:45am
BT	Pass	6:45am

Blank Tests

Test	Status	Time
AIR	Pass	6:45am

Printer Tests

Test	Status	Time
PRNT	Pass	6:45am

CRC Tests

Test	Status	Time
COMP	Pass	6:45am
CAL	Pass	6:45am

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 11th day of May, 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: *008704*
Test Date: *05/11/2026*

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: *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	6:37am
AIR BLK	.00	6:38am
ACCY CHK	.08	6:39am
AIR BLK	.00	6:40am
SUB TEST	**.00**	**6:41am**
AIR BLK	.00	6:42am
SUB TEST	**.00**	**6:43am**
AIR BLK	.00	6:44am

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
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Intox EC/IR-II: Preventive Maintenance

ONSLOW COUNTY BAT MOBILE UNIT 9 660

Serial Number: *008704* Test Record Number: *1019*
Test Date: *05/11/2026* Test Time: *6:45am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	6:45am
FLO	Pass	6:45am
FC	Pass	6:45am

Temperature Tests

Test	Status	Time
FC1	Pass	6:45am
SRC	Pass	6:45am
DET	Pass	6:45am
BAR	Pass	6:45am
BT	Pass	6:45am

Blank Tests

Test	Status	Time
AIR	Pass	6:46am

Printer Tests

Test	Status	Time
PRNT	Pass	6:46am

CRC Tests

Test	Status	Time
COMP	Pass	6:46am
CAL	Pass	6:46am

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. 088826

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 11th day of May, 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: *008826*
Test Date: *05/11/2026*

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: *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	6:26am
AIR BLK	.00	6:27am
ACCY CHK	.07	6:27am
AIR BLK	.00	6:28am
SUB TEST	**.00**	**6:29am**
AIR BLK	.00	6:30am
SUB TEST	**.00**	**6:31am**
AIR BLK	.00	6:32am

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
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Intox EC/IR-II: Preventive Maintenance

ONSLOW COUNTY BAT MOBILE UNIT 9 660

Serial Number: *008826* Test Record Number: *8655*
Test Date: *05/11/2026* Test Time: *6:33am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	6:34am
FLO	Pass	6:34am
FC	Pass	6:34am

Temperature Tests

Test	Status	Time
FC1	Pass	6:34am
SRC	Pass	6:34am
DET	Pass	6:34am
BAR	Pass	6:34am
BT	Pass	6:34am

Blank Tests

Test	Status	Time
AIR	Pass	6:35am

Printer Tests

Test	Status	Time
PRNT	Pass	6:35am

CRC Tests

Test	Status	Time
COMP	Pass	6:35am
CAL	Pass	6:35am

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
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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 SWANSBORO

Instrument Serial No. 008894 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 27th day of MAY, 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

282950
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 SWANSBORO PD 660

Serial Number: *008894*
Test Date: *05/27/2026*

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: 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	10:16am
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
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Intox EC/IR-II: Preventive Maintenance

ONSLOW COUNTY SWANSBORO PD 660

Serial Number: *008894* Test Record Number: *1867*
Test Date: *05/27/2026* Test Time: *10:20am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:20am
FLO	Pass	10:20am
FC	Pass	10:20am

Temperature Tests

Test	Status	Time
FC1	Pass	10:20am
SRC	Pass	10:20am
DET	Pass	10:20am
BAR	Pass	10:20am
BT	Pass	10:20am

Blank Tests

Test	Status	Time
AIR	Pass	10:21am

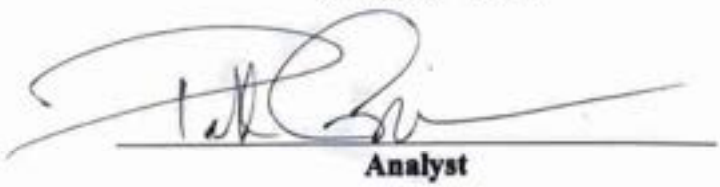
Printer Tests

Test	Status	Time
PRNT	Pass	10:21am

CRC Tests

Test	Status	Time
COMP	Pass	10:21am
CAL	Pass	10:21am

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
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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 ONSLOW COUNTY

Instrument Serial No. 008917 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 28th day of MAY, 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

284950
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

ONSLOW COUNTY DETENTION CENTER 660

Serial Number: *008917*
Test Date: *05/28/2026*

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: *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	12:48pm
AIR BLK	.00	12:48pm
ACCY CHK	.08	12:49pm
AIR BLK	.00	12:50pm
SUB TEST	**.00**	**12:50pm**
AIR BLK	.00	12:51pm
SUB TEST	**.00**	**12:53pm**
AIR BLK	.00	12:54pm

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
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Intox EC/IR-II: Preventive Maintenance

ONSLOW COUNTY DETENTION CENTER 660

Serial Number: *008917* Test Record Number: *1422*
Test Date: *05/28/2026* Test Time: *12:54pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:54pm
FLO	Pass	12:54pm
FC	Pass	12:54pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:54pm
SRC	Pass	12:54pm
DET	Pass	12:54pm
BAR	Pass	12:54pm
BT	Pass	12:54pm

Blank Tests

Test	Status	Time
AIR	Pass	12:55pm

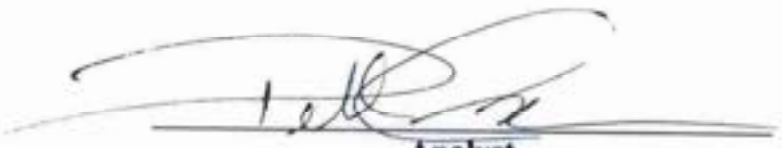
Printer Tests

Test	Status	Time
PRNT	Pass	12:55pm

CRC Tests

Test	Status	Time
COMP	Pass	12:55pm
CAL	Pass	12:55pm

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 MCAS

Instrument Serial No. 008919 NEW RIVER PMO

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 MAY, 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

ONSLOW COUNTY MCAS NEW RIVER 660

Serial Number: *008919*
Test Date: *05/28/2026*

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: *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: AG501307
Exp Date: 01/13/2027

Test	g/210L	Time
DIAG	Pass	9:23am
AIR BLK	.00	9:24am
ACCY CHK	.07	9:24am
AIR BLK	.00	9:25am
SUB TEST	**.00**	**9:26am**
AIR BLK	.00	9:27am
SUB TEST	**.00**	**9:28am**
AIR BLK	.00	9:29am

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
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Intox EC/IR-II: Preventive Maintenance

ONSLOW COUNTY MCAS NEW RIVER 660

Serial Number: *008919* Test Record Number: *957*
Test Date: *05/28/2026* Test Time: *9:29am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:30am
FLO	Pass	9:30am
FC	Pass	9:30am

Temperature Tests

Test	Status	Time
FC1	Pass	9:30am
SRC	Pass	9:30am
DET	Pass	9:30am
BAR	Pass	9:30am
BT	Pass	9:30am

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	9:31am
CAL	Pass	9:31am

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
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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 CAMP LEJEUNE

Instrument Serial No. 608920 PMO

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 MAY, 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

282950
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

ONSLOW COUNTY CAMP LEJEUNE PMO 660

Serial Number: *008920*
Test Date: *05/28/2026*

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: *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: AG602102
Exp Date: 01/21/2028

Test	g/210L	Time
DIAG	Pass	2:15pm
AIR BLK	.00	2:15pm
ACCY CHK	.08	2:16pm
AIR BLK	.00	2:17pm
SUB TEST	**.00**	**2:17pm**
AIR BLK	.00	2:18pm
SUB TEST	**.00**	**2:20pm**
AIR BLK	.00	2:21pm

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
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Intox EC/IR-II: Preventive Maintenance

ONSLOW COUNTY CAMP LEJEUNE PMO 660

Serial Number: *008920* Test Record Number: *2606*
Test Date: *05/28/2026* Test Time: *2:21pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:22pm
FLO	Pass	2:22pm
FC	Pass	2:22pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:22pm
SRC	Pass	2:22pm
DET	Pass	2:22pm
BAR	Pass	2:22pm
BT	Pass	2:22pm

Blank Tests

Test	Status	Time
AIR	Pass	2:23pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:23pm

CRC Tests

Test	Status	Time
COMP	Pass	2:23pm
CAL	Pass	2:23pm

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 ONSLOW Instrument Location JACKSONVILLE POLICE DEPT

Instrument Serial No. 008930

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 MAY, 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

ONSLOW COUNTY JACKSONVILLE PD 660

Serial Number: *008930*
Test Date: *05/28/2026*

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: *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	10:35am
AIR BLK	.00	10:35am
ACCY CHK	.07	10:36am
AIR BLK	.00	10:37am
SUB TEST	**.00**	**10:39am**
AIR BLK	.00	10:39am
SUB TEST	**.00**	**10:41am**
AIR BLK	.00	10:42am

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
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Intox EC/IR-II: Preventive Maintenance

ONSLOW COUNTY JACKSONVILLE PD 660

Serial Number: *008930* Test Record Number: *2491*
Test Date: *05/28/2026* Test Time: *10:42am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:42am
FLO	Pass	10:42am
FC	Pass	10:43am

Temperature Tests

Test	Status	Time
FC1	Pass	10:43am
SRC	Pass	10:43am
DET	Pass	10:43am
BAR	Pass	10:43am
BT	Pass	10:43am

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 ONSLOW Instrument Location ONSLOW COUNTY

Instrument Serial No. 008932 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 28th day of MAY, 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

282950
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 DETENTION CENTER 660

Serial Number: *008932*
Test Date: *05/28/2026*

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: *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	12:07pm
AIR BLK	.00	12:08pm
ACCY CHK	.07	12:08pm
AIR BLK	.00	12:09pm
SUB TEST	**.00**	**12:10pm**
AIR BLK	.00	12:11pm
SUB TEST	**.00**	**12:13pm**
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
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Intox EC/IR-II: Preventive Maintenance

ONSLOW COUNTY DETENTION CENTER 660

Serial Number: *008932* Test Record Number: *8034*
Test Date: *05/28/2026* 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

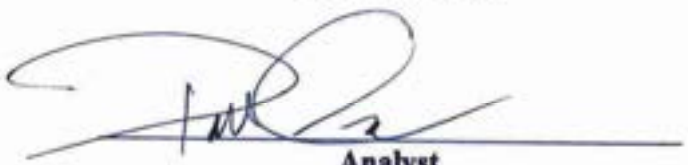
Printer Tests

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
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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 PAMLICO Instrument Location PAMLICO COUNTY DETENTION CENTER

Instrument Serial No. 008640

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 MAY, 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

282950
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

PAMLICO COUNTY DETENTION CENTER 680

Serial Number: *008640*
Test Date: *05/14/2026*

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: *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	12:50pm
AIR BLK	.00	12:51pm
ACCY CHK	.08	12:52pm
AIR BLK	.00	12:53pm
SUB TEST	**.00**	**12:53pm**
AIR BLK	.00	12:54pm
SUB TEST	**.00**	**12:56pm**
AIR BLK	.00	12:57pm

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
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Intox EC/IR-II: Preventive Maintenance

PAMLICO COUNTY DETENTION CENTER 680

Serial Number: *008640* Test Record Number: *1756*
Test Date: *05/14/2026* Test Time: *12:57pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:57pm
FLO	Pass	12:57pm
FC	Pass	12:57pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:58pm
SRC	Pass	12:58pm
DET	Pass	12:58pm
BAR	Pass	12:58pm
BT	Pass	12:58pm

Blank Tests

Test	Status	Time
AIR	Pass	12:58pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:58pm

CRC Tests

Test	Status	Time
COMP	Pass	12:58pm
CAL	Pass	12:58pm

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
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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 Pasquotank Instrument Location Pasquotank Co. Public Safety Bldg.

