PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County AL	AMANCE Instrument Location Alamance Co Jaic
Instrument Seri	ial No. 008924 109 5. MADO ST GRAHAM, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that o procedures we Department o	on the
CREATE OF THE STATE OF THE STAT	

ALAMANCE COUNTY ALAMANCE COUNTY JAIL 000

Serial Number: 008924 Test Date: 04/22/2019

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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, STOKES

Permit Number: 11434E

Effective:

04/01/2019-04/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG902106 Exp Date: 01/21/2021

Test	g/210L	Time
DIAG	Pass	9:53am
AIR BLK	.00	9:54am
ACCY CHK	.08	9:54am
AIR BLK	.00	9:55am
SUB TEST	.00	9:57am
AIR BLK	.00	9:58am
SUB TEST	.00	9:59am
ATR BLK	.00	10:00am

Reported AC: .00-q/210L

Signature of Chemical Analyst

Court CVR

ALAMANCE COUNTY ALAMANCE COUNTY JAIL 000

Serial Number: 008924

Test Record Number: 1456

Test Date: 04/22/2019

Test Time: 10:00am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:01am
FLO	Pass	10:01am
FC	Pass	10:01am

Temperature Tests

Status	Time
Pass Pass	10:01am 10:01am 10:01am
Pass	10:01am
Pass	10:01am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	10:02am

Printer Tests

Test	Status	Time
PRNT	Pass	10:02am
	CRC Tests	
Test	Status	Time

COMP Pass 10:02am CAL Pass 10:02am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County A	AMANCE Instrument Location Alamance Co JAIL
Instrument Ser	ial No. <u>808913 109 5 Maple 57 GRAHAM, NC</u>
The preventive four months ar	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	n the
THE STATE OF THE S	Noger Certifying Official Certificate Number

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008913 Test Date: 04/29/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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, STOKES

Permit Number: 11434E

Effective:

04/01/2019-04/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG902106 Exp Date: 01/21/2021

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00	11:35am 11:36am 11:37am
AIR BLK	.00	11:38am
SUB TEST AIR BLK	.00	11:38am 11:39am
SUB TEST	.00	11:41am
AIR BLK	.00	11:42am

Signature of Chemical Analyst

Court CVR

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008913

Test Record Number: 3487

Test Date: 04/29/2019

Test Time: 11:42am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:42am
FLO	Pass	11:42am
FC	Pass	11:42am

Temperature Tests

Test	Status	Time
FC1	Pass	11:43am
SRC	Pass	11:43am
DET	Pass	11:43am
BAR	Pass	11:43am
BT	Pass	11:43am

Blank Tests

Test	Status	Time
ATR	Pass	11:43am

Printer Tests

Test	Status	Time
PRNT	Pass	11:43am
	CRC Tests	

Test	Status	Time

COMP	Pass	11:43am
CAL	Pass	11:43am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Anson Instrument Location BAT Mobile unit #13
Instrument S	erial No8704 Wades Boro N.C.
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the 29 day of 2019, 2019 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
TATION OF THE CONTROL	

ANSON COUNTY BAT MOBILE UNIT 5 030

Serial Number: 008704 Test Date: 04/29/2019

Citation Number: M0000000-0
Subject's Name: NONE, NONE
Subject's Date of Birth: 11/11/1911

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: TODD, SHANE C Permit Number: 11391E Effective: 07/27/2018-07/01/2020

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

Lot Number: AG807101 Exp Date: 03/12/2020

m
m m
m
m
m
m
m

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

ANSON COUNTY BAT MOBILE UNIT 5 030

Serial Number: 008704 Test Record Number: 551 Test Date: 04/29/2019 Test Time: 7:38pm 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	st Status	Time	
AIR	Pass	7:39pm	

Printer Tests

rest	status	TTITE
PRNT	Pass	7:39pm

CRC Tests

Test	Status	Time
COMP CAL	Pass Pass	7:39pm 7:39pm
CAL	rass	7.39pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Anson Instrument Location BAT Mobile Unit#
Instrument	Serial No. 8647 Wades bury 10.
The prever	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every as are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
· 2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedure	that on theday of, 20, 20
CALLE GREAT SES	Signature of Certifying Official Certificate Number

ANSON COUNTY BAT MOBILE UNIT 5 030

Serial Number: 008647 Test Date: 04/29/2019

Citation Number: M0000000-0
Subject's Name: NONE, NONE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: TODD, SHANE C
Permit Number: 11391E
Effective:
07/27/2018-07/01/2020

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

Lot Number: AG807101 Exp Date: 03/12/2020

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	7:27pm 7:28pm 7:28pm 7:29pm
SUB TEST	.00	7:30pm
AIR BLK	.00	7:31pm
SUB TEST	.00	7:33pm
AIR BLK	.00	7:33pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

Department of Health and Human Services Rev. 12/2007

ANSON COUNTY BAT MOBILE UNIT 5 030

Serial Number: 008647 Test Record Number: 2452 Test Date: 04/29/2019 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

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Ansow Instrument Location BAT Mobile Unit #
Instrument S	Serial No
The prevent four months	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	were performed on the instrument indicated above, in accordance with current regulations of the N.C. t of Health and Human Services, and the instrument is functioning properly.
SEND HE SELECTION OF THE CAREATOR OF THE CAREA	

ANSON COUNTY BAT MOBILE UNIT 5 030

Serial Number: 008707 Test Record Number: 2573 Test Date: 04/13/2019 Test Time: 9:04pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:04pm
FLO	Pass	9:04pm
FC	Pass	9:04pm

Temperature Tests

Status	Time
Pass	9:04pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
ATR	Pass	9 : 05 m

Printer Tests

Test	Status	Time
PRNT	Pass	9:05pm
	CRC Tests	
Test	Status	Time

9:05pm

9:05pm

Preventive Maintenance Status: Pass

Pass

Pass

Analyst

COMP

CAL

ANSON COUNTY BAT MOBILE UNIT 5 030

Serial Number: 008707 Test Date: 04/13/2019

Citation Number: M0000000-0 Subject's Name: NONE, NONE Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: TODD, SHANE C
Permit Number: 11391E
Effective:
07/27/2018-07/01/2020

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

Lot Number: AG807101 Exp Date: 03/12/2020

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	8:55pm 8:56pm 8:57pm
AIR BLK	.00	8:58pm
SUB TEST	.00	8:59pm
AIR BLK	.00	9:00pm
SUB TEST	.00	9:02pm
AIR BLK	.00	9:03pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	An 302 Instrument Location BAT Mobile Unit H.
Instrumer	An 302 Instrument Location BAT Mobile Unit H. at Serial No 85 78 Polkfor INS
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every this are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedu	that on theday of
CREATS	Signature of Certifying Official Certificate Number

ANSON COUNTY BAT MOBILE UNIT 5 030

Serial Number: 008575 Test Record Number: 1147

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:07pm
FLO	Pass	9:07pm
FC	Pass	9:07pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:07pm
SRC	Pass	9:07pm
DET	Pass	9:07pm
BAR	Pass	9:07pm
BT	Pass	9:07pm

Blank Tests

Test	Status	Time
7. TD	Dagg	0 . 0 0 mm
AIR	Pass	9:08pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:08pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:08pm 9:08pm

Preventive Maintenance Status: Pass

Analyst

ANSON COUNTY BAT MOBILE UNIT 5 030

Serial Number: 008575 Test Date: 04/13/2019

Citation Number: M0000000-0 Subject's Name: NONE, NONE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: TODD, SHANE C Permit Number: 11391E Effective: 07/27/2018-07/01/2020

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

> Lot Number: AG807101 Exp Date: 03/12/2020

Test	/g/210L	Time
DIAG	Pass	8:59pm
AIR BL	K 🖟 .00	9:00pm
ACCY C	нк .08	9:00pm
AIR BL	K .00	9:01pm
SUB TE	ST .00	9:02pm
AIR BL	K .00	9:03pm
SUB TE	ST .00	9:05pm
AIR BL	K .00	9:05pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Bo	unconte Instrument Le	ocation But Mible Unit
Instrument Ser	erial No. 00 8785	
The preventive four months ar	ve maintenance procedures for the Intoximeters, Mod	el Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure 34 degrees, plus or minus .2 degree centigrade;	e, or the alcoholic breath simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breat	th sample;
7.	When "PLEASE BLOW" appears, collect breat	th sample;
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being char simulator solution is being changed every four r whichever occurs first.	nged before expiration date, or the alcoholic breath months or after 125 Alcoholic Breath Simulator tests,
I certify that of procedures we Department of	t on the 24 day of April were performed on the instrument indicated above, is t of Health and Human Services, and the instrument	, 20, the foregoing preventive maintenance n accordance with current regulations of the N.C. is functioning properly.
THE STATE OF THE S	Signature of Certifyi	ing Official Certificate Number

BUNCOMBE BAT MOBILE UNIT 1 100

Serial Number: 008788 Test Date: 04/24/2019

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: TOWERY, CHAD V
Permit Number: 26632E
Effective:
06/01/2017-06/01/2019

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

Test Type: Breath Test

Lot Number: AG716201 Exp Date: 06/11/2019

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	9:27pm 9:28pm 9:28pm 9:29pm
SUB TEST	.00	9:30pm
AIR BLK	.00	9:31pm
SUB TEST	.00	9:32pm
AIR BLK	.00	9:33pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BUNCOMBE BAT MOBILE UNIT 1 100

Serial Number: 008788 Test Record Number: 1392
Test Date: 04/24/2019 Test Time: 9:34pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:34pm
FLO	Pass	9:34pm
FC	Pass	9:34pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:34pm
SRC	Pass	9:34pm
DET	Pass	9:34pm
BAR	Pass	9:34pm
BT	Pass	9:34pm

Blank Tests

Test	Status	Time
AIR	Pass	9:35pm

Printer Tests

Test	Status	Time
		•
PRNT	Pass	9:35pm

CRC Tests

Test	Status	Time
COMP	Pass	9:35pm
CAL	Pass	9:35pm

Preventive Maintenance Status: Pass

Analyst (

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

(pm)c Instrument Location But Mbb le Uwt 1
al No. 609788
maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
Verify instrument displays time and date;
Initiate breath test sequence;
Enter information as prompted;
Verify instrument accuracy;
When "PLEASE BLOW" appears, collect breath sample;
When "PLEASE BLOW" appears, collect breath sample;
Print test record;
Verify Diagnostic Program; and
Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
the 19 day of 1900 1, 20 9, the foregoing preventive maintenance re performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
Signature of Certifying Official Certificate Number

BUNCOMBE BAT MOBILE UNIT 1 100

Serial Number: 008788 Test Date: 04/19/2019 Test Time: 7:45pm EDT

Test Record Number: 1387

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	7:45pm
FLO	Pass	7:45pm
FC	Pass	7:45pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:45pm
SRC	Pass	7:45pm
\mathtt{DET}	Pass	7:45pm
BAR	Pass	7:45pm
BT	Pass	7:45pm

Blank Tests

Test	Status	Time
AIR	Pass	7:46pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:46pm

CRC Tests

Test	Status	Time
	•	•
COMP	Pass	7:46pm
CAL	Pass	7:46pm

Preventive Maintenance Status: Pass

BUNCOMBE BAT MOBILE UNIT 1 100

Serial Number: 008788 Test Date: 04/19/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: TOWERY, CHAD V

Permit Number: 26632E

Effective:

06/01/2017-06/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG716201 Exp Date: 06/11/2019

Test	g/210L	Time
DIAG	Pass	7:38pm
AIR BLK	.00	7:39pm
ACCY CHK	.08	7:39pm
AIR BLK	.00	7:40pm
SUB TEST	.00	7:41pm
AIR BLK	.00	7:41pm
SUB TEST	.00	7:43pm
AIR BLK	.00	7:44pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

MV Don Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County [Uncombe Instrument Location Bunco	ombe Co. Jail
Instrument S	erial No. <u>008697</u> <u>Ashev</u>	ille, NC
The prevention four months	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to are:	be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic bre 34 degrees, plus or minus .2 degree centigrade;	eath simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	•
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 A whichever occurs first.	on date, or the alcoholic breath Alcoholic Breath Simulator tests,
procedures v	on the	rrent regulations of the N.C.
OF THE STAT	E O NOS	*
		·
APRIL 12. V		649
	Signature of Certifying Official	Certificate Number

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL
100

Serial Number: 008697 Test Date: 04/24/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE, Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG814901 Exp Date: 05/29/2020

Test	g/210L	Time
DIAG AIR BLK	Pass	1:51pm 1:52pm
ACCY CHK	.08	1:52pm
AIR BLK	.00	1:53pm
SUB TEST	.00	1:54pm
AIR BLK	.00	1:55pm
SUB TEST	.00	1:56pm
AIR BLK	.00	1:57pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008697 Test Record Number: 3539
Test Date: 04/24/2019 Test Time: 1:58pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:58pm 1:58pm
FC	Pass	1:58pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:58pm
SRC	Pass	1:58pm
DET	Pass	1:58pm
BAR	Pass	1:58pm
${f BT}$	Pass	1:58pm

Blank Tests

Test	Status	Time
AIR	Pass	1:59pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:59pm
	CRC Tests	
Test	Status	Time

	201043	
COMP	Pass	1:59pm
CAL	Pass	1:59pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 5	Uncampe Instrument Location Buncombe Co 5911
Instrument Se	erial No. 008808 Asheville, Mc
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures v	t on theday of, 20 / 9_, the foregoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. tof Health and Human Services, and the instrument is functioning properly.
anoma,	
STAT STAT	E or No.
WAND SAST	649
	Signature of Certifying Official Certificate Number

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008808 Test Date: 04/24/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE, Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG821401 Exp Date: 08/02/2020

Test	g/210L	Time
DIAG	Pass	1:48pm
AIR BLK	.00	1:49pm
ACCY CHK	.07	1:49pm
AIR BLK	.00	1:50pm
SUB TEST	.00	1:51pm
AIR BLK	.00	1:52pm
SUB TEST	.00	1:53pm
AIR BLK	.00	1:54pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008808 Test Record Number: 1247
Test Date: 04/24/2019 Test Time: 1:56pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:56pm
FLO	Pass	1:56pm
FC	Pass	1:56pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:56pm
SRC	Pass	1:56pm
DET	Pass	1:56pm
BAR	Pass	1:56pm
BT	Pass	1:56pm

Blank Tests

Test	Status	Time	
AIR	Pass	1:57pm	

Printer Tests

Test	Status	Time
PRNT	Pass	1:57pm

CRC Tests

Test	Status	Time
COMP	Pass	1:57pm
CAL	Pass	1:57pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 15	Uncombe Instrument Location Buncombe Co Jail
Instrument Se	rial No. <u>CO8798</u> Asheville, NC
The preventiv	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on theday of, 20/9, the foregoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	
And Andrews	Signature of Certifying Official Certificate Number
	digitative of Certifying Official Continuous Number

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008798 Test Date: 04/24/2019

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J
Permit Number: 11304E
Effective:
05/01/2017-05/01/2019

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

Lot Number: AG821801 Exp Date: 08/06/2020

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	1:50pm 1:51pm 1:51pm 1:52pm 1:53pm
AIR BLK	.00	1:54pm
SUB TEST AIR BLK	.00 .00	1:56pm 1:56pm
VIV DIV		T-205m

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008798 Test Record Number: 4809 Test Date: 04/24/2019 Test Time: 1:58pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:59pm
FLO	Pass	1:59pm
FC	Pass	1:59pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:59pm
SRC	Pass	1:59pm
DET	Pass	1:59pm
BAR	Pass	1:59pm
BT	Pass	1:59pm

Blank Tests

Test	Status	Time
AIR	Pass	2:00pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:00pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:00pm 2:00pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_5	Instrument Location Burke - Cataluba Jail
Instrument Se	erial No. 008904 Morganton, NC
The prevention four months	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures	t on the
STALE OF THE STALE	049
	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 (11/07)

BURKE COUNTY BURKE-CATAWBA JAIL 110

Serial Number: 008904 Test Date: 04/23/2019

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J
Permit Number: 11304E

Effective:

05/01/2017-05/01/2019

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

Test Type: Breath Test

Lot Number: AG805801 Exp Date: 02/27/2020

Test	g/210L	Time
DIAG AIR BLK	Pass	3:44pm 3:45pm
ACCY CHK	.08 .00	3:46pm 3:47pm
SUB TEST	.00	3:47pm
AIR BLK	.00	3:48pm
SUB TEST	.00	3:50pm
ATR BLK	.00	3:50pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BURKE COUNTY BURKE-CATAWBA JAIL 110

Serial Number: 008904 Test Record Number: 2384
Test Date: 04/23/2019 Test Time: 3:51pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:52pm
FLO	Pass	3:52pm
FC	Pass	3:52pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:52pm
SRC	Pass	3:52pm
DET	Pass	3:52pm
BAR	Pass	3:52pm
\mathtt{BT}	Pass	3:52pm

Blank Tests

Test	Status	Time	
AIR	Pass	3:52pm	

Printer Tests

Test	Status	Time
PRNT	Pass	3:52pm

CRC Tests

Test	Status	Time
COMP	Pass	3:53pm
CAL	Pass	3:53pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County <u>Bu</u>	Instrument Location Burke - Cutawba Jail
Instrument Ser	rial No. 008831 Margartan NC
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures w Department	on the
STATE OF THE STATE	Signature of Certifying Official Certificate Number

BURKE COUNTY BURKE-CATAWBA JAIL 110

Serial Number: 008831 Test Date: 04/23/2019

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J
Permit Number: 11304E
Effective:
05/01/2017-05/01/2019

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

Lot Number: AG734102 Exp Date: 12/07/2019

Test	g/210L	Time
DIAG AIR BLK	Pass	3:45pm 3:46pm
ACCY CHK	.08	3:47pm
AIR BLK	.00	3:48pm
SUB TEST	.00	3:48pm
AIR BLK	.00	3:49pm
SUB TEST	.00	3:51pm
AIR BLK	.00	3:52pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

