

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County ALEXANDER Instrument Location ALEXANDER COUNTY SO

Instrument Serial No. 008813 TAYLORSVILLE NC

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 29 day of APRIL, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Jim S. Stearns 6446  
Signature of Certifying Official Certificate Number

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



**Intox EC/IR-II: Subject Test**

ALEXANDER COUNTY ALEXANDER COUNTY SO  
010

Serial Number: 008813  
Test Date: 04/29/2024

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Fleming, Tina S

Permit Number: 0027-4970

Effective:

07/01/2022-07/01/2024

Officer's Name: NONE, NONE

Type of Agency: FTA


Agency: DHHS

Test Type: Breath Test

Lot Number: AG302703  
Exp Date: 01/27/2025

Test	g/210L	Time
DIAG	Pass	12:31pm
AIR BLK	.00	12:32pm
ACCY CHK	.08	12:32pm
AIR BLK	.00	12:33pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:34pm</b>
AIR BLK	.00	12:34pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:36pm</b>
AIR BLK	.00	12:37pm

**Reported AC: .00 g/210L**

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
**Analyst**

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

**Intox EC/IR-II: Preventive Maintenance**

ALEXANDER COUNTY ALEXANDER COUNTY SO 010

Serial Number: 008813      Test Record Number: 2362  
Test Date: 04/29/2024      Test Time: 12:38pm EDT

System Check: *Passed*

**Baseline Tests**

Test	Status	Time
IR	Pass	12:38pm
FLO	Pass	12:38pm
FC	Pass	12:38pm

**Temperature Tests**

Test	Status	Time
FC1	Pass	12:38pm
SRC	Pass	12:38pm
DET	Pass	12:38pm
BAR	Pass	12:38pm
BT	Pass	12:38pm

**Blank Tests**

Test	Status	Time
AIR	Pass	12:39pm

**Printer Tests**

Test	Status	Time
PRNT	Pass	12:39pm

**CRC Tests**

Test	Status	Time
COMP	Pass	12:39pm
CAL	Pass	12:39pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
**Analyst**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Alleghany Instrument Location Alleghany Co. Jail  
Instrument Serial No. 008890 Sparta, NC

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

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



[Signature]  
Signature of Certifying Official

649  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

ALLEGHANY COUNTY ALLEGHANY CO JAIL 020

Serial Number: 008890

Test Date: 04/02/2024

Citation Number: M00000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Burnette, Anthony J

Permit Number: 0018-4401

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

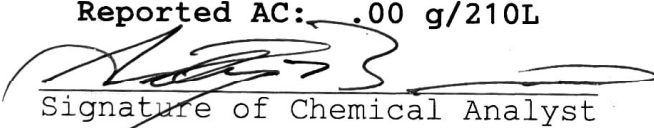
Test Type: Breath Test

Lot Number: AG302703

Exp Date: 01/27/2025

Test	g/210L	Time
DIAG	Pass	12:55pm
AIR BLK	.00	12:56pm
ACCY CHK	.07	12:56pm
AIR BLK	.00	12:57pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:58pm</b>
AIR BLK	.00	12:59pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:00pm</b>
AIR BLK	.00	1:01pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

**Intox EC/IR-II: Preventive Maintenance**

ALLEGHANY COUNTY ALLEGHANY CO JAIL 020

Serial Number: 008890      Test Record Number: 972  
Test Date: 04/02/2024      Test Time: 1:02pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:03pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:04pm

CRC Tests

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

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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


County ANSON Instrument Location ANSON COUNTY  
Instrument Serial No. 008597 SHERIFF'S OFFICE

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

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



  
Signature of Certifying Official

667  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

ANSON COUNTY SHERIFF'S OFFICE 030

Serial Number: 008597

Test Date: 04/30/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Galloway, Charles L

Permit Number: 0023-9771

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

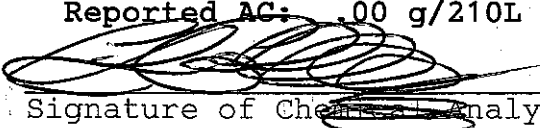
Test Type: Breath Test

Lot Number: AG308003

Exp Date: 03/21/2025

Test	g/210L	Time
DIAG	Pass	1:43pm
AIR BLK	.00	1:44pm
ACCY CHK	.07	1:44pm
AIR BLK	.00	1:46pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:47pm</b>
AIR BLK	.00	1:48pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:49pm</b>
AIR BLK	.00	1:50pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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



# Intox EC/IR-II: Preventive Maintenance

ANSON COUNTY SHERIFF'S OFFICE 030

Serial Number: 008597      Test Record Number: 1917  
Test Date: 04/30/2024      Test Time: 1:53pm EDT

System Check: *Passed*

## Baseline Tests

Test	Status	Time
IR	Pass	1:53pm
FLO	Pass	1:53pm
FC	Pass	1:54pm

## Temperature Tests

Test	Status	Time
FC1	Pass	1:54pm
SRC	Pass	1:54pm
DET	Pass	1:54pm
BAR	Pass	1:54pm
BT	Pass	1:54pm

## Blank Tests

Test	Status	Time
AIR	Pass	1:54pm

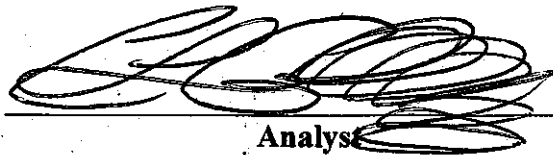
## Printer Tests

Test	Status	Time
PRNT	Pass	1:54pm

## CRC Tests

Test	Status	Time
COMP	Pass	1:54pm
CAL	Pass	1:54pm

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

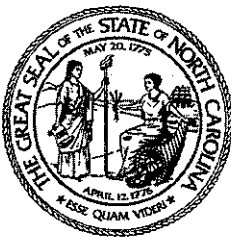
**PREVENTIVE MAINTENANCE RECORD**  
**INTOXIMETERS, MODEL INTOX EC/IR II and**  
**MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County ANSON Instrument Location ANSON COUNTY  
Instrument Serial No. 008739 SHERIFF'S OFFICE

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

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



  
\_\_\_\_\_  
Signature of Certifying Official

667  
\_\_\_\_\_  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

ANSON COUNTY SHERIFF'S OFFICE 030

Serial Number: 008739

Test Date: 04/30/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Galloway, Charles L

Permit Number: 0023-9771

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

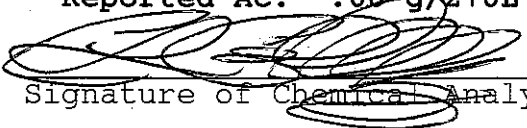
Test Type: Breath Test

Lot Number: AG308003

Exp Date: 03/21/2025

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

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

**Intox EC/IR-II: Preventive Maintenance**

ANSON COUNTY SHERIFF'S OFFICE 030

Serial Number: 008739      Test Record Number: 991  
Test Date: 04/30/2024      Test Time: 1:55pm 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	1:56pm

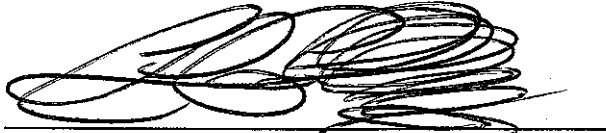
**Printer Tests**

Test	Status	Time
PRNT	Pass	1:56pm

**CRC Tests**

Test	Status	Time
COMP	Pass	1:56pm
CAL	Pass	1:56pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Ashe Instrument Location Ashe Co. Jail  
Instrument Serial No. 008849 Jefferson, NC

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 5 day of April, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

649  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

ASHE COUNTY ASHE COUNTY JAIL 040

Serial Number: 008849

Test Date: 04/05/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Burnette, Anthony J

Permit Number: 0018-4401

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

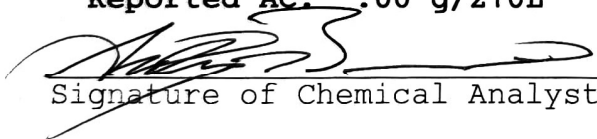
Test Type: Breath Test

Lot Number: AG302703

Exp Date: 01/27/2025

Test	g/210L	Time
DIAG	Pass	2:56pm
AIR BLK	.00	2:56pm
ACCY CHK	.07	2:57pm
AIR BLK	.00	2:58pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:59pm</b>
AIR BLK	.00	3:00pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:01pm</b>
AIR BLK	.00	3:02pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

# Intox EC/IR-II: Preventive Maintenance

ASHE COUNTY ASHE COUNTY JAIL 040

Serial Number: 008849      Test Record Number: 1695  
Test Date: 04/05/2024      Test Time: 3:03pm EDT

System Check: *Passed*

## Baseline Tests

Test	Status	Time
IR	Pass	3:03pm
FLO	Pass	3:03pm
FC	Pass	3:03pm

## Temperature Tests

Test	Status	Time
FC1	Pass	3:04pm
SRC	Pass	3:04pm
DET	Pass	3:04pm
BAR	Pass	3:04pm
BT	Pass	3:04pm

## Blank Tests

Test	Status	Time
AIR	Pass	3:04pm


## Printer Tests

Test	Status	Time
PRNT	Pass	3:04pm

## CRC Tests

Test	Status	Time
COMP	Pass	3:04pm
CAL	Pass	3:04pm

Preventive Maintenance  
Status: Pass



Analyst

**This form is used when performing Preventive Maintenance procedures**  
**Forensic Tests for Alcohol Branch**  
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**Rev. 12/2007**