Instrument Serial No. 008950 200 E. Colonial Ave.
Elizabeth 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 28th day of May, 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 A. Campbell — 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

PASQUOTANK COUNTY PUBLIC SAFETY BLDG
690

Serial Number: *008950*
Test Date: *05/28/2026*

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: *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	12:22pm
AIR BLK	.00	12:23pm
ACCY CHK	.07	12:23pm
AIR BLK	.00	12:24pm
SUB TEST	**.00**	**12:25pm**
AIR BLK	.00	12:26pm
SUB TEST	**.00**	**12:27pm**
AIR BLK	.00	12:28pm

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
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Intox EC/IR-II: Preventive Maintenance

PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690

Serial Number: *008950* Test Record Number: *2280*
Test Date: *05/28/2026* Test Time: *12:29pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:29pm
FLO	Pass	12:29pm
FC	Pass	12:29pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:29pm
SRC	Pass	12:29pm
DET	Pass	12:29pm
BAR	Pass	12:29pm
BT	Pass	12:29pm

Blank Tests

Test	Status	Time
AIR	Pass	12:30pm

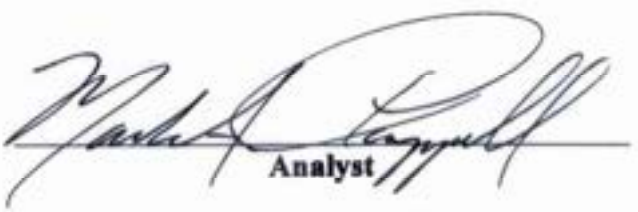
Printer Tests

Test	Status	Time
PRNT	Pass	12:30pm

CRC Tests

Test	Status	Time
COMP	Pass	12:30pm
CAL	Pass	12:30pm

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
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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 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 23rd day of May, 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

PENDER COUNTY BAT MOBILE UNIT 9 700

Serial Number: *008575*
Test Date: *05/23/2026*

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: *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	2:51pm
AIR BLK	.00	2:52pm
ACCY CHK	.08	2:52pm
AIR BLK	.00	2:53pm
SUB TEST	**.00**	**2:54pm**
AIR BLK	.00	2:54pm
SUB TEST	**.00**	**2:56pm**
AIR BLK	.00	2:57pm

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
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Intox EC/IR-II: Preventive Maintenance

PENDER COUNTY BAT MOBILE UNIT 9 700

Serial Number: *008575* Test Record Number: *1592*
Test Date: *05/23/2026* Test Time: *2:58pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:58pm
FLO	Pass	2:58pm
FC	Pass	2:58pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:58pm
SRC	Pass	2:58pm
DET	Pass	2:58pm
BAR	Pass	2:58pm
BT	Pass	2:58pm

Blank Tests

Test	Status	Time
AIR	Pass	2:59pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:59pm

CRC Tests

Test	Status	Time
COMP	Pass	2:59pm
CAL	Pass	2:59pm

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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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 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 23rd day of May, 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

PENDER COUNTY BAT MOBILE UNIT 9 700

Serial Number: *008616*
Test Date: *05/23/2026*

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: *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	2:50pm
AIR BLK	.00	2:51pm
ACCY CHK	.07	2:51pm
AIR BLK	.00	2:52pm
SUB TEST	**.00**	**2:53pm**
AIR BLK	.00	2:54pm
SUB TEST	**.00**	**2:56pm**
AIR BLK	.00	2:57pm

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
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Intox EC/IR-II: Preventive Maintenance

PENDER COUNTY BAT MOBILE UNIT 9 700

Serial Number: *008616* Test Record Number: *3003*
Test Date: *05/23/2026* Test Time: *2:57pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:58pm
FLO	Pass	2:58pm
FC	Pass	2:58pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:58pm
SRC	Pass	2:58pm
DET	Pass	2:58pm
BAR	Pass	2:58pm
BT	Pass	2:58pm

Blank Tests

Test	Status	Time
AIR	Pass	2:59pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:59pm

CRC Tests

Test	Status	Time
COMP	Pass	2:59pm
CAL	Pass	2:59pm

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
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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 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 29th day of May, 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

PENDER COUNTY BAT MOBILE UNIT 9 700

Serial Number: *008647*
Test Date: *05/23/2026*

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: *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	2:53pm
AIR BLK	.00	2:54pm
ACCY CHK	.07	2:55pm
AIR BLK	.00	2:56pm
SUB TEST	**.00**	**2:56pm**
AIR BLK	.00	2:57pm
SUB TEST	**.00**	**2:59pm**
AIR BLK	.00	3:00pm

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
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Intox EC/IR-II: Preventive Maintenance

PENDER COUNTY BAT MOBILE UNIT 9 700

Serial Number: *008647* Test Record Number: *2978*
Test Date: *05/23/2026* Test Time: *3:00pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:01pm
FLO	Pass	3:01pm
FC	Pass	3:01pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:01pm
SRC	Pass	3:01pm
DET	Pass	3:01pm
BAR	Pass	3:01pm
BT	Pass	3:01pm

Blank Tests

Test	Status	Time
AIR	Pass	3:02pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:02pm

CRC Tests

Test	Status	Time
COMP	Pass	3:02pm
CAL	Pass	3:02pm

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
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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 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 23rd day of May, 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

PENDER COUNTY BAT MOBILE UNIT 9 700

Serial Number: *008704*
Test Date: *05/23/2026*

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: *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	2:52pm
AIR BLK	.00	2:53pm
ACCY CHK	.07	2:54pm
AIR BLK	.00	2:54pm
SUB TEST	**.00**	**2:55pm**
AIR BLK	.00	2:56pm
SUB TEST	**.00**	**2:58pm**
AIR BLK	.00	2:59pm

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

PENDER COUNTY BAT MOBILE UNIT 9 700

Serial Number: *008704* Test Record Number: *1029*
Test Date: *05/23/2026* Test Time: *3:01pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:01pm
FLO	Pass	3:01pm
FC	Pass	3:01pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:01pm
SRC	Pass	3:01pm
DET	Pass	3:01pm
BAR	Pass	3:01pm
BT	Pass	3:01pm

Blank Tests

Test	Status	Time
AIR	Pass	3:02pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:02pm

CRC Tests

Test	Status	Time
COMP	Pass	3:02pm
CAL	Pass	3:02pm

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
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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 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 23rd day of May, 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

PENDER COUNTY BAT MOBILE UNIT 9 700

Serial Number: *008826*
Test Date: *05/23/2026*

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: *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	2:51pm
AIR BLK	.00	2:52pm
ACCY CHK	.07	2:53pm
AIR BLK	.00	2:54pm
SUB TEST	**.00**	**2:54pm**
AIR BLK	.00	2:55pm
SUB TEST	**.00**	**2:57pm**
AIR BLK	.00	2:58pm

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
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Intox EC/IR-II: Preventive Maintenance

PENDER COUNTY BAT MOBILE UNIT 9 700

Serial Number: *008826* Test Record Number: *8665*
Test Date: *05/23/2026* Test Time: *2:58pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:59pm
FLO	Pass	2:59pm
FC	Pass	2:59pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:59pm
SRC	Pass	2:59pm
DET	Pass	2:59pm
BAR	Pass	2:59pm
BT	Pass	2:59pm

Blank Tests

Test	Status	Time
AIR	Pass	3:00pm

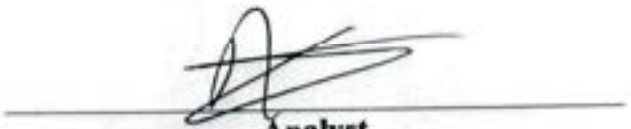
Printer Tests

Test	Status	Time
PRNT	Pass	3:00pm

CRC Tests

Test	Status	Time
COMP	Pass	3:00pm
CAL	Pass	3:00pm

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
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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 PERSON 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 29th day of May, 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

PERSON COUNTY BAT MOBILE UNIT 12 720

Serial Number: *008601*
Test Date: *05/29/2026*

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	10:00pm
AIR BLK	.00	10:01pm
ACCY CHK	.07	10:01pm
AIR BLK	.00	10:02pm
SUB TEST	**.00**	**10:03pm**
AIR BLK	.00	10:04pm
SUB TEST	**.00**	**10:05pm**
AIR BLK	.00	10:06pm

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
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Intox EC/IR-II: Preventive Maintenance

PERSON COUNTY BAT MOBILE UNIT 12 720

Serial Number: *008601* Test Record Number: *1942*
Test Date: *05/29/2026* Test Time: *10:07pm EDT*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:08pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:08pm

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
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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 Person 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 29th day of May, 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

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

PERSON COUNTY BAT MOBILE UNIT 12 720

Serial Number: *008698*
Test Date: *05/29/2026*

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	10:12pm
AIR BLK	.00	10:13pm
ACCY CHK	.08	10:14pm
AIR BLK	.00	10:14pm
SUB TEST	**.00**	**10:15pm**
AIR BLK	.00	10:16pm
SUB TEST	**.00**	**10:19pm**
AIR BLK	.00	10:20pm

Reported Average .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
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Intox EC/IR-II: Preventive Maintenance

PERSON COUNTY BAT MOBILE UNIT 12 720

Serial Number: *008698* Test Record Number: *2776*
Test Date: *05/29/2026* Test Time: *10:21pm 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

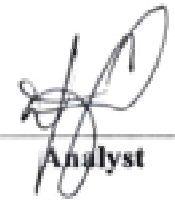
Printer Tests

Test	Status	Time
PRNT	Pass	10:23pm

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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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 Person 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 29th day of May, 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

PERSON COUNTY BAT MOBILE UNIT 12 720

Serial Number: *008788*
Test Date: *05/29/2026*

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	10:27pm
AIR BLK	.00	10:28pm
ACCY CHK	.07	10:28pm
AIR BLK	.00	10:29pm
SUB TEST	**.00**	**10:30pm**
AIR BLK	.00	10:31pm
SUB TEST	**.00**	**10:32pm**
AIR BLK	.00	10:33pm

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
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Intox EC/IR-II: Preventive Maintenance

PERSON COUNTY BAT MOBILE UNIT 12 720

Serial Number: *008788* Test Record Number: *2559*
Test Date: *05/29/2026* Test Time: *10:34pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:34pm
FLO	Pass	10:34pm
FC	Pass	10:34pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:34pm
SRC	Pass	10:34pm
DET	Pass	10:34pm
BAR	Pass	10:34pm
BT	Pass	10:34pm

Blank Tests

Test	Status	Time
AIR	Pass	10:35pm

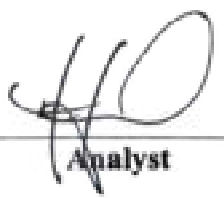
Printer Tests

Test	Status	Time
PRNT	Pass	10:35pm

CRC Tests

Test	Status	Time
COMP	Pass	10:35pm
CAL	Pass	10:35pm

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
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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 Randolph 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 1st day of May, 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

RANDOLPH COUNTY BAT MOBILE UNIT 7 750

Serial Number: *008002*
Test Date: *05/01/2026*

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: *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	10:25pm
AIR BLK	.00	10:26pm
ACCY CHK	.08	10:27pm
AIR BLK	.00	10:28pm
SUB TEST	**.00**	**10:29pm**
AIR BLK	.00	10:30pm
SUB TEST	**.00**	**10:31pm**
AIR BLK	.00	10:32pm

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
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Intox EC/IR-II: Preventive Maintenance

RANDOLPH COUNTY BAT MOBILE UNIT 7 750

Serial Number: *008002* Test Record Number: *897*
Test Date: *05/01/2026* Test Time: *10:36pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:36pm
FLO	Pass	10:36pm
FC	Pass	10:37pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:37pm
SRC	Pass	10:37pm
DET	Pass	10:37pm
BAR	Pass	10:37pm
BT	Pass	10:37pm

Blank Tests

Test	Status	Time
AIR	Pass	10:37pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:37pm

CRC Tests

Test	Status	Time
COMP	Pass	10:37pm
CAL	Pass	10:37pm

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
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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 Randolph Instrument Location BAT Mobile Unit 7

Instrument Serial No. 008968

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 May, 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

RANDOLPH COUNTY BAT MOBILE UNIT 7 750

Serial Number: *008968*
Test Date: *05/01/2026*

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: *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	10:18pm
AIR BLK	.00	10:19pm
ACCY CHK	.08	10:20pm
AIR BLK	.00	10:21pm
SUB TEST	**.00**	**10:21pm**
AIR BLK	.00	10:22pm
SUB TEST	**.00**	**10:24pm**
AIR BLK	.00	10:25pm

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
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Intox EC/IR-II: Preventive Maintenance

RANDOLPH COUNTY BAT MOBILE UNIT 7 750

Serial Number: *008968* Test Record Number: *447*
Test Date: *05/01/2026* Test Time: *10:29pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:29pm
FLO	Pass	10:29pm
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	10:30pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:30pm

CRC Tests

Test	Status	Time
COMP	Pass	10:31pm
CAL	Pass	10:31pm

Preventive Maintenance
Status: Pass

John Ravier
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 Randolph 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 1st day of May, 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.

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

RANDOLPH COUNTY BAT MOBILE UNIT 7 750

Serial Number: *008971*
Test Date: *05/01/2026*

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: *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	10:41pm
AIR BLK	.00	10:42pm
ACCY CHK	.08	10:42pm
AIR BLK	.00	10:43pm
SUB TEST	**.00**	**10:44pm**
AIR BLK	.00	10:45pm
SUB TEST	**.00**	**10:46pm**
AIR BLK	.00	10:47pm

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
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Intox EC/IR-II: Preventive Maintenance

RANDOLPH COUNTY BAT MOBILE UNIT 7 750

Serial Number: *008971* Test Record Number: *406*
Test Date: *05/01/2026* Test Time: *10:49pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:50pm
FLO	Pass	10:50pm
FC	Pass	10:50pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:50pm
SRC	Pass	10:50pm
DET	Pass	10:50pm
BAR	Pass	10:50pm
BT	Pass	10:50pm

Blank Tests

Test	Status	Time
AIR	Pass	10:50pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:51pm

CRC Tests

Test	Status	Time
COMP	Pass	10:51pm
CAL	Pass	10:51pm

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 Randolph 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 1st day of May, 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.