BURKE COUNTY BURKE-CATAWBA JAIL 110

Serial Number: 008831 Test Record Number: 2077
Test Date: 04/23/2019 Test Time: 3:53pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:53pm 3:53pm
FC	Pass	3:53x

Temperature Tests

Test	Status	Time
FC1	Pass	3:54pm
SRC	Pass	3:54pm
DET	Pass	3:54pm
BAR	Pass	3:54pm
\mathtt{BT}	Pass	3:54pm

Blank Tests

Test	Status	Time
AIR	Pass	3:54pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:54pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:54pm 3:54pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County C	abarrus County SO
Instrument Se	orial No. 008590 30 Cordan Ave., Concord
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on theday of, 20, the foregoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	

CABARRUS COUNTY CABARRUS COUNTY SO 120

Serial Number: 008590 Test Date: 04/16/2019

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HAYS, MARK D
Permit Number: 15924E
Effective:
01/01/2018-01/01/2020

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

Lot Number: AG734101 Exp Date: 12/07/2019

Test	3/570F.	Time
of the section of	14 1	
DIAG	Pass	11:35am
AIR BLK	.00	11:36am
ACCY CHK	.08	11:37am
AIR BLK	. 0.0 (4)	11:38am
SUB TEST	.00	11:39am
AIR BLK	.00	11:40am
SUB TEST	.00	11:41am
AIR BLK	.00	11:42am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court OVR

Analyst

CABARRUS COUNTY CABARRUS COUNTY SO 120

Serial Number: 008590 Test Record Number: 3075
Test Date: 04/16/2019 Test Time: 11:43am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:43am
FLO	Pass	11:43am
FC	Pass	11:43am

Temperature Tests

Test	Status	Time
	100	
FC1	Pass	11:43am
SRC	Pass	11:43am
DET	Pass	11:43am
BAR	Pass	11:43am
BT	Pass	11:43am

Blank Tests

Test	Status	Time
	the state of the s	

AIR Pass 11:44am

Printer Tests

Test Status Time

PRNT Pass 11:44am

CRC Tests

Test Status Time

COMP Pass 11:44am CAL Pass 11:44am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
four months a	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures v	on the
STATION OF THE STATIO	

COLUMBUS COUNTY BAT MOBILE UNIT 5 230

Serial Number: 008704 Test Date: 04/27/2019

Citation Number: M0000000-0 Subject's Name: NONE, NONE Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: TODD, SHANE C
Permit Number: 11391E
Effective:
07/27/2018-07/01/2020

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

Lot Number: AG807101 Exp Date: 03/12/2020

Test	g/210L	Time
DIAG	Pass	9:26pm
AIR BLK ACCY CHK	.00	9:27pm 9:28pm
AIR BLK	.00	9:29pm
SUB TEST	.00	9:29pm
AIR BLK	.00	9:30pm
SUB TEST	.00	9:32pm
AIR BLK	.00	9:33pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

COLUMBUS COUNTY BAT MOBILE UNIT 5 230

Serial Number: 008704 Test Date: 04/27/2019

Test Record Number: 549
Test Time: 10:06pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:07rom

Printer Tests

Test	Status	Time
PRNT	Pass	10:07pm
	CRC Tests	

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Olumbs Instrument Location BAT Mobile Unit #		
Instrument S	erial No. 8826 DIL DOCK, N.E.		
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
procedures v	on theday of		
THE STATE OF THE S	Signature of Certifying Official Certificate Number		

COLUMBUS COUNTY BAT MOBILE UNIT 5 230

Serial Number: 008826 Te

Test Record Number: 8102

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
\mathtt{BT}	Pass	9:46pm

Blank Tests

Test	Status	Time
AIR	Pass	9:47pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:47pm
	CDC Mosts	

CRC Tests

Test	Status	Time
COMP	Pass	9:47pm
CAL	Pass	9:47pm

Preventive Maintenance Status: Pass

Analyst

COLUMBUS COUNTY BAT MOBILE UNIT 5 230

Serial Number: 008826 Test Date: 04/27/2019

Citation Number: M0000000-0
Subject's Name: NONE, NONE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: TODD, SHANE C
Permit Number: 11391E
Effective:
07/27/2018-07/01/2020

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

Lot Number: AG807101 Exp Date: 03/12/2020

Test	g/210L	Time
DIAG	Pass	9:35pm
AIR BLK	.00	9:36pm
ACCY CHK	.08	9:37pm
AIR BLK	.00	9:38pm
SUB TEST	.00	9:40pm
AIR BLK	.00	9:41pm
SUB TEST	.00	9:42pm
AIR BLK	.00	9:43pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch Department of Health and Human Services Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	olumbus Instrument Location BAT Mobile Unit#
Instrument So	erial No. 8647 Old Dock, N.C.
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures v	on the 27 day of April , 20 19, the foregoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
TATE OF THE CREAT STATE OF THE C	Signature of Certifying Official Certificate Number

COLUMBUS COUNTY BAT MOBILE UNIT 5 230

Serial Number: 008647 Test Date: 04/27/2019

Citation Number: M0000000-0
Subject's Name: NONE, NONE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: TODD, SHANE C
Permit Number: 11391E
Effective:
07/27/2018-07/01/2020

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

Lot Number: AG807101 Exp Date: 03/12/2020

Test	g/210L	Time
DIAG	Pass	9:21pm
AIR BLK	.00	9:22pm
ACCY CHK	.07	9:23pm
AIR BLK	.00	9:24pm
SUB TEST	.00	9:25pm
AIR BLK	.00	9:26pm
SUB TEST	.00	9:27pm
AIR BLK	.00	9:28pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

COLUMBUS COUNTY BAT MOBILE UNIT 5 230

Serial Number: 008647 Test Record Number: 2450 Test Date: 04/27/2019 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
\mathtt{BT}	Pass	9:30pm

Blank Tests

Test	Status	Time
AIR	Pass	9:31pm

Printer Tests

Test	status	1.1me
PRNT	Pass	9:31pm

CRC Tests

Test	Status	Time
COMP	Pass	9:31pm
CAL	Pass	9:31pm

Preventive Maintenance Status: Pass

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

Analyst

Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	CRAVEN	Instrument Location HAUCL	ock AD
Instrument	Serial No. <u>008800</u>		
The prever four month		e Intoximeters, Model Intox EC/IR II to be for	ollowed at least once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2	er displays pressure, or the alcoholic breath s degree centigrade;	imulator thermometer show
2.	Verify instrument displays ti	me and date;	÷
3.	Initiate breath test sequence;		
4.	Enter information as prompt	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	ppears, collect breath sample;	
7.	When "PLEASE BLOW" ap	ppears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.		anister is being changed before expiration dath hanged every four months or after 125 Alcoh	
I certify th procedure Departme	nat on theday of s were performed on the instrument nt of Health and Human Services, a	ARIA, 20 7, the foregoing indicated above, in accordance with current and the instrument is functioning properly.	ng preventive maintenance regulations of the N.C.
GREAT SE	ATT ON NO PLEASE OF THE CASE O		
* tare Quy		and EHall ignature of Certifying Official	354 Certificate Number

CRAVEN COUNTY HAVELOCK PD 240

Serial Number: 008800 Test Date: 04/12/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HALL, RANDY E

Permit Number: 03462E

Effective:

03/01/2019-03/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG722408 Exp Date: 08/12/2019

Test	g/210L	Time
DIAG AIR BLK	Pass	11:27am 11:28am
ACCY CHK	.08	11:28am
AIR BLK	.00	11:29am
SUB TEST	.00	11:29am
AIR BLK	.00	11:30am
SUB TEST	.00	11:32am
ATR BLK	.00	11:33am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

CRAVEN COUNTY HAVELOCK PD 240

Serial Number: 008800 Test Record Number: 1197
Test Date: 04/12/2019 Test Time: 11:33am EDT

System Check: Passed

Baseline Tests

Status	Time
Pass	11:34am
Pass	11:34am
Pass	11:34am
	Pass Pass

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	11:34am 11:34am 11:34am 11:34am
		TT. 9 TOTAL

Blank Tests

	Test	Status	Time
•	AIR	Pass	11:34am

Printer Tests

Test	Status	Time
PRNT	Pass	11:34am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:35am

Preventive Maintenance Status: Pass

Pass

11:35am

CAL

Karl E-Half
Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County (<u>RAJEN</u>	Instrument Location SATI	NUMBE UND C
Instrument S	Serial No. <u>00</u> 7 6 3 7	PT SARNUA	
· · · · · · · · · · · · · · · · · · ·	***		
The prevent four months	ive maintenance procedures for the In are:	atoximeters, Model Intox EC/IR II	to be followed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 degrees.	displays pressure, or the alcoholic by gree centigrade;	preath simulator thermometer show
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
. 4.	Enter information as prompted;		
5.	Verify instrument accuracy;		•
6.	When "PLEASE BLOW" appe	ars, collect breath sample;	
7.	When "PLEASE BLOW" appe	ars, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas can is simulator solution is being chan whichever occurs first.	ter is being changed before expirat ged every four months or after 125	ion date, or the alcoholic breath Alcoholic Breath Simulator tests,
I certify that procedures v Department	on theday ofday ofday ofday ofday ofday ofday of Health and Human Services, and	licated above, in accordance with c	regoing preventive maintenance urrent regulations of the N.C. erly.
THE CORE AND THE C			
The state of the s	Signa	ture of Certifying Official	Certificate Number

CRAVEN COUNTY BAT MOBILE UNIT 6 240

Serial Number: 008637 Test Date: 04/16/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX Driver's License Number: NONE

Analyst's Name: VARNELL, BRYON L

Permit Number: 16896E

Effective:

09/22/2017-09/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG716201 Exp Date: 06/11/2019

Test	g/210L	Time
DIAG	Pass	8:37pm
AIR BLK	.00	8:38pm
ACCY CHK	.07	8:39pm
AIR BLK	.00	8:40pm
SUB TEST	.00	8:40pm
AIR BLK	.00	8:41pm
SUB TEST	.00	8:42pm
AIR BLK	.00	8:43pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CRAVEN COUNTY BAT MOBILE UNIT 6 240

Serial Number: 008637 Test Date: 04/16/2019

Test Record Number: 2984
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	1,6	Status	Time
AIR		Pass	8:46pm

Printer Tests

TEPL	Scacus	Time
PRNT	Pass	8:46pm
	CRC Tests	
Test	Status	Time
COMP	Pass	8:46pm

Preventive Maintenance Status: Pass

Pass

8:46pm

CAL

10-

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	CRAVEN	Instrument Location CRAVEN	County
Instrumen	t Serial No. <u>00 8732</u>	Instrument Location <u>CRAVEN</u> SHERIFF'S OFFICE	
The preve		e Intoximeters, Model Intox EC/IR II to be foll	lowed at least once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus .2	ter displays pressure, or the alcoholic breath sir degree centigrade;	nulator thermometer show
2.	Verify instrument displays t	ime and date;	
3.	Initiate breath test sequence	;	
4.	Enter information as prompt	ted;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" a	ppears, collect breath sample;	
7.	When "PLEASE BLOW" a	ppears, collect breath sample;	g garden en de
8.	Print test record;		Sales and Control of the Control of
9.	Verify Diagnostic Program;	and	
10.		anister is being changed before expiration date changed every four months or after 125 Alcoho	
procedure	es were performed on the instrumen	t indicated above, in accordance with current rand the instrument is functioning properly.	; preventive maintenance egulations of the N.C.
S S S S S S S S S S S S S S S S S S S	0 1 0	Signature of Certifying Official	Certificate Number

CRAVEN COUNTY CRAVEN COUNTY SD 240

Serial Number: 008732 Test Date: 04/17/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HALL, RANDY E

Permit Number: 03462E

Effective:

03/01/2019-03/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG805802

Exp Date: 02/27/2020

Test	g/210L	Time

DIAG	Pass	1:54pm
AIR BLK	.00	1:54pm
ACCY CHK	.08	1:55pm
AIR BLK	.00	1:57pm
SUB TEST	.00	1:58pm
AIR BLK	.00	1:58pm
SUB TEST	.00	2:00pm
AIR BLK	.00	2:01pm

Reported AC: 100 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

CRAVEN COUNTY CRAVEN COUNTY SD 240

Serial Number: 008732

Test Record Number: 2201

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:01pm
FLO	Pass	2:01pm
FC	Pass	2:01pm

Temperature Tests

Status	Time
Pass	2:02pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
	•	•

AIR Pass 2:02pm

Printer Tests

Test	Status	Time
		*.

PRNT Pass 2:02pm

CRC Tests

Test Status Time

COMP Pass 2:02pm CAL Pass 2:02pm

Preventive Maintenance Status: Pass

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

Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	CRAVEN	Instrument Location New A	BERN PD	
Instrume	ent Serial No. <u>00 88/7</u>			
The prevenue four mon	ventive maintenance procedures for the Intoxinths are:	meters, Model Intox EC/IR II to be	followed at least once every	
1.	Verify the ethanol gas canister displ 34 degrees, plus or minus .2 degree		simulator thermometer show	
2.	Verify instrument displays time and	date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appears,	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears,	collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canister i simulator solution is being changed whichever occurs first.	is being changed before expiration d every four months or after 125 Alco	ate, or the alcoholic breath holic Breath Simulator tests,	
procedur	that on the day of day of day of res were performed on the instrument indicate the second sec		ing preventive maintenance at regulations of the N.C.	
GRATE	(au	OS ENDE	Certificate Number	

CRAVEN COUNTY NEW BERN PD 240

Serial Number: 008817 Test Date: 04/17/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HALL, RANDY E

Permit Number: 03462E

Effective:

03/01/2019-03/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG902201 Exp Date: 01/22/2021

Test

	3/ · · · -	
DIAG	Pass	12:56pm
AIR BLK	.00	12:56pm
ACCY CHK	.08	12:57pm
AIR BLK	.00	12:58pm
arr mnam	~ ~	40 F0

g/210L

Time

AIR BLK .00 12:58pm SUB TEST .00 12:59pm AIR BLK .00 12:59pm SUB TEST .00 1:01pm

 SUB TEST .00
 1:01pm

 AIR BLK .00
 1:02pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

CRAVEN COUNTY NEW BERN PD 240

Serial Number: 008817

Test Record Number: 1465
Test Time: 1:02pm EDT

Test Date: 04/17/2019

.

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:03pm

Printer Tests

rest	Status	Time
PRNT	Pass	1:03pm
	CRC Tests	
Test	Status	Time

COMP Pass 1:04pm CAL Pass 1:04pm

Preventive Maintenance Status: Pass

Karl E-Holl Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	CRAVEN Instrument Location MCAS CHERRY POIN
Instrumer	nt Serial No. <u>010819</u>
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every this are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedure	hat on theday of, 20, 20, the foregoing preventive maintenance es were performed on the instrument indicated above, in accordance with current regulations of the N.C. ent of Health and Human Services, and the instrument is functioning properly.
SO S	

CRAVEN COUNTY MCAS CHERRY POINT 240

Serial Number: 010819 Test Date: 04/17/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HALL, RANDY E

Permit Number: 03462E

Effective:

03/01/2019-03/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG831801 Exp Date: 11/14/2020

Test	g/210L	Time
DIAG AIR BLK	Pass	11:47am 11:47am
ACCY CHK AIR BLK	.08	11:48am 11:49am
SUB TEST	.00	11:49am
AIR BLK	.00	11:50am
SUB TEST	.00	11:52am
AIR BLK	.00	11:53am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

CRAVEN COUNTY MCAS CHERRY POINT 240

Serial Number: 010819 Test Date: 04/17/2019

Test Record Number: 581
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 SRC DET BAR BT	Pass Pass Pass Pass Pass	11:54am 11:54am 11:54am 11:54am 11:54am
	/ -	

Blank Tests

Test	Status	Time
AIR	Pass	11:55am

Printer Tests

Test	Status	Time
PRNT	Pagg	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

Department of Health and Human Services
Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_(Instrument Location Curribuck (o. S.O Covolla
Instrument Se	erial No. ODB949 1123 OceanTrail, lorolla, N.C.
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures w	on the 23 day of 4, 20 day of, 20 day of, the foregoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
TO THE STATE OF TH	Signature of Certifying Official Certificate Number

CURRITUCK COUNTY SO-COROLLA 260

Serial Number: 008949 Test Date: 04/23/2019

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G
Permit Number: 12955E
Effective:
06/01/2017-06/01/2019

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

Lot Number: AG814901 Exp Date: 05/29/2020

Test	g/210L	Time
DIAG	Pass	9:32am
AIR BLK	.00	9:32am
ACCY CHK	.08	9:33am
AIR BLK	.00	9:34am
SUB TEST	.00	9:35am
AIR BLK	.00	9:35am
SUB TEST	.00	9:37am
AIR BLK	.00	9:38am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

CURRITUCK COUNTY SO-COROLLA 260

Serial Number: 008949 Test Record Number: 491 Test Date: 04/23/2019 Test Time: 9:39am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:39am 9:39am 9:39am
		9:

Temperature Tests

Test	Status	Time
FC1	Pass	9:39am
SRC	Pass	9:39am
DET	Pass	9:39am
BAR	Pass	9:39am
\mathtt{BT}	Pass	9:39am

Blank Tests

Test	Status	Time
AIR	Pass	9:40am

Printer Tests

Test	Status	Time
PRNT	Pass	9:40am

CRC Tests

Test	Status	Time
COMP	Pass	9:40am
CAL	Pass	9:40am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

D	INTOXIMETERS, MODEL INTOX ECTR II AVE Instrument Location Kill Dovil Hills P.D.
Instrument Se	
The preventiv	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the
THE STATE OF THE S	Signature of Certifying Official Certificate Number

DARE COUNTY KILL DEVIL HILLS PD 270

Serial Number: 008844 Test Date: 04/18/2019

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G
Permit Number: 12955E
Effective:
06/01/2017-06/01/2019