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

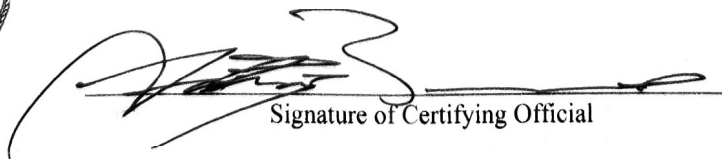
County Avery Instrument Location Banner Elk PD  
Instrument Serial No. 008592 Banner Elk, NC

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 12 day of April, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



  
Signature of Certifying Official

649  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

AVERY COUNTY BANNER ELK PD 050

Serial Number: 008592

Test Date: 04/12/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Burnette, Anthony J

Permit Number: 0018-4401

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

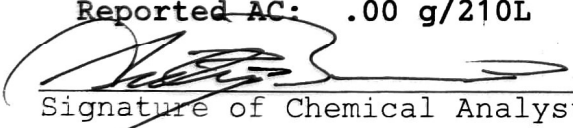
Test Type: Breath Test

Lot Number: AG308703

Exp Date: 03/28/2025

Test	g/210L	Time
DIAG	Pass	1:46pm
AIR BLK	.00	1:47pm
ACCY CHK	.08	1:48pm
AIR BLK	.00	1:49pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:49pm</b>
AIR BLK	.00	1:50pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:52pm</b>
AIR BLK	.00	1:53pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

# Intox EC/IR-II: Preventive Maintenance

AVERY COUNTY BANNER ELK PD 050

Serial Number: 008592      Test Record Number: 5175  
Test Date: 04/12/2024      Test Time: 1:55pm EDT

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	Pass	1:55pm
SRC	Pass	1:55pm
DET	Pass	1:55pm
BAR	Pass	1:55pm
BT	Pass	1:55pm

## Blank Tests

Test	Status	Time
AIR	Pass	1:56pm

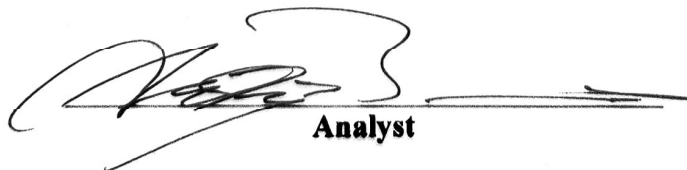
## Printer Tests

Test	Status	Time
PRNT	Pass	1:56pm

## CRC Tests

Test	Status	Time
COMP	Pass	1:56pm
CAL	Pass	1:56pm

Preventive Maintenance  
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Bertie Instrument Location Bertie Co. S.O.

Instrument Serial No. 008897

222 County Farm Rd. Windsor,  
N.C.

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 12<sup>th</sup> day of April, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Kyle P. Long  
Signature of Certifying Official

643  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

BERTIE COUNTY BERTIE CO SO 070

Serial Number: 008897  
Test Date: 04/12/2024

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

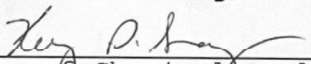
Analyst's Name: Gray, Kelly D  
Permit Number: 0037-7722  
Effective:  
10/01/2023-10/01/2025

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

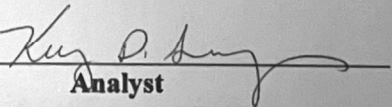
Lot Number: AG400303  
Exp Date: 01/03/2026

Test	g/210L	Time
DIAG	Pass	10:49am
AIR BLK	.00	10:50am
ACCY CHK	.08	10:50am
AIR BLK	.00	10:52am
<b>SUB TEST</b>	<b>.00</b>	<b>10:53am</b>
AIR BLK	.00	10:53am
<b>SUB TEST</b>	<b>.00</b>	<b>10:55am</b>
AIR BLK	.00	10:56am

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

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



# Intox EC/IR-II: Preventive Maintenance

BERTIE COUNTY BERTIE CO SO 070

Serial Number: 008897      Test Record Number: 1607  
Test Date: 04/12/2024      Test Time: 10:57am EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	10:58am
FLO	Pass	10:58am
FC	Pass	10:58am

## Temperature Tests

Test	Status	Time
FC1	Pass	10:58am
SRC	Pass	10:58am
DET	Pass	10:58am
BAR	Pass	10:58am
BT	Pass	10:58am

## Blank Tests

Test	Status	Time
AIR	Pass	10:58am

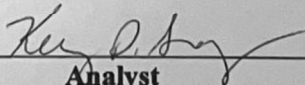
## Printer Tests

Test	Status	Time
PRNT	Pass	10:58am

## CRC Tests

Test	Status	Time
COMP	Pass	10:59am
CAL	Pass	10:59am

Preventive Maintenance  
Status: Pass

  
Analyst

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Buncombe County Instrument Location BAT Mobile unit 2  
Instrument Serial No. 008970 Fletcher PD

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 27<sup>th</sup> day of April, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

679  
Certificate Number

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



Intox EC/IR-II: Subject Test

BUNCOMBE COUNTY BAT MOBILE UNIT 2 100

Serial Number: 008970

Test Date: 04/27/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Greene, Nathaniel T

Permit Number: 0067-5960

Effective:

07/01/2022-07/01/2024

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

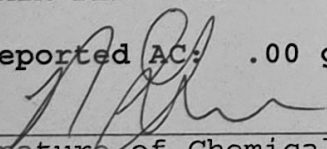
Test Type: Breath Test

Lot Number: AG302703

Exp Date: 01/27/2025

Test	g/210L	Time
DIAG	Pass	10:15pm
AIR BLK	.00	10:16pm
ACCY CHK	.08	10:17pm
AIR BLK	.00	10:18pm
SUB TEST	.00	10:18pm
AIR BLK	.00	10:19pm
SUB TEST	.00	10:21pm
AIR BLK	.00	10:22pm

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

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

Intox EC/IR-II: Preventive Maintenance

BUNCOMBE COUNTY BAT MOBILE UNIT 2 100

Serial Number: 008970      Test Record Number: 1096  
Test Date: 04/27/2024      Test Time: 10:22pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	10:23pm
SRC	Pass	10:23pm
DET	Pass	10:23pm
BAR	Pass	10:23pm
BT	Pass	10:23pm

Blank Tests

Test	Status	Time
AIR	Pass	10:23pm

Printer Tests

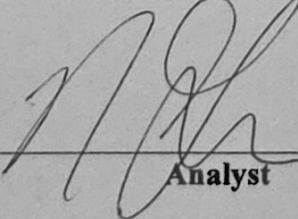
Test	Status	Time
PRNT	Pass	10:23pm

CRC Tests

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

Preventive Maintenance

Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Buncombe County Instrument Location BAT Mobile unit 2  
Instrument Serial No. 008973 Fletcher PD

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 27<sup>th</sup> day of April, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

679  
Certificate Number

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



**Intox EC/IR-II: Subject Test**

BUNCOMBE COUNTY BAT MOBILE UNIT 2 100

Serial Number: 008973

Test Date: 04/27/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Greene, Nathaniel T

Permit Number: 0067-5960

Effective:

07/01/2022-07/01/2024

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG302703

Exp Date: 01/27/2025

Test	g/210L	Time
DIAG	Pass	10:17pm
AIR BLK	.00	10:18pm
ACCY CHK	.08	10:18pm
AIR BLK	.00	10:19pm
SUB TEST	.00	10:20pm
AIR BLK	.00	10:21pm
SUB TEST	.00	10:22pm
AIR BLK	.00	10:23pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

Intox EC/IR-II: Preventive Maintenance

BUNCOMBE COUNTY BAT MOBILE UNIT 2 100

Serial Number: 008973      Test Record Number: 1153  
Test Date: 04/27/2024      Test Time: 10:32pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:33pm
FLO	Pass	10:33pm
FC	Pass	10:33pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:33pm
SRC	Pass	10:33pm
DET	Pass	10:33pm
BAR	Pass	10:33pm
BT	Pass	10:33pm

Blank Tests

Test	Status	Time
AIR	Pass	10:34pm

Printer Tests

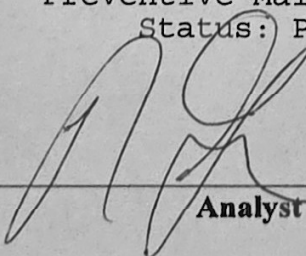
Test	Status	Time
PRNT	Pass	10:34pm

CRC Tests

Test	Status	Time
COMP	Pass	10:34pm
CAL	Pass	10:34pm

Preventive Maintenance

Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Burke Instrument Location Burke County Jail  
Instrument Serial No. 008831 Morganton, NC

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 4 day of April, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

10608  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

BURKE COUNTY BURKE COUNTY JAIL 110

Serial Number: 008831

Test Date: 04/04/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Loftis, Benjamin C

Permit Number: 0024-4987

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

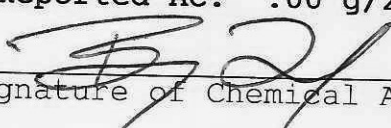
Test Type: Breath Test

Lot Number: AG308704

Exp Date: 03/28/2025

Test	g/210L	Time
DIAG	Pass	11:23am
AIR BLK	.00	11:24am
ACCY CHK	.08	11:24am
AIR BLK	.00	11:26am
<b>SUB TEST</b>	<b>.00</b>	<b>11:26am</b>
AIR BLK	.00	11:27am
<b>SUB TEST</b>	<b>.00</b>	<b>11:29am</b>
AIR BLK	.00	11:29am

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

**This form is used when performing Preventive Maintenance procedures**

**Forensic Tests for Alcohol Branch**

**Department of Health and Human Services**

**Rev. 12/2007**



# Intox EC/IR-II: Preventive Maintenance

BURKE COUNTY BURKE COUNTY JAIL 110

Serial Number: 008831 Test Record Number: 2862  
Test Date: 04/04/2024 Test Time: 11:30am EDT