J M 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

RANDOLPH COUNTY BAT MOBILE UNIT 7 750

Serial Number: *008972*
Test Date: *05/01/2026*

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: *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	10:22pm
AIR BLK	.00	10:23pm
ACCY CHK	.08	10:24pm
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

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
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Intox EC/IR-II: Preventive Maintenance

RANDOLPH COUNTY BAT MOBILE UNIT 7 750

Serial Number: *008972* Test Record Number: *469*
Test Date: *05/01/2026* Test Time: *10:29pm 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

John Lanier

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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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. 008701 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 11 day of MAY, 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

23977

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

RICHMOND COUNTY MAGISTRATE'S OFFICE
760

Serial Number: *008701*
Test Date: *05/11/2026*

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: *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	11:45am
AIR BLK	.00	11:46am
ACCY CHK	.07	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
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Intox EC/IR-II: Preventive Maintenance

RICHMOND COUNTY MAGISTRATE'S OFFICE 760

Serial Number: *008701* Test Record Number: *1654*
Test Date: *05/11/2026* Test Time: *11:54am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:54am
FLO	Pass	11:54am
FC	Pass	11:54am

Temperature Tests

Test	Status	Time
FC1	Pass	11:54am
SRC	Pass	11:54am
DET	Pass	11:54am
BAR	Pass	11:54am
BT	Pass	11:54am

Blank Tests

Test	Status	Time
AIR	Pass	11:55am

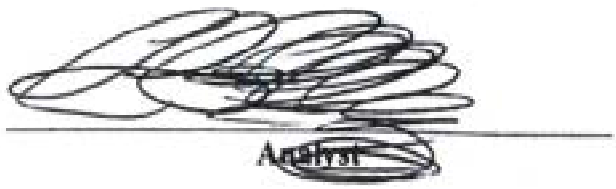
Printer Tests

Test	Status	Time
PRNT	Pass	11:55am

CRC Tests

Test	Status	Time
COMP	Pass	11:55am
CAL	Pass	11:55am

Preventive Maintenance
Status: Pass



This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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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 11 day of MAY, 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

RICHMOND COUNTY MAGISTRATE'S OFFICE
760

Serial Number: *008840*
Test Date: *05/11/2026*

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: *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	11:44am
AIR BLK	.00	11:45am
ACCY CHK	.08	11:46am
AIR BLK	.00	11:47am
SUB TEST	**.00**	**11:48am**
AIR BLK	.00	11:49am
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
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Intox EC/IR-II: Preventive Maintenance

RICHMOND COUNTY MAGISTRATE'S OFFICE 760

Serial Number: *008840* Test Record Number: *3398*
Test Date: *05/11/2026* Test Time: *11:52am 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	11:53am

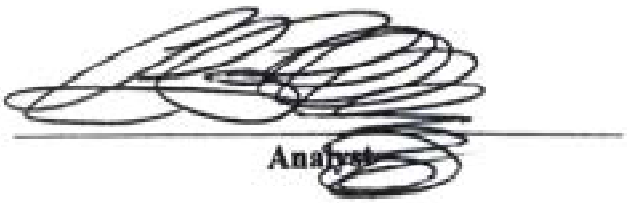
Printer Tests

Test	Status	Time
PRNT	Pass	11:53am

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
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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 13th day of May, 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: *008575*
Test Date: *05/13/2026*

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: *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	1:37pm
AIR BLK	.00	1:38pm
ACCY CHK	.08	1:38pm
AIR BLK	.00	1:39pm
SUB TEST	**.00**	**1:40pm**
AIR BLK	.00	1:41pm
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
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Intox EC/IR-II: Preventive Maintenance

ROBESON COUNTY BAT MOBILE UNIT 9 770

Serial Number: *008575* Test Record Number: *1582*
Test Date: *05/13/2026* Test Time: *1:44pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:44pm
FLO	Pass	1:44pm
FC	Pass	1:45pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:45pm
SRC	Pass	1:45pm
DET	Pass	1:45pm
BAR	Pass	1:45pm
BT	Pass	1:45pm

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	1:46pm
CAL	Pass	1:46pm

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 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 21st day of May, 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: *05/21/2026*

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: *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	7:29pm
AIR BLK	.00	7:30pm
ACCY CHK	.08	7:30pm
AIR BLK	.00	7:31pm
SUB TEST	**.00**	**7:32pm**
AIR BLK	.00	7:33pm
SUB TEST	**.00**	**7:34pm**
AIR BLK	.00	7:35pm

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
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Intox EC/IR-II: Preventive Maintenance

ROBESON COUNTY BAT MOBILE UNIT 9 770

Serial Number: *008575* Test Record Number: *1588*
Test Date: *05/21/2026* Test Time: *7:36pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	7:36pm
FLO	Pass	7:36pm
FC	Pass	7:36pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:37pm
SRC	Pass	7:37pm
DET	Pass	7:37pm
BAR	Pass	7:37pm
BT	Pass	7:37pm

Blank Tests

Test	Status	Time
AIR	Pass	7:37pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:37pm

CRC Tests

Test	Status	Time
COMP	Pass	7:37pm
CAL	Pass	7:37pm

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
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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 28th day of May, 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: *008575*
Test Date: *05/28/2026*

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	7:59pm
AIR BLK	.00	8:00pm
ACCY CHK	.08	8:01pm
AIR BLK	.00	8:01pm
SUB TEST	**.00**	**8:02pm**
AIR BLK	.00	8:03pm
SUB TEST	**.00**	**8:04pm**
AIR BLK	.00	8:05pm

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
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Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

ROBESON COUNTY BAT MOBILE UNIT 9 770

Serial Number: *008575* Test Record Number: *1598*
Test Date: *05/28/2026* Test Time: *8:06pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:07pm
FLO	Pass	8:07pm
FC	Pass	8:07pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:07pm
SRC	Pass	8:07pm
DET	Pass	8:07pm
BAR	Pass	8:07pm
BT	Pass	8:07pm

Blank Tests

Test	Status	Time
AIR	Pass	8:07pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:07pm

CRC Tests

Test	Status	Time
COMP	Pass	8:08pm
CAL	Pass	8:08pm

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 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 13th day of May, 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: *008616*
Test Date: *05/13/2026*

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: *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	1:36pm
AIR BLK	.00	1:37pm
ACCY CHK	.08	1:37pm
AIR BLK	.00	1:38pm
SUB TEST	**.00**	**1:40pm**
AIR BLK	.00	1:41pm
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
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Intox EC/IR-II: Preventive Maintenance

ROBESON COUNTY BAT MOBILE UNIT 9 770

Serial Number: *008616* Test Record Number: *2994*
Test Date: *05/13/2026* Test Time: *1:44pm 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 Robeson Instrument Location BAT Mobile Unit 9

Instrument Serial No. 00 8616

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 May, 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: *008616*
Test Date: *05/21/2026*

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: *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	7:28pm
AIR BLK	.00	7:29pm
ACCY CHK	.08	7:30pm
AIR BLK	.00	7:31pm
SUB TEST	**.00**	**7:32pm**
AIR BLK	.00	7:33pm
SUB TEST	**.00**	**7:34pm**
AIR BLK	.00	7:35pm

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

ROBESON COUNTY BAT MOBILE UNIT 9 770

Serial Number: *008616* Test Record Number: *2998*
Test Date: *05/21/2026* Test Time: *7:36pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	7:36pm
FLO	Pass	7:36pm
FC	Pass	7:36pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:36pm
SRC	Pass	7:36pm
DET	Pass	7:36pm
BAR	Pass	7:36pm
BT	Pass	7:36pm

Blank Tests

Test	Status	Time
AIR	Pass	7:37pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:37pm

CRC Tests

Test	Status	Time
COMP	Pass	7:37pm
CAL	Pass	7:37pm

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 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 28th day of May, 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: *008616*
Test Date: *05/28/2026*

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	7:58pm
AIR BLK	.00	7:59pm
ACCY CHK	.08	8:00pm
AIR BLK	.00	8:01pm
SUB TEST	**.00**	**8:02pm**
AIR BLK	.00	8:03pm
SUB TEST	**.00**	**8:04pm**
AIR BLK	.00	8:05pm

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
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Intox EC/IR-II: Preventive Maintenance

ROBESON COUNTY BAT MOBILE UNIT 9 770

Serial Number: *008616* Test Record Number: *3010*
Test Date: *05/28/2026* Test Time: *8:06pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:06pm
FLO	Pass	8:06pm
FC	Pass	8:06pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:06pm
SRC	Pass	8:06pm
DET	Pass	8:06pm
BAR	Pass	8:06pm
BT	Pass	8:06pm

Blank Tests

Test	Status	Time
AIR	Pass	8:07pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:07pm

CRC Tests

Test	Status	Time
COMP	Pass	8:07pm
CAL	Pass	8:07pm

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 Robeson Instrument Location BAT Mobile Unit 9

Instrument Serial No. 00 8647

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 13th day of May, 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: *008647*
Test Date: *05/13/2026*

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: *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	1:39pm
AIR BLK	.00	1:40pm
ACCY CHK	.08	1:41pm
AIR BLK	.00	1:42pm
SUB TEST	**.00**	**1:42pm**
AIR BLK	.00	1:43pm
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

ROBESON COUNTY BAT MOBILE UNIT 9 770

Serial Number: *008647* Test Record Number: *2970*
Test Date: *05/13/2026* 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	1:47pm
SRC	Pass	1:47pm
DET	Pass	1:47pm
BAR	Pass	1:47pm
BT	Pass	1:47pm

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 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 21st day of May, 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: *008647*
Test Date: *05/21/2026*

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: *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	7:32pm
AIR BLK	.00	7:33pm
ACCY CHK	.07	7:33pm
AIR BLK	.00	7:34pm
SUB TEST	**.00**	**7:35pm**
AIR BLK	.00	7:36pm
SUB TEST	**.00**	**7:37pm**
AIR BLK	.00	7:38pm

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
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Intox EC/IR-II: Preventive Maintenance

ROBESON COUNTY BAT MOBILE UNIT 9 770

Serial Number: *008647* Test Record Number: *2974*
Test Date: *05/21/2026* Test Time: *7:39pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	7:39pm
FLO	Pass	7:39pm
FC	Pass	7:39pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:39pm
SRC	Pass	7:39pm
DET	Pass	7:39pm
BAR	Pass	7:39pm
BT	Pass	7:39pm

Blank Tests

Test	Status	Time
AIR	Pass	7:40pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:40pm

CRC Tests

Test	Status	Time
COMP	Pass	7:40pm
CAL	Pass	7:40pm

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 28th day of May, 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: *008647*
Test Date: *05/28/2026*

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	8:02pm
AIR BLK	.00	8:03pm
ACCY CHK	.07	8:03pm
AIR BLK	.00	8:04pm
SUB TEST	**.00**	**8:05pm**
AIR BLK	.00	8:06pm
SUB TEST	**.00**	**8:07pm**
AIR BLK	.00	8:08pm

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
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Intox EC/IR-II: Preventive Maintenance

ROBESON COUNTY BAT MOBILE UNIT 9 770

Serial Number: *008647* Test Record Number: *2984*
Test Date: *05/28/2026* Test Time: *8:09pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:09pm
FLO	Pass	8:09pm
FC	Pass	8:09pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:09pm
SRC	Pass	8:09pm
DET	Pass	8:09pm
BAR	Pass	8:09pm
BT	Pass	8:09pm

Blank Tests

Test	Status	Time
AIR	Pass	8:10pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:10pm

CRC Tests

Test	Status	Time
COMP	Pass	8:10pm
CAL	Pass	8:10pm

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
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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. 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 13th day of May, 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.

Intox EC/IR-II: Subject Test

ROBESON COUNTY BAT MOBILE UNIT 9 770

Serial Number: *008704*
Test Date: *05/13/2026*

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: *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	1:38pm
AIR BLK	.00	1:39pm
ACCY CHK	.07	1:40pm
AIR BLK	.00	1:41pm
SUB TEST	**.00**	**1:41pm**
AIR BLK	.00	1:42pm
SUB TEST	**.00**	**1:44pm**
AIR BLK	.00	1:44pm

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

ROBESON COUNTY BAT MOBILE UNIT 9 770

Serial Number: *008704* Test Record Number: *1021*
Test Date: *05/13/2026* 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	1:47pm
SRC	Pass	1:47pm
DET	Pass	1:47pm
BAR	Pass	1:47pm
BT	Pass	1:47pm

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 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 21st day of May, 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: *05/21/2026*

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: *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	7:30pm
AIR BLK	.00	7:31pm
ACCY CHK	.07	7:32pm
AIR BLK	.00	7:33pm
SUB TEST	**.00**	**7:33pm**
AIR BLK	.00	7:34pm
SUB TEST	**.00**	**7:36pm**
AIR BLK	.00	7:37pm

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

ROBESON COUNTY BAT MOBILE UNIT 9 770

Serial Number: *008704* Test Record Number: *1025*
Test Date: *05/21/2026* Test Time: *7:37pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	7:38pm
FLO	Pass	7:38pm
FC	Pass	7:38pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:38pm
SRC	Pass	7:38pm
DET	Pass	7:38pm
BAR	Pass	7:38pm
BT	Pass	7:38pm

Blank Tests

Test	Status	Time
AIR	Pass	7:39pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:39pm

CRC Tests

Test	Status	Time
COMP	Pass	7:39pm
CAL	Pass	7:39pm

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 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 28th day of May, 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: *05/28/2026*

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	8:00pm
AIR BLK	.00	8:01pm
ACCY CHK	.07	8:02pm
AIR BLK	.00	8:03pm
SUB TEST	**.00**	**8:03pm**
AIR BLK	.00	8:04pm
SUB TEST	**.00**	**8:06pm**
AIR BLK	.00	8:07pm

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
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Intox EC/IR-II: Preventive Maintenance

ROBESON COUNTY BAT MOBILE UNIT 9 770

Serial Number: *008704* Test Record Number: *1035*
Test Date: *05/28/2026* Test Time: *8:07pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:08pm
FLO	Pass	8:08pm
FC	Pass	8:08pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:08pm
SRC	Pass	8:08pm
DET	Pass	8:08pm
BAR	Pass	8:08pm
BT	Pass	8:08pm

Blank Tests

Test	Status	Time
AIR	Pass	8:08pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:08pm

CRC Tests

Test	Status	Time
COMP	Pass	8:09pm
CAL	Pass	8:09pm

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 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 13th day of May, 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.