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

Lot Number: AG821801 Exp Date: 08/06/2020

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	11:25am 11:25am 11:26am 11:27am 11:28am 11:29am
SUB TEST	.00	11:30am
AIR BLK	.00	11:31am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

DARE COUNTY KILL DEVIL HILLS PD 270

Serial Number: 008844 Test Record Number: 2196
Test Date: 04/18/2019 Test Time: 11:32am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:33am
FLO	Pass	11:33am
FC	Pass	11:33am

Temperature Tests

Status	Time
Pass	11:33am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	11:34am

Printer Tests

Status

Time

Test

PRNT	Pass	11:34am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:34am 11:34am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County DA	ME	Instrum	ent Location <u>// A</u>	F MOI DC	UNI) 6	· .
Instrument Se	rial No. <u>00 9570</u>	/	VACS HEND)		

The preventive four months a	e maintenance procedures for t re:	he Intoximeters	, Model Intox EC/I	R II to be foll	owed at least once e	vегу
1.	Verify the ethanol gas can 34 degrees, plus or minus	ister displays pr 2 degree centig	essure, or the alcoh rade;	olic breath sin	nulator thermometer	show
2.	Verify instrument displays	time and date;				
3.	Initiate breath test sequence	e;				
4.	Enter information as prom	pted;				
5,	Verify instrument accurac	y;				
6.	When "PLEASE BLOW"	appears, collec	t breath sample;			
7.	When "PLEASE BLOW"	appears, collec	t breath sample;			
8.	Print test record;					
9.	Verify Diagnostic Program	n; and				
10.	Verify that the ethanol gas simulator solution is being whichever occurs first.	s canister is beir g changed every	ng changed before e four months or afte	xpiration date er 125 Alcoho	e, or the alcoholic br lic Breath Simulator	eath r tests,
I certify that	on the 25 day of	APATI	, 20 / 9	, the foregoin	g preventive mainter	iance
procedures v Department	vere performed on the instrum of Health and Human Service	ent indicated al	ove, in accordance	with current	regulations of the N	С.
		· · · · · · · · · · · · · · · · · · ·				
STATI STATI STATI STATI	E OF NO.			1.4 6.4		
A EUE GIWW	O CONTRACTOR OF THE PROPERTY O				463	
		Signature of C	Pertifying Official		Certificate Numb	er

DARE COUNTY BAT MOBILE UNIT 6 270

Serial Number: 008580 Test Date: 04/25/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: VARNELL, BRYON L Permit Number: 16896E

Effective:

09/22/2017-09/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG821401 Exp Date: 08/02/2020

Test	g/210L	Time
DIAG	Pass	4:01pm
AIR BLK	.00	4:02pm
ACCY CHK	.07	4:03pm
AIR BLK	.00	4:03pm
SUB TEST	.00	4:04pm
AIR BLK	.00	4:05pm
SUB TEST	.00	4:06pm
AIR BLK	.00	4:07pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

DARE COUNTY BAT MOBILE UNIT 6 270

Serial Number: 008580 Test Date: 04/25/2019 Test Record Number: 2479
Test Time: 4:08pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:09pm
FLO	Pass	4:09pm
FC	Pass	4:09pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:09pm
SRC	Pass	4:09pm
DET	Pass	4:09pm
BAR	Pass	4:09pm
BT	Pass	4:09pm

Blank Tests

Test	Status	Time
AIR	Pass	4:10mm

Printer Tests

Test	Status	Time
PRNT	Pass	4:10pm
	CRC Tests	
Test	Status	Time
COMP	Pass	4:10pm
CAL	Pass	4:10pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Of	Instrument Location SAT MOIDE UND 6
Instrument Seri	al No. 00 9584 NAGS HOAD
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	the
STATE OF A	
ASSET OF CHAM ADDRESS.	Signature of Certifying Official Certificate Number

DARE COUNTY BAT MOBILE UNIT 6 270

Serial Number: 008584 Test Record Number: 2255 Test Date: 04/25/2019 Test Time: 4:07pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:08pm
FLO	Pass	4:08pm
FC	Pass	4:08pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:08pm
SRC	Pass	4:08pm
DET	Pass	4:08pm
BAR	Pass	4:08pm
BT	Pass	4:08pm

Blank Tests

Test	Status	Time
AIR	Pass	4:09pm

Printer Tests

		10 A		
Test		Status	÷	Time
PRNT	*.	Pass		4:09pm

CRC Tests

Test	Status	Time
COMP	Pass	4:09pm
CAL	Pass	4:09pm

Preventive Maintenance Status: Pass

Analyst

DARE COUNTY BAT MOBILE UNIT 6 270

Serial Number: 008584 Test Date: 04/25/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: VARNELL, BRYON L

Permit Number: 16896E

Effective:

09/22/2017-09/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG807101

Exp Date: 03/12/2020

Test	g/210L	Time
DIAG	Pass	4:00pm
AIR BLK	.00	4:01pm
ACCY CHK	.07	4:02pm
AIR BLK	.00	4:03pm
SUB TEST	.00	4:03pm
AIR BLK	.00	4:04pm
SUB TEST	.00	4:05pm
AIR BLK	.00	4:06pm

Reported AC: .

.00 a/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /)/	AC	Instrument Location SAT M	OF W	56
Instrument Ser	rial No. OOVGYG	NACS HEAD		
The preventive four months ar	e maintenance procedures for the Inter:	toximeters, Model Intox EC/IR II to	be followed a	at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg	isplays pressure, or the alcoholic br	eath simulator	thermometer show
2.	Verify instrument displays time	and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appea	urs, collect breath sample;		
7.	When "PLEASE BLOW" appea	ars, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canist simulator solution is being chang whichever occurs first.	ter is being changed before expirations and every four months or after 125 A	on date, or the Alcoholic Brea	alcoholic breath ath Simulator tests,
I certify that o procedures we Department o	n the <u>25</u> day of <u>App</u> re performed on the instrument ind f Health and Human Services, and t	icated above, in accordance with cu	rrent regulatio	tive maintenance ons of the N.C.
STATE OF THE STATE	No.			
	CAROLINA			
TOT QUANTUM	Signat	ture of Certifying Official	Certif	Ticate Number

DARE COUNTY BAT MOBILE UNIT 6 270

Serial Number: 008686 Test Date: 04/25/2019

Citation Number: M000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: VARNELL, BRYON L Permit Number: 16896E Effective: 09/22/2017-09/01/2019

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

Lot Number: AG807101 Exp Date: 03/12/2020

Test	g/210L	Time
DIAG	Pass	3:59pm
AIR BLK	.00	4:00pm
ACCY CHK	.07	4:00pm
AIR BLK	.00	4:01pm
SUB TEST	.00	4:02pm
AIR BLK	.00	4:03pm
SUB TEST	.00	4:04pm
AIR BLK	.00	4:05pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

DARE COUNTY BAT MOBILE UNIT 6 270

Serial Number: 008686

Test Record Number: 6615

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:09pm
FLO	Pass	4:09pm
FC	Pass	4:09pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:10pm
SRC	Pass	4:10pm
DET	Pass	4:10pm
BAR	Pass	4:10pm
BT	Pass	4:10pm

Blank Tests

Test	Status		Ti	me	
in the second	*	1	100		
AIR	Pass		4 •	10:nm	

Printer Tests

Test	Status	Time
PRNT	Pass	4:10pm
	CRC Tests	
Toat	6	er er er er

rest	Status	тітте
COMP	Pass	4:10pm
CAL	Pass	4:10pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	DANE	Instrument Location SAT N	WADE UND 6
Instrument S	Serial No. 00 9779	NALS HOND	
The prevent four months	ive maintenance procedures for the lare:	Intoximeters, Model Intox EC/IR II to I	be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breegree centigrade;	ath simulator thermometer show
2.	Verify instrument displays tim	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	;	
5, .	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	ears, collect breath sample:	
7.	When "PLEASE BLOW" appo		
8.	Print test record;		
9.	Verify Diagnostic Program; and	a 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 190 d	
10.	Verify that the ethanol gas cani	ster is being changed before expiration aged every four months or after 125 Ale	date, or the alcoholic breath coholic Breath Simulator tests,
procedures w	on the <u>JU</u> day of <u>AM</u> vere performed on the instrument in of Health and Human Services, and	20, the foreg dicated above, in accordance with curre the instrument is functioning properly	oing preventive maintenance ent regulations of the N.C.
THE STATE OF THE S	CAROLI		
		ture of Certifying Official	Certificate Number

DARE COUNTY BAT MOBILE UNIT 6 270

Serial Number: 008779 Test Date: 04/26/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: VARNELL, BRYON L

Permit Number: 16896E

Effective:

09/22/2017-09/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG716201 Exp Date: 06/11/2019

g/210L

Time

Test

	4 1 1 1	
DIAG	Pass	6:21pm
AIR BLK	00	6:22pm
ACCY CHK	.07	6:23pm
AIR BLK	.00	6:23pm
SUB TEST	.00	6:24pm
A TEN TOTAL	0.0	

.00 AIR BLK 6:25pm

SUB TEST .00 6:26pm AIR BLK .00 6:27pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

DARE COUNTY BAT MOBILE UNIT 6 270

Serial Number: 008779 Test Date: 04/26/2019

Test Record Number: 3550 Test Time: 6:29pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	6:29pm
FLO	Pass	6:29pm
FC	Pass	6:30pm

Temperature Tests

Status	Time
Pass	6:30pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
n To	_	
AIR	Pass	6:30pm

Printer Tests

rest	Status	Time
PRNT	Pass	6:30pm

CRC Tests

Test	Status	Time
COMP	Pass	6:31pm
CAL	Pass	6:31pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /)ALE	Instrument Location SAT M	OF THE G
Instrument S	Serial No. <u>00 84 3 7</u>	NALS HEAD	
			
The preventi four months	ve maintenance procedures for the Into	ximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canister dis 34 degrees, plus or minus .2 degre	plays pressure, or the alcoholic be e centigrade;	eath simulator thermometer show
2.	Verify instrument displays time ar	nd date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears	, collect breath sample;	
7.	When "PLEASE BLOW" appears	, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister simulator solution is being change whichever occurs first.	is being changed before expiration is being changed before expiration is being changed by the	on date, or the alcoholic breath Alcoholic Breath Simulator tests,
I certify that	on the 26 day of AMI	7 .20/9 the for	egoing preventive maintenance
procedures w	vere performed on the instrument indic of Health and Human Services, and the	ateu above, ili accordance with cii	ttent regulations of the N ()
THE STATE			
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	CARO		
APRIL 12. CT.	SV-		443
	Signatur	e of Certifying Official	Certificate Number

DARE COUNTY BAT MOBILE UNIT 6 270

Serial Number: 008637 Test Date: 04/26/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: VARNELL, BRYON L

Permit Number: 16896E

Effective:

09/22/2017-09/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG716201 Exp Date: 06/11/2019

Test	g/210L	Time
DIAG	Pass	6:22pm
AIR BLK	.00	6:23pm
ACCY CHK	.07	6:24pm
AIR BLK	.00	6:25pm
SUB TEST	.00	6:25pm
AIR BLK	.00	6:26pm
SUB TEST	.00	6:27pm
AIR BLK	.00	6:28pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

DARE COUNTY BAT MOBILE UNIT 6 270

Serial Number: 008637 Test Date: 04/26/2019

Test Record Number: 2987 Test Time: 6:31pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	6:32pm
FLO	Pass	6:32pm
FC	Pass	6:32pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:32pm
SRC	Pass	6:32pm
DET	Pass	6:32pm
BAR	Pass	6:32pm
BT	Pass	6:32pm

Blank Tests

Test	Status	Time		
AIR	Pass	6:32pm		

Printer Tests

Test	Status	Time
PRNT	Pass	6:32pm
	CRC Tests	
Test	Status	Time

	Blatus	 TIME	
COMP CAL	Pass Pass	6:33pm 6:33pm	

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County DA	ME	Instrument L	ocation SAT	MONDE U	रा ८	
Instrument Se	erial No. <u>008776</u>	NAUS	HEAN			· ·
			<u> </u>			
The preventive four months as	re maintenance procedures for the lare:	intoximeters, Mod	lel Intox EC/IR II	to be followed	d at least once	ечегу
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure egree centigrade;	, or the alcoholic	breath simulat	tor thermomet	er show
2.	Verify instrument displays tim	e and date;				
3.	Initiate breath test sequence;					
4.	Enter information as prompted	· •				
5.	Verify instrument accuracy;					
6.	When "PLEASE BLOW" app	ears, collect breat	h sample;			
7.	When "PLEASE BLOW" app	ears, collect breat	n sample;			
8.	Print test record;		- · · · · · · · · · · · · · · · · · · ·	•		
9.	Verify Diagnostic Program; an	ď			· .	
10.	Verify that the ethanol gas can simulator solution is being charwhichever occurs first.	ister is being chan nged every four m	ged before expira onths or after 12:	tion date, or the Alcoholic Br	ne alcoholic br eath Simulato	eath r tests,
I certify that o procedures we Department o	on the <u>26</u> day of <u>Aff</u> are performed on the instrument in f Health and Human Services, and	dicated above. in	, 20/4, the faccordance with functioning pro	FIII PPART WARE A	entive maintentions of the N.	nance C.
STATE OF THE STATE	TO ANOTHER CAROLING			· .		
A SEE CHAM VIDE	Sign	ature of Certifying	Official		LAZ	

DARE COUNTY BAT MOBILE UNIT 6 270

Serial Number: 008776 Test Date: 04/26/2019

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: VARNELL, BRYON L
Permit Number: 16896E
Effective:

Effective: 09/22/2017-09/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG902201 Exp Date: 01/22/2021

Test	g/210L	Time
DIAG	Pass	6:23pm
AIR BLK	.00	6:24pm
ACCY CHK	.08	6:24pm
AIR BLK	.00	6:25pm
SUB TEST	.00	6:26pm
AIR BLK	.00	6:27pm
SUB TEST	.00	6:28pm
AIR BLK	.00	6 • 29mm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

Sul

DARE COUNTY BAT MOBILE UNIT 6 270

Serial Number: 008776

Test Record Number: 3495 Test Time: 6:30pm EDT

Test Date: 04/26/2019

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	6:31pm
FLO	Pass	6:31pm
FC	Pass	6:31pm

Temperature Tests

FC1 Pass 6:31	ma
SRC Pass 6:31	
DET Pass 6:31	
BAR Pass 6:31	
BT Pass 6:31	

Blank Tests

Test	Status	Time
	1	
AIR	Pass	6:32pm

Printer Tests

Test

Test	Status	Time
PRNT	Pass	6:32pm
	CRC Tests	
Test	Status	Time
COMP	Pass	6:32pm
CAL	Pass	6:32pm

Preventive Maintenance Status: Pass

Analyst

	PREVENTIVE MAINTENANCE RECORD
County D	INTOXIMETERS, MODEL INTOX EC/IR II AVIDSON Instrument Location DAVIDSON CO DAIL
Instrument S	erial No.008845 Lexingron, N.C.
	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
four months	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify tha	t on the
Department STATE QUANTE STATE QUANTE	t of Health and Human Services, and the instrument is functioning properly.
- Channe	Signature of Cartifying Official Certificate Number

DAVIDSON COUNTY DAVIDSON CO JAIL 280

Serial Number: 008845 Test Date: 04/15/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: DEAN, L K

Permit Number: 11598E

Effective:

03/01/2019-03/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG821401 Exp Date: 08/02/2020

Test	g/210L	Time
DIAG AIR BLK	Pass	1:03pm 1:04pm
ACCY CHK	.08	1:04pm
AIR BLK SUB TEST	.00 .00	1:05pm 1:06pm
AIR BLK	.00	1:00pm
SUB TEST	.00	1:09pm
AIR BLK	.00	1:10pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

DAVIDSON COUNTY DAVIDSON CO JAIL 280

Serial Number: 008845 Test Record Number: 3101 Test Date: 04/15/2019 Test Time: 1:11pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:11pm
FLO	Pass	1:11pm
FC	Pass	1:11pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:11pm
SRC	Pass	1:11pm
DET	Pass	1:11pm
BAR	Pass	1:11pm
BT	Pass	1:11pm

Blank Tests

Test	Status	Time	
AIR	Pass	1:12pm	

Printer Tests

Test	Status	Time
PRNT	Pass	1:12pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:12pm 1:12pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II obile Unity The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; Enter information as prompted; 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW" appears, collect breath sample; 7. Print test record; 8. 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. the foregoing preventive maintenance I certify that on the procedures were performed on the instrument indicated above, in 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

DURHAM CO BAT MOBILE UNIT 4 310

Serial Number: 008929 Test Date: 04/09/2019

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAITENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Female

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SKINNER, TONYA B
Permit Number: 13651E
Effective:
08/01/2017-08/01/2019

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

Lot Number: AG814901 Exp Date: 05/29/2020

Test	g/210L	Time
DIAG AIR BLK	Pass	7:09pm 7:10pm
ACCY CHK	.08	7:10pm
AIR BLK	.00	7:11pm
SUB TEST	.00	7:12pm
AIR BLK	.00	7:13pm
SUB TEST	.00	7:15pm
AIR BLK	.00	7:16pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

OB SK Analyst

DURHAM CO BAT MOBILE UNIT 4 310

Serial Number: 008929 Test Record Number: 1045 Test Date: 04/09/2019 Test Time: 7:17pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	7:17pm
FLO	Pass	7:17pm
FC	Pass	7:17pm

Temperature Tests

Status	Time
Pass	7:17pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	'l'ıme
AIR	Pass	7:18pm

Printer Tests

Status

Test

Time

	20010012	
PRNT	Pass	7:18pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	7:18pm 7:18pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Durham Instrument Location Bat Mobile Unit
Instrument So	erial No. 008615 Durham PD
The prevention	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures v Department	t on theday of, 20, the foregoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
TANS OF ANY OF A	Signature of Certifying Official Certificate Number

DURHAM BAT MOBILE UNIT 4 310

Serial Number: 008615 Test Date: 04/09/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Female
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SKINNER, TONYA B

Permit Number: 13651E

Effective:

08/01/2017-08/01/2019

Officer's Name: SKINNER, TONYA B

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG716201 Exp Date: 06/11/2019

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	7:16pm 7:17pm 7:17pm
AIR BLK	.00	7:18pm
SUB TEST	.00	7:19pm
AIR BLK	.00	7:20pm
SUB TEST	.00	7:21pm
AIR BLK	.00	7:22pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

DURHAM BAT MOBILE UNIT 4 310

Serial Number: 008615 Test Test Date: 04/09/2019 Tes

Test Record Number: 5586
Test Time: 7:23pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	7:23pm
FLO	Pass	7:23pm
FC	Pass	7:23pm

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	7:24pm 7:24pm
DET	Pass	7:24pm
BAR	Pass	7:24pm
BT	Pass	7:24pm

Blank Tests

Test Status Time

AIR Pass 7:24pm

Printer Tests

Test Status Time

PRNT Pass 7:24pm

CRC Tests

Test Status Time

COMP Pass 7:24pm CAL Pass 7:24pm

Preventive Maintenance

Status: Pass

Analyet

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Do	RHAM	Instrument	Location Durh.	om Go	JAIL	
Instrument Seri	al No. <u>008878</u>	219 5.	Location Duch.	5- 1	DURHAM,	NC
The preventive four months are	maintenance procedures for the Int	oximeters, M	odel Intox EC/IR II	to be followe	ed at least once of	every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg			breath simula	ator thermomete	r show
2.	Verify instrument displays time	and date;	•			
3.	Initiate breath test sequence;					
4.	Enter information as prompted;					
5.	Verify instrument accuracy;					
6.	When "PLEASE BLOW" appear	ars, collect bro	eath sample;			
7.	When "PLEASE BLOW" appear	ars, collect bro	eath sample;			
8.	Print test record;	. •				
9.	Verify Diagnostic Program; and					
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.	ter is being cl ged every fou	hanged before expire ir months or after 12	ation date, or 5 Alcoholic l	the alcoholic br Breath Simulato	eath r tests,
procedures we	on the day of day of day of day of free performed on the instrument inc f Health and Human Services, and	dicated above	, in accordance with	current regu	eventive mainter lations of the N	nance .C.
THE STATE OF THE S	5-10/405	SAR~ ature of Certif	y fying Official		662 Certificate Numb	per

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008878 Test Date: 04/10/2019

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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, STOKES

Permit Number: 11434E

Effective:

04/01/2019-04/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS .

Test Type: Breath Test

Lot Number: AG902106 Exp Date: 01/21/2021

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	7:51pm 7:52pm 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

Signature of Chemical Analyst

Court CVR

Analyst Maintenance

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008878 Test Record Number: 4426 Test Date: 04/10/2019 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

Status	Time
Pass	7:59pm
CRC Tests	
	Pass

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Fra	Instrument Location Frank Lin ton PD		
Instrument Serie	al No. 008815 #7 W. Mason St Franklinton ST		
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every		
. 1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
I certify that or procedures wer Department of	the		
STATE OF STA	Signature of Certifying Official Certificate Number		

FRANKLIN COUNTY FRANKLINTON PD 340

Serial Number: 008815 Test Date: 04/09/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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, STOKES

Permit Number: 11434E

Effective:

04/01/2019-04/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG814901 Exp Date: 05/29/2020

Test	g/210L	Time
DIAG AIR BLK	Pass	1:10pm 1:11pm
ACCY CHK	.08	1:11pm
AIR BLK	.00	1:12pm
SUB TEST	.00	1:13pm
AIR BLK	.00	1:14pm
SUB TEST	.00	1:15pm
AIR BLK	.00	1:16pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

FRANKLIN COUNTY FRANKLINTON PD 340

Serial Number: 008815 Test Record Number: 1188 Test Date: 04/09/2019

Test Time: 1:17pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:17pm 1:17pm
FC	Pass	1:17pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	1:17pm 1:17pm 1:17pm 1:17pm 1:17pm
		-

Blank Tests

Test	Status	Time
AIR	Pass	1:18pm

Printer Tests

Test	100	Status		Time	
20 - E			- "		
PRNT		Pass		1 180	m

CRC Tests

Test	Status	Time
COMP	Pass	1:18pm
CAL	Pass	1:18pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTUATIVETERS, MODEL INTO A ECTR II
County_	naston Instrument Location 995700 County 50
Instrument S	Gerial No. 008694 405 N. Marietta St., Gastonia
The preventi	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
. 3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify that procedures Department	were performed on the instrument indicated above, in accordance with current regulations of the N.C. at 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 (11/07)

GASTON COUNTY GASTON COUNTY SO 350

Serial Number: 008694 Test Date: 04/03/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HAYS, MARK D

Permit Number: 15924E

Effective:

01/01/2018-01/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG821401 Exp Date: 08/02/2020

Test	g/210L	Time
DIAG	Pass	10:30am
AIR BLK	.00	10:31am
ACCY CHK	.08	10:32am
AIR BLK	.00	10:32am
SUB TEST	.00	10:33am
AIR BLK	.00	10:34am
SUB TEST	.00	10:36am
ATR. BLK	. 00	10:37am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GASTON COUNTY GASTON COUNTY SO 350

Serial Number: 008694 Test Date: 04/03/2019

Test Record Number: 1425

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

Blank Tests

Test	Status	Time
ATR	Pass	10:39am

Printer Tests

PRNI	rass	10:39am
PRNT	Pass	10:39am
Test	Status	Time

CRC Tests

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

_	INTOXIMET	ERS, MODEL INTOX EC/11	
County Gaston		Instrument Location Gasten County 50	
Instrument Se	erial No. <u>008684</u>	425 N. Morietta S	it, Gadania
The preventive four months a		e Intoximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2	ter displays pressure, or the alcoholic breath degree centigrade;	simulator thermometer show
2.	Verify instrument displays t	ime and date;	
3.	Initiate breath test sequence	;	· · · · · · · · · · · · · · · · · · ·
4.	Enter information as prompt	ted;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" a	appears, collect breath sample;	
7.	When "PLEASE BLOW" a	appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.	Verify that the ethanol gas of simulator solution is being of whichever occurs first.	canister is being changed before expiration changed every four months or after 125 Alc	date, or the alcoholic breath oholic Breath Simulator tests,
I certify that procedures v Department	were performed on the instrumer	April 20 19, the foregont indicated above, in accordance with current and the instrument is functioning properly	oing preventive maintenance ent regulations of the N.C.
STAT STATE OF THE		Signature of Certifying Official	656 Certificate Number

GASTON COUNTY GASTON COUNTY SO 350

Serial Number: 008684 Test Date: 04/25/2019

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HAYS, MARK D
Permit Number: 15924E
Effective:
01/01/2018-01/01/2020

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

Lot Number: AG821401 Exp Date: 08/02/2020

Test	g/210L	Time
DIAG	Pass	9:59am
AIR BLK	.00	10:00am
ACCY CHK	.08	10:01am
AIR BLK	.00	10:02am
SUB TEST	.00	10:02am
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

GASTON COUNTY GASTON COUNTY SO 350

Serial Number: 008684

Test Record Number: 4273

Test Date: 04/25/2019

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

Status	Time
Pass	10:07am
	Pass Pass Pass Pass

Blank Tests

Test Stat	us Time
-----------	---------

AIR Pass 10:08am

Printer Tests

PRNT Pass 10:08am

CRC Tests

Test Status Time

COMP Pass 10:08am CAL Pass 10:08am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Gaston	Instrument Location Belmont PD
Instrumen	t Serial No. 008733	201 Chronicle Street, Belmon
The prever		e Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2	er displays pressure, or the alcoholic breath simulator thermometer show degree centigrade;
2.	Verify instrument displays ti	me and date;
3.	Initiate breath test sequence;	
4.	Enter information as prompt	ed;
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" a	ppears, collect breath sample;
7.	When "PLEASE BLOW" a	ppears, collect breath sample;
8.	Print test record;	
9.	Verify Diagnostic Program;	and
10.	Verify that the ethanol gas c simulator solution is being c whichever occurs first.	anister is being changed before expiration date, or the alcoholic breath hanged every four months or after 125 Alcoholic Breath Simulator tests,
procedure	hat on the <u>//6 H/1</u> day of <u>/</u> es were performed on the instrumen ent of Health and Human Services, a	, 20 1 9, the foregoing preventive maintenance tradicated above, in accordance with current regulations of the N.C. and the instrument is functioning properly.
SE S	TATE OF NORTH LAND AND STATE OF THE STATE OF	2 450 Signature of Certifying Official Certificate Number
A signed	original of the preventive maintenan	ce record shall be kept on file for at least three years.

DHHS 4080 (11/07)

GASTON COUNTY BELMONT PD 350

Serial Number: 008733 Test Date: 04/16/2019

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG722408 Exp Date: 08/12/2019

Test	g/210L	Time
DIAG AIR BLK	Pass	10:57am 10:58am
ACCY CHK	.08	10:59am
AIR BLK SUB TEST	.00	11:00am
		11:00am
AIR BLK	.00	11:01am
SUB TEST	.00	11:03am
AIR BLK	.00	11:04am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

GASTON COUNTY BELMONT PD 350

Serial Number: 008733

Test Record Number: 1150

Test Date: 04/16/2019

Test Time: 11:05am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:05am
FLO	Pass	11:05am
FC	Pass	11:05am

Temperature Tests

Test	Status	Time
FC1 SRC DET	Pass Pass Pass	11:05am 11:05am 11:05am
BAR	Pass	11:05am
BT	Pass	11:05am

Blank Tests

AIR Pass 11:06am

Printer Tests

Test	Status	Time	

PRNT Pass 11:06am

CRC Tests

Test Status Time

COMP Pass 11:06am CAL Pass 11:06am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Gr	anville Instrument Location Creedmooi PD
	ial No. 008641 III MASONIC ST CARESMON NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on the day of, 20, 20, the foregoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
STATE OF THE STATE	

GRANVILLE COUNTY CREEDMOOR PD 380

Serial Number: 008641 Test Date: 04/09/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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, STOKES

Permit Number: 11434E

Effective:

04/01/2019-04/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG807102 Exp Date: 03/12/2020

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00	11:45am 11:45am 11:46am
AIR BLK	.00	11:47am
SUB TEST	.00	11:47am
AIR BLK	.00	11:48am
SUB TEST	.00	11:50am
ATR BLK	.00	11:51am

Reported AC:

<u>.00~</u>¶/210I

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

GRANVILLE COUNTY CREEDMOOR PD 380

Serial Number: 008641

Test Record Number: 1125

Test Date: 04/09/2019

Test Time: 11:51am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:51am
FLO	Pass	11:51am
FC	Pass	11:52am

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	11:52am 11:52am 11:52am 11:52am 11:52am

Blank Tests

Test	Status	Time
ΔTR	Pass	11:52am

Printer Tests

Test	Status	Time
PRNT	Pass	11:52am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:53am

Preventive Maintenance Status: Pass

Pass

CAL

11:53am

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	GRANVIlle Instrument Location OXFORD PD
Instrumer	at Serial No. 008923 204 E. Mr Clanahan ST OxFURD NC
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every ths are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedu	that on theday of, 20, the foregoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. ment of Health and Human Services, and the instrument is functioning properly.
GOREAT SE	STATE OF THE OF THE OF THE OFFICE AND ACT OF

GRANVILLE COUNTY OXFORD PD 380

Serial Number: 008923 Test Date: 04/09/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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, STOKES

Permit Number: 11434E

Effective:

04/01/2019-04/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG902201 Exp Date: 01/22/2021

Test	g/210L	Time
DIAG	Pass	2:25pm 2:25pm
AIR BLK ACCY CHK	.00 .08	2:25pm
AIR BLK	.00	2:27pm
SUB TEST	.00	2:27pm
AIR BLK	.00	2:28pm
SUB TEST	.00	2:30pm
AIR BLK	.00	2:31pm

Signature of Chemical Analyst

Court CVR

GRANVILLE COUNTY OXFORD PD 380

Serial Number: 008923 Test Record Number: 2084

Test Date: 04/09/2019

Test Time: 2:31pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:32pm
FLO	Pass	2:32pm
FC	Pass	2:32pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:32pm
SRC	Pass	2:32pm
DET	Pass	2:32pm
BAR	Pass	2:32pm
\mathtt{BT}	Pass	2:32pm

Blank Tests

Test	Status	Time
	*	
AIR	Pass	2:33pm

Printer Tests

Test	Status	rime
PRNT	Pass	2:33pm

CRC Tests

Test	Status	Time
COMP	Pass Pass	2:33pm 2:33pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	11 TORCE Instrument Location Greens bor 6
Instrument S	erial No. 008790
The preventi	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
	on theday of, 20, the foregoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008790 Test Date: 04/10/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: NONE, NONE Permit Number: 11598E

Effective:

04/01/2019-04/01/2021

Officer's Name: DEAN, L K

Type of Agency: FTA
Agency: DHHS

Test Type: Breath Test

Lot Number: AG807101 Exp Date: 03/12/2020

Test	g/210L	Time
DIAG	Pass	2:35pm
AIR BLK	.00	2:36pm
ACCY CHK	.08	2:37pm
AIR BLK	.00	2:38pm
SUB TEST	.00	2:38pm
AIR BLK	.00	2:39pm
SUB TEST	.00	2:41pm
AIR BLK	.00	2:41pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008790 Test Record Number: 6421 Test Date: 04/10/2019 Test Time: 2:42pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:42pm 2:42pm
FC	Pass	2:43pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:43pm
SRC	Pass	2:43pm
\mathbf{DET}	Pass	2:43pm
BAR	Pass	2:43pm
BT	Pass	2:43pm

Blank Tests

Test	Status	Time
AIR	Pass	2:43pm

Printer Tests

Test	Status Tir	Time
PRNT	Pass	2:43pm

CRC Tests

Test	Status	Time
COMP	Pass	2:44pm
CAL	Pass	2:44pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Count	Instrument Location GREENSboro JAil
Instrument Ser	rial No. 008794
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on the
CARL IS THE STATE OF THE STATE	

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008794 Test Date: 04/10/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: NONE, NONE

Permit Number: 11598E

Effective:

04/01/2019-04/01/2021

Officer's Name: DEAN, L K

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG902106 Exp Date: 01/21/2021

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	3:26pm 3:26pm 3:27pm 3:28pm
AIR BLK SUB TEST	.00 .00	3:20pm
AIR BLK	.00	3:30pm
SUB TEST	.00	3:31pm
ATR BLK	.00	3:32pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008794

Test Record Number: 6509

Test Date: 04/10/2019

Test Time: 3:33pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:33pm
FLO	Pass	3:33pm
FC	Pass	3:33pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:33pm
SRC	Pass	3:33pm
DET	Pass	3:33pm
BAR	Pass	3:33pm
\mathtt{BT}	Pass	3:33pm

Blank Tests

Test	Status	Time
AIR	Pass	3:34pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:34pm

CRC Tests

Test	Status	Time
COMP	Pass	3:34pm
CAL	Pass	3:34pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; 2. Initiate breath test sequence; 3. Enter information as prompted; 4. Verify instrument accuracy; 5. When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW" appears, collect breath sample; 7. 8. Print test record; Verify Diagnostic Program; and 9. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. the foregoing preventive maintenance I certify that on the procedures were performed on the instrument indicated above, in 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

GUILFORD COUNTY UNC-G POLICE DEPT 400

Serial Number: 008604 Test Date: 04/12/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: DEAN, L K

Permit Number: 11598E

Effective:

03/01/2019-03/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG807101 Exp Date: 03/12/2020

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	12:25pm 12:26pm 12:26pm 12:28pm 12:28pm
AIR BLK	.00	12:29pm
SUB TEST	.00	12:31pm
ATR BIK	0.0	12:32pm

Reported AC: ..00 g/240L

Signature of Chemical Analyst

Court CVR

GUILFORD COUNTY UNC-G POLICE DEPT 400

Serial Number: 008604

Test Record Number: 1765

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:33pm
FLO	Pass	12:33pm
FC	Pass	12:33pm

Temperature Tests

Status	Time
Pass	12:33pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	12:34pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:34pm
	CRC Tests	
Test	Status	Time

COMP Pass 12:34pm CAL Pass 12:34pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD NTOXIMETERS, MODEL INTOX EC/IR II Instrument Location 🗢 The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; 3. Initiate breath test sequence; Enter information as prompted; 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW" appears, collect breath sample; 7. Print test record; Verify Diagnostic Program; and 9. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. , the foregoing preventive maintenance I certify that on the procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Certificate Number

GUILFORD COUNTY GREENSBORO PD 400

Serial Number: 008725 Test Date: 04/12/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: DEAN, L K

Permit Number: 11598E

Effective:

03/01/2019-03/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG734101 Exp Date: 12/07/2019

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08 .00	11:28am 11:29am 11:30am 11:31am
SUB TEST	.00	11:32am
AIR BLK	.00	11:32am
SUB TEST	.00	11:34am
ATR BLK	.00	11:35am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

GUILFORD COUNTY GREENSBORO PD 400

Serial Number: 008725

Test Record Number: 4365

Test Date: 04/12/2019

Test Time: 11:35am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:36am
FLO	Pass	11:36am
FC	Pass	11:36am

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	11:36am 11:36am 11:36am 11:36am
\mathtt{BT}	Pass	11: 36am

Blank Tests

Test	Status	Time
AIR	Pass	11:37am

Printer Tests

Test	Status	Time
PRNT	Pass	11:37am
	CRC Tests	
Test	Status	Time

11:37am

11:37am

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	-vilford Instrument Location Green	DOD Ail
Instrument Se	rial No. <u>008638</u>	
The preventive four months a	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be foll re:	owed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath sin 34 degrees, plus or minus .2 degree centigrade;	nulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10. I certify that	Verify that the ethanol gas canister is being changed before expiration date simulator solution is being changed every four months or after 125 Alcohowhichever occurs first. on the	olic Breath Simulator tests,
Department	of Health and Human Services, and the instrument is functioning properly.	
TO THE STATE OF TH		642 Certificate Number