System Check: *Passed*

## Baseline Tests

Test	Status	Time
IR	Pass	11:30am
FLO	Pass	11:30am
FC	Pass	11:30am

## Temperature Tests

Test	Status	Time
FC1	Pass	11:30am
SRC	Pass	11:30am
DET	Pass	11:30am
BAR	Pass	11:30am
BT	Pass	11:30am

## Blank Tests

Test	Status	Time
AIR	Pass	11:31am

## Printer Tests

Test	Status	Time
PRNT	Pass	11:31am

## CRC Tests

Test	Status	Time
COMP	Pass	11:31am
CAL	Pass	11:31am

Preventive Maintenance  
Status: Pass

  
Analyst

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Burke Instrument Location Burke County Jail

Instrument Serial No. 008904 Morganton, NC

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 4 day of April, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

668  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

BURKE COUNTY BURKE COUNTY JAIL 110

Serial Number: 008904  
Test Date: 04/04/2024

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

Analyst's Name: Loftis, Benjamin C  
Permit Number: 0024-4987  
Effective:  
10/01/2023-10/01/2025

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

Lot Number: AG308704  
Exp Date: 03/28/2025

Test	g/210L	Time
DIAG	Pass	11:24am
AIR BLK	.00	11:25am
ACCY CHK	.08	11:26am
AIR BLK	.00	11:27am
<b>SUB TEST</b>	<b>.00</b>	<b>11:28am</b>
AIR BLK	.00	11:29am
<b>SUB TEST</b>	<b>.00</b>	<b>11:30am</b>
AIR BLK	.00	11:31am

~~Reported AC:~~ .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

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

# Intox EC/IR-II: Preventive Maintenance

BURKE COUNTY BURKE COUNTY JAIL 110

Serial Number: 008904      Test Record Number: 3183  
Test Date: 04/04/2024      Test Time: 11:31am EDT

System Check: *Passed*

## Baseline Tests

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

## Temperature Tests

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

## Blank Tests

Test	Status	Time
AIR	Pass	11:33am

## Printer Tests

Test	Status	Time
PRNT	Pass	11:33am

## CRC Tests

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

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Cabarrus Instrument Location Kannapolis PD  
Instrument Serial No. 008589 Kannapolis, NC

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 17<sup>th</sup> day of April, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Bruce Helms  
Signature of Certifying Official

674  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

KANNAPOLIS PD CABARRUS COUNTY 120

Serial Number: 008589  
Test Date: 04/17/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Helms, Bryce A

Permit Number: 0084-9845

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

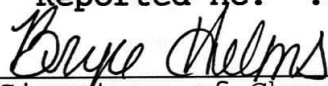
Test Type: Breath Test

Lot Number: AG303001


Exp Date: 01/30/2025

Test	g/210L	Time
DIAG	Pass	1:57pm
AIR BLK	.00	1:57pm
ACCY CHK	.07	1:58pm
AIR BLK	.00	1:59pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:00pm</b>
AIR BLK	.00	2:00pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:02pm</b>
AIR BLK	.00	2:03pm

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

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

# Intox EC/IR-II: Preventive Maintenance

KANNAPOLIS PD CABARRUS COUNTY 120

Serial Number: 008589      Test Record Number: 3909  
Test Date: 04/17/2024      Test Time: 2:03pm EDT

System Check: *Passed*

## Baseline Tests

Test	Status	Time
IR	Pass	2:03pm
FLO	Pass	2:03pm
FC	Pass	2:03pm

## Temperature Tests

Test	Status	Time
FC1	Pass	2:04pm
SRC	Pass	2:04pm
DET	Pass	2:04pm
BAR	Pass	2:04pm
BT	Pass	2:04pm

## Blank Tests

Test	Status	Time
AIR	Pass	2:04pm

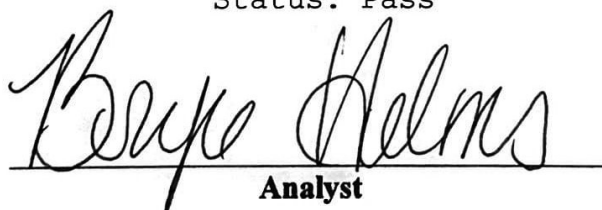
## Printer Tests

Test	Status	Time
PRNT	Pass	2:04pm

## CRC Tests

Test	Status	Time
COMP	Pass	2:04pm
CAL	Pass	2:04pm

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Cabarrus Instrument Location Cabarrus County 80  
Instrument Serial No. 008590 Concord, NC

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 17<sup>th</sup> day of April, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Bryon Helms  
Signature of Certifying Official

674  
Certificate Number

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



**Intox EC/IR-II: Subject Test**

CABARRUS COUNTY CABARRUS COUNTY SO 120

Serial Number: 008590

Test Date: 04/17/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Helms, Bryce A

Permit Number: 0084-9845

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS


Test Type: Breath Test

Lot Number: AG405102

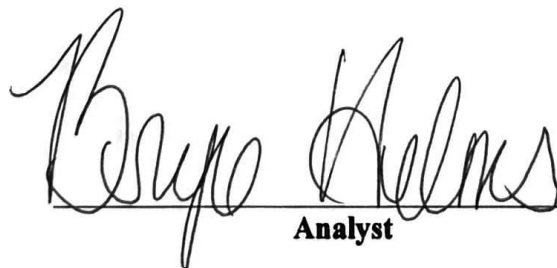
Exp Date: 02/20/2026

Test	g/210L	Time
DIAG	Pass	1:02pm
AIR BLK	.00	1:03pm
ACCY CHK	.08	1:04pm
AIR BLK	.00	1:05pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:06pm</b>
AIR BLK	.00	1:07pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:08pm</b>
AIR BLK	.00	1:09pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

**Intox EC/IR-II: Preventive Maintenance**

CABARRUS COUNTY CABARRUS COUNTY SO 120

Serial Number: 008590      Test Record Number: 4788  
Test Date: 04/17/2024      Test Time: 1:10pm EDT

System Check: *Passed*

**Baseline Tests**

Test	Status	Time
IR	Pass	1:10pm
FLO	Pass	1:10pm
FC	Pass	1:10pm

**Temperature Tests**

Test	Status	Time
FC1	Pass	1:10pm
SRC	Pass	1:10pm
DET	Pass	1:10pm
BAR	Pass	1:10pm
BT	Pass	1:10pm

**Blank Tests**

Test	Status	Time
AIR	Pass	1:11pm

**Printer Tests**

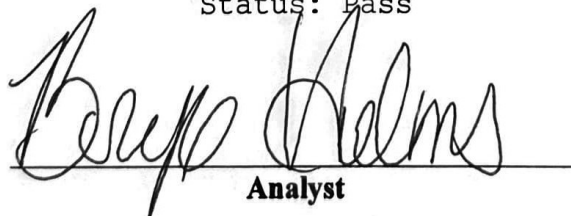
Test	Status	Time
PRNT	Pass	1:11pm

**CRC Tests**

Test	Status	Time
COMP	Pass	1:11pm
CAL	Pass	1:11pm

Preventive Maintenance

Status: *Pass*

  
**Analyst**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Camden Instrument Location Camden Co. S.O.  
Instrument Serial No. 008940 117 N. Carolina Hwy 343,  
Nc

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 16<sup>th</sup> day of April, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

680  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

CAMDEN COUNTY CAMDEN CO SO 140

Serial Number: 008940

Test Date: 04/16/2024

Citation Number: M00000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Chappell, Mark A

Permit Number: 0020-6272

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

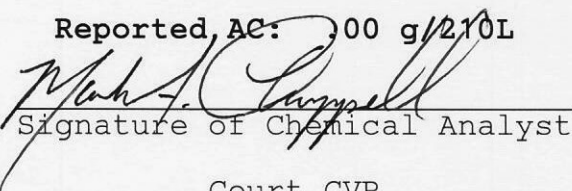
Test Type: Breath Test

Lot Number: AG405101

Exp Date: 02/20/2026

Test	g/210L	Time
DIAG	Pass	9:35am
AIR BLK	.00	9:35am
ACCY CHK	.08	9:36am
AIR BLK	.00	9:37am
<b>SUB TEST</b>	<b>.00</b>	<b>9:38am</b>
AIR BLK	.00	9:38am
<b>SUB TEST</b>	<b>.00</b>	<b>9:40am</b>
AIR BLK	.00	9:41am

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

# Intox EC/IR-II: Preventive Maintenance

CAMDEN COUNTY CAMDEN CO SO 140

Serial Number: 008940      Test Record Number: 1279  
Test Date: 04/16/2024      Test Time: 9:42am EDT

System Check: *Passed*

## Baseline Tests

Test	Status	Time
IR	Pass	9:43am
FLO	Pass	9:43am
FC	Pass	9:43am

## Temperature Tests

Test	Status	Time
FC1	Pass	9:43am
SRC	Pass	9:43am
DET	Pass	9:43am
BAR	Pass	9:43am
BT	Pass	9:43am

## Blank Tests

Test	Status	Time
AIR	Pass	9:44am

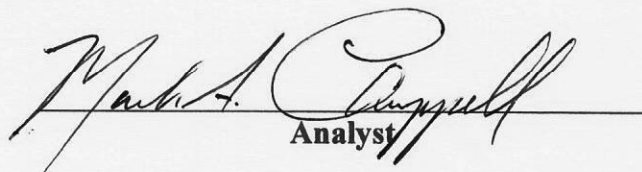
## Printer Tests

Test	Status	Time
PRNT	Pass	9:44am

## CRC Tests

Test	Status	Time
COMP	Pass	9:44am
CAL	Pass	9:44am

Preventive Maintenance  
Status: Pass

  
Analyst

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County CARTERET Instrument Location CARTERET COUNTY  
Instrument Serial No. 008605 DETENTION CENTER