Intox EC/IR-II: Subject Test

ROBESON COUNTY BAT MOBILE UNIT 9 770

Serial Number: *008826*
Test Date: *05/13/2026*

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: *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	1:38pm
AIR BLK	.00	1:39pm
ACCY CHK	.07	1:39pm
AIR BLK	.00	1:40pm
SUB TEST	**.00**	**1:40pm**
AIR BLK	.00	1:41pm
SUB TEST	**.00**	**1:43pm**
AIR BLK	.00	1:44pm

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
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Intox EC/IR-II: Preventive Maintenance

ROBESON COUNTY BAT MOBILE UNIT 9 770

Serial Number: *008826* Test Record Number: *8657*
Test Date: *05/13/2026* Test Time: *1:45pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:45pm
FLO	Pass	1:45pm
FC	Pass	1:45pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:45pm
SRC	Pass	1:45pm
DET	Pass	1:45pm
BAR	Pass	1:45pm
BT	Pass	1:45pm

Blank Tests

Test	Status	Time
AIR	Pass	1:46pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:46pm

CRC Tests

Test	Status	Time
COMP	Pass	1:46pm
CAL	Pass	1:46pm

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
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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 21st day of May, 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: *05/21/2026*

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: *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	7:30pm
AIR BLK	.00	7:31pm
ACCY CHK	.07	7:31pm
AIR BLK	.00	7:32pm
SUB TEST	**.00**	**7:33pm**
AIR BLK	.00	7:34pm
SUB TEST	**.00**	**7:35pm**
AIR BLK	.00	7:36pm

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
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Intox EC/IR-II: Preventive Maintenance

ROBESON COUNTY BAT MOBILE UNIT 9 770

Serial Number: *008826* Test Record Number: *8661*
Test Date: *05/21/2026* Test Time: *7:37pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	7:37pm
FLO	Pass	7:37pm
FC	Pass	7:37pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:37pm
SRC	Pass	7:37pm
DET	Pass	7:37pm
BAR	Pass	7:37pm
BT	Pass	7:37pm

Blank Tests

Test	Status	Time
AIR	Pass	7:38pm

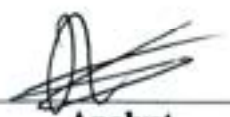
Printer Tests

Test	Status	Time
PRNT	Pass	7:38pm

CRC Tests

Test	Status	Time
COMP	Pass	7:38pm
CAL	Pass	7:38pm

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 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 28th day of May, 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: *008826*
Test Date: *05/28/2026*

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	8:00pm
AIR BLK	.00	8:01pm
ACCY CHK	.07	8:01pm
AIR BLK	.00	8:02pm
SUB TEST	**.00**	**8:03pm**
AIR BLK	.00	8:04pm
SUB TEST	**.00**	**8:05pm**
AIR BLK	.00	8:06pm

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: *8671*
Test Date: *05/28/2026* Test Time: *8:07pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:07pm
FLO	Pass	8:07pm
FC	Pass	8:07pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:07pm
SRC	Pass	8:07pm
DET	Pass	8:07pm
BAR	Pass	8:07pm
BT	Pass	8:07pm

Blank Tests

Test	Status	Time
AIR	Pass	8:08pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:08pm

CRC Tests

Test	Status	Time
COMP	Pass	8:08pm
CAL	Pass	8:08pm

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 Robeson Instrument Location Robeson County Detention Center

Instrument Serial No. 008863

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 May, 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

ROBESON COUNTY DETENTION CENTER 770

Serial Number: *008863*
Test Date: *05/06/2026*

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: *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: AG602203
Exp Date: 01/22/2028

Test	g/210L	Time
DIAG	Pass	12:57pm
AIR BLK	.00	12:57pm
ACCY CHK	.07	12:58pm
AIR BLK	.00	12:59pm
SUB TEST	**.00**	**1:00pm**
AIR BLK	.00	1:01pm
SUB TEST	**.00**	**1:03pm**
AIR BLK	.00	1:04pm

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

ROBESON COUNTY DETENTION CENTER 770

Serial Number: *008863* Test Record Number: *1195*
Test Date: *05/06/2026* Test Time: *1:05pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:05pm
FLO	Pass	1:05pm
FC	Pass	1:05pm

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	1:06pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:06pm

CRC Tests

Test	Status	Time
COMP	Pass	1:06pm
CAL	Pass	1:06pm

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 ROCKINGHAM Instrument Location REIDSVILLE POLICE DEPARTMENT

Instrument Serial No. 008784

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 15TH day of MAY, 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

ROCKINGHAM COUNTY REIDSVILLE PD 780

Serial Number: *008784*
Test Date: *05/15/2026*

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: AG602102
Exp Date: 01/21/2028

Test	g/210L	Time
DIAG	Pass	11:54am
AIR BLK	.00	11:54am
ACCY CHK	.08	11:55am
AIR BLK	.00	11:56am
SUB TEST	**.00**	**11:57am**
AIR BLK	.00	11:58am
SUB TEST	**.00**	**12:00pm**
AIR BLK	.00	12:01pm

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
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Intox EC/IR-II: Preventive Maintenance

ROCKINGHAM COUNTY REIDSVILLE PD 780

Serial Number: *008784* Test Record Number: *1684*
Test Date: *05/15/2026* Test Time: *12:02pm 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	12:03pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:03pm

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 ROCKINGHAM Instrument Location MADISON POLICE DEPARTMENT

Instrument Serial No. 008802

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 15TH day of MAY, 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

ROCKINGHAM COUNTY MADISON PD 780

Serial Number: *008802*
Test Date: *05/15/2026*

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: AG431003
Exp Date: 11/05/2026

Test	g/210L	Time
DIAG	Pass	10:30am
AIR BLK	.00	10:30am
ACCY CHK	.08	10:31am
AIR BLK	.00	10:32am
SUB TEST	**.00**	**10:33am**
AIR BLK	.00	10:34am
SUB TEST	**.00**	**10:35am**
AIR BLK	.00	10:36am

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
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Intox EC/IR-II: Preventive Maintenance

ROCKINGHAM COUNTY MADISON PD 780

Serial Number: *008802* Test Record Number: *1154*
Test Date: *05/15/2026* Test Time: *10:37am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:37am
FLO	Pass	10:37am
FC	Pass	10:37am

Temperature Tests

Test	Status	Time
FC1	Pass	10:37am
SRC	Pass	10:37am
DET	Pass	10:37am
BAR	Pass	10:37am
BT	Pass	10:37am

Blank Tests

Test	Status	Time
AIR	Pass	10:38am

Printer Tests

Test	Status	Time
PRNT	Pass	10:38am

CRC Tests

Test	Status	Time
COMP	Pass	10:38am
CAL	Pass	10:38am

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
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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 Rowan 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 30 day of May, 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

ROWAN COUNTY BAT MOBILE UNIT 8 790

Serial Number: *008615*
Test Date: *05/30/2026*

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: *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	7:23pm
AIR BLK	.00	7:24pm
ACCY CHK	.07	7:25pm
AIR BLK	.00	7:26pm
SUB TEST	**.00**	**7:26pm**
AIR BLK	.00	7:27pm
SUB TEST	**.00**	**7:29pm**
AIR BLK	.00	7:30pm

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
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Intox EC/IR-II: Preventive Maintenance

ROWAN COUNTY BAT MOBILE UNIT 8 790

Serial Number: *008615* Test Record Number: *6324*
Test Date: *05/30/2026* Test Time: *7:31pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	7:31pm
FLO	Pass	7:31pm
FC	Pass	7:31pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:31pm
SRC	Pass	7:31pm
DET	Pass	7:31pm
BAR	Pass	7:31pm
BT	Pass	7:31pm

Blank Tests

Test	Status	Time
AIR	Pass	7:32pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:32pm

CRC Tests

Test	Status	Time
COMP	Pass	7:32pm
CAL	Pass	7:32pm

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
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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 Rowan 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 30 day of May, 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

ROWAN COUNTY BAT MOBILE UNIT 8 790

Serial Number: *008736*
Test Date: *05/30/2026*

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: *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	7:23pm
AIR BLK	.00	7:24pm
ACCY CHK	.07	7:25pm
AIR BLK	.00	7:26pm
SUB TEST	**.00**	**7:26pm**
AIR BLK	.00	7:27pm
SUB TEST	**.00**	**7:29pm**
AIR BLK	.00	7:30pm

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
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Intox EC/IR-II: Preventive Maintenance

ROWAN COUNTY BAT MOBILE UNIT 8 790

Serial Number: *008736* Test Record Number: *1680*
Test Date: *05/30/2026* 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
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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 Rowan 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 30 day of May, 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)

ROWAN COUNTY BAT MOBILE UNIT 8 790

Serial Number: *008775*
Test Date: *05/30/2026*

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: *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	7:24pm
AIR BLK	.00	7:25pm
ACCY CHK	.08	7:26pm
AIR BLK	.00	7:26pm
SUB TEST	**.00**	**7:27pm**
AIR BLK	.00	7:28pm
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
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Intox EC/IR-II: Preventive Maintenance

ROWAN COUNTY BAT MOBILE UNIT 8 790

Serial Number: *008775* Test Record Number: *2529*
Test Date: *05/30/2026* Test Time: *7:31pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	7:31pm
FLO	Pass	7:31pm
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	7:32pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:32pm

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
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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 Rowan 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 30 day of May 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

ROWAN COUNTY BAT MOBILE UNIT 8 790

Serial Number: *008816*
Test Date: *05/30/2026*

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: *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	7:25pm
AIR BLK	.00	7:26pm
ACCY CHK	.07	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
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Intox EC/IR-II: Preventive Maintenance

ROWAN COUNTY BAT MOBILE UNIT 8 790

Serial Number: *008816* Test Record Number: *8109*
Test Date: *05/30/2026* 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
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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 Rowan 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 30 day of May, 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

ROWAN COUNTY BAT MOBILE UNIT 8 790

Serial Number: *008929*
Test Date: *05/30/2026*

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: *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	7:30pm
AIR BLK	.00	7:30pm
ACCY CHK	.07	7:31pm
AIR BLK	.00	7:32pm
SUB TEST	**.00**	**7:33pm**
AIR BLK	.00	7:34pm
SUB TEST	**.00**	**7:36pm**
AIR BLK	.00	7:37pm

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
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Intox EC/IR-II: Preventive Maintenance

ROWAN COUNTY BAT MOBILE UNIT 8 790

Serial Number: *008929* Test Record Number: *1816*
Test Date: *05/30/2026* Test Time: *7:37pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	7:37pm
FLO	Pass	7:37pm
FC	Pass	7:38pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:38pm
SRC	Pass	7:38pm
DET	Pass	7:38pm
BAR	Pass	7:38pm
BT	Pass	7:38pm

Blank Tests

Test	Status	Time
AIR	Pass	7:39pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:39pm

CRC Tests

Test	Status	Time
COMP	Pass	7:39pm
CAL	Pass	7:39pm

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
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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 SAMPSON COUNTY

Instrument Serial No. 008825 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 MAY, 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

SAMPSON COUNTY DETENTION CENTER 810

Serial Number: *008825*
Test Date: *05/06/2026*

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	11:21am
AIR BLK	.00	11:22am
ACCY CHK	.08	11:23am
AIR BLK	.00	11:24am
SUB TEST	**.00**	**11:25am**
AIR BLK	.00	11:26am
SUB TEST	**.00**	**11:28am**
AIR BLK	.00	11:29am

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
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Intox EC/IR-II: Preventive Maintenance

SAMPSON COUNTY DETENTION CENTER 810

Serial Number: *008825* Test Record Number: *4374*
Test Date: *05/06/2026* Test Time: *11:30am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:30am
FLO	Pass	11:30am
FC	Pass	11:30am

Temperature Tests

Test	Status	Time
FC1	Pass	11:31am
SRC	Pass	11:31am
DET	Pass	11:31am
BAR	Pass	11:31am
BT	Pass	11:31am

Blank Tests

Test	Status	Time
AIR	Pass	11:31am

Printer Tests

Test	Status	Time
PRNT	Pass	11:31am

CRC Tests

Test	Status	Time
COMP	Pass	11:31am
CAL	Pass	11:31am

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 SAMPSON Instrument Location SAMPSON COUNTY

Instrument Serial No. 008877 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 MAY, 2021 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

SAMPSON COUNTY DETENTION CENTER 810

Serial Number: *008877*
Test Date: *05/06/2026*

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	11:20am
AIR BLK	.00	11:21am
ACCY CHK	.08	11:21am
AIR BLK	.00	11:23am
SUB TEST	**.00**	**11:23am**
AIR BLK	.00	11:24am
SUB TEST	**.00**	**11:26am**
AIR BLK	.00	11:27am

Reported AC: .00 g/210L

Alvin R Barnes
Signature of Chemical Analyst

Court CVR

Alvin R Barnes
Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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Intox EC/IR-II: Preventive Maintenance

SAMPSON COUNTY DETENTION CENTER 810

Serial Number: *008877* Test Record Number: *4345*
Test Date: *05/06/2026* Test Time: *11:29am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:29am
FLO	Pass	11:29am
FC	Pass	11:29am

Temperature Tests

Test	Status	Time
FC1	Pass	11:30am
SRC	Pass	11:30am
DET	Pass	11:30am
BAR	Pass	11:30am
BT	Pass	11:30am

Blank Tests

Test	Status	Time
AIR	Pass	11:30am

Printer Tests

Test	Status	Time
PRNT	Pass	11:30am

CRC Tests

Test	Status	Time
COMP	Pass	11:30am
CAL	Pass	11:30am

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
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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 Scotland Instrument Location Laurinburg Police Department

Instrument Serial No. 008834

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 May, 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