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008638 Test Date: 04/10/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: NONE, NONE Permit Number: 11598E Effective:

04/01/2019-04/01/2021

Officer's Name: DEAN, L K
Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG902106 Exp Date: 01/21/2021

Test	g/210L	Time
DIAG	Pass	3:52pm
AIR BLK	.00	3:53pm
ACCY CHK	.08	3:53pm
AIR BLK	.00	3:55pm
SUB TEST	.00	3:55pm
AIR BLK	.00	3:56pm
SUB TEST	.00	3:58pm
ATR BLK	. 00	3:59pm

Reported AC: .00_g/210L

Signature of Chemical Analyst

Court CVR

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008638

Test Record Number: 4092

Test Date: 04/10/2019

Test Time: 4:00pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:00pm
FLO	Pass	4:00pm
FC	Pass	4:00pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:00pm
SRC	Pass	4:00pm
DET	Pass	4:00pm
BAR	Pass	4:00pm
\mathtt{BT}	Pass	4:00pm

Blank Tests

Test	Status	Time
AIR	Pass	4:01pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:01pm

CRC Tests

Test	Status	Time
COMP	Pass	4:01pm
CAL	Pass	4:01pm

Preventive Maintenance Status: Pass

Analyst

	PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II
County C	Fuiltord Instrument Location High Point
Instrument Se	rial No. 008828 Police DepartMENT
The preventiv	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the
CREAT STATE OF THE CREAT STATE O	Signature of Certifying Official Certificate Number

GUILFORD COUNTY HIGH POINT PD 401

Serial Number: 008828 Test Date: 04/15/2019

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: DEAN, L K
Permit Number: 11598E

Effective:

03/01/2019-03/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG902106 Exp Date: 01/21/2021

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	4:52pm 4:53pm 4:53pm 4:54pm
SUB TEST	.00	4:55pm
AIR BLK	.00	4:56pm
SUB TEST	.00	4:57pm
AIR BLK	.00	4:58pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GUILFORD COUNTY HIGH POINT PD 401

Serial Number: 008828

Test Record Number: 3021

Test Date: 04/15/2019

Test Time: 5:01pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:01pm
${ t FLO}$	Pass	5:01pm
FC	Pass	5:01pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:02pm
SRC	Pass	5:02pm
DET	Pass	5:02pm
BAR	Pass	5:02pm
BT	Pass	5:02pm

Blank Tests

Test	Status	Time
AIR	Pass	5:02pm

Printer Tests

Test		Status	Time
PRNT	٠	Pass	5:02pm

CRC Tests

Test	Status	Time
COMP	Pass	5:02pm
CAL	Pass	5:02pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location Instrument Serial No. 008653 The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; 2. 3. Initiate breath test sequence; Enter information as prompted; Verify instrument accuracy; 5. When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; 7. 8. Print test record; 9. Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. , the foregoing preventive maintenance I certify that on the procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: 008655 Test Date: 04/15/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: DEAN, L K

Permit Number: 11598E

Effective:

03/01/2019-03/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG821401 Exp Date: 08/02/2020

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	4:06pm 4:07pm 4:07pm
AIR BLK	.00	4:08pm
SUB TEST	.00	4:08pm
AIR BLK	.00	4:09pm
SUB TEST	.00	4:11pm
ATR BLK	.00	4:12pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: 008655

Test Record Number: 3390

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:54pm 3:54pm
FC	Pass	3:54pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:55pm
SRC	Pass	3:55pm
DET	Pass	3:55pm
BAR	Pass	3:55pm
BT	Pass	3:55pm

Blank Tests

Test	Status	Time
AIR	Pass	3:55pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:55pm

CRC Tests

rest	Status	Time
COMP	Pass	3:56pm
CAL	Pass	3:56pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County_	Hoke Co. Instrument Location Hoke Co Detention Centers
Instrume	nt Serial No. 608/128 Reaford, MC
The prev	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6	When "PLEASE BLOW" appears, collect breath sample;
7	When "PLEASE BLOW" appears, collect breath sample;
8	Print test record;
9	
10	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
manand	y that on theday of, 20/, the foregoing preventive maintenance ures were performed on the instrument indicated above, in accordance with current regulations of the N.C. ment of Health and Human Services, and the instrument is functioning properly.
COREAT SE	STATE ON THE CONTROL OF THE CONTROL
	Signature of Certifying Official Certificate Number

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008728 Test Date: 04/03/2019

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENNCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C
Permit Number: 07682E
Effective:
12/01/2017-12/01/2019

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

Lot Number: AG805802 Exp Date: 02/27/2020

- /0101

Test	g/210L	Time
DIAG AIR BLK ACCY CHE AIR BLK SUB TEST AIR BLK SUB TEST	.00 .00	3:58pm 3:59pm 3:59pm 4:00pm 4:01pm 4:02pm 4:03pm
AIR BLK	.00	4:04pm

Reported AC: 1.00 9/218L

Signature of Chemical Analyst

Court CVR

Analyst

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008728 Test Record Number: 358
Test Date: 04/03/2019 Test Time: 4:04pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:05pm
FLO	Pass	4:05pm
FC	Pass	4:05pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:05pm
SRC	Pass	4:05pm
DET	Pass	4:05pm
BAR	Pass	4:05pm
BT	Pass	4:05pm

Blank Tests

Test	Status	Time
AIR	Pass	4:06pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:06pm

CRC Tests

Test	Status	Time
COMP	Pass	4:06pm
CAL	Pass	4:06pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County H	,de	Instrument Loc	cation Hyde	· (o. S.O.
Instrument Se	/de erial No. <u>008801</u> 1 <u>8</u>	33 Ma	in st., s	wan Quarter, M.
The preventive four months a	ve maintenance procedures for the Intox	imeters, Mode	l Intox EC/IR II t	to be followed at least once every
1.	Verify the ethanol gas canister disp 34 degrees, plus or minus .2 degree		or the alcoholic b	preath simulator thermometer show
2.	Verify instrument displays time and	d date;		
3.	Initiate breath test sequence;			*
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appears	, collect breath	sample;	
7.	When "PLEASE BLOW" appears	, collect breath	sample;	
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canister simulator solution is being change whichever occurs first.	is being chang devery four m	ged before expira onths or after 125	ation date, or the alcoholic breath 5 Alcoholic Breath Simulator tests,
I certify that procedures v Department	on the day of day of the indicator of Health and Human Services, and the	ted above, in a	th ccordance with cunctioning proper	ne forgoing preventive maintenance urrent regulations of the N.C. rly.
STAT STATE OF THE	CAROLIN CAROLIN			
* 1.55E QUAM	Jan J. N. Signatu	re of Certifyin	g Official	Certificate Number

HYDE COUNTY HYDE CO SO SWAN QUAR 470

Serial Number: 008801 Test Date: 04/12/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

06/01/2017-06/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG814901 Exp Date: 05/29/2020

Test	g/210L	Time
DIAG	Pass	9:57am
AIR BLK	.00	9:57am
ACCY CHK	.07	9:58am
AIR BLK	.00	9:59am
SUB TEST	.00	9:59am
AIR BLK	.00	10:00am
SUB TEST	.00	10:02am
ATR BLK	.00	10:02am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HYDE COUNTY HYDE CO SO SWAN QUAR 470

Serial Number: 008801 Test Record Number: 502 Test Date: 04/12/2019 Test Time: 10:04am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:04am 10:04am
FC	Pass	10:04am

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	10:04am 10:04am 10:04am 10:04am
\mathtt{BT}	Pass	10:04am

Blank Tests

Test	Status	Time
AIR	Pass	10:05am

Printer Tests

Test	Status	Time
PRNT	Pass	10:05am

CRC Tests

Test	Status	Time
COMP	Pass	10:05am
CAL	Pass	10:05am

Preventive Maintenance Status: Pass

Analyst

	PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EÇ/IR II
County I	Instrument Location Fredell County SO
Instrument Seri	anger 101 El blast State Ville
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on the
TO THE STATE OF TH	Signature of Certifying Official Certificate Number

IREDELL COUNTY IREDELL COUNTY SO 480

Serial Number: 008910 Test Date: 04/12/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HAYS, MARK D

Permit Number: 15924E

Effective:

01/01/2018-01/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG814902 Exp Date: 05/29/2020

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	9:02am 9:03am 9:04am
AIR BLK	.00	9:05am
SUB TEST	.00	9:06am
AIR BLK	.00	9:07am
SUB TEST	.00	9:08am
ALARA BLK	.00	9:09am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

IREDELL COUNTY IREDELL COUNTY SO 480

Serial Number: 008910

Test Record Number: 867

Test Date: 04/12/2019

Test Time: 9:10am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:10am 9:10am
FC	Pass	9:10am

Temperature Tests

Test	Status	Time
FC1	Pass	9:10am
SRC	Pass	9:10am
DET	Pass	9:10am
BAR	Pass	9:10am
${f BT}$	Pass	9:10am

Blank Tests

Test	Status	Time

AIR Pass 9:11am

Printer Tests

Test	Status	Time	

PRNT Pass 9:11am

CRC Tests

Test	Status	Time

COMP Pass 9:11am CAL Pass 9:11am

Preventive Maintenance Status: Pass

Analysi

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County Le	noil Instrument Location Lenoir (U. S.O.
Instrument Seri	ial No. 008847 130 Queen St., Kinston, N.C.
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	n theday of
OTHE STATE OF THE OTHER PROPERTY OTHER PR	Vu 12 0
With the same of t	Signature of Certifying Official Certificate Number

LENOIR COUNTY LENOIR CO SO 530

Serial Number: 008847 Test Date: 04/16/2019

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G
Permit Number: 12955E
Effective:

06/01/2017-06/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG902201 Exp Date: 01/22/2021

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00	12:49pm 12:50pm 12:50pm 12:51pm 12:52pm 12:53pm 12:54pm
AIR BLK	.00	12:55pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

LENOIR COUNTY LENOIR CO SO 530

Serial Number: 008847 Test Record Number: 682
Test Date: 04/16/2019 Test Time: 12:56pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:56pm
FLO	Pass	12:56pm
FC	Pass	12:56pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:57pm
SRC	Pass	12:57pm
DET	Pass	12:57pm
BAR	Pass	12:57pm
BT	Pass	12:57pm

Blank Tests

Test	Status	Time
ATR	Pagg	12.57pm

Printer Tests

Test

PRNT	Pass	12:57pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:57pm 12:57pm

Status

Time

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Le	noiv Instrument Location Kinston	P_iD_i
Instrument Se	erial No. 008624 205 E. King St., K	instan, N.C.
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be are:	followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath 34 degrees, plus or minus .2 degree centigrade;	simulator thermometer show
.2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	.*
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration d simulator solution is being changed every four months or after 125 Alco whichever occurs first.	
	on the day of April 20 1 the forgoere performed on the instrument indicated above, in accordance with current of Health and Human Services, and the instrument is functioning properly.	going preventive maintenance t regulations of the N.C.
STATE		
W 20, 17		
E W		
12 12 12 12 12 12 12 12 12 12 12 12 12 1		
AND AND CHANGE	Key St. P	643
	√ Signature of Certifying Official	Certificate Number

LENOIR COUNTY KINSTON PD 530

Serial Number: 008624 Test Date: 04/16/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

06/01/2017-06/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG805801 Exp Date: 02/27/2020

Test	g/210L	Time
DIAG AIR BLK	Pass	11:57am 11:58am
ACCY CHK	.08	11:58am
AIR BLK SUB TEST	.00 .00	11:59am 12:00pm
AIR BLK	.00	12:01pm
SUB TEST	.00	12:03pm

12:04pm

Reported AC: .00 g/210L

AIR BLK .00

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

LENOIR COUNTY KINSTON PD 530

Serial Number: 008624

Test Record Number: 1755

Test Date: 04/16/2019 Test Time: 12:05pm 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 SRC	Pass Pass	12:06pm 12:06pm
\mathbf{DET}	Pass	12:06pm
BAR	Pass	12:06pm
BT	Pass	12:06pm

Blank Tests

Test St	atus	Time
---------	------	------

AIR Pass 12:06pm

Printer Tests

1000 000000 ==0	Test	Status	Time
-----------------	------	--------	------

12:06pm PRNT Pass

CRC Tests

Time Test Status

COMP 12:06pm Pass 12:06pm CAL Pass

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Mad	Instrument Location Madison Co. Jail
Instrument Serial	No. 008599 Mushall, NC
The preventive m four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the
OF THE STATE OF A STAT	Signature of Certifying Official Certificate Number

MADISON COUNTY MADISON COUNTY JAIL 560

Serial Number: 008599 Test Date: 04/17/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE, Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG821401 Exp Date: 08/01/2020

Test	g/210L	Time
DIAG AIR BLK	Pass	3:06pm 3:07pm
ACCY CHK AIR BLK	.08	3:07pm 3:08pm
SUB TEST	.00	3:09pm
AIR BLK	.00	3:10pm
SUB TEST AIR BLK	.00	3:11pm 3:12pm
VIV DRV	.00	J. TZ D

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

MADISON COUNTY MADISON COUNTY JAIL 560

Serial Number: 008599 Test Record Number: 1014 Test Date: 04/17/2019 Test Time: 3:13pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:13pm
FLO	Pass	3:13pm
FC	Pass	3:13pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:14pm
SRC	Pass	3:14pm
DET	Pass	3:14pm
BAR	Pass	3:14pm
BT	Pass	3:14pm

Blank Tests

Test	Status	Time
AIR	Pass	3:14pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:14pm

CRC Tests

Test	Status	Time
COMP	Pass	3:14pm
CAL	Pass	3:14pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County //	ARTIDN	Instrument Location // ATM	MDF UND C
Instrument Seria	No. 00 8776		
The preventive r	naintenance procedures for th	ne Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus .2	ster displays pressure, or the alcoholic bro degree centigrade;	eath simulator thermometer show
2.	Verify instrument displays	time and date;	
3.	Initiate breath test sequence	;	
4.	Enter information as promp	ted;	
5.	Verify instrument accuracy;	;	
6.	When "PLEASE BLOW" a	appears, collect breath sample;	
7.	When "PLEASE BLOW" a	appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.	Verify that the ethanol gas of simulator solution is being of whichever occurs first.	canister is being changed before expiration changed every four months or after 125 A	on date, or the alcoholic breath alcoholic Breath Simulator tests,
I certify that on procedures were Department of I	performed on the instrumen	, 20/9, the form t indicated above, in accordance with cur and the instrument is functioning proper	egoing preventive maintenance rrent regulations of the N.C. rly.
THE STATE OF N			<u>663</u>
	S	ignature of Certifying Official	Certificate Number

MARTIN COUNTY BAT MOBILE UNIT 6 570

Serial Number: 008776 Test Date: 04/06/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: VARNELL, BRYON L

Permit Number: 16896E

Effective:

09/22/2017-09/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG710701 Exp Date: 04/17/2019

Test	g/210L	Time
DIAG	Pass	5:34pm
AIR BLK	.00	5:34pm
ACCY CHK	.07	5:35pm
AIR BLK	.00	5:36pm
SUB TEST	.00	5:36pm
AIR BLK	.00	5:37pm
SUB TEST	.00	5:39pm
AIR BLK	.00	5:39pm

Reported AC: .00 q/210L

Signature of Chemical Analyst

Court CVR

Analyst

MARTIN COUNTY BAT MOBILE UNIT 6 570

Serial Number: 008776

Test Record Number: 3492

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:45pm
FLO	Pass	5:45pm
FC	Pass	5:45pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:45pm
SRC	Pass	5:45pm
DET	Pass	5:45pm
BAR	Pass	5:45pm
BT	Pass	5:45pm

Blank Tests

Test Status Time AIR

Pass 5:46pm

Printer Tests

Test Status Time

PRNT Pass 5:46pm

CRC Tests

Test Status Time

COMP Pass 5:46pm CAL Pass 5:46pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

arton		MOJDE UND 6
rial No. OOTCYC		
e maintenance procedures for the	Intoximeters, Model Intox EC/IR II	to be followed at least once every
		breath simulator thermometer shows
Verify instrument displays tir	ne and date;	
Initiate breath test sequence;		
Enter information as prompte	d;	
Verify instrument accuracy;		
When "PLEASE BLOW" ap	pears, collect breath sample;	
When "PLEASE BLOW" ap	pears, collect breath sample;	
Print test record;		
Verify Diagnostic Program; a	nd	
Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	nister is being changed before expir anged every four months or after 12	ation date, or the alcoholic breath 5 Alcoholic Breath Simulator tests,
ere performed on the instrument	indicated above, in accordance with	
STATE OF THE STATE		
	gnature of Certifying Official	Certificate Number
	e maintenance procedures for the re: Verify the ethanol gas caniste 34 degrees, plus or minus .2 of the verify instrument displays times Initiate breath test sequence; Enter information as prompted verify instrument accuracy; When "PLEASE BLOW" ap When "PLEASE BLOW" ap Print test record; Verify Diagnostic Program; at Verify Diagnostic Program; at Verify that the ethanol gas can simulator solution is being cheated whichever occurs first. On the day of	e maintenance procedures for the Intoximeters, Model Intox EC/IR II re: Verify the ethanol gas canister displays pressure, or the alcoholic 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; Initiate breath test sequence; Enter information as prompted; Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; Print test record; Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expir simulator solution is being changed every four months or after 12 whichever occurs first. On the

MARTIN COUNTY BAT MOBILE UNIT 6 570

Serial Number: 008686 Test Date: 04/06/2019

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: VARNELL, BRYON L Permit Number: 16896E Effective: 09/22/2017-09/01/2019

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

Lot Number: AG807101 Exp Date: 03/12/2020

Test	g/210L	Time
DIAG	Pass	5:33pm
AIR BLK	.00	5:34pm
ACCY CHK	.07	5:34pm
AIR BLK	.00	5:35pm
SUB TEST	.00	5:36pm
AIR BLK	.00	5:36pm
SUB TEST	.00	5:38pm
AIR BLK	.00	5:39pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MARTIN COUNTY BAT MOBILE UNIT 6 570

Serial Number: 008686 Test Date: 04/06/2019

Test Record Number: 6609 Test Time: 5:42pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:42pm
FLO	Pass	5:42pm
FC	Pass	5:42 pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:42pm
SRC	Pass	5:42pm
DET	Pass	5:42pm
BAR	Pass	5:42pm
BT	Pass	5:42pm

Blank Tests

Test			Status			Time
			1	٠.		
AIR		Ė	ass			5:43pm

Printer Tests

Teat

Chabina mass.