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 16 day of APRIL, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Alan R. Basso  
Signature of Certifying Official

648  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

CARTERET COUNTY DETENTION CENTER 150

Serial Number: 008605  
Test Date: 04/16/2024

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

Analyst's Name: BARNES, ALVIN R  
Permit Number: 0014-6279  
Effective:  
10/01/2023-10/01/2025

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

Lot Number: AG308101  
Exp Date: 03/22/2025

Test	g/210L	Time
DIAG	Pass	3:18pm
AIR BLK	.00	3:19pm
ACCY CHK	.07	3:20pm
AIR BLK	.00	3:21pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:22pm</b>
AIR BLK	.00	3:23pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:24pm</b>
AIR BLK	.00	3:25pm

Reported AC: .00 g/210L

Alvin Ray Barnes  
Signature of Chemical Analyst

Court CVR

Alvin Ray Barnes  
Analyst

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



**Intox EC/IR-II: Preventive Maintenance**

**CARTERET COUNTY DETENTION CENTER 150**

Serial Number: 008605      Test Record Number: 4411  
Test Date: 04/16/2024      Test Time: 3:26pm EDT

System Check: *Passed*

**Baseline Tests**

Test	Status	Time
IR	Pass	3:26pm
FLO	Pass	3:26pm
FC	Pass	3:26pm

**Temperature Tests**

Test	Status	Time
FC1	Pass	3:27pm
SRC	Pass	3:27pm
DET	Pass	3:27pm
BAR	Pass	3:27pm
BT	Pass	3:27pm

**Blank Tests**

Test	Status	Time
AIR	Pass	3:27pm

**Printer Tests**

Test	Status	Time
PRNT	Pass	3:27pm

**CRC Tests**

Test	Status	Time
COMP	Pass	3:27pm
CAL	Pass	3:27pm

Preventive Maintenance  
Status: Pass

  
Analyst



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County CARTERET Instrument Location EMERALD ISLE  
Instrument Serial No. 008620 POLICE DEPT

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 16 day of APRIL, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Alvin Ray Barnes  
Signature of Certifying Official

648  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

CARTERET COUNTY EMERALD ISLE PD 150

Serial Number: 008620

Test Date: 04/16/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 0014-6279

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG308101

Exp Date: 03/22/2025

Test	g/210L	Time
DIAG	Pass	10:47am
AIR BLK	.00	10:48am
ACCY CHK	.07	10:48am
AIR BLK	.00	10:49am
SUB TEST	.00	10:50am
AIR BLK	.00	10:51am
SUB TEST	.00	10:52am
AIR BLK	.00	10:53am

Reported AC: .00 g/210L

Alvin Ray Barnes  
Signature of Chemical Analyst

Court CVR

Alvin Ray Barnes  
Analyst

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

**Intox EC/IR-II: Preventive Maintenance**

**CARTERET COUNTY EMERALD ISLE PD 150**

Serial Number: 008620      Test Record Number: 2461  
Test Date: 04/16/2024      Test Time: 10:53am EDT

System Check: *Passed*

**Baseline Tests**

Test	Status	Time
IR	Pass	10:54am
FLO	Pass	10:54am
FC	Pass	10:54am

**Temperature Tests**

Test	Status	Time
FC1	Pass	10:54am
SRC	Pass	10:54am
DET	Pass	10:54am
BAR	Pass	10:54am
BT	Pass	10:54am

**Blank Tests**

Test	Status	Time
AIR	Pass	10:55am

**Printer Tests**

Test	Status	Time
PRNT	Pass	10:55am

**CRC Tests**

Test	Status	Time
COMP	Pass	10:55am
CAL	Pass	10:55am

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County CARTERET Instrument Location ATLANTIC BEACH  
Instrument Serial No. 008785 POLICE DEPT

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 16 day of APRIL, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Alan Ray Barnes  
Signature of Certifying Official

648  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

**CARTERET COUNTY ATLANTIC BEACH PD 150**

Serial Number: 008785  
Test Date: 04/16/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 0014-6279

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG400302  
Exp Date: 01/03/2026

Test	g/210L	Time
DIAG	Pass	12:02pm
AIR BLK	.00	12:03pm
ACCY CHK	.08	12:03pm
AIR BLK	.00	12:04pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:05pm</b>
AIR BLK	.00	12:06pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:08pm</b>
AIR BLK	.00	12:09pm

Reported AC: .00 g/210L

Alvin Ray Barnes  
Signature of Chemical Analyst

Court CVR

Alvin Ray Barnes  
Analyst

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

**Intox EC/IR-II: Preventive Maintenance**

**CARTERET COUNTY ATLANTIC BEACH PD 150**

Serial Number: 008785      Test Record Number: 1538  
Test Date: 04/16/2024      Test Time: 12:09pm EDT

System Check: *Passed*

**Baseline Tests**

Test	Status	Time
IR	Pass	12:09pm
FLO	Pass	12:09pm
FC	Pass	12:09pm

**Temperature Tests**

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

**Blank Tests**

Test	Status	Time
AIR	Pass	12:10pm

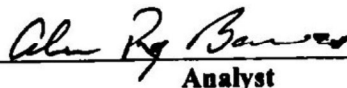
**Printer Tests**

Test	Status	Time
PRNT	Pass	12:10pm

**CRC Tests**

Test	Status	Time
COMP	Pass	12:10pm
CAL	Pass	12:10pm

Preventive Maintenance  
Status: Pass

  
Analyst

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



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County CARTERET Instrument Location CARTERET COUNTY  
Instrument Serial No. 008882 DETENTION CENTER

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 16 day of APRIL, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Alan R. Barnes

Signature of Certifying Official

648

Certificate Number

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

**Intox EC/IR-II: Subject Test**

CARTERET COUNTY DETENTION CENTER 150

Serial Number: 008882  
Test Date: 04/16/2024

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

Analyst's Name: BARNES, ALVIN R  
Permit Number: 0014-6279  
Effective:  
10/01/2023-10/01/2025

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

Lot Number: AG308101  
Exp Date: 03/22/2025

Test	g/210L	Time
DIAG	Pass	3:17pm
AIR BLK	.00	3:18pm
ACCY CHK	.08	3:18pm
AIR BLK	.00	3:19pm
SUB TEST	.00	3:20pm
AIR BLK	.00	3:21pm
SUB TEST	.00	3:23pm
AIR BLK	.00	3:23pm

Reported AC: .00 g/210L

Alvin R. Barnes  
Signature of Chemical Analyst

Court CVR

Alvin R. Barnes  
Analyst

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

Intox EC/IR-II: Preventive Maintenance

CARTERET COUNTY DETENTION CENTER 150

Serial Number: 008882      Test Record Number: 2486  
Test Date: 04/16/2024      Test Time: 3:24pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:24pm
FLO	Pass	3:24pm
FC	Pass	3:24pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:24pm
SRC	Pass	3:24pm
DET	Pass	3:24pm
BAR	Pass	3:24pm
BT	Pass	3:24pm

Blank Tests

Test	Status	Time
AIR	Pass	3:25pm

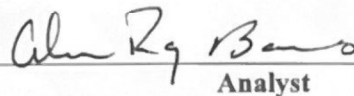
Printer Tests

Test	Status	Time
PRNT	Pass	3:25pm

CRC Tests

Test	Status	Time
COMP	Pass	3:25pm
CAL	Pass	3:25pm

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

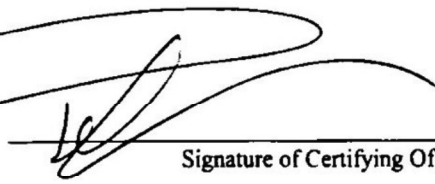
County CARTERET Instrument Location MOREHEAD CITY  
Instrument Serial No. 008917 POLICE DEPT

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 23 day of APRIL, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



  
Signature of Certifying Official

685

Certificate Number

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

**Intox EC/IR-II: Subject Test**

CARTERET COUNTY MOREHEAD CITY PD 150

Serial Number: 008917  
Test Date: 04/23/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: GILLESPIE, PENTTI W

Permit Number: 9523-2149

Effective:

01/01/2024-01/01/2026

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

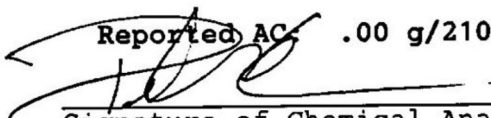
Test Type: Breath Test

Lot Number: AG400302

Exp Date: 01/03/2026

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

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

**Intox EC/IR-II: Preventive Maintenance**

**CARTERET COUNTY MOREHEAD CITY PD 150**

Serial Number: 008917      Test Record Number: 1247  
Test Date: 04/23/2024      Test Time: 12:43pm EDT

**System Check: Passed**

**Baseline Tests**

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

**Temperature Tests**

Test	Status	Time
FC1	Pass	12:43pm
SRC	Pass	12:43pm
DET	Pass	12:43pm
BAR	Pass	12:43pm
BT	Pass	12:43pm

**Blank Tests**

Test	Status	Time
AIR	Pass	12:44pm

**Printer Tests**

Test	Status	Time
PRNT	Pass	12:44pm

**CRC Tests**

Test	Status	Time
COMP	Pass	12:44pm
CAL	Pass	12:44pm

**Preventive Maintenance  
Status: Pass**

  
\_\_\_\_\_  
**Analyst**

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



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County CARTERET Instrument Location MOREHEAD CITY