SCOTLAND COUNTY LAURINBURG PD 820

Serial Number: *008834*
Test Date: *05/11/2026*

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: *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	10:59am
AIR BLK	.00	11:00am
ACCY CHK	.07	11:00am
AIR BLK	.00	11:01am
SUB TEST	**.00**	**11:02am**
AIR BLK	.00	11:03am
SUB TEST	**.00**	**11:04am**
AIR BLK	.00	11:05am

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
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Intox EC/IR-II: Preventive Maintenance

SCOTLAND COUNTY LAURINBURG PD 820

Serial Number: *008834* Test Record Number: *1393*
Test Date: *05/11/2026* Test Time: *11:06am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:06am
FLO	Pass	11:06am
FC	Pass	11:06am

Temperature Tests

Test	Status	Time
FC1	Pass	11:06am
SRC	Pass	11:06am
DET	Pass	11:06am
BAR	Pass	11:06am
BT	Pass	11:06am

Blank Tests

Test	Status	Time
AIR	Pass	11:07am

Printer Tests

Test	Status	Time
PRNT	Pass	11:07am

CRC Tests

Test	Status	Time
COMP	Pass	11:07am
CAL	Pass	11:07am

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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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 Scotland Instrument Location Scotland County Sheriffs Office

Instrument Serial No. 008861

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 May, 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

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

SCOTLAND COUNTY SHERIFFS OFFICE 820

Serial Number: *008861*
Test Date: *05/11/2026*

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: *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: AG602203
Exp Date: 01/22/2028

Test	g/210L	Time
DIAG	Pass	10:15am
AIR BLK	.00	10:16am
ACCY CHK	.08	10:17am
AIR BLK	.00	10:18am
SUB TEST	**.00**	**10:19am**
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
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Intox EC/IR-II: Preventive Maintenance

SCOTLAND COUNTY SHERIFFS OFFICE 820

Serial Number: *008861* Test Record Number: *2237*
Test Date: *05/11/2026* Test Time: *10:22am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:23am
FLO	Pass	10:23am
FC	Pass	10:23am

Temperature Tests

Test	Status	Time
FC1	Pass	10:23am
SRC	Pass	10:23am
DET	Pass	10:23am
BAR	Pass	10:23am
BT	Pass	10:23am

Blank Tests

Test	Status	Time
AIR	Pass	10:24am

Printer Tests

Test	Status	Time
PRNT	Pass	10:24am

CRC Tests

Test	Status	Time
COMP	Pass	10:24am
CAL	Pass	10:24am

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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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 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 15th day of May, 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.

Timothy B White
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

STOKES COUNTY BAT MOBILE UNIT 13 840

Serial Number: *008869*
Test Date: *05/15/2026*

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: *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	9:29pm
AIR BLK	.00	9:30pm
ACCY CHK	.08	9:30pm
AIR BLK	.00	9:31pm
SUB TEST	**.00**	**9:32pm**
AIR BLK	.00	9:33pm
SUB TEST	**.00**	**9:35pm**
AIR BLK	.00	9:35pm

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
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Intox EC/IR-II: Preventive Maintenance

STOKES COUNTY BAT MOBILE UNIT 13 840

Serial Number: *008869* Test Record Number: *2200*
Test Date: *05/15/2026* Test Time: *9:36pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:36pm
FLO	Pass	9:36pm
FC	Pass	9:36pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:36pm
SRC	Pass	9:36pm
DET	Pass	9:36pm
BAR	Pass	9:36pm
BT	Pass	9:36pm

Blank Tests

Test	Status	Time
AIR	Pass	9:37pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:37pm

CRC Tests

Test	Status	Time
COMP	Pass	9:37pm
CAL	Pass	9:37pm

Preventive Maintenance
Status: Pass

Tony B Hatton
Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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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 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 15th day of May, 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.

Timothy B White
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

STOKES COUNTY BAT MOBILE UNIT 13 840

Serial Number: *008869*
Test Date: *05/15/2026*

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: *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	9:29pm
AIR BLK	.00	9:30pm
ACCY CHK	.08	9:30pm
AIR BLK	.00	9:31pm
SUB TEST	**.00**	**9:32pm**
AIR BLK	.00	9:33pm
SUB TEST	**.00**	**9:35pm**
AIR BLK	.00	9:35pm

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
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Intox EC/IR-II: Preventive Maintenance

STOKES COUNTY BAT MOBILE UNIT 13 840

Serial Number: *008869* Test Record Number: *2200*
Test Date: *05/15/2026* Test Time: *9:36pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:36pm
FLO	Pass	9:36pm
FC	Pass	9:36pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:36pm
SRC	Pass	9:36pm
DET	Pass	9:36pm
BAR	Pass	9:36pm
BT	Pass	9:36pm

Blank Tests

Test	Status	Time
AIR	Pass	9:37pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:37pm

CRC Tests

Test	Status	Time
COMP	Pass	9:37pm
CAL	Pass	9:37pm

Preventive Maintenance
Status: Pass

Tony B Hatton
Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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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 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 15th day of May, 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.

Timothy B White
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

STOKES COUNTY BAT MOBILE UNIT 13 840

Serial Number: *008898*
Test Date: *05/15/2026*

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: *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	9:13pm
AIR BLK	.00	9:14pm
SUB TEST	**.00**	**9:15pm**
AIR BLK	.00	9:16pm
SUB TEST	**.00**	**9:17pm**
AIR BLK	.00	9:18pm

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
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Intox EC/IR-II: Preventive Maintenance

STOKES COUNTY BAT MOBILE UNIT 13 840

Serial Number: *008898* Test Record Number: *2142*
Test Date: *05/15/2026* Test Time: *9:19pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:19pm
FLO	Pass	9:19pm
FC	Pass	9:19pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:19pm
SRC	Pass	9:19pm
DET	Pass	9:19pm
BAR	Pass	9:19pm
BT	Pass	9:19pm

Blank Tests

Test	Status	Time
AIR	Pass	9:20pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:20pm

CRC Tests

Test	Status	Time
COMP	Pass	9:20pm
CAL	Pass	9:20pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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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 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 15th day of May, 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

STOKES COUNTY BAT MOBILE UNIT 13 840

Serial Number: *008939*
Test Date: *05/15/2026*

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: *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	8:57pm
AIR BLK	.00	8:58pm
ACCY CHK	.07	8:59pm
AIR BLK	.00	9:00pm
SUB TEST	**.00**	**9:00pm**
AIR BLK	.00	9:01pm
SUB TEST	**.00**	**9:03pm**
AIR BLK	.00	9:04pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Maintenance procedures
anch
Services

Intox EC/IR-II: Preventive Maintenance

STOKES COUNTY BAT MOBILE UNIT 13 840

Serial Number: *008939* Test Record Number: *2002*
Test Date: *05/15/2026* 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

Tony Britt
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 Elkin Police Department

Instrument Serial No. 008926

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 May, 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.

Timothy Harbs
Signature of Certifying Official

633175
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 ELKIN PD 850

Serial Number: *008926*
Test Date: *05/28/2026*

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: *Hanks, Timothy S*
Permit Number: *0063-3175*
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	3:47pm
AIR BLK	.00	3:47pm
ACCY CHK	.08	3:48pm
AIR BLK	.00	3:49pm
SUB TEST	**.00**	**3:50pm**
AIR BLK	.00	3:51pm
SUB TEST	**.00**	**3:52pm**
AIR BLK	.00	3:53pm

Reported AC: .00 g/210L

Timothy Hanks
Signature of Chemical Analyst

Court CVR

Timothy Hanks
Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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Intox EC/IR-II: Preventive Maintenance

SURRY COUNTY ELKIN PD 850

Serial Number: *008926* Test Record Number: *1270*
Test Date: *05/28/2026* Test Time: *3:58pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:58pm
FLO	Pass	3:58pm
FC	Pass	3:58pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:58pm
SRC	Pass	3:58pm
DET	Pass	3:58pm
BAR	Pass	3:58pm
BT	Pass	3:58pm

Blank Tests

Test	Status	Time
AIR	Pass	3:59pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:59pm

CRC Tests

Test	Status	Time
COMP	Pass	3:59pm
CAL	Pass	3:59pm

Preventive Maintenance
Status: Pass

Timothy Hanks
Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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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 Surry County Jail

Instrument Serial No. 008934 Dobson, 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 28th day of May, 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.

Timothy Hanks
Signature of Certifying Official

633175
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 SURRY CO JAIL 850

Serial Number: *008934*
Test Date: *05/28/2026*

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: *Hanks, Timothy S*
Permit Number: *0063-3175*
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	2:32pm
AIR BLK	.00	2:33pm
ACCY CHK	.07	2:34pm
AIR BLK	.00	2:35pm
SUB TEST	**.00**	**2:36pm**
AIR BLK	.00	2:36pm
SUB TEST	**.00**	**2:38pm**
AIR BLK	.00	2:39pm

Reported AC: .00 g/210L

Timothy Hanks
Signature of Chemical Analyst

Court CVR

Timothy Hanks
Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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Intox EC/IR-II: Preventive Maintenance

SURRY COUNTY SURRY CO JAIL 850

Serial Number: *008934* Test Record Number: *2867*
Test Date: *05/28/2026* Test Time: *2:39pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:40pm
FLO	Pass	2:40pm
FC	Pass	2:40pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:40pm
SRC	Pass	2:40pm
DET	Pass	2:40pm
BAR	Pass	2:40pm
BT	Pass	2:40pm

Blank Tests

Test	Status	Time
AIR	Pass	2:41pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:41pm

CRC Tests

Test	Status	Time
COMP	Pass	2:41pm
CAL	Pass	2:41pm

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
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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 Mount Airy Police Department

Instrument Serial No. 008943

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 May, 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.

Timothy Hanbo
Signature of Certifying Official

633175
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 MOUNT AIRY PD 850

Serial Number: *008943*
Test Date: *05/28/2026*

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: *Hanks, Timothy S*
Permit Number: *0063-3175*
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	1:39pm
AIR BLK	.00	1:39pm
ACCY CHK	.07	1:40pm
AIR BLK	.00	1:41pm
SUB TEST	**.00**	**1:42pm**
AIR BLK	.00	1:43pm
SUB TEST	**.00**	**1:44pm**
AIR BLK	.00	1:45pm

Reported AC: .00 g/210L

Timothy Hanks
Signature of Chemical Analyst

Court CVR

Timothy Hanks
Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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Intox EC/IR-II: Preventive Maintenance

SURRY COUNTY MOUNT AIRY PD 850

Serial Number: *008943* Test Record Number: *2851*
Test Date: *05/28/2026* Test Time: *1:46pm 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	1:47pm
SRC	Pass	1:47pm
DET	Pass	1:47pm
BAR	Pass	1:47pm
BT	Pass	1:47pm

Blank Tests

Test	Status	Time
AIR	Pass	1:47pm

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

Timothy Hanks
Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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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 Swain Instrument Location Swain Co. Jail

Instrument Serial No. 008723 Bryson 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 19 day of May, 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

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

SWAIN COUNTY JAIL 860

Serial Number: *008723*
Test Date: *05/19/2026*

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	9:17am
AIR BLK	.00	9:18am
ACCY CHK	.07	9:19am
AIR BLK	.00	9:20am
SUB TEST	**.00**	**9:21am**
AIR BLK	.00	9:22am
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
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Intox EC/IR-II: Preventive Maintenance

SWAIN COUNTY JAIL 860

Serial Number: *008723* Test Record Number: *963*
Test Date: *05/19/2026* 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

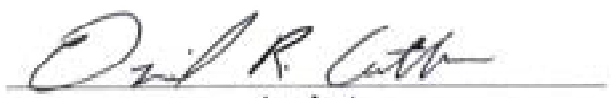
Printer Tests

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
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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 Swain Instrument Location Swain Co. Jail

Instrument Serial No. 008727 Bryson 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 19 day of May, 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.

Chief R. Cutler
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

SWAIN COUNTY JAIL 860

Serial Number: *008727*
Test Date: *05/19/2026*

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	9:18am
AIR BLK	.00	9:19am
ACCY CHK	.07	9:20am
AIR BLK	.00	9:21am
SUB TEST	**.00**	**9:22am**
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
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Intox EC/IR-II: Preventive Maintenance

SWAIN COUNTY JAIL 860

Serial Number: *008727* Test Record Number: *1746*
Test Date: *05/19/2026* 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	9:26am

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
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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 Tyrrell Instrument Location Tyrrell Co. S.O.

Instrument Serial No. 008902 412 Main St, Columbia, 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 19th day of May, 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

TYRRELL COUNTY SHERIFF'S OFFICE 880

Serial Number: *008902*
Test Date: *05/19/2026*

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: AG516204
Exp Date: 06/11/2027

Test	g/210L	Time
DIAG	Pass	10:30am
AIR BLK	.00	10:31am
ACCY CHK	.07	10:31am
AIR BLK	.00	10:33am
SUB TEST	**.00**	**10:34am**
AIR BLK	.00	10:34am
SUB TEST	**.00**	**10:36am**
AIR BLK	.00	10:37am

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
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Intox EC/IR-II: Preventive Maintenance

TYRRELL COUNTY SHERIFF'S OFFICE 880

Serial Number: *008902* Test Record Number: *1291*
Test Date: *05/19/2026* Test Time: *10:40am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:40am
FLO	Pass	10:40am
FC	Pass	10:40am

Temperature Tests

Test	Status	Time
FC1	Pass	10:40am
SRC	Pass	10:40am
DET	Pass	10:40am
BAR	Pass	10:40am
BT	Pass	10:40am

Blank Tests

Test	Status	Time
AIR	Pass	10:41am

Printer Tests

Test	Status	Time
PRNT	Pass	10:41am

CRC Tests

Test	Status	Time
COMP	Pass	10:41am
CAL	Pass	10:41am

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 Union County SO
Monroe, NC

Instrument Serial No. 008866

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 May, 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.