1696	ocaci	12	1.71	е
PRNT	 Pass		5:4	3pm
				.*

CRC Tests

Test	Status	Time
COMP	Pass	5:43pm
CAL	Pass	5:43pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Me	CKNEWBURG Instrument Location BAT MOBILE 3
Instrument Seria	Instrument Location BAT MOBILE 3 INO. 008968 CMPD
The preventive r four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures wer Department of	n the
STATE OF THE STATE	

MECKLENBURG BAT MOBILE UNIT 3 590

Serial Number: 008968 Test Date: 04/17/2019

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: INGLE, LARRY W Permit Number: 07281E Effective: 02/01/2018-02/01/2020

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

> Lot Number: AG814902 Exp Date: 05/29/2020

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00	8:23pm 8:24pm 8:24pm 8:25pm 8:26pm 8:26pm
AIR BLK	.00	/ 8/./29pm

Reported AC:

Signature of Chemidal Analyst

Analyst

MECKLENBURG BAT MOBILE UNIT 3 590

Serial Number: 008968

Test Record Number: 272

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	8:31pm 8:31pm
FC	Pass	8:31pm

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	8:31pm 8:31pm
DET	Pass	8:31pm
BAR	Pass	8:31pm
BT	Pass	8:31pm

Blank Tests

Test	Status	Time
ΆTR	Pass	8 • 3 2 mm

Printer Tests

Test	Status	Time
PRNT	Pass	8:32pm

CRC Tests

Test	Status	Time
COMP	Pass	8:32pm
CAL	Pass	8 • 32mm

Prevent ve Maintenance

Status: Pass

Änalyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II			
County	ecklindung	Instrument Location MecKlant	ruglanty Sheriff Stofic
Instrument Ser	rial No. <u>OOK 90</u>	801 E. 420 St., Cha	nlote
The preventive four months ar		ntoximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breat egree centigrade;	h simulator thermometer shows
2.	Verify instrument displays time	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	!;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sample;	
7.	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; an		
10.	Verify that the ethanol gas car simulator solution is being cha whichever occurs first.	nister is being changed before expiration anged every four months or after 125 Al	date, or the alcoholic breath coholic Breath Simulator tests,
I certify that procedures w Department	vere performed on the instrument i	ndicated above, in accordance with cure of the instrument is functioning proper	going preventive maintenance rent regulations of the N.C. y.
THE STATE OF THE S	Man Man	gnature of Certifying Official	656 Certificate Number

MECKLENBURG COUNTY SHERIFFS OFFICE 590

Serial Number: 008690 Test Date: 04/22/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HAYS, MARK D Permit Number: 15924E

Effective:

01/01/2018-01/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG902106 Exp Date: 01/21/2021

Test g/210L Time DIAG Pass 10:25am AIR BLK .00 10:26am ACCY CHK .08 10:26am AIR BLK .00 10:27am SUB TEST .00 10:28am AIR BLK .00 10:29am

10:30am

AIR BLK .00 10:31am

Report ded .00 g/210L

SUB TEST .00

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

MECKLENBURG COUNTY SHERIFFS OFFICE 590

Serial Number: 008690

Test Record Number: 6215

Test Date: 04/22/2019

Test Time: 10:34am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
.IR	Pass	10:34am
FLO	Pass	10:34am
FC	Pass	10:34am

Temperature Tests

Status	Time
Pass	10:34am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	10:35am

Printer Tests

Test	Status	Time
PRNT	Pass	10:35am
	CRC Tests	
Test	Status	Time

Pass

Pass

10:35am

10:35am

Preventive Maintenance Status: Pass

COMP

CAL

a 4	PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II
County // La	Henry Instrument Location Mukenburg County Sherith's Ortic
Instrument Se	rial No. 008665 801 E. 45 St., Charlotte
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	day of, 20, the foregoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
OF GLANY	Signature of Certifying Official Certificate Number

MECKLENBURG COUNTY SHERIFFS OFFICE 590

Serial Number: 008665 Test Date: 04/22/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX Driver's License Number: NONE

Analyst's Name: HAYS, MARK D

Permit Number: 15924E

Effective:

01/01/2018-01/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG807101 Exp Date: 03/12/2020

Test	g/210L	Time
DIAG AIR BLK	Pass	10:41am 10:42am
ACCY CHK AIR BLK	.08	10:43am 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

MECKLENBURG COUNTY SHERIFFS OFFICE 590

Serial Number: 008665 Test Record Number: 4699
Test Date: 04/22/2019 Test Time: 10:49am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:50am

Printer Tests

Test

PRNT	Pass	10:50am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:50am 10:50am

Status

Time

Preventive Maintenance Status: Pass

Analyst

County	INTOXIMETERS, MODEL INTOX EC/IR	
Instrument S	anacau (a) Et. 1C+Ch	dotte
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be fol are:	lowed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath si 34 degrees, plus or minus .2 degree centigrade;	mulator thermometer show
2.	Verify instrument displays time and date;	·
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date simulator solution is being changed every four months or after 125 Alcohowhichever occurs first.	e, or the alcoholic breath olic Breath Simulator tests,
I certify that procedures v Department	t on the	g preventive maintenance regulations of the N.C.
STAT STATE OF THE	Signature of Certifying Official	656 Certificate Number

MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008594 Test Date: 04/22/2019

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: HAYS, MARK D Permit Number: 15924E Effective: 01/01/2018-01/01/2020

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

> Lot Number: AG902106 Exp Date: 01/21/2021

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	11:14am 11:15am 11:16am
SUB TEST	.00	11:17am 11:18am
AIR BLK SUB TEST	.00 .00	11:19am 11:21am
AIR BLK	.00	11:22am

.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008594

Test Record Number: 4338

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

rest	Status	Time
PRNT	Pass	11:24am
	CRC Tests	

Test	Status	Time
COMP	Pass	11:24am
CAL	Pass	11:24am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

. //	MINIOAINIETERS, MODEL INTOX EC/IR II
County //	1.tchell Instrument Location Spruce Pine PD
Instrument Se	erial No. 008726 Spruce Pine, NC
The preventive four months a	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer sho 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
procedures we	on the
STATE OF THE STATE	A CARDON CONTROL OF THE CARDON CONTROL OF TH
	Signature of Certifying Official Certificate Number

MITCHELL COUNTY SPRUCE PINE PD 600

Serial Number: 008726 Test Date: 04/18/2019

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J
Permit Number: 11304E
Effective:
05/01/2017-05/01/2019

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

Lot Number: AG807101 Exp Date: 03/12/2020

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00 .00 .00	10:51am 10:52am 10:53am 10:54am 10:54am 10:55am 10:57am 10:58am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MITCHELL COUNTY SPRUCE PINE PD 600

Serial Number: 008726 Test Record Number: 973 Test Date: 04/18/2019 Test Time: 11:00am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:01am

Printer Tests

TCSC	Status	rine
PRNT	Pass	11:01am
	CRC Tests	

Test	Status	Time
COMP	Pass Pass	11:01am 11:01am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	ONSLOW Instrument Location ONSLOW COUNTY
Instrumer	Instrument Location ONSLOW COUNTY at Serial No. 008931 SHEEF SOFFICE
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every this are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9,	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedur	hat on theday of, 20, 20, the foregoing preventive maintenance es were performed on the instrument indicated above, in accordance with current regulations of the N.C. ent of Health and Human Services, and the instrument is functioning properly.
GOREATS	Signature of Certifying Official Cartificate Number

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

DHHS 4080 (11/07)

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008931 Test Date: 04/11/2019

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HALL, RANDY E
Permit Number: 3462E
Effective:
05/01/2017-05/01/2019

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

Lot Number: AG902201 Exp Date: 01/22/2021

Test	g/210L	Time
DIAG AIR BLK	Pass	12:22pm 12:22pm
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

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008931 Test Record Number: 3041 Test Date: 04/11/2019 Test Time: 12:29pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:29pm 12:29pm
FC	Pass	12:29pm

Temperature Tests

Status	Time
Pass Pass	12:30pm 12:30pm
Pass	12:30pm
Pass Pass	12:30pm 12:30pm
	Pass Pass Pass Pass

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

Karel E Holf
Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County ON	5/0W Instrument Location ONSLOW COUNTY
Instrument Seria	No. 008932 SHERIFF'S OFFICE
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures wer Department of	the
STATE OF THE STATE	Signature of Certifying Official Certificate Number

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008932 Test Date: 04/11/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HALL, RANDY E

Permit Number: 3462E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG814902 Exp Date: 05/29/2020

Test	g/210L	Time
DIAG	Pass	12:21pm
AIR BLK ACCY CHK	.00	12:21pm 12:22pm
AIR BLK	.00	12:22pm
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

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008932 Test Record Number: 4937 Test Date: 04/11/2019 Test Time: 12:29pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:30pm
FLO	Pass	12:30pm
FC	Pass	12:30pm

Temperature Tests

Test	Status	Time
FC1 SRC DET	Pass Pass Pass	12:30pm 12:30pm 12:30pm
BAR	Pass	12:30pm
BT	Pass	12:30pm

Blank Tests

Test	Status	Time
7 TD	Do m m	10 23
AIR	Pass	12:31pm

Printer Tests

PRNT Pass 12:31pm	lest	Status	TTIIIE
	PRNT	Pass	12:31pm

CRC Tests

Test	Status	Time
COMP	Pass	12:31pm
CAL	Pass	12:31pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR I

County &	USLOW Instrument Location New River PMO
Instrument Se	erial No. <u>0089/9</u>
The preventive four months a	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures v Department	t on theday of, 20, the foregoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	

ONSLOW COUNTY MCAS NEW RIVER 660

Serial Number: 008919 Test Date: 04/15/2019

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HALL, RANDY E
Permit Number: 03462E
Effective:
03/01/2019-03/01/2021

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

Lot Number: AG814902 Exp Date: 05/29/2020

Test	g/210L	Time
DIAG	'Pass	2:06pm
AIR BLK	00	2:07pm
ACCY CH	K .08	2:0.7pm
AIR BLK	00	2:08pm
SUB TES	T .00	2:09pm
AIR BLK		2:10pm
SUB TES	T' .00	2:11pm
AIR BLK	00	2:12pm

Reported AC .00/g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services Rev. 12/2007

ONSLOW COUNTY MCAS NEW RIVER 660

Serial Number: 008919 Test Record Number: 635 Test Date: 04/15/2019 Test Time: 2:13pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:13pm
FLO	Pass	2:13pm
FC	Pass	2:13pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:13pm
SRC	Pass	2:13pm
DET	Pass	2:13pm
BAR	Pass	2:13pm
BT	Pass	2:13pm

Blank Tests

Test .	Status	Time
AIR	Pass	2:14pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:14pm
	CRC Tests	
		em d

Test	Status	Time
COMP	Pass	2:14pm
CAL	Pass	2:14pm

Preventive Maintenance Status: Pass

Kand E-Half Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County \mathcal{O}	NSLOW Instrument Location JACKSON	ouille Pl
Instrument Se	rial No. 008930	
The preventive four months a	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be fol re:	lowed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath si 34 degrees, plus or minus .2 degree centigrade;	mulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	* •
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration dat simulator solution is being changed every four months or after 125 Alcoh whichever occurs first.	te, or the alcoholic breath olic Breath Simulator tests,
procedures v	on the	ng preventive maintenance regulations of the N.C.
CREAT STATE		
A SEE OF THE SEE	Signature/of Certifying Official	354 Certificate Number

ONSLOW COUNTY JACKSONVILLE PD 660

Serial Number: 008930 Test Date: 04/15/2019

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: HALL, RANDY E Permit Number: 03462E Effective: 03/01/2019-03/01/2021

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

Test Type: Breath Test

Lot Number: AG831801 Exp Date: 11/14/2020

Test	g/210L	Time
DIAG	Pass	1:17pm
AIR BLK	.00	1:18pm
ACCY CHK	.08	1:19pm
AIR BLK	.00	1:20pm
SUB TEST	.00	1:20pm
AIR BLK	.00	1:21pm
SUB TEST	.00	1:23pm
AIR BLK	.00	1:24pm

.00 g/210L Reported AC:

Signature of Chemical Analyst

Court CVR

ONSLOW COUNTY JACKSONVILLE PD 660

Serial Number: 008930 Test Record Number: 2057 Test Date: 04/15/2019 Test Time: 1:24pm EDT

System Check: Passed

Baseline Tests

Test Dearus 11me	.
56 M 1987	
IR Pass 1:24	lpm i
FLO Pass 1:24	₽pm
FC Pase 1:2	

Temperature Tests

Test	Status T	ime
FC1	Pass1	:25pm
SRC	Pase	:25pm
DET	- Pass	:25pm
BAR	Pass 1	:25pm
BT	Pass	:25pm

Blank Tests

Test Status Ti	me
The state of the s	

AIR 1:25pm

Printer Tests

Test Maratus alme	
Test: sratus ilme	i.
The state of the s	
	5
	•

CDO Waste

	155 1.50	医对抗酶 医角点	g profession by	175
Test		drat		Time
1.001	44. 444.50	3 3 1	9.19122-6.11 7.3	· · · · · · · · · · · · · · · · · · ·

COMP	Pass 1:	26pm
CAL	Pass 1:	26pm

Prev**entive Maintena**nce

Analyst Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ONSLOW Instrument Location CAMP LEJEUNE PA
Instrument	Serial No. 008920
The prevent	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every s are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify the procedure Departme	nat on the
_	
THE GREAT SE	ATE ON OF THE CANADA STATE
* ESE Q	Signature of Certifying Official Certificate Number

ONSLOW COUNTY CAMP LEJEUNE PMO 660

Serial Number: 008920 Test Date: 04/15/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HALL, RANDY E

Permit Number: 03462E

Effective:

03/01/2019-03/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG805802 Exp Date: 02/27/2020

Test	g/210L	Time
DIAG	Pass	12:36pm 12:37pm
AIR BLK ACCY CHK	.00 .08	12:37pm
AIR BLK SUB TEST	.00 .00	12:38pm 12:39pm
AIR BLK	.00	12:40pm
SUB TEST	.00 .00	12:41pm 12:42pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

Department of Health and Human Services Rev. 12/2007

ONSLOW COUNTY CAMP LEJEUNE PMO 660

Serial Number: 008920

Test Record Number: 1638

Test Date: 04/15/2019

Test Time: 12:43pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:43pm 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
ATR	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

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Ohslow Instrument Location BAT Mobile unit #5		
Instrument	Serial No. 65 75 Instrument Location BAT Mobile Unit #5		
The prevent	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every s are:		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4,	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
proceaures	at on the		
SILVE GREAT SE			

ONSLOW COUNTY BAT MOBILE UNIT 5 660

Serial Number: 008575 Test Date: 04/20/2019

Citation Number: M0000000-0 Subject's Name: NONE, NONE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: TODD, SHANE C
Permit Number: 11391E
Effective:
07/27/2018-07/01/2020

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

Lot Number: AG807101 Exp Date: 03/12/2020

Test	g/210L	Time
DIAG AIR BLK	Pass	11:15pm 11:16pm
ACCY CHK	.08	11:16pm
AIR BLK	.00	11:17pm
SUB TEST	.00	11:18pm
AIR BLK	00	11:19pm
SUB TEST	.00	11:20pm
AIR BLK	.00	11:21pm

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

ONSLOW COUNTY BAT MOBILE UNIT 5 660

Serial Number: 008575 Test Record Number: 1149
Test Date: 04/20/2019 Test Time: 11:25pm EDT

System Check: Passed /

Baseline Tests

Test	Status	Time
IR	Pass	11:25pm
FLO	Pass	11:25pm
FC	Pass	11:25pm

Temperature Tests

SRC Pass 11 DET Pass 11 BAR Pass 11	:25pm :25pm :25pm :25pm :25pm
D1 1000 11	. 2 5 5 111

Blank Tests

Test	Status	Time
AIR	Pass	11:26pm

Printer Tests

Test

CAL

PRNT	Pass	11:26pm
	CRC Tests	
Test	Status	Time
COMP	Pass	11:26pm

Status Time

11:26pm

Preventive Maintenance Status: Pass

Pass

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

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Serial No. 8707 Instrument Location BAT Mobile UNIT
Instrument	Serial No. 8707 Jackson ille, n.C.
The prever	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every s are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedure	at on the
THE CREAT OF STREET OF STR	

ONSLOW COUNTY BAT MOBILE UNIT 5 660

Serial Number: 008707 Test Record Number: 2576
Test Date: 04/20/2019 Test Time: 11:20pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:20pm
FLO	Pass	11:20pm
FC	Pass	11:20pm

Temperature Tests

Test	Status	Time
FC1	Pass	11:21pm
SRC	Pass	11:21pm
\mathtt{DET}	Pass	11:21pm
BAR	Pass	11:21pm
BT	Pass	11:21pm

Blank Tests

Test Status Time

AIR Pass 11:21pm

Printer Tests

Test Status Time

PRNT Pass 11:21pm

CRC Tests

Test Status Time

COMP Pass 11:22pm CAL Pass 11:22pm

Preventive Maintenance Status: Pass

Analyst

ONSLOW COUNTY BAT MOBILE UNIT 5 660

Serial Number: 008707 Test Date: 04/20/2019

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

Driver's License State: XX Driver's License Number: NONE

Analyst's Name: TODD, SHANE C Permit Number: 11391E Effective: 07/27/2018-07/01/2020

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

Lot Number: AG807101 Exp Date: 03/12/2020

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	11:05pm 11:06pm 11:07pm
AIR BLK SUB TEST	.00 .00	11:07pm 11:08pm
AIR BLK	.00	11:09pm
SUB TEST	.00	11:11pm
AIR BLK	.00	11:12pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

PREVENTIVE MAINTENANCE RECORD

THE PROPERTY OF THE PARTY OF TH

INTOXIMETERS, MODEL INTOX,EC/IR II Instrument Location Tasquetank Co. fuelic Safety Blug. 2008 Colonial ST., Elizase+9 City, N.C. The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; Print test record; 8.