Instrument Serial No. 008917 POLICE DEPT

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 16 day of APRIL, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Alan R. Bann

Signature of Certifying Official

648

Certificate Number

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

**Intox EC/IR-II: Subject Test**

CARTERET COUNTY MOREHEAD CITY PD 150

Serial Number: 008917

Test Date: 04/16/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 0014-6279

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG308101

Exp Date: 03/22/2025

Test	g/210L	Time
DIAG	Pass	2:05pm
AIR BLK	.00	2:06pm
ACCY CHK	.08	2:06pm
AIR BLK	.00	2:07pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:08pm</b>
AIR BLK	.00	2:09pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:10pm</b>
AIR BLK	.00	2:11pm

Reported AC: .00 g/210L

Alvin R. Barnes  
Signature of Chemical Analyst

Court CVR

Alvin R. Barnes  
Analyst

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

**Intox EC/IR-II: Preventive Maintenance**

CARTERET COUNTY MOREHEAD CITY PD 150

Serial Number: 008917      Test Record Number: 1243  
Test Date: 04/16/2024      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

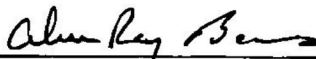
Printer Tests

Test	Status	Time
PRNT	Pass	2:13pm

CRC Tests

Test	Status	Time
COMP	Pass	2:13pm
CAL	Pass	2:13pm

Preventive Maintenance  
Status: Pass



Analyst

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County CATAWBA Instrument Location CATAWBA COUNTY NC

Instrument Serial No. 008687 NEWTON NC

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 25 day of APRIL, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

646  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

CATAWBA COUNTY CATAWBA COUNTY SO 170

Serial Number: 008687

Test Date: 04/25/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Fleming, Tina S

Permit Number: 0027-4970

Effective:

07/01/2022-07/01/2024

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

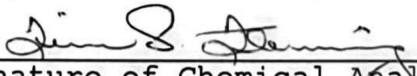
Test Type: Breath Test

Lot Number: AG302703

Exp Date: 01/27/2025

Test	g/210L	Time
DIAG	Pass	9:20am
AIR BLK	.00	9:20am
ACCY CHK	.08	9:21am
AIR BLK	.00	9:22am
<b>SUB TEST</b>	<b>.00</b>	<b>9:23am</b>
AIR BLK	.00	9:24am
<b>SUB TEST</b>	<b>.00</b>	<b>9:25am</b>
AIR BLK	.00	9:26am

**Reported AC: .00 g/210L**

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
**Analyst**

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

**Intox EC/IR-II: Preventive Maintenance**

CATAWBA COUNTY CATAWBA COUNTY SO 170

Serial Number: 008687      Test Record Number: 3880  
Test Date: 04/25/2024      Test Time: 9:28am EDT

System Check: *Passed*

**Baseline Tests**

Test	Status	Time
IR	Pass	9:28am
FLO	Pass	9:28am
FC	Pass	9:28am

**Temperature Tests**

Test	Status	Time
FC1	Pass	9:28am
SRC	Pass	9:28am
DET	Pass	9:28am
BAR	Pass	9:28am
BT	Pass	9:28am

**Blank Tests**

Test	Status	Time
AIR	Pass	9:29am

**Printer Tests**

Test	Status	Time
PRNT	Pass	9:29am

**CRC Tests**

Test	Status	Time
COMP	Pass	9:29am
CAL	Pass	9:29am

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
**Analyst**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Catawba Instrument Location Catawba County 80  
Instrument Serial No. 008821 Newton, NC

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 1<sup>st</sup> day of April, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Bruce Helms  
Signature of Certifying Official

674  
Certificate Number

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



**Intox EC/IR-II: Subject Test**

CATAWBA COUNTY CATAWBA COUNTY SO 170

Serial Number: 008821

Test Date: 04/01/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Helms, Bryce A

Permit Number: 0084-9845

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG308702

Exp Date: 03/28/2025

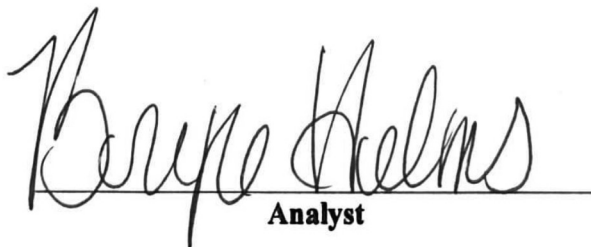
Test	g/210L	Time
DIAG	Pass	12:31pm
AIR BLK	.00	12:31pm
ACCY CHK	.07	12:32pm
AIR BLK	.00	12:33pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:34pm</b>
AIR BLK	.00	12:35pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:36pm</b>
AIR BLK	.00	12:37pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR

  
Analyst

**Intox EC/IR-II: Preventive Maintenance**

CATAWBA COUNTY CATAWBA COUNTY SO 170

Serial Number: 008821      Test Record Number: 2480  
Test Date: 04/01/2024      Test Time: 12:37pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:38pm
FLO	Pass	12:38pm
FC	Pass	12:38pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:38pm
SRC	Pass	12:38pm
DET	Pass	12:38pm
BAR	Pass	12:38pm
BT	Pass	12:38pm

Blank Tests

Test	Status	Time
AIR	Pass	12:38pm

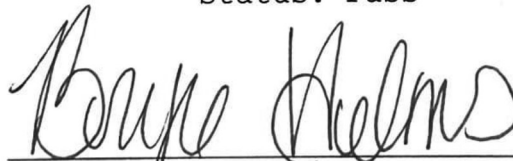
Printer Tests

Test	Status	Time
PRNT	Pass	12:39pm

CRC Tests

Test	Status	Time
COMP	Pass	12:39pm
CAL	Pass	12:39pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
**Analyst**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Catawba Instrument Location Hickory PD  
Instrument Serial No. 008841 Hickory, NC

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 1<sup>st</sup> day of April, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Brayne Helms  
Signature of Certifying Official

674  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

CATAWBA COUNTY HICKORY PD 170

Serial Number: 008841

Test Date: 04/01/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Helms, Bryce A

Permit Number: 0084-9845

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

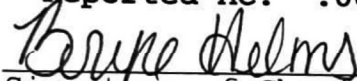
Test Type: Breath Test

Lot Number: AG405102

Exp Date: 02/20/2026

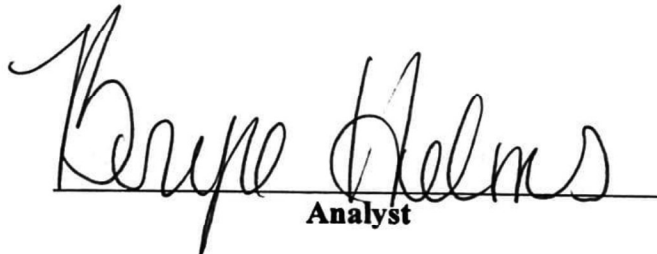
Test	g/210L	Time
DIAG	Pass	1:59pm
AIR BLK	.00	1:59pm
ACCY CHK	.08	2:00pm
AIR BLK	.00	2:01pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:02pm</b>
AIR BLK	.00	2:03pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:04pm</b>
AIR BLK	.00	2:05pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR

  
Analyst

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

# Intox EC/IR-II: Preventive Maintenance

CATAWBA COUNTY HICKORY PD 170

Serial Number: 008841      Test Record Number: 2395  
Test Date: 04/01/2024      Test Time: 2:06pm EDT

System Check: *Passed*

## Baseline Tests

Test	Status	Time
IR	Pass	2:06pm
FLO	Pass	2:06pm
FC	Pass	2:06pm

## Temperature Tests

Test	Status	Time
FC1	Pass	2:06pm
SRC	Pass	2:06pm
DET	Pass	2:06pm
BAR	Pass	2:06pm
BT	Pass	2:06pm

## Blank Tests

Test	Status	Time
AIR	Pass	2:07pm

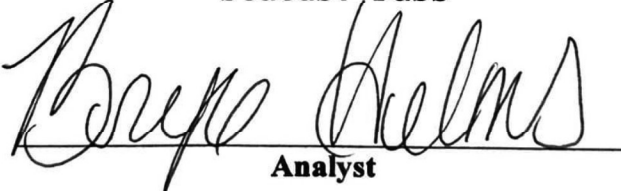
## Printer Tests

Test	Status	Time
PRNT	Pass	2:07pm

## CRC Tests

Test	Status	Time
COMP	Pass	2:07pm
CAL	Pass	2:07pm

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Catawba Instrument Location Catawba County 80  
Instrument Serial No. 008910 Newton, NC

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 1<sup>st</sup> day of April, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Bryno Helms  
Signature of Certifying Official

6074  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

CATAWBA COUNTY CATAWBA COUNTY SO 170

Serial Number: 008910

Test Date: 04/01/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Helms, Bryce A

Permit Number: 0084-9845

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG405102


Exp Date: 02/20/2026

Test	g/210L	Time
DIAG	Pass	12:43pm
AIR BLK	.00	12:44pm
ACCY CHK	.07	12:44pm
AIR BLK	.00	12:45pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:46pm</b>
AIR BLK	.00	12:47pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:48pm</b>
AIR BLK	.00	12:49pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst



# Intox EC/IR-II: Preventive Maintenance

CATAWBA COUNTY CATAWBA COUNTY SO 170

Serial Number: 008910 Test Record Number: 1667  
Test Date: 04/01/2024 Test Time: 12:50pm EDT

System Check: *Passed*

## Baseline Tests

Test	Status	Time
IR	Pass	12:50pm
FLO	Pass	12:50pm
FC	Pass	12:50pm

## Temperature Tests

Test	Status	Time
FC1	Pass	12:50pm
SRC	Pass	12:50pm
DET	Pass	12:50pm
BAR	Pass	12:50pm
BT	Pass	12:50pm