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.

Intox EC/IR-II: Subject Test

UNION COUNTY UNION COUNTY SO 890

Serial Number: *008866*
Test Date: *05/01/2026*

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: AG602101
Exp Date: 01/21/2028

Test	g/210L	Time
DIAG	Pass	12:56pm
AIR BLK	.00	12:57pm
ACCY CHK	.07	12:57pm
AIR BLK	.00	12:59pm
SUB TEST	**.00**	**12:59pm**
AIR BLK	.00	1:00pm
SUB TEST	**.00**	**1:02pm**
AIR BLK	.00	1:03pm

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
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Intox EC/IR-II: Preventive Maintenance

UNION COUNTY UNION COUNTY SO 890

Serial Number: *008866* Test Record Number: *4986*
Test Date: *05/01/2026* Test Time: *1:04pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:04pm
FLO	Pass	1:04pm
FC	Pass	1:04pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:04pm
SRC	Pass	1:04pm
DET	Pass	1:04pm
BAR	Pass	1:04pm
BT	Pass	1:04pm

Blank Tests

Test	Status	Time
AIR	Pass	1:05pm

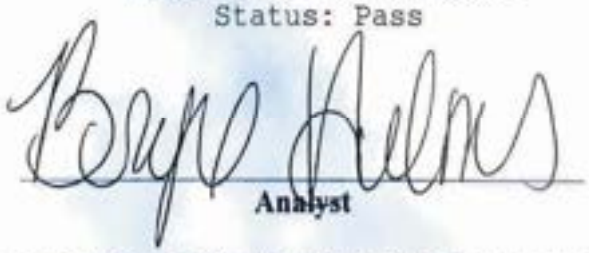
Printer Tests

Test	Status	Time
PRNT	Pass	1:05pm

CRC Tests

Test	Status	Time
COMP	Pass	1:05pm
CAL	Pass	1:05pm

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
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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 Union County SO
Monroe, NC

Instrument Serial No. 008876

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 May, 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 Holmes — 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 UNION COUNTY SO 890

Serial Number: *008876*
Test Date: *05/01/2026*

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: AG506302
Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	12:51pm
AIR BLK	.00	12:51pm
ACCY CHK	.08	12:52pm
AIR BLK	.00	12:53pm
SUB TEST	**.00**	**12:54pm**
AIR BLK	.00	12:55pm
SUB TEST	**.00**	**12:56pm**
AIR BLK	.00	12:57pm

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
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Intox EC/IR-II: Preventive Maintenance

UNION COUNTY UNION COUNTY SO 890

Serial Number: *008876* Test Record Number: *7756*
Test Date: *05/01/2026* Test Time: *12:58pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:58pm
FLO	Pass	12:58pm
FC	Pass	12:58pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:58pm
SRC	Pass	12:58pm
DET	Pass	12:58pm
BAR	Pass	12:58pm
BT	Pass	12:58pm

Blank Tests

Test	Status	Time
AIR	Pass	12:59pm

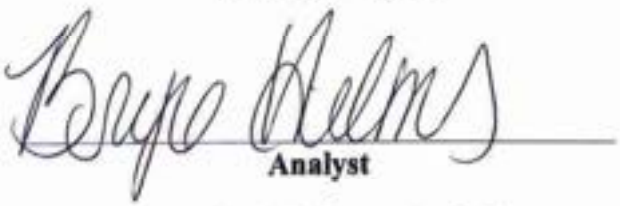
Printer Tests

Test	Status	Time
PRNT	Pass	12:59pm

CRC Tests

Test	Status	Time
COMP	Pass	12:59pm
CAL	Pass	12:59pm

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 Union Instrument Location Stalling PD Stallings, NC

Instrument Serial No. 008927

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 May, 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

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

UNION COUNTY STALLINGS PD 890

Serial Number: *008927*
Test Date: *05/01/2026*

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	11:57am
AIR BLK	.00	11:58am
ACCY CHK	.07	11:59am
AIR BLK	.00	12:00pm
SUB TEST	**.00**	**12:01pm**
AIR BLK	.00	12:01pm
SUB TEST	**.00**	**12:03pm**
AIR BLK	.00	12:04pm

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
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Intox EC/IR-II: Preventive Maintenance

UNION COUNTY STALLINGS PD 890

Serial Number: *008927* Test Record Number: *1339*
Test Date: *05/01/2026* 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	12:06pm

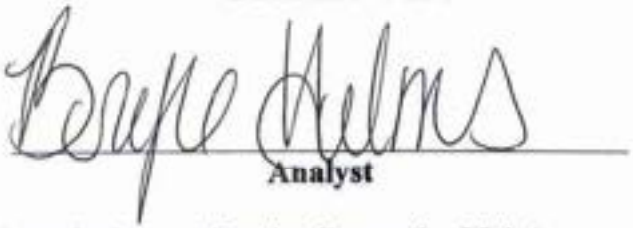
Printer Tests

Test	Status	Time
PRNT	Pass	12:06pm

CRC Tests

Test	Status	Time
COMP	Pass	12:06pm
CAL	Pass	12:06pm

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 Wake Co. Detention Center

Instrument Serial No. 008577 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 8 day of May, 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

FTA LAB DURHAM, NC 310

Serial Number: *008577*
Test Date: *05/08/2026*

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: *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	9:59am
AIR BLK	.00	10:00am
ACCY CHK	.08	10:00am
AIR BLK	.00	10:02am
SUB TEST	**.00**	**10:03am**
AIR BLK	.00	10:03am
SUB TEST	**.00**	**10:05am**
AIR BLK	.00	10:06am

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
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Intox EC/IR-II: Preventive Maintenance

FTA LAB DURHAM, NC 310

Serial Number: *008577* Test Record Number: *9536*
Test Date: *05/08/2026* 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	10:07am
SRC	Pass	10:07am
DET	Pass	10:07am
BAR	Pass	10:07am
BT	Pass	10:07am

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
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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 County Detention Center

Instrument Serial No. 008577 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 8 day of May, 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.

Bryant L Hu
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.

Intox EC/IR-II: Subject Test

WAKE COUNTY DETENTION CENTER 910

Serial Number: *008577*
Test Date: *05/08/2026*

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: *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	7:42pm
AIR BLK	.00	7:43pm
ACCY CHK	.08	7:43pm
AIR BLK	.00	7:45pm
SUB TEST	**.00**	**7:45pm**
AIR BLK	.00	7:46pm
SUB TEST	**.00**	**7:48pm**
AIR BLK	.00	7:49pm

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
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Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY DETENTION CENTER 910

Serial Number: *008577* Test Record Number: *9540*
Test Date: *05/08/2026* Test Time: *7:49pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	7:49pm
FLO	Pass	7:49pm
FC	Pass	7:49pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:50pm
SRC	Pass	7:50pm
DET	Pass	7:50pm
BAR	Pass	7:50pm
BT	Pass	7:50pm

Blank Tests

Test	Status	Time
AIR	Pass	7:50pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:50pm

CRC Tests

Test	Status	Time
COMP	Pass	7:50pm
CAL	Pass	7:50pm

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 7 day of May, 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: *05/07/2026*

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: *Carroll, Barry Jean D*
Permit Number: *0019-3759*
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	6:27pm
AIR BLK	.00	6:28pm
ACCY CHK	.08	6:29pm
AIR BLK	.00	6:30pm
SUB TEST	**.00**	**6:31pm**
AIR BLK	.00	6:32pm
SUB TEST	**.00**	**6:35pm**
AIR BLK	.00	6:36pm

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
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Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: *008584* Test Record Number: *2889*
Test Date: *05/07/2026* Test Time: *6:36pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	6:37pm
FLO	Pass	6:37pm
FC	Pass	6:37pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:37pm
SRC	Pass	6:37pm
DET	Pass	6:37pm
BAR	Pass	6:37pm
BT	Pass	6:37pm

Blank Tests

Test	Status	Time
AIR	Pass	6:38pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:38pm

CRC Tests

Test	Status	Time
COMP	Pass	6:38pm
CAL	Pass	6:38pm

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 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 15 day of May, 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

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: *05/15/2026*

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: *Carroll, Barry Jean D*
Permit Number: *0019-3759*
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	6:30pm
AIR BLK	.00	6:31pm
ACCY CHK	.08	6:32pm
AIR BLK	.00	6:33pm
SUB TEST	**.00**	**6:34pm**
AIR BLK	.00	6:35pm
SUB TEST	**.00**	**6:36pm**
AIR BLK	.00	6:39pm

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

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: *008584* Test Record Number: *2898*
Test Date: *05/15/2026* Test Time: *6:40pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	6:40pm
FLO	Pass	6:40pm
FC	Pass	6:40pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:40pm
SRC	Pass	6:40pm
DET	Pass	6:40pm
BAR	Pass	6:40pm
BT	Pass	6:40pm

Blank Tests

Test	Status	Time
AIR	Pass	6:41pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:41pm

CRC Tests

Test	Status	Time
COMP	Pass	6:41pm
CAL	Pass	6:41pm

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 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 23 day of May, 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: *05/23/2026*

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: *Carroll, Barry Jean D*
Permit Number: *0019-3759*
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	9:14pm
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**	**9:21pm**
AIR BLK	.00	9:22pm

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
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Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: *008584* Test Record Number: *2903*
Test Date: *05/23/2026* Test Time: *9:22pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:23pm
FLO	Pass	9:23pm
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	9:24pm

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 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 7 day of May, 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

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: *05/07/2026*

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: *Carroll, Barry Jean D*
Permit Number: *0019-3759*
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	6:33pm
AIR BLK	.00	6:34pm
ACCY CHK	.08	6:35pm
AIR BLK	.00	6:36pm
SUB TEST	**.00**	**6:37pm**
AIR BLK	.00	6:38pm
SUB TEST	**.00**	**6:40pm**
AIR BLK	.00	6:40pm

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
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Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: *008637* Test Record Number: *3619*
Test Date: *05/07/2026* Test Time: *6:42pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	6:42pm
FLO	Pass	6:42pm
FC	Pass	6:42pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:42pm
SRC	Pass	6:42pm
DET	Pass	6:42pm
BAR	Pass	6:42pm
BT	Pass	6:42pm

Blank Tests

Test	Status	Time
AIR	Pass	6:43pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:43pm

CRC Tests

Test	Status	Time
COMP	Pass	6:43pm
CAL	Pass	6:43pm

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
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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 15 day of May, 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: *05/15/2026*

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: *Carroll, Barry Jean D*
Permit Number: *0019-3759*
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	6:36pm
AIR BLK	.00	6:37pm
ACCY CHK	.08	6:37pm
AIR BLK	.00	6:38pm
SUB TEST	**.00**	**6:39pm**
AIR BLK	.00	6:40pm
SUB TEST	**.00**	**6:41pm**
AIR BLK	.00	6:42pm

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
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Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: *008637* Test Record Number: *3626*
Test Date: *05/15/2026* Test Time: *6:43pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	6:43pm
FLO	Pass	6:43pm
FC	Pass	6:44pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:44pm
SRC	Pass	6:44pm
DET	Pass	6:44pm
BAR	Pass	6:44pm
BT	Pass	6:44pm

Blank Tests

Test	Status	Time
AIR	Pass	6:44pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:44pm

CRC Tests

Test	Status	Time
COMP	Pass	6:45pm
CAL	Pass	6:45pm

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 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 23 day of May, 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

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: *008637*
Test Date: *05/23/2026*

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: *Carroll, Barry Jean D*
Permit Number: *0019-3759*
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	9:19pm
AIR BLK	.00	9:20pm
ACCY CHK	.07	9:21pm
AIR BLK	.00	9:22pm
SUB TEST	**.00**	**9:22pm**
AIR BLK	.00	9:23pm
SUB TEST	**.00**	**9:25pm**
AIR BLK	.00	9:26pm

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
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Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: *008637* Test Record Number: *3633*
Test Date: *05/23/2026* Test Time: *9:27pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:28pm
FLO	Pass	9:28pm
FC	Pass	9:28pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:28pm
SRC	Pass	9:28pm
DET	Pass	9:28pm
BAR	Pass	9:28pm
BT	Pass	9:28pm

Blank Tests

Test	Status	Time
AIR	Pass	9:28pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:28pm

CRC Tests

Test	Status	Time
COMP	Pass	9:29pm
CAL	Pass	9:29pm

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 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 7 day of May, 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: *05/07/2026*

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: *Carroll, Barry Jean D*
Permit Number: *0019-3759*
Effective:
04/01/2026-04/01/2028

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	6:35pm
AIR BLK	.00	6:36pm
ACCY CHK	.08	6:36pm
AIR BLK	.00	6:37pm
SUB TEST	**.00**	**6:39pm**
AIR BLK	.00	6:39pm
SUB TEST	**.00**	**6:41pm**
AIR BLK	.00	6:42pm

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
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Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: *008686* Test Record Number: *7240*
Test Date: *05/07/2026* Test Time: *6:43pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	6:43pm
FLO	Pass	6:43pm
FC	Pass	6:43pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:43pm
SRC	Pass	6:43pm
DET	Pass	6:43pm
BAR	Pass	6:43pm
BT	Pass	6:43pm

Blank Tests

Test	Status	Time
AIR	Pass	6:44pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:44pm