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

I certify that on the ______day of _______, 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

Certificate Number

PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690

> Serial Number: 008950 Test Date: 04/02/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: KEESLER, LINDA

Permit Number: 11646E

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG805801 Exp Date: 02/27/2020

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690

Serial Number: 008950 Test Record Number: 1692 Test Date: 04/02/2019 Test Time: 11:21am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:21am
FLO	Pass	11:21am
FC	Pass	11:21am

Temperature Tests

Test	Status	Time
FC1	Pass	11:21am
SRC	Pass	11:21am
DET	Pass	11:21am
BAR	Pass	11:21am
\mathtt{BT}	Pass	11:21am

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 · 22 am

11:22am

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

		ETERS, WODEL INTOX ECIT	
County /	15900 TANK	Instrument Location & 112 a 12 e 7	4Ciry F.D.
Instrument Se	erial No. <u>008941</u>	Instrument Location Elizabet 355 E. Main St., Klizas	e. the Ciny, N.C.
The preventiv		or the Intoximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas ca 34 degrees, plus or minu	anister displays pressure, or the alcoholic breat as .2 degree centigrade;	h simulator thermometer show
2.	Verify instrument displa	sys time and date;	
3.	Initiate breath test seque	ence;	
4.	Enter information as pro	ompted;	
5.	Verify instrument accur-	acy,	
· 6.	When "PLEASE BLOW	" appears, collect breath sample;	
7.	When "PLEASE BLOW	/" appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Progr	ram; and	
10.	Verify that the ethanol gamulator solution is be whichever occurs first.	gas canister is being changed before expiration ing changed every four months or after 125 Al	date, or the alcoholic breath coholic Breath Simulator tests,
T 20 11 1	on theday of	APRIL , 20 19 the fo	rgoing preventive maintenance
maceumes a	vere performed on the instrun	nent indicated above, in accordance with curre es, and the instrument is functioning properly.	nt regulations of the N.C.
CREAT OF THE STATE	E O A O O O O O O O O O O O O O O O O O		
APRIL 12, V	WIDEN X	Tina March	647
		Signature of Certifying Official	Certificate Number

PASQUOTANK COUNTY ELIZABETH CITY 690

Serial Number: 008941 Test Date: 04/11/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: KEESLER, LINDA

Permit Number: 11646E

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG805801 Exp Date: 02/27/2020

Test	g/210L	Time
DIAG AIR BLK	Pass	11:32am 11:32am
ACCY CHK	.07	11:33am
AIR BLK	.00	11:34am
SUB TEST	.00	11:36am
AIR BLK	.00	11:37am
SUB TEST	.00	11:38am
AIR BLK	.00	11:39am

.00 g/210L Reported AC:

Signature of Chemical Analyst

Court CVR

PASQUOTANK COUNTY ELIZABETH CITY 690

Serial Number: 008941

Test Record Number: 1357

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:40am
FLO	Pass	11:40am
FC	Pass	11:40am

Temperature Tests

Test	Status	Time
FC1	Pass	11:40am
SRC	Pass	11:40am
DET	Pass	11:40am
BAR	Pass	11:40am
BT	Pass	11:40am

Blank Tests

Test	Status	Time
AIR	Pass	11:41am

Printer Tests

Test	Status	Time
PRNT	Pass	11:41am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:41am

Pass

Preventive Maintenance Status: Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR IL Instrument Location The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW" appears, collect breath sample; 7. Print test record: 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests. whichever occurs first. I certify that on the the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

PENDER PENDER CO SD 700

Serial Number: 008935 Test Date: 04/18/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG814902 Exp Date: 05/30/2020

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00 .00	1:40pm 1:41pm 1:42pm 1:43pm 1:44pm 1:46pm
AIR BLK	.00	1:47pm

Reported AC: .00 \$\pi/21014

Signature of Chemical Analyst

Court CVR

PENDER PENDER CO SD 700

Serial Number: 008935 Test Record Number: 2483 Test Time: 1:54pm EDT Test Date: 04/18/2019

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:55pm
FLO	Pass	1:55pm
FC	Pass	1:55pm

Temperature Tests

Test	Status	Time
FC1 SRC	Pass	1:55pm
DET	Pass Pass	1:55pm 1:55pm
BAR	Pass	1:55pm
$_{ m BT}$	Pass	1:55pm

Blank Tests

Test	Status	Time
AIR	Pass	1:56pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:56pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:56pm 1:56pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD

INTOXIMETERS, MODEL INTOX EC/IR II

ounty Pender County

Instrument Location Pender County

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

- 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- 2. Verify instrument displays time and date;
- 3. Initiate breath test sequence;
- 4. Enter information as prompted;
- 5. Verify instrument accuracy;
- When "PLEASE BLOW" appears, collect breath sample;
- When "PLEASE BLOW" appears, collect breath sample;
- 8. Print test record;
- Verify Diagnostic Program; and
- 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the day of day of ,20 9 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in 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

PENDER PENDER COUNTY SD 700

Serial Number: 008946 Test Date: 04/18/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG821801 Exp Date: 08/06/2020

Test	g/210L	Time
DIAG	Pass	1:35pm
AIR BLK ACCY CHK	.00	1:36pm 1:36pm
AIR BLK	.00	1:38pm
SUB TEST	.00	1:38pm
AIR BLK	.00	1:39pm
SUB TEST	.00	1:41pm
ATD BIN	0.0	$1.42 \mathrm{m}$

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Department of Health and Human Services Rev. 12/2007

PENDER PENDER COUNTY SD 700

Serial Number: 008946

Test Record Number: 923

Test Date: 04/18/2019

Test Time: 1:42pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:43pm 1:43pm
FC	Pass	1:43pm

Temperature Tests

Status	Time
Pass	1:43pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
ATR	Pass	1:44pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:44pm

CRC Tests

Test	Status	Time
COMP	Pass	1:44pm
CAL	Pass	1:44pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD

INTOXIMETERS, MODEL INTOX EC/IR II	
County FRADIMANS Instrument Location FERGUIMANS CO. 5.0	1.
Instrument Serial No. 008921 110 Church ST. HELTFOLD,	<u>V. c.</u>
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once four months are:	every
 Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermomet 34 degrees, plus or minus .2 degree centigrade; 	er shov
2. Verify instrument displays time and date;	
3. Initiate breath test sequence;	
4. Enter information as prompted;	
5. Verify instrument accuracy;	
6. When "PLEASE BLOW" appears, collect breath sample;	
7. When "PLEASE BLOW" appears, collect breath sample;	
8. Print test record;	
9. Verify Diagnostic Program; and	
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic be simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.	reath or tests,
I certify that on theday of, 20	enance
Signature of Certifying Official Certificate Numb	

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

Certificate Number

PERQUIMANS COUNTY PERQUIMANS CO SO 710

Serial Number: 008921 Test Date: 04/11/2019

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male river's License State: XX

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, LINDA Permit Number: 11646E Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG734101 Exp Date: 12/07/2019

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	10:15am 10:16am 10:17am 10:17am
SUB TEST	.00	10:18am
AIR BLK	.00	10:19am
SUB TEST	.00	10:20am
AIR BLK	.00	10:21am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

PERQUIMANS COUNTY PERQUIMANS CO SO 710

Serial Number: 008921 Test Record Number: 844 Test Date: 04/11/2019 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 BAR	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 CAL	Pass Pass	10:24am 10:24am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

~\I	INTOXIMETERS, MODEL INTOX EC/II	RII
County 11	Instrument Location Pitt Co	
Instrument Seria	INO.008668 174 Detention De	Greenville
The preventive if four months are	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath 34 degrees, plus or minus .2 degree centigrade;	h simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8,	Print test record;	
9.	Verify Diagnostic Program; and	
10. I certify that on	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Alc whichever occurs first. the	coholic Breath Simulator tests,
	performed on the instrument indicated above, in accordance with currer Health and Human Services, and the instrument is functioning properly.	it regulations of the N.C.
STATE OF STA	CELLY CAROLINE	
FASE QUAM VIDEN	They have a second	643
	Signature of Certifying Official	Certificate Number

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008668 Test Date: 04/11/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

06/01/2017-06/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG902106 Exp Date: 01/21/2021

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	9:06am 9:07am 9:08am
AIR BLK	.00	9:09am
SUB TEST	.00	9:09am
AIR BLK	.00	9:10am
SUB TEST	.00	9:12am
ATR RIK	. 0.0	9:13am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008668

Test Record Number: 3198

Test Date: 04/11/2019

Test Time: 9:17am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:17am
FLO	Pass	9:17am
FC	Pass	9:17am

Temperature Tests

Test	Status	Time
FC1	Pass	9:17am
SRC	Pass	9:17am
DET	Pass	9:17am
BAR	Pass	9:17am
BT	Pass	9:17am

Blank Tests

Test	Status	Time
ATR	Pass	9·18am

Printer Tests

Test	Status	Time
PRNT	Pass	9:18am

CRC Tests

Test	Status	Time
COMP	Pass	9:18am
CAL	Pass	9:18am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Polk Instrument Location Polk County LEC
Instrumer	Polk Instrument Location Polk County LEC 880 E.108, Columbus
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every this are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedu	that on the day of, 20
THE CIRCLY STATES	Signature of Certifying Official Certificate Number

POLK COUNTY POLK COUNTY LEC 740

Serial Number: 008832 Test Date: 04/02/2019

Citation Number: M00000000-0 4

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HAYS, MARK D

Permit Number: 15924E

Effective:

01/01/2018-01/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG814902 Exp Date: 05/29/2020

Test	g/210L	Time
DIAG		10:39am
AIR BLK	.00	10:40am
ACCY CHK	07	10:41am
AIR BLK	.00	10:42am
SUB TEST	.00	10:43am
AIR BLK	.00	10:44am
SUB TEST	.00	10:45am
AIR BLK	.00	10:46am

Reported AC: \.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

POLK COUNTY POLK COUNTY LEC 740

Serial Number: 008832 Test Record Number: 1538
Test Date: 04/02/2019 Test Time: 10:47am 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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Reveloph Co. Instrument Location And pho Detention Center

Instrument Serial No. Detention Center

Instrument Location And pho Detention Center

Instrument Serial No. Detention Center

Instrument Location And pho Detention Center

Instrument Location And pho Detention Center

Instrument Serial No. Detention Center

Instrument Location And pho Detention Center

Instrument Location And pho Detention Center

Instrument Serial No. Detention Center

Instrument Location And pho Detention Center

Instrument Serial No. Detention Center

Instrument Serial No. Detention Center

Instrument Location And Detention Center

Instrument Serial No. Detention Center

Instrument Location And Detention Center

Instrument Location And Detention Center

Instrument Serial No. Detention Center

Instrument Location And Detention Center

Instrument Serial No. Detention Center

Instrument Serial No. Detention Center

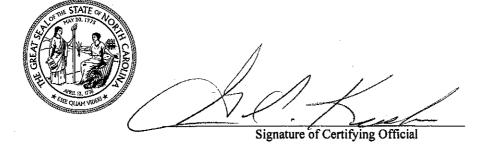
Instrument Location And Detention Center

Instrument Location And Detention Center

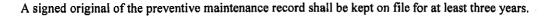
Instrument Serial No. Detention Cent

- 6. When "PLEASE BLOW" appears, collect breath sample;
- 7. When "PLEASE BLOW" appears, collect breath sample;
- 8. Print test record;
- 9. Verify Diagnostic Program; and
- 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the _____day of _____, 20____, 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.



Certificate Number



RANDOLPH COUNTY DETENTION CENTER 750

Serial Number: 008899 Test Date: 04/01/2019

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C
Permit Number: 07682E
Effective:
12/01/2017-12/01/2019

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

Lot Number: AG821401 Exp Date: 08/02/2020

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	11:42am 11:43am 11:44am
AIR BLK	.00	1 1:45am
SUB TEST	.00	11:45am
AIR BLK	.00	11:46am
SUB TEST	.00	11:48am
ATR BLK	.00	11:49am

Reported Ag: .00/g/210L

signature of Chemical Analyst

Court CVR

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

Anályst

Rev. 12/2007

RANDOLPH COUNTY DETENTION CENTER 750

Serial Number: 008899 Test Record Number: 3100 Test Date: 04/01/2019 Test Time: 11:49am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:50am
SRC	Pass	11:50am
DET	Pass	11:50am
BAR	Pass	11:50am
BT	Pass	11:50am

Blank Tests

Test	Status	Time
AIR	Pass	11:51am

Printer Tests

Test	St at us	Time
PRNT	Pass	11:51am
	CRC Tests	

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

Preventive Maintenance

// Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location Instrument Serial No. <u>ASSEC</u> The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. , the foregoing preventive maintenance I certify that on the procedures were performed on the instrument indicated above, in 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

RANDOLPH COUNTY DETENTION CENTER 750

Serial Number: 008860 Test Date: 04/01/2019

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C Permit Number: 07682E

Effective:

12/01/2017-12/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG821401 Exp Date: 08/02/2020

Test	g/210L	Time
DIAG	Pass	11:40am
AIR BLK	.00	11:41am
ACCY CHK	.07	11:42am
AIR BLK	.00	11:43am
SUB TEST	.00	11:44am
AIR BLK	.00	11:45am
SUB TEST	.00	11:46am
ATR BLK	0.0	11 · 47am

Reported AC:

بر0/210 g/210 ورور

Signature of Chemical Analyst

Court CVR

Analyst

RANDOLPH COUNTY DETENTION CENTER 750

Serial Number: 008860 Test Record Number: 2686 Test Date: 04/01/2019 Test Time: 11:49am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:49am
FLO	Pass	11:49am
FC	Pass	11:49am

Temperature Tests

Test	Status	Time
FC1	Pass	11:49am
SRC	Pass	11:49am
DET	Pass	11:49am
BAR	Pass	1 1:49am
BT	Pass	11:49am

Blank Tests

Test	Status	Time
ATR .	Pass	11:50am

Printer Tests

Test	Status	Time
PRNT	Pass	11:50am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:50am

11:50am

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

	PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II
County R	andolph Instrument Location Azchdale
Instrument Ser	ial No. 00879/ Police Department
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the
THE STATE OF THE S	

RANDOLPH COUNTY ARCHDALE PD 750

Serial Number: 008791 Test Date: 04/15/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: DEAN, L K

Permit Number: 11598E

Effective:

03/01/2019-03/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG807101 Exp Date: 03/12/2020

3:06pm 3:07pm 3:08pm
:09pm
:09pm
:10pm
:12pm
:12pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

"阿尔斯第一"(14)。

RANDOLPH COUNTY ARCHDALE PD 750

Serial Number: 008791

Test Record Number: 1311 Test Date: 04/15/2019 Test Time: 3:13pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:14pm 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	3:14pr	n.