## Blank Tests

Test	Status	Time
AIR	Pass	12:51pm

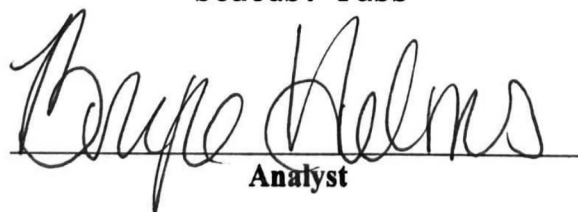
## Printer Tests

Test	Status	Time
PRNT	Pass	12:51pm

## CRC Tests

Test	Status	Time
COMP	Pass	12:51pm
CAL	Pass	12:51pm

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Cherokee Instrument Location Cherokee Co. Jail  
Instrument Serial No. 008622 Murphy, NC

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

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



Paul R. Gutter  
Signature of Certifying Official

635  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

CHEROKEE COUNTY CHEROKEE COUNTY JAIL  
190

Serial Number: 008622

Test Date: 04/30/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Cutler, Daniel R

Permit Number: 0084-3310

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

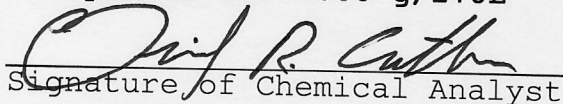
Test Type: Breath Test

Lot Number: AG308704

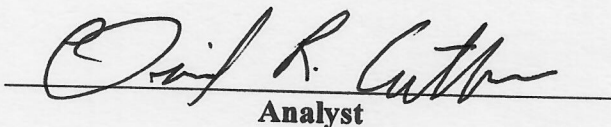
Exp Date: 03/28/2025

Test	g/210L	Time
DIAG	Pass	1:55pm
AIR BLK	.00	1:56pm
ACCY CHK	.07	1:56pm
AIR BLK	.00	1:58pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:58pm</b>
AIR BLK	.00	1:59pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:01pm</b>
AIR BLK	.00	2:02pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

# Intox EC/IR-II: Preventive Maintenance

CHEROKEE COUNTY CHEROKEE COUNTY JAIL 190

Serial Number: 008622 Test Record Number: 1255  
Test Date: 04/30/2024 Test Time: 2:02pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	2:03pm
FLO	Pass	2:03pm
FC	Pass	2:03pm

## Temperature Tests

Test	Status	Time
FC1	Pass	2:03pm
SRC	Pass	2:03pm
DET	Pass	2:03pm
BAR	Pass	2:03pm
BT	Pass	2:03pm

## Blank Tests

Test	Status	Time
AIR	Pass	2:04pm

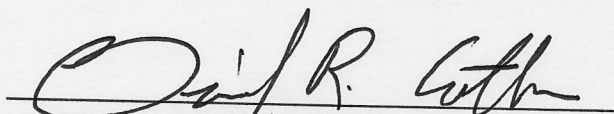
## Printer Tests

Test	Status	Time
PRNT	Pass	2:04pm

## CRC Tests

Test	Status	Time
COMP	Pass	2:04pm
CAL	Pass	2:04pm

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Cherokee Instrument Location Cherokee Co. Jail  
Instrument Serial No. 008711 Murphy, NC

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

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



Chief R. Carter  
Signature of Certifying Official

635  
Certificate Number

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



**Intox EC/IR-II: Subject Test**

CHEROKEE COUNTY CHEROKEE COUNTY JAIL  
190

Serial Number: 008711  
Test Date: 04/30/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Cutler, Daniel R

Permit Number: 0084-3310

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

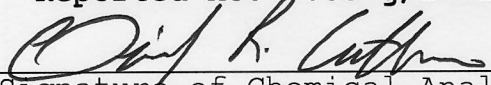
Test Type: Breath Test

Lot Number: AG308704

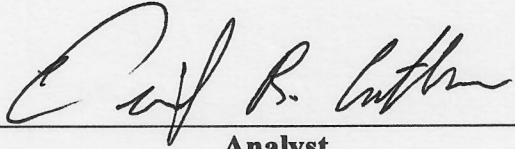
Exp Date: 03/28/2025

Test	g/210L	Time
DIAG	Pass	1:52pm
AIR BLK	.00	1:53pm
ACCY CHK	.07	1:54pm
AIR BLK	.00	1:55pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:55pm</b>
AIR BLK	.00	1:56pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:58pm</b>
AIR BLK	.00	1:58pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

# Intox EC/IR-II: Preventive Maintenance

CHEROKEE COUNTY CHEROKEE COUNTY JAIL 190

Serial Number: 008711      Test Record Number: 1326  
Test Date: 04/30/2024      Test Time: 1:59pm EDT

System Check: *Passed*

## Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1	Pass	2:00pm
SRC	Pass	2:00pm
DET	Pass	2:00pm
BAR	Pass	2:00pm
BT	Pass	2:00pm

## Blank Tests

Test	Status	Time
AIR	Pass	2:00pm

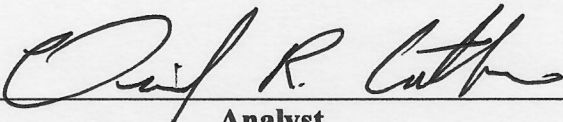
## Printer Tests

Test	Status	Time
PRNT	Pass	2:00pm

## CRC Tests

Test	Status	Time
COMP	Pass	2:00pm
CAL	Pass	2:00pm

Preventive Maintenance  
Status: Pass

  
Analyst



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Chowan Instrument Location Chowan Co. Public Safety Center  
305 Freemason St. Edenton,  
NC

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 18<sup>th</sup> day of April, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

680  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: 008895

Test Date: 04/18/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Chappell, Mark A

Permit Number: 0020-6272

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

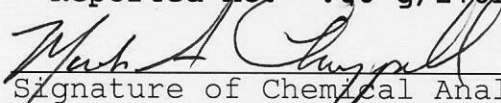
Test Type: Breath Test

Lot Number: AG302703

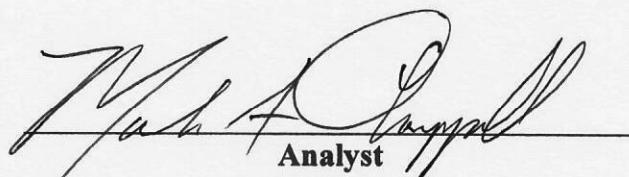
Exp Date: 01/27/2025

Test	g/210L	Time
DIAG	Pass	9:50am
AIR BLK	.00	9:50am
ACCY CHK	.07	9:51am
AIR BLK	.00	9:52am
<b>SUB TEST</b>	<b>.00</b>	<b>9:53am</b>
AIR BLK	.00	9:53am
<b>SUB TEST</b>	<b>.00</b>	<b>9:55am</b>
AIR BLK	.00	9:56am

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

**Intox EC/IR-II: Preventive Maintenance**

CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: 008895      Test Record Number: 1184  
Test Date: 04/18/2024      Test Time: 9:58am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:58am
FLO	Pass	9:58am
FC	Pass	9:58am

Temperature Tests

Test	Status	Time
FC1	Pass	9:58am
SRC	Pass	9:58am
DET	Pass	9:58am
BAR	Pass	9:58am
BT	Pass	9:58am

Blank Tests

Test	Status	Time
AIR	Pass	9:59am

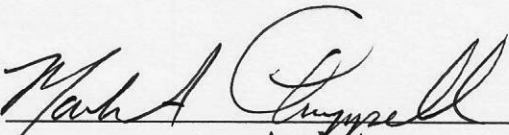
Printer Tests

Test	Status	Time
PRNT	Pass	9:59am

CRC Tests

Test	Status	Time
COMP	Pass	9:59am
CAL	Pass	9:59am

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

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

County clay Instrument Location BAT mobile unit 7

Instrument Serial No. 008600 clay County 50

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 20 day of April, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

665

Certificate Number

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



Intox EC/IR-II: Subject Test

CLAY COUNTY BAT MOBILE UNIT 7 210

Serial Number: 008600

Test Date: 04/20/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Anderson, Mark G

Permit Number: 0013-1517

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

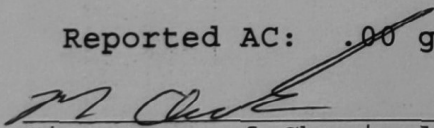
Test Type: Breath Test

Lot Number: AG308004

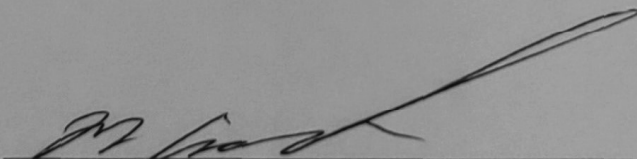
Exp Date: 03/21/2025

Test	g/210L	Time
DIAG	Pass	8:55pm
AIR BLK	.00	8:57pm
ACCY CHK	.08	8:57pm
AIR BLK	.00	8:58pm
SUB TEST	.00	9:00pm
AIR BLK	.00	9:01pm
SUB TEST	.00	9:02pm
AIR BLK	.00	9:03pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

Intox EC/IR-II: Preventive Maintenance

CLAY COUNTY BAT MOBILE UNIT 7 210

Serial Number: 008600      Test Record Number: 2726  
Test Date: 04/20/2024      Test Time: 9:03pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	9:04pm
SRC	Pass	9:04pm
DET	Pass	9:04pm
BAR	Pass	9:04pm
BT	Pass	9:04pm