CRC Tests

Test	Status	Time
COMP	Pass	6:44pm
CAL	Pass	6:44pm

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
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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. 000686

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 May, 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

195759
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: *05/15/2026*

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: *Carroll, Barry Jean D*
Permit Number: *0019-3759*
Effective:
04/01/2026-04/01/2028

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	6:37pm
AIR BLK	.00	6:38pm
ACCY CHK	.08	6:39pm
AIR BLK	.00	6:40pm
SUB TEST	**.00**	**6:40pm**
AIR BLK	.00	6:41pm
SUB TEST	**.00**	**6:43pm**
AIR BLK	.00	6:44pm

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
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Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: *008686* Test Record Number: *7248*
Test Date: *05/15/2026* Test Time: *6:44pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	6:45pm
FLO	Pass	6:45pm
FC	Pass	6:45pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:45pm
SRC	Pass	6:45pm
DET	Pass	6:45pm
BAR	Pass	6:45pm
BT	Pass	6:45pm

Blank Tests

Test	Status	Time
AIR	Pass	6:46pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:46pm

CRC Tests

Test	Status	Time
COMP	Pass	6:46pm
CAL	Pass	6:46pm

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
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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. 000686

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 23 day of May, 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: *05/23/2026*

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: *Carroll, Barry Jean D*
Permit Number: *0019-3759*
Effective:
04/01/2026-04/01/2028

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	9:21pm
AIR BLK	.00	9:22pm
ACCY CHK	.08	9:23pm
AIR BLK	.00	9:24pm
SUB TEST	**.00**	**9:24pm**
AIR BLK	.00	9:25pm
SUB TEST	**.00**	**9:26pm**
AIR BLK	.00	9:27pm

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

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: *008686* Test Record Number: *7252*
Test Date: *05/23/2026* Test Time: *9:29pm 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	9:30pm

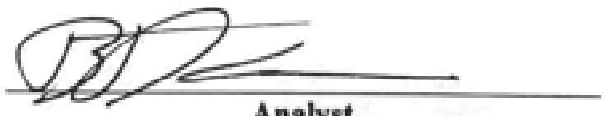
Printer Tests

Test	Status	Time
PRNT	Pass	9:30pm

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
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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 Center

Instrument Serial No. 008760 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 8 day of May, 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 I
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: *008760*
Test Date: *05/08/2026*

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: *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	9:58am
AIR BLK	.00	9:59am
ACCY CHK	.08	9:59am
AIR BLK	.00	10:01am
SUB TEST	**.00**	**10:01am**
AIR BLK	.00	10:02am
SUB TEST	**.00**	**10:04am**
AIR BLK	.00	10:05am

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
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Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY DETENTION CENTER 910

Serial Number: *008760* Test Record Number: *7554*
Test Date: *05/08/2026* Test Time: *10:05am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:05am
FLO	Pass	10:05am
FC	Pass	10:06am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:06am

Printer Tests

Test	Status	Time
PRNT	Pass	10:06am

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
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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 7 day of May, 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: *008776*
Test Date: *05/07/2026*

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: *Carroll, Barry Jean D*
Permit Number: *0019-3759*
Effective:
04/01/2026-04/01/2028

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	6:30pm
AIR BLK	.00	6:31pm
ACCY CHK	.08	6:32pm
AIR BLK	.00	6:33pm
SUB TEST	**.00**	**6:35pm**
AIR BLK	.00	6:36pm
SUB TEST	**.00**	**6:38pm**
AIR BLK	.00	6:39pm

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
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Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: *008776* Test Record Number: *4209*
Test Date: *05/07/2026* Test Time: *6:40pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	6:40pm
FLO	Pass	6:40pm
FC	Pass	6:40pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:41pm
SRC	Pass	6:41pm
DET	Pass	6:41pm
BAR	Pass	6:41pm
BT	Pass	6:41pm

Blank Tests

Test	Status	Time
AIR	Pass	6:41pm

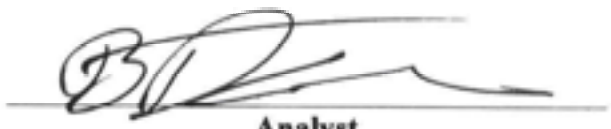
Printer Tests

Test	Status	Time
PRNT	Pass	6:41pm

CRC Tests

Test	Status	Time
COMP	Pass	6:41pm
CAL	Pass	6:41pm

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
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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 15 day of May, 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: *008776*
Test Date: *05/15/2026*

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: *Carroll, Barry Jean D*
Permit Number: *0019-3759*
Effective:
04/01/2026-04/01/2028

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	6:34pm
AIR BLK	.00	6:35pm
ACCY CHK	.08	6:35pm
AIR BLK	.00	6:36pm
SUB TEST	**.00**	**6:37pm**
AIR BLK	.00	6:38pm
SUB TEST	**.00**	**6:41pm**
AIR BLK	.00	6:42pm

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
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Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: *008776* Test Record Number: *4216*
Test Date: *05/15/2026* Test Time: *6:43pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	6:43pm
FLO	Pass	6:43pm
FC	Pass	6:43pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:43pm
SRC	Pass	6:43pm
DET	Pass	6:43pm
BAR	Pass	6:43pm
BT	Pass	6:43pm

Blank Tests

Test	Status	Time
AIR	Pass	6:44pm

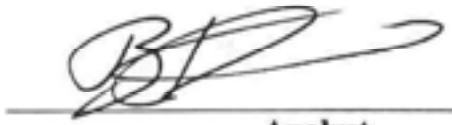
Printer Tests

Test	Status	Time
PRNT	Pass	6:44pm

CRC Tests

Test	Status	Time
COMP	Pass	6:44pm
CAL	Pass	6:44pm

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
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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 23 day of May, 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: *008776*
Test Date: *05/23/2026*

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: *Carroll, Barry Jean D*
Permit Number: *0019-3759*
Effective:
00/00/0000-00/00/0000

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	9:17pm
AIR BLK	.00	9:18pm
ACCY CHK	.08	9:19pm
AIR BLK	.00	9:20pm
SUB TEST	**.00**	**9:21pm**
AIR BLK	.00	9:22pm
SUB TEST	**.00**	**9:23pm**
AIR BLK	.00	9:24pm

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
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Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: *008776* Test Record Number: *4221*
Test Date: *05/23/2026* 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	9:27pm
SRC	Pass	9:27pm
DET	Pass	9:27pm
BAR	Pass	9:27pm
BT	Pass	9:27pm

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 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 7 day of May, 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: *05/07/2026*

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: *Carroll, Barry Jean D*
Permit Number: *0019-3759*
Effective:
04/01/2026-04/01/2028

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	6:29pm
AIR BLK	.00	6:30pm
ACCY CHK	.08	6:31pm
AIR BLK	.00	6:32pm
SUB TEST	**.00**	**6:32pm**
AIR BLK	.00	6:33pm
SUB TEST	**.00**	**6:35pm**
AIR BLK	.00	6:36pm

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
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Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: *008779* Test Record Number: *4135*
Test Date: *05/07/2026* Test Time: *6:37pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	6:38pm
FLO	Pass	6:38pm
FC	Pass	6:38pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:38pm
SRC	Pass	6:38pm
DET	Pass	6:38pm
BAR	Pass	6:38pm
BT	Pass	6:38pm

Blank Tests

Test	Status	Time
AIR	Pass	6:39pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:39pm

CRC Tests

Test	Status	Time
COMP	Pass	6:39pm
CAL	Pass	6:39pm

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 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 15 day of May, 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: *05/15/2026*

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: *Carroll, Barry Jean D*
Permit Number: *0019-3759*
Effective:
04/01/2026-04/01/2028

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	6:32pm
AIR BLK	.00	6:33pm
ACCY CHK	.08	6:34pm
AIR BLK	.00	6:35pm
SUB TEST	**.00**	**6:36pm**
AIR BLK	.00	6:37pm
SUB TEST	**.00**	**6:38pm**
AIR BLK	.00	6:39pm

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

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: *008779* Test Record Number: *4143*
Test Date: *05/15/2026* Test Time: *6:40pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	6:40pm
FLO	Pass	6:40pm
FC	Pass	6:41pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:41pm
SRC	Pass	6:41pm
DET	Pass	6:41pm
BAR	Pass	6:41pm
BT	Pass	6:41pm

Blank Tests

Test	Status	Time
AIR	Pass	6:41pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:41pm

CRC Tests

Test	Status	Time
COMP	Pass	6:41pm
CAL	Pass	6:41pm

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
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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. 008479

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 23 day of May, 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: *05/23/2026*

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: *Carroll, Barry Jean D*
Permit Number: *0019-3759*
Effective:
04/01/2026-04/01/2028

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	9:16pm
AIR BLK	.00	9:17pm
ACCY CHK	.08	9:18pm
AIR BLK	.00	9:19pm
SUB TEST	**.00**	**9:19pm**
AIR BLK	.00	9:20pm
SUB TEST	**.00**	**9:21pm**
AIR BLK	.00	9:22pm

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
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Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: *008779* Test Record Number: *4147*
Test Date: *05/23/2026* Test Time: *9:25pm EDT*

System Check: *Passed*

Baseline Tests

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

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	9:26pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:26pm

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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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 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 May, 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

WAKE COUNTY BAT MOBILE UNIT 13 910

Serial Number: *008869*
Test Date: *05/30/2026*

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	10:33pm
AIR BLK	.00	10:34pm
ACCY CHK	.08	10:35pm
AIR BLK	.00	10:35pm
SUB TEST	**.00**	**10:36pm**
AIR BLK	.00	10:37pm
SUB TEST	**.00**	**10:39pm**
AIR BLK	.00	10:40pm

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
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Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY BAT MOBILE UNIT 13 910

Serial Number: *008869* Test Record Number: *2211*
Test Date: *05/30/2026* Test Time: *10:40pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:40pm
FLO	Pass	10:40pm
FC	Pass	10:40pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:41pm
SRC	Pass	10:41pm
DET	Pass	10:41pm
BAR	Pass	10:41pm
BT	Pass	10:41pm

Blank Tests

Test	Status	Time
AIR	Pass	10:41pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:41pm

CRC Tests

Test	Status	Time
COMP	Pass	10:41pm
CAL	Pass	10:41pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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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 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 May, 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

WAKE COUNTY BAT MOBILE UNIT 13 910

Serial Number: *008898*
Test Date: *05/30/2026*

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	9:59pm
AIR BLK	.00	10:00pm
ACCY CHK	.07	10:01pm
AIR BLK	.00	10:02pm
SUB TEST	**.00**	**10:03pm**
AIR BLK	.00	10:04pm
SUB TEST	**.00**	**10:05pm**
AIR BLK	.00	10:06pm

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
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Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY BAT MOBILE UNIT 13 910

Serial Number: *008898* Test Record Number: *2154*
Test Date: *05/30/2026* Test Time: *10:06pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:07pm
FLO	Pass	10:07pm
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	10:08pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:08pm

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
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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 Center

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 8 day of May, 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

WAKE COUNTY DETENTION CENTER 910

Serial Number: *008924*
Test Date: *05/08/2026*

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: *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	11:27am
AIR BLK	.00	11:28am
ACCY CHK	.08	11:29am
AIR BLK	.00	11:30am
SUB TEST	**.00**	**11:31am**
AIR BLK	.00	11:32am
SUB TEST	**.00**	**11:33am**
AIR BLK	.00	11:34am

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
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Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY DETENTION CENTER 910

Serial Number: *008924* Test Record Number: *2112*
Test Date: *05/08/2026* Test Time: *11:35am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:35am
FLO	Pass	11:35am
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	11:36am

Printer Tests

Test	Status	Time
PRNT	Pass	11:36am

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
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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 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 May, 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 White
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

WAKE COUNTY BAT MOBILE UNIT 13 910

Serial Number: *008939*
Test Date: *05/30/2026*

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	9:44pm
AIR BLK	.00	9:45pm
ACCY CHK	.07	9:46pm
AIR BLK	.00	9:47pm
SUB TEST	**.00**	**9:48pm**
AIR BLK	.00	9:48pm
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
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Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY BAT MOBILE UNIT 13 910

Serial Number: *008939* Test Record Number: *2013*
Test Date: *05/30/2026* Test Time: *9:53pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:53pm
FLO	Pass	9:53pm
FC	Pass	9:53pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:53pm
SRC	Pass	9:53pm
DET	Pass	9:53pm
BAR	Pass	9:53pm
BT	Pass	9:53pm

Blank Tests

Test	Status	Time
AIR	Pass	9:54pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:54pm

CRC Tests

Test	Status	Time
COMP	Pass	9:54pm
CAL	Pass	9:54pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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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 Washington Instrument Location Washington 6.S.O.