Printer Tests

rest	Status	Time
PRNT	Pass	3:14pm
	CRC Tests	

Status	TIME
	100
Pass	3:15pm
Pass	3:15pm

Preventive Maintenance Status: Pass

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

Strate in

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

CountyInstrument S	Robeson Instrument Location BAT Mobile Unit #5 erial No. 8616 Lumberton: NS.
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures v	t on theday of, 20, the foregoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. tof Health and Human Services, and the instrument is functioning properly.
STATE OF THE STATE	

ROBESON COUNTY BAT MOBILE UNIT 5 090

Serial Number: 008616 Test Date: 04/26/2019

Citation Number: M0000000-0 Subject's Name: NONE, NONE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: TODD, SHANE C
Permit Number: 11391E
Effective:
07/27/2018-07/01/2020

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

Lot Number: AG807101 Exp Date: 03/12/2020

Test	g/210L	Time
DIAG	Pass	7:32pm
AIR BLK	.00	7:33pm
ACCY CHK	.08	7:33pm
AIR BLK	.00	7:34pm
SUB TEST	.00	7:35pm
AIR BLK	.00	7:36pm
SUB TEST	.00	7:37pm
AIR BLK	0.0	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 Rev. 12/2007

ROBESON COUNTY BAT MOBILE UNIT 5 090

Serial Number: 008616 Test Record Number: 2463 Test Date: 04/26/2019 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

Status	Time
Pass	7:40pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time	
		* .	
AIR	Pass	7:41pm	

Printer Tests

Test	Status	ттте
PRNT	Pass	7:41pm
	CRC Tests	÷

lesc	Status	TIME
COMP	Pass	7:41pm
CAL	Pass	7:41pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures v	t on the
THE STATE OF THE S	

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

Signature of Certifying Official

Certificate Number

ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008647 Test Date: 04/26/2019

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

Analyst's Name: TODD, SHANE C
Permit Number: 11391E
Effective:
07/27/2018-07/01/2020

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

Lot Number: AG807101 Exp Date: 03/12/2020

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	7:55pm 7:56pm 7:57pm 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

Signature of Chemical 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

ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008647

Test Record Number: 2445

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	8:04pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	8:04pm

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

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

Analyst

Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures v	on theday of, 20, 20, the foregoing preventive maintenance vere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
STATION OF	

ROSESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008704 Test Date: 04/26/2019

Citation Number: M0000000-0 Subject's Name: NONE, NONE Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: TODD, SHANE C
Permit Number: 11391E
Effective:
07/27/2018-07/01/2020

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

Lot Number: AG807101 Exp Date: 03/12/2020

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	7:53pm 7:54pm 7:55pm
ACCI CHK	.00	7:55pm
SUB TEST	.00	7:56pm
AIR BLK	.00	7:57pm
SUB TEST	.00	7:59pm
AIR BLK	.00	mq00:8

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

ROSESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008704 Test Record Number: 546
Test Date: 04/26/2019 Test Time: 8:02pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	8:03pm
SRC	Pass	8:03pm
DET	Pass	8:03pm
BAR	Pass	8:03pm
\mathtt{BT}	Pass	mqE0:8

Blank Tests

Test	Status	Time
AIR	Pass	mcr60:8

Printer Tests

TCSC	scacus	TTILLE
PRNT	Pass	8:03pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	8:03pm 8:03pm

Preventive Maintenance Status: Pass

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

Analyst

Rev. 12/2007

5	INTOXIMETERS, MODEL INTOX EC/IR II
County /	OWAN Instrument Location SAIISBURY
Instrument Se	erial No. 008835 Police Department
The preventive four months a	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures v Department	on theday of, 20, the foregoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
OTHE STATE OF THE	

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008835 Test Date: 04/15/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: DEAN, L K Permit Number: 11598E

Effective:

03/01/2019-03/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG807101 Exp Date: 03/12/2020

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	11:45am 11:46am 11:47am
AIR BLK	.00	11:48am
SUB TEST	.00	11:48am
AIR BLK	.00	11:49am
SUB TEST	.00	11:51am
AIR BLK	.00	11:52am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

L. Lun Dean Analyst

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008835 Test Record Number: 2320 Test Date: 04/15/2019 Test Time: 11:53am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:53am 11:53am
FC	Pass	11:53am

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	11:53am 11:53am 11:53am 11:53am
BT	Pass	11:53am

Blank Tests

Test	Status	Time
AIR	Pass	11:54am

Printer Tests

Test	Status	Time
PRNT	Pass	11:54am
	CRC Tests	

Test	Status	Time
COMP	Pass Pass	11:54am 11:54am

Preventive Maintenance Status: Pass

Analyst Sear

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ro	Instrument Location 5A 113 bury
Instrument Ser	rial No. 008868 Police Department
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures w Department o	on the
THE STATE OF THE CONTROL OF THE CONT	

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008868 Test Date: 04/15/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: DEAN, L K
Permit Number: 11598E

Effective:

03/01/2019-03/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG807101 Exp Date: 03/12/2020

Test	g/210L	Time
DIAG	Pass	11:25am
AIR BLK	.00	11:26am
ACCY CHK	.07	11:26am
AIR BLK	.00	11:27am
SUB TEST	.00	11:28am
AIR BLK	.00	11:29am
SUB TEST	.00	11:31am
ATR BLK	. 0.0	11:32am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008868 Test Record Number: 2990 Test Date: 04/15/2019 Test Time: 11:33am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:33am 11:33am
FC	Pass	11:33am

Temperature Tests

Test	Status	Time
FC1	Pass	11:33am
SRC	Pass	11:33am
DET	Pass	11:33am
BAR	Pass	11:33am
BT	Pass	11:33am

Blank Tests

Test	Status	Time
AIR	Pass	11:34am

Printer Tests

Test	Status	Time
PRNT	Pass	11:34am
	CRC Tests	

Test	Status	Time
COMP	Pass	11:34am
CAL	Pass	11:34am

Preventive Maintenance Status: Pass

J-Kun Deon

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Stan	Instrument Location Stanty County SO
Instrument Seria	100.008842 1265.3rd St. A) Linade
The preventive i	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures wer Department of	theday of, 20, the foregoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

STANLY COUNTY STANLY COUNTY SO 830

Serial Number: 008842 Test Date: 04/01/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HAYS, MARK D

Permit Number: 15924E

Effective:

01/01/2018-01/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG721401 Exp Date: 08/02/2019

Test	g/210L	Time
DIAG AIR BLK	Pass	12:43pm 12:44pm
ACCY CHK	.08	12:45pm
AIR BLK SUB TEST	.00 .00	12:46pm 12:47pm
AIR BLK	.00	12:47pm
SUB TEST	.00	12:49pm
AIR BLK	.00	12:50pm

Reparted AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

STANLY COUNTY STANLY COUNTY SO 830

Serial Number: 008842 Test Record Number: 2228
Test Date: 04/01/2019 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 SRC	Pass Pass	12:53pm 12:53pm
DET	Pass	12:53pm
BAR	Pass	12:53pm
\mathtt{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

Preventive Maintenance Status: Pass

Pass

12:53pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/ĮR II

County	wain Instrument Location Cherokere Tribal De
Instrument S	Serial No. 008782 Cherokee, NC
The preventi	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures v Department	t on the
STATE OF THE STATE	Signature of Certifying Official Certificate Number

SWAIN COUNTY CHEROKEE DETENTION 860

Serial Number: 008782 Test Date: 04/18/2019

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject'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: 08457E
Effective:
09/01/2017-09/01/2019

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

Test Type: Breath Test

Lot Number: AG807101 Exp Date: 03/12/2020

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	10:17am 10:18am 10:19am 10:20am 10:20am
SUB TEST	.00	10:23am
AIR BLK	.00	10:24am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

SWAIN COUNTY CHEROKEE DETENTION 860

Serial Number: 008782 Test Record Number: 1106 Test Date: 04/18/2019 Test Time: 10:25am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:25am
FLO	Pass	10:25am
FC	Pass	10:26am

Temperature Tests

Test	Status	Time
FC1	Pass	10:26am
SRC	Pass	10:26am
DET	Pass	10:26am
BAR	Pass	10:26am
\mathtt{BT}	Pass	10:26am

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

Preventive Maintenance Status: Pass

Pass

10:26am

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

**************************************	INTOANTETERS, MODEL INTOA EC/IR II
County //	RECCL Instrument Location TYRRELL CO. S.O.
Instrument Seri	al No. 108902 412 Main ST., Columbia, N.C.
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures wer	the <u>John day of April</u> , 20 9 the forgoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
OTHE STATE OF	NO REPORT OF THE PARTY OF THE P
WAS QUAM VIDEO	Linda. Keel 647
4	Signature of Certifying Official Certificate Number

TYRRELL COUNTY SHERIFF'S OFFICE 880

Serial Number: 008902 Test Date: 04/22/2019

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, LINDA Permit Number: 11646E Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG734102 Exp Date: 12/07/2019

Test	g/210L	Time
DIAG	Pass	7:34pm
AIR BLK	.00	7:34pm
ACCY CHK	.07	7:35pm
AIR BLK	.00	7:36pm
SUB TEST	.00	7:36pm
AIR BLK	.00	7:37pm
SUB TEST	.00	7:39pm
AIR BLK	.00	7:39pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

TYRRELL COUNTY SHERIFF'S OFFICE 880

Serial Number: 008902 Test Record Number: 822 Test Date: 04/22/2019 Test Time: 7:40pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	7:40pm 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 Pass	7:41pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County W	94110	Instrument Location / A	yne Co.	Detention
Instrument Seri	al No. <u>008671</u>	Instrument Location/NA	51, 6	olchsbotz, A
The preventive four months are		the Intoximeters, Model Intox EC/II	R II to be followed	at least once every
1.	Verify the ethanol gas cani 34 degrees, plus or minus.	ister displays pressure, or the alcoho 2 degree centigrade;	olic breath simulat	or thermometer shows
2.	Verify instrument displays	time and date;		
3.	Initiate breath test sequenc	e;		
4.	Enter information as prom	pted;		
5.	Verify instrument accuracy	y;		
6.	When "PLEASE BLOW"	appears, collect breath sample;		
7.	When "PLEASE BLOW"	appears, collect breath sample;		
8.	Print test record;			•
9.	Verify Diagnostic Program	n; and		
10.		canister is being changed before ex changed every four months or after		
I certify that or procedures wer Department of	re performed on the instrumen	Au), 20, 20, 20	ith current regulati	eventive maintenance ons of the N.C.
THE STATE OF THE S	Jan Le			647
	10000	Signature of Certifying Official		rtificate Number

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008671 Test Date: 04/08/2019

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: KEESLER, LINDA Permit Number: 11646E Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS Test Type: Breath Test

Lot Number: AG814901 Exp Date: 05/29/2020

~/21AT

mi ma

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	10:18am 10:19am 10:19am 10:20am
AIR BLK	.00	10:22am
SUB TEST	.00	10:23am
AIR BLK	.00	10:24am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008671 Test Record Number: 4788
Test Date: 04/08/2019 Test Time: 10:25am 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
ATR	Pagg	10·26am

Printer Tests

Test	Status	Time
PRNT	Pass	10:26am
	CRC Tests	
Test	Status	Time

Test	blacus	TIME
COMP	Pass	10:26am
CAL	Pass	10:26am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County [1]	Instrument Location Wayne Co. Detention
Instrument Seri	al No. DO8649 DOTE. ChesTNUT ST., GOLDSBOW, N
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	theday of, 20
OTHE STATE OF THE	Signature of Certifying Official Certificate Number

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008649 Test Date: 04/08/2019

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, LINDA
Permit Number: 11646E
Effective:
08/01/2017-08/01/2019

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

Lot Number: AG902106 Exp Date: 01/21/2021

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00	10:19am 10:19am 10:20am
AIR BLK	.00	10:21am
SUB TEST	.00	10:22am
AIR BLK	.00	10:22am
SUB TEST	.00	10:24am
AIR BLK	.00	10:25am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Fired Male
Analyst

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008649 Test Record Number: 3773
Test Date: 04/08/2019 Test Time: 10:25am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:25am 10:25am
FC	Pass	10:26am

Temperature Tests

Test	Status	Time
FC1	Pass	10:26am
SRC	Pass	10:26am
DET	Pass	10:26am
BAR	Pass	10:26am
\mathtt{BT}	Pass	10:26am

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

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 4		Instrument Location Alayna	Co. Retention
Instrument Ser	ial No. 008918	Instrument Location horne 207 E. ChesTNUTS	T., GoldsBoro, 1
The preventive four months ar		e Intoximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2	ter displays pressure, or the alcoholic breatl degree centigrade;	h simulator thermometer shows
2.	Verify instrument displays t	ime and date;	
3.	Initiate breath test sequence	•	
4.	Enter information as prompt	ted;	
5.	Verify instrument accuracy;	*	
6.	When "PLEASE BLOW" a	appears, collect breath sample;	
7.	When "PLEASE BLOW" a	appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.		canister is being changed before expiration changed every four months or after 125 Alc	
I certify that o procedures we Department of	ere performed on the instrument	indicated above, in accordance with current the instrument is functioning properly.	going preventive maintenance it regulations of the N.C.
THE STATE OF THE S	SAROLI SA	Signature of Certifying Official	Certificate Number

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008918 Test Date: 04/08/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, LINDA

Permit Number: 11646E

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG902201 Exp Date: 01/22/2021

Test	g/210L	Time
DIAG AIR BLK	Pass	10:20am 10:20am
ACCY CHK	.08	10:21am
AIR BLK	.00	10:22am
SUB TEST	.00	10:22am
AIR BLK	.00	10:23am
SUB TEST	.00	10:25am
ATR BLK	.00	10:26am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008918 Test Record Number: 684
Test Date: 04/08/2019 Test Time: 10:26am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:27am
FLO	Pass	10:27am
FC	Pass	10:27am

Temperature Tests

Test	Status	Time
FC1	Pass	10:27am
SRC	Pass	10:27am
DET	Pass	10:27am
BAR	Pass	10:27am
\mathtt{BT}	Pass	10:27am

Blank Tests

Test	Status	Time
AIR	Pass	10:28am

Printer Tests

Test	Status	Time
PRNT	Pass	10:28am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:28am

Pass

10:28am

Preventive Maintenance Status: Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Wa	tauga Instrument Location Water	vga Co Jail
Instrument So	erial No. 008715 Instrument Location Water	1e NC
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to are:	be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic b 34 degrees, plus or minus .2 degree centigrade;	reath simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	•
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expirat simulator solution is being changed every four months or after 125 whichever occurs first.	tion date, or the alcoholic breath Alcoholic Breath Simulator tests
procedures	t on the	current regulations of the N.C.
STATE OF THE COURT	TE OF NO.	
ARRA 12. *		649
	Signature of Certifying Official	Certificate Number

WATAUGA COUNTY WATAUGA JAIL 940

Serial Number: 008715 Test Date: 04/16/2019

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J
Permit Number: 11304E
Effective:
05/01/2017-05/01/2019

Officer's Name: , Type of Agency: FTA Agency: DHHS Test Type: Breath Test

Lot Number: AG722408 Exp Date: 08/12/2019

Test	g/210L	Time
DIAG AIR BLK	Pass	11:34am 11:35am
ACCY CHK	.07	11:36am
AIR BLK	.00	11:37am
SUB TEST	.00	11:38am
AIR BLK	.00	11:39am
SUB TEST	.00	11:40am
AIR BLK	.00	11:41am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WATAUGA COUNTY WATAUGA JAIL 940

Serial Number: 008715 Test Record Number: 2230 Test Date: 04/16/2019 Test Time: 11:42am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:42am 11:42am
FC	Pass -	11:42am

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	11:43am 11:43am
DET	Pass	11:43am
BAR	Pass	11:43am
\mathtt{BT}	Pass	11:43am

Blank Tests

Test	Status	Time
AIR	Pass	11:43am

Printer Tests

Test	Status	Time
PRNT	Pass	11:43am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:43am

Preventive Maintenance Status: Pass

Pass

11:43am

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

//	INTOXIMETERS, MODEL INTOX EC/IR II
County ///	Instrument Location Wilson Co, Petention Ci
Instrument Seria	INO. 008652 100 E. Breene ST. Wilson, N.
The preventive i	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6. _{24.2}	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the day of , 20 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
STATE OF ALL OF	CAROLLA CAROLL

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

Signature of Certifying Official

Certificate Number

WILSON COUNTY DETENTION CENTER 970

Serial Number: 008652 Test Date: 04/10/2019

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, LINDA Permit Number: 11646E Effective: 08/01/2017-08/01/2019

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

Test Type: Breath Test

Lot Number: AG814901 Exp Date: 05/29/2020

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	11:08am 11:08am 11:09am 11:10am
SUB TEST	.00	11:11am
AIR BLK	.00	11:12am
SUB TEST	.00	11:14am
AIR BLK	.00	11:15am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

WILSON COUNTY DETENTION CENTER 970

Serial Number: 008652 Test Record Number: 3264
Test Date: 04/10/2019 Test Time: 11:16am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:16am
FLO	Pass	11:16am
FC	Pass	11:16am

Temperature Tests

Test	Status	Time
FC1	Pass	11:16am
SRC	Pass	11:16am
DET	Pass	11:16am
BAR	Pass	11:16am
\mathtt{BT}	Pass	11:16am

Blank Tests

Test	Status	Time
AIR	Pass	11:17am

Printer Tests

Test	Status	Time
PRNT	Pass	11:17am
÷	CRC Tests	
Test	Status	Time
COMP	Pass	11:17am

Preventive Maintenance Status: Pass

Pass

11:17am

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	Instrument Location ///son Co. Petentin C
Instrument Se	rial No. 008627 100E. Green ST., Wilson, N.C.
The preventiv	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the day of 20/2 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
STATE STATE ONE STATE	
	Signature of Certifying Official Certificate Number

WILSON COUNTY DETENTION CENTER 970

Serial Number: 008627 Test Date: 04/10/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, LINDA

Permit Number: 11646E

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG721401 Exp Date: 08/02/2019

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	11:09am 11:09am 11:10am 11:11am
SUB TEST	.00	11:12am
AIR BLK	.00	11:12am
SUB TEST	.00	11:14am
AIR BLK	.00	11:15am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Joseph Cent

WILSON COUNTY DETENTION CENTER 970

Test Record Number: 2330 Serial Number: 008627 Test Time: 11:16am EDT Test Date: 04/10/2019

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass	11:16am 11:16am
FC	Pass Pass	11:16am

Temperature Tests

Test	Status	Time
FC1	Pass	11:17am
SRC	Pass	11:17am
DET	Pass	11:17am
BAR	Pass	11:17am
$\mathtt{B}\mathbf{T}$	Pass	11:17am

Blank Tests

Test	Status	Time
AIR	Pass	11:17am

Printer Tests

Test

PRNT	Pass	11:17am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:17am 11:17am

Status

Time

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Vana	Instrument Location Vancey Co Jail
Instrument Seria	Instrument Location Vancey Co Jail 1 No. 008653 Buins ville, NC
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of	theday of, 20/9, the foregoing preventive maintenance experformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
ON 10. 1972 AST OFFICE OF A STATE OF A STAT	Signature of Certifying Official Certificate Number

YANCEY COUNTY YANCEY COUNTY JAIL 990

Serial Number: 008653 Test Date: 04/29/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG902201

Exp Date: 01/22/2021

Test q/210L Time

DIAG	Pass	2:03pm
AIR BLK	.00	2:04pm
ACCY CHK	.08	2:05pm
AIR BLK	.00	2:06pm
SUB TEST	.00	2:07pm
AIR BLK	.00	2:07pm
SUB TEST	.00	2:09pm
ATP BIK	OΩ	2 · 10 m

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

YANCEY COUNTY YANCEY COUNTY JAIL 990

Serial Number: 008653 Test Record Number: 1394
Test Date: 04/29/2019 Test Time: 2:12pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:12pm
FLO	Pass	2:12pm
FC	Pass	2:12pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:12pm
SRC	Pass	2:12pm
DET	Pass	2:12pm
BAR	Pass	2:12pm
BT	Pass	2:12pm

Blank Tests

Test	Status	Time
AIR	Pass	2:13pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:13pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:13pm 2:13pm

Preventive Maintenance Status: Pass

Analyst