Blank Tests

Test	Status	Time
AIR	Pass	9:05pm

Printer Tests

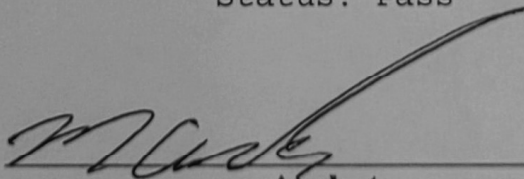
Test	Status	Time
PRNT	Pass	9:05pm

CRC Tests

Test	Status	Time
COMP	Pass	9:05pm
CAL	Pass	9:05pm

Preventive Maintenance

Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Clay Instrument Location Clay County Jail  
Instrument Serial No. 008608 Hayesville, NC

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 18 day of April, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Chief R. Cutth

Signature of Certifying Official

635

Certificate Number

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



**Intox EC/IR-II: Subject Test**

CLAY COUNTY CLAY COUNTY JAIL 210

Serial Number: 008608  
Test Date: 04/18/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Cutler, Daniel R

Permit Number: 0084-3310

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

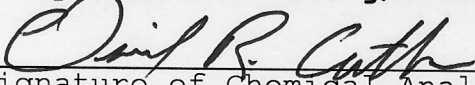
Test Type: Breath Test

Lot Number: AG308004

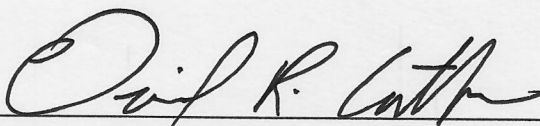
Exp Date: 03/21/2025

Test	g/210L	Time
DIAG	Pass	12:17pm
AIR BLK	.00	12:18pm
ACCY CHK	.08	12:18pm
AIR BLK	.00	12:19pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:20pm</b>
AIR BLK	.00	12:21pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:22pm</b>
AIR BLK	.00	12:23pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

**Intox EC/IR-II: Preventive Maintenance**

CLAY COUNTY CLAY COUNTY JAIL 210

Serial Number: 008608      Test Record Number: 1550  
Test Date: 04/18/2024      Test Time: 12:24pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:24pm
FLO	Pass	12:24pm
FC	Pass	12:24pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:24pm
SRC	Pass	12:24pm
DET	Pass	12:24pm
BAR	Pass	12:24pm
BT	Pass	12:24pm

Blank Tests

Test	Status	Time
AIR	Pass	12:25pm

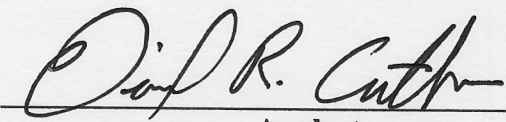
Printer Tests

Test	Status	Time
PRNT	Pass	12:25pm

CRC Tests

Test	Status	Time
COMP	Pass	12:25pm
CAL	Pass	12:25pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
**Analyst**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Clay Instrument Location BAT mobile unit 7

Instrument Serial No. 008698 Clay County SO

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 20 day of April, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

665  
Certificate Number



Intox EC/IR-II: Subject Test

CLAY COUNTY BAT MOBILE UNIT 7 210

Serial Number: 008698

Test Date: 04/20/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Anderson, Mark G

Permit Number: 0013-1517

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS


Test Type: Breath Test

Lot Number: AG302703

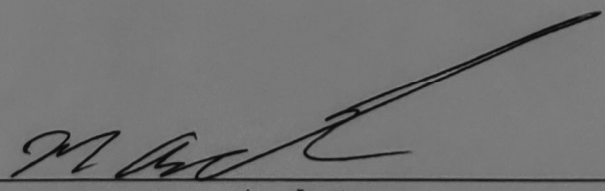
Exp Date: 01/27/2025

Test	g/210L	Time
DIAG	Pass	8:56pm
AIR BLK	.00	8:57pm
ACCY CHK	.07	8:58pm
AIR BLK	.00	8:59pm
SUB TEST	.00	8:59pm
AIR BLK	.00	9:00pm
SUB TEST	.00	9:02pm
AIR BLK	.00	9:03pm

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

CLAY COUNTY BAT MOBILE UNIT 7 210

Serial Number: 008698      Test Record Number: 2341  
Test Date: 04/20/2024      Test Time: 9:03pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	9:04pm
SRC	Pass	9:04pm
DET	Pass	9:04pm
BAR	Pass	9:04pm
BT	Pass	9:04pm

Blank Tests

Test	Status	Time
AIR	Pass	9:05pm

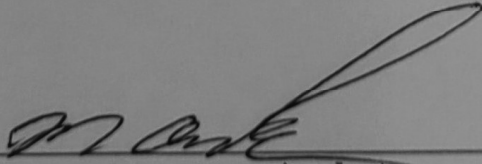
Printer Tests

Test	Status	Time
PRNT	Pass	9:05pm

CRC Tests

Test	Status	Time
COMP	Pass	9:05pm
CAL	Pass	9:05pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Cleveland Instrument Location Cleveland County SO-Annex  
Instrument Serial No. 008887 Shelby, NC

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 18 day of April, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

668  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

CLEVELAND COUNTY CLEVELAND SO-ANNEX  
220

Serial Number: 008887

Test Date: 04/18/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Loftis, Benjamin C

Permit Number: 0024-4987

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

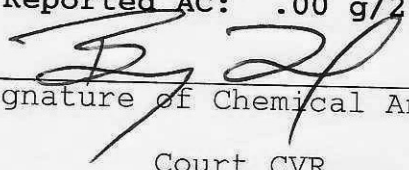
Test Type: Breath Test

Lot Number: AG405101

Exp Date: 02/20/2026

Test	g/210L	Time
DIAG	Pass	11:06am
AIR BLK	.00	11:07am
ACCY CHK	.07	11:07am
AIR BLK	.00	11:09am
<b>SUB TEST</b>	<b>.00</b>	<b>11:09am</b>
AIR BLK	.00	11:10am
<b>SUB TEST</b>	<b>.00</b>	<b>11:12am</b>
AIR BLK	.00	11:13am

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

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

**Intox EC/IR-II: Preventive Maintenance**

CLEVELAND COUNTY CLEVELAND SO-ANNEX 220

Serial Number: 008887      Test Record Number: 4036  
Test Date: 04/18/2024      Test Time: 11:13am EDT

System Check: *Passed*

**Baseline Tests**

Test	Status	Time
IR	Pass	11:14am
FLO	Pass	11:14am
FC	Pass	11:14am

**Temperature Tests**

Test	Status	Time
FC1	Pass	11:14am
SRC	Pass	11:14am
DET	Pass	11:14am
BAR	Pass	11:14am
BT	Pass	11:14am

**Blank Tests**

Test	Status	Time
AIR	Pass	11:15am

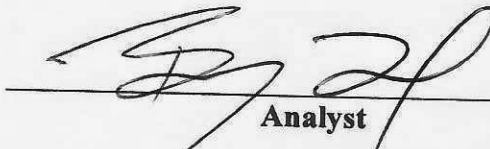
**Printer Tests**

Test	Status	Time
PRNT	Pass	11:15am

**CRC Tests**

Test	Status	Time
COMP	Pass	11:15am
CAL	Pass	11:15am

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Cleveland Instrument Location Cleveland County SO - Annex  
Instrument Serial No. 008893 Shelby, NC

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 18 day of April, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

1068  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

CLEVELAND COUNTY CLEVELAND SO-ANNEX  
220

Serial Number: 008893

Test Date: 04/18/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Loftis, Benjamin C

Permit Number: 0024-4987

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

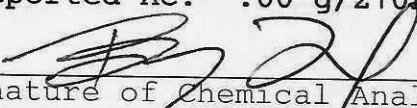
Test Type: Breath Test

Lot Number: AG405101

Exp Date: 02/20/2026

Test	g/210L	Time
DIAG	Pass	11:07am
AIR BLK	.00	11:08am
ACCY CHK	.08	11:09am
AIR BLK	.00	11:10am
<b>SUB TEST</b>	<b>.00</b>	<b>11:10am</b>
AIR BLK	.00	11:11am
<b>SUB TEST</b>	<b>.00</b>	<b>11:13am</b>
AIR BLK	.00	11:14am

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

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

# Intox EC/IR-II: Preventive Maintenance

CLEVELAND COUNTY CLEVELAND SO-ANNEX 220

Serial Number: 008893 Test Record Number: 1970  
Test Date: 04/18/2024 Test Time: 11:14am EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	11:14am
FLO	Pass	11:14am
FC	Pass	11:14am

## Temperature Tests

Test	Status	Time
FC1	Pass	11:14am
SRC	Pass	11:14am
DET	Pass	11:14am
BAR	Pass	11:14am
BT	Pass	11:14am

## Blank Tests

Test	Status	Time
AIR	Pass	11:15am

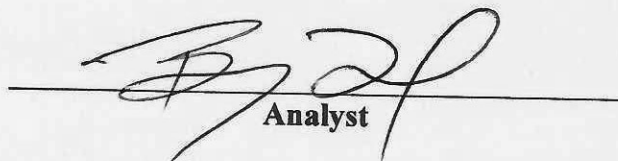
## Printer Tests

Test	Status	Time
PRNT	Pass	11:15am

## CRC Tests

Test	Status	Time
COMP	Pass	11:15am
CAL	Pass	11:15am

Preventive Maintenance  
Status: Pass

  
Analyst

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

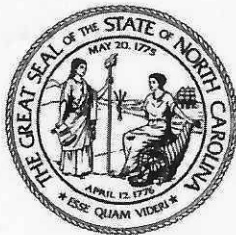
**PREVENTIVE MAINTENANCE RECORD**  
**INTOXIMETERS, MODEL INTOX EC/IR II and**  
**MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County Cleveland Instrument Location Kings Mountain PD  
Instrument Serial No. 008900 Kings Mountain, NC