Instrument Serial No. 008829 620 Adams St., Plymouth, 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 19th day of May, 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

WASHINGTON COUNTY SHERIFF'S OFFICE 930

Serial Number: *008829*
Test Date: *05/19/2026*

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: AG506301
Exp Date: 03/04/2027

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**	**11:52am**
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
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Intox EC/IR-II: Preventive Maintenance

WASHINGTON COUNTY SHERIFF'S OFFICE 930

Serial Number: *008829* Test Record Number: *1342*
Test Date: *05/19/2026* Test Time: *11:53am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:54am
FLO	Pass	11:54am
FC	Pass	11:54am

Temperature Tests

Test	Status	Time
FC1	Pass	11:54am
SRC	Pass	11:54am
DET	Pass	11:54am
BAR	Pass	11:54am
BT	Pass	11:54am

Blank Tests

Test	Status	Time
AIR	Pass	11:54am

Printer Tests

Test	Status	Time
PRNT	Pass	11:55am

CRC Tests

Test	Status	Time
COMP	Pass	11:55am
CAL	Pass	11:55am

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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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 WATAUGA Instrument Location WATAUGA COUNTY DETENTION

Instrument Serial No. 008715 BOONE, 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 MAY, 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

WATAUGA COUNTY DETENTION CENTER 940

Serial Number: *008715*
Test Date: *05/14/2026*

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	10:03am
AIR BLK	.00	10:04am
ACCY CHK	.08	10:05am
AIR BLK	.00	10:06am
SUB TEST	**.00**	**10:06am**
AIR BLK	.00	10:07am
SUB TEST	**.00**	**10:09am**
AIR BLK	.00	10:10am

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
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Intox EC/IR-II: Preventive Maintenance

WATAUGA COUNTY DETENTION CENTER 940

Serial Number: *008715* Test Record Number: *3165*
Test Date: *05/14/2026* Test Time: *10:11am EDT*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	10:12am
SRC	Pass	10:12am
DET	Pass	10:12am
BAR	Pass	10:12am
BT	Pass	10:12am

Blank Tests

Test	Status	Time
AIR	Pass	10:12am

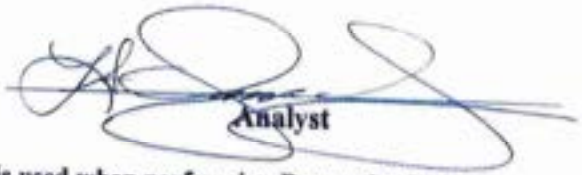
Printer Tests

Test	Status	Time
PRNT	Pass	10:12am

CRC Tests

Test	Status	Time
COMP	Pass	10:12am
CAL	Pass	10:12am

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
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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 WATAUGA Instrument Location BOONE POLICE DEPARTMENT

Instrument Serial No. 008716

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 MAY, 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

WATAUGA COUNTY BOONE PD 940

Serial Number: *008716*
Test Date: *05/14/2026*

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	11:15am
AIR BLK	.00	11:16am
ACCY CHK	.07	11:17am
AIR BLK	.00	11:18am
SUB TEST	**.00**	**11:19am**
AIR BLK	.00	11:20am
SUB TEST	**.00**	**11:21am**
AIR BLK	.00	11:22am

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
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Intox EC/IR-II: Preventive Maintenance

WATAUGA COUNTY BOONE PD 940

Serial Number: *008716* Test Record Number: *3563*
Test Date: *05/14/2026* Test Time: *11:23am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:23am
FLO	Pass	11:23am
FC	Pass	11:23am

Temperature Tests

Test	Status	Time
FC1	Pass	11:23am
SRC	Pass	11:23am
DET	Pass	11:23am
BAR	Pass	11:23am
BT	Pass	11:23am

Blank Tests

Test	Status	Time
AIR	Pass	11:24am

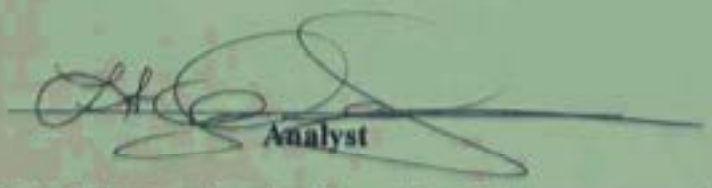
Printer Tests

Test	Status	Time
PRNT	Pass	11:24am

CRC Tests

Test	Status	Time
COMP	Pass	11:24am
CAL	Pass	11:24am

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 WATAUGA Instrument Location WATAUGA COUNTY DETENTION

Instrument Serial No. 008896 BOONE, 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 MAY, 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

WATAUGA COUNTY DETENTION CENTER 940

Serial Number: *008896*
Test Date: *05/21/2026*

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	9:36am
AIR BLK	.00	9:36am
ACCY CHK	.08	9:37am
AIR BLK	.00	9:38am
SUB TEST	**.00**	**9:39am**
AIR BLK	.00	9:40am
SUB TEST	**.00**	**9:42am**
AIR BLK	.00	9:43am

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
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Intox EC/IR-II: Preventive Maintenance

WATAUGA COUNTY DETENTION CENTER 940

Serial Number: *008896* Test Record Number: *1827*
Test Date: *05/21/2026* Test Time: *9:44am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:44am
FLO	Pass	9:44am
FC	Pass	9:44am

Temperature Tests

Test	Status	Time
FC1	Pass	9:44am
SRC	Pass	9:44am
DET	Pass	9:44am
BAR	Pass	9:44am
BT	Pass	9:44am

Blank Tests

Test	Status	Time
AIR	Pass	9:45am

Printer Tests

Test	Status	Time
PRNT	Pass	9:45am

CRC Tests

Test	Status	Time
COMP	Pass	9:45am
CAL	Pass	9:45am

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
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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 Wayne 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 27 day of May, 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

WAYNE COUNTY BAT MOBILE UNIT 10 950

Serial Number: *008584*
Test Date: *05/27/2026*

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 Jean D*
Permit Number: *0019-3759*
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	8:48pm
AIR BLK	.00	8:49pm
ACCY CHK	.08	8:49pm
AIR BLK	.00	8:50pm
SUB TEST	**.00**	**8:51pm**
AIR BLK	.00	8:52pm
SUB TEST	**.00**	**8:54pm**
AIR BLK	.00	8:55pm

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
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Intox EC/IR-II: Preventive Maintenance

WAYNE COUNTY BAT MOBILE UNIT 10 950

Serial Number: *008584* Test Record Number: *2908*
Test Date: *05/27/2026* Test Time: *8:58pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:59pm
FLO	Pass	8:59pm
FC	Pass	8:59pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:59pm
SRC	Pass	8:59pm
DET	Pass	8:59pm
BAR	Pass	8:59pm
BT	Pass	8:59pm

Blank Tests

Test	Status	Time
AIR	Pass	9:00pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:00pm

CRC Tests

Test	Status	Time
COMP	Pass	9:00pm
CAL	Pass	9:00pm

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
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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 Wayne 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 27 day of May, 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

WAYNE COUNTY BAT MOBILE UNIT 10 950

Serial Number: *008637*
Test Date: *05/27/2026*

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 Jean D*
Permit Number: *0019-3759*
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	9:02pm
AIR BLK	.00	9:02pm
ACCY CHK	.07	9:03pm
AIR BLK	.00	9:04pm
SUB TEST	**.00**	**9:04pm**
AIR BLK	.00	9:05pm
SUB TEST	**.00**	**9:07pm**
AIR BLK	.00	9:08pm

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
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Intox EC/IR-II: Preventive Maintenance

WAYNE COUNTY BAT MOBILE UNIT 10 950

Serial Number: *008637* Test Record Number: *3636*
Test Date: *05/27/2026* 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	9:11pm

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
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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 Wayne Instrument Location Wayne Co. Detention Center

Instrument Serial No. 008671 200 Stronach Ave., Goldsboro, 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 5th day of May, 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: Preventive Maintenance

WAYNE COUNTY DETENTION CENTER 950

Serial Number: *008671* Test Record Number: *5497*
Test Date: *05/05/2026* Test Time: *10:32am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:33am
FLO	Pass	10:33am
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
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Intox EC/IR-II: Subject Test

WAYNE COUNTY DETENTION CENTER 950

Serial Number: *008671*
Test Date: *05/05/2026*

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	10:25am
AIR BLK	.00	10:26am
ACCY CHK	.08	10:26am
AIR BLK	.00	10:28am
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
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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 Wayne 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 27 day of May, 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

WAYNE COUNTY BAT MOBILE UNIT 10 950

Serial Number: *008776*
Test Date: *05/27/2026*

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 Jean D*
Permit Number: *0019-3759*
Effective:
04/01/2026-04/01/2028

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	8:51pm
AIR BLK	.00	8:52pm
ACCY CHK	.08	8:52pm
AIR BLK	.00	8:53pm
SUB TEST	**.00**	**8:54pm**
AIR BLK	.00	8:55pm
SUB TEST	**.00**	**8:57pm**
AIR BLK	.00	8:58pm

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
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Intox EC/IR-II: Preventive Maintenance

WAYNE COUNTY BAT MOBILE UNIT 10 950

Serial Number: *008776* Test Record Number: *4225*
Test Date: *05/27/2026* Test Time: *8:59pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:59pm
FLO	Pass	8:59pm
FC	Pass	8:59pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:59pm
SRC	Pass	8:59pm
DET	Pass	8:59pm
BAR	Pass	8:59pm
BT	Pass	8:59pm

Blank Tests

Test	Status	Time
AIR	Pass	9:00pm

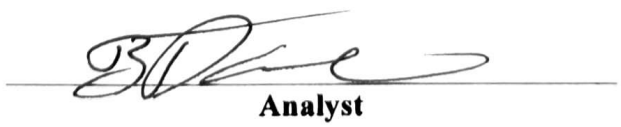
Printer Tests

Test	Status	Time
PRNT	Pass	9:00pm

CRC Tests

Test	Status	Time
COMP	Pass	9:00pm
CAL	Pass	9:00pm

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
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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 Wayne 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 27 day of May, 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

195759
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

WAYNE COUNTY BAT MOBILE UNIT 10 950

Serial Number: *008779*
Test Date: *05/27/2026*

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 Jean D*
Permit Number: *0019-3759*
Effective:
04/01/2026-04/01/2028

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	8:50pm
AIR BLK	.00	8:51pm
ACCY CHK	.08	8:51pm
AIR BLK	.00	8:52pm
SUB TEST	**.00**	**8:53pm**
AIR BLK	.00	8:54pm
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
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Intox EC/IR-II: Preventive Maintenance

WAYNE COUNTY BAT MOBILE UNIT 10 950

Serial Number: *008779* Test Record Number: *4150*
Test Date: *05/27/2026* Test Time: *8:59pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:59pm
FLO	Pass	8:59pm
FC	Pass	8:59pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:59pm
SRC	Pass	8:59pm
DET	Pass	8:59pm
BAR	Pass	8:59pm
BT	Pass	8:59pm

Blank Tests

Test	Status	Time
AIR	Pass	9:00pm

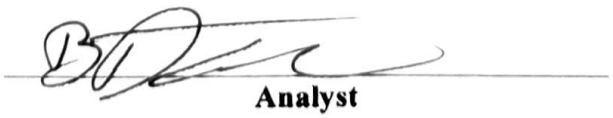
Printer Tests

Test	Status	Time
PRNT	Pass	9:00pm

CRC Tests

Test	Status	Time
COMP	Pass	9:00pm
CAL	Pass	9:00pm

Preventive Maintenance
Status: Pass



Analyst

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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 Wayne Instrument Location Seymour Johnson AFB

Instrument Serial No. 008786 1010 Vermont Garrison St., Goldsboro, 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 5th day of May, 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

WAYNE COUNTY SEYMOUR JOHNSON AFB 950

Serial Number: *008786*
Test Date: *05/05/2026*

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: AG501303
Exp Date: 01/13/2027

Test	g/210L	Time
DIAG	Pass	11:22am
AIR BLK	.00	11:23am
ACCY CHK	.07	11:23am
AIR BLK	.00	11:25am
SUB TEST	**.00**	**11:25am**
AIR BLK	.00	11:26am
SUB TEST	**.00**	**11:28am**
AIR BLK	.00	11:29am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
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Intox EC/IR-II: Preventive Maintenance

WAYNE COUNTY SEYMOUR JOHNSON AFB 950

Serial Number: *008786* Test Record Number: *537*
Test Date: *05/05/2026* Test Time: *11:30am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:30am
FLO	Pass	11:30am
FC	Pass	11:30am

Temperature Tests

Test	Status	Time
FC1	Pass	11:30am
SRC	Pass	11:30am
DET	Pass	11:30am
BAR	Pass	11:30am
BT	Pass	11:30am

Blank Tests

Test	Status	Time
AIR	Pass	11:31am

Printer Tests

Test	Status	Time
PRNT	Pass	11:31am

CRC Tests

Test	Status	Time
COMP	Pass	11:31am
CAL	Pass	11:31am

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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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 Yancey Instrument Location Yancey County Jail

Instrument Serial No. 008653 Burnsville, 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 29 day of May, 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

YANCEY COUNTY YANCEY COUNTY JAIL 990

Serial Number: *008653*
Test Date: *05/29/2026*

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: AG503001
Exp Date: 01/30/2027

Test	g/210L	Time
DIAG	Pass	11:40am
AIR BLK	.00	11:40am
ACCY CHK	.08	11:41am
AIR BLK	.00	11:42am
SUB TEST	**.00**	**11:43am**
AIR BLK	.00	11:44am
SUB TEST	**.00**	**11:45am**
AIR BLK	.00	11:46am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
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Intox EC/IR-II: Preventive Maintenance

YANCEY COUNTY YANCEY COUNTY JAIL 990

Serial Number: *008653* Test Record Number: *1920*
Test Date: *05/29/2026* Test Time: *11:46am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:46am
FLO	Pass	11:46am
FC	Pass	11:47am

Temperature Tests

Test	Status	Time
FC1	Pass	11:47am
SRC	Pass	11:47am
DET	Pass	11:47am
BAR	Pass	11:47am
BT	Pass	11:47am

Blank Tests

Test	Status	Time
AIR	Pass	11:47am

Printer Tests

Test	Status	Time
PRNT	Pass	11:47am

CRC Tests

Test	Status	Time
COMP	Pass	11:47am
CAL	Pass	11:47am

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
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