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 18 day of April, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

668  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

CLEVELAND COUNTY KINGS MOUNTAIN PD 220

Serial Number: 008900

Test Date: 04/18/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Loftis, Benjamin C

Permit Number: 0024-4987

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

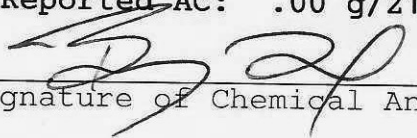
Test Type: Breath Test

Lot Number: AG302704

Exp Date: 01/27/2025

Test	g/210L	Time
DIAG	Pass	10:01am
AIR BLK	.00	10:02am
ACCY CHK	.07	10:02am
AIR BLK	.00	10:03am
<b>SUB TEST</b>	<b>.00</b>	<b>10:04am</b>
AIR BLK	.00	10:05am
<b>SUB TEST</b>	<b>.00</b>	<b>10:07am</b>
AIR BLK	.00	10:07am

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

# Intox EC/IR-II: Preventive Maintenance

CLEVELAND COUNTY KINGS MOUNTAIN PD 220

Serial Number: 008900      Test Record Number: 1045  
Test Date: 04/18/2024      Test Time: 10:08am EDT

System Check: Passed

## Baseline Tests

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

## Temperature Tests

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

## Blank Tests

Test	Status	Time
AIR	Pass	10:09am


## Printer Tests

Test	Status	Time
PRNT	Pass	10:09am

## CRC Tests

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

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

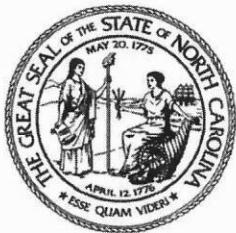
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II and  
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County Cumberland Instrument Location Cumberland County  
Instrument Serial No. 008632 Detention Center

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 22 day of April, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]

Signature of Certifying Official

675

Certificate Number

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

**Intox EC/IR-II: Subject Test**

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008632

Test Date: 04/22/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Garner, Joel K

Permit Number: 0036-5156

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

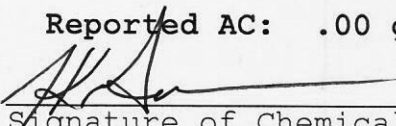
Test Type: Breath Test

Lot Number: AG405101

Exp Date: 02/20/2026

Test	g/210L	Time
DIAG	Pass	11:15am
AIR BLK	.00	11:16am
ACCY CHK	.08	11:17am
AIR BLK	.00	11:18am
<b>SUB TEST</b>	<b>.00</b>	<b>11:19am</b>
AIR BLK	.00	11:20am
<b>SUB TEST</b>	<b>.00</b>	<b>11:21am</b>
AIR BLK	.00	11:22am

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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



# Intox EC/IR-II: Preventive Maintenance

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008632      Test Record Number: 4606  
Test Date: 04/22/2024      Test Time: 11:25am EDT

System Check: *Passed*

## Baseline Tests

Test	Status	Time
IR	Pass	11:26am
FLO	Pass	11:26am
FC	Pass	11:26am

## Temperature Tests

Test	Status	Time
FC1	Pass	11:26am
SRC	Pass	11:26am
DET	Pass	11:26am
BAR	Pass	11:26am
BT	Pass	11:26am

## Blank Tests

Test	Status	Time
AIR	Pass	11:27am

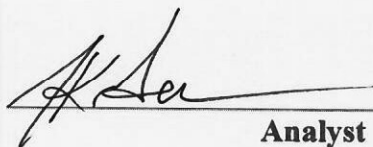
## Printer Tests

Test	Status	Time
PRNT	Pass	11:27am

## CRC Tests

Test	Status	Time
COMP	Pass	11:27am
CAL	Pass	11:27am

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Cumberland Instrument Location Cumberland County  
Instrument Serial No. 008633 Detention Center

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 22 day of April, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

675  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008633  
Test Date: 04/22/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Garner, Joel K

Permit Number: 0036-5156

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

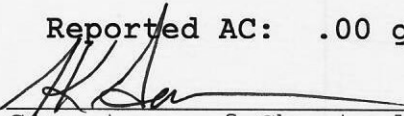
Test Type: Breath Test

Lot Number: AG405101

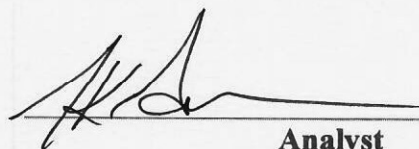
Exp Date: 02/20/2026

Test	g/210L	Time
DIAG	Pass	11:14am
AIR BLK	.00	11:15am
ACCY CHK	.07	11:16am
AIR BLK	.00	11:17am
<b>SUB TEST</b>	<b>.00</b>	<b>11:17am</b>
AIR BLK	.00	11:18am
<b>SUB TEST</b>	<b>.00</b>	<b>11:20am</b>
AIR BLK	.00	11:21am

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

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

# Intox EC/IR-II: Preventive Maintenance

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008633      Test Record Number: 6935  
Test Date: 04/22/2024      Test Time: 11:24am EDT

System Check: *Passed*

## Baseline Tests

Test	Status	Time
IR	Pass	11:24am
FLO	Pass	11:24am
FC	Pass	11:24am

## Temperature Tests

Test	Status	Time
FC1	Pass	11:24am
SRC	Pass	11:24am
DET	Pass	11:24am
BAR	Pass	11:24am
BT	Pass	11:24am

## Blank Tests

Test	Status	Time
AIR	Pass	11:25am

## Printer Tests

Test	Status	Time
PRNT	Pass	11:25am

## CRC Tests

Test	Status	Time
COMP	Pass	11:25am
CAL	Pass	11:25am

Preventive Maintenance  
Status: Pass



**Analyst**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Cumberland Instrument Location Cumberland County  
Instrument Serial No. 008672 Detention Center

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 22 day of April, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

675  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008672

Test Date: 04/22/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Garner, Joel K

Permit Number: 0036-5156

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

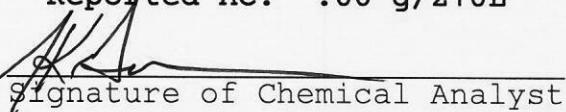
Test Type: Breath Test

Lot Number: AG405101

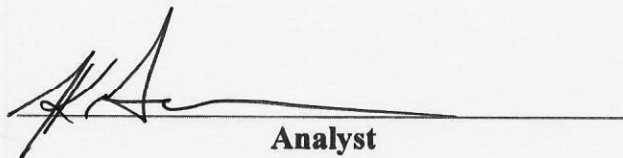
Exp Date: 02/20/2026

Test	g/210L	Time
DIAG	Pass	11:16am
AIR BLK	.00	11:17am
ACCY CHK	.08	11:18am
AIR BLK	.00	11:19am
<b>SUB TEST</b>	<b>.00</b>	<b>11:19am</b>
AIR BLK	.00	11:20am
<b>SUB TEST</b>	<b>.00</b>	<b>11:22am</b>
AIR BLK	.00	11:23am

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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



# Intox EC/IR-II: Preventive Maintenance

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008672      Test Record Number: 8455  
Test Date: 04/22/2024      Test Time: 11:27am EDT

System Check: *Passed*

## Baseline Tests

Test	Status	Time
IR	Pass	11:28am
FLO	Pass	11:28am
FC	Pass	11:28am

## Temperature Tests

Test	Status	Time
FC1	Pass	11:28am
SRC	Pass	11:28am
DET	Pass	11:28am
BAR	Pass	11:28am
BT	Pass	11:28am

## Blank Tests

Test	Status	Time
AIR	Pass	11:28am


## Printer Tests

Test	Status	Time
PRNT	Pass	11:28am

## CRC Tests

Test	Status	Time
COMP	Pass	11:29am
CAL	Pass	11:29am

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Cumberland Instrument Location FT. Liberty  
Instrument Serial No. 013868 L.E.C.

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 22 day of April, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



HA

Signature of Certifying Official

675

Certificate Number

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

**Intox EC/IR-II: Subject Test**

CUMBERLAND COUNTY FORT LIBERTY LEC 250

Serial Number: 013868

Test Date: 04/22/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Garner, Joel K

Permit Number: 0036-5156

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

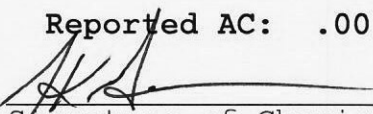
Test Type: Breath Test

Lot Number: AG400301

Exp Date: 01/03/2026

Test	g/210L	Time
DIAG	Pass	9:44am
AIR BLK	.00	9:45am
ACCY CHK	.07	9:46am
AIR BLK	.00	9:47am
<b>SUB TEST</b>	<b>.00</b>	<b>9:48am</b>
AIR BLK	.00	9:49am
<b>SUB TEST</b>	<b>.00</b>	<b>9:50am</b>
AIR BLK	.00	9:51am

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

# Intox EC/IR-II: Preventive Maintenance

CUMBERLAND COUNTY FORT LIBERTY LEC 250

Serial Number: 013868      Test Record Number: 908  
Test Date: 04/22/2024      Test Time: 9:52am EDT

System Check: *Passed*

## Baseline Tests

Test	Status	Time
IR	Pass	9:53am
FLO	Pass	9:53am
FC	Pass	9:53am

## Temperature Tests

Test	Status	Time
FC1	Pass	9:53am
SRC	Pass	9:53am
DET	Pass	9:53am
BAR	Pass	9:53am
BT	Pass	9:53am

## Blank Tests

Test	Status	Time
AIR	Pass	9:54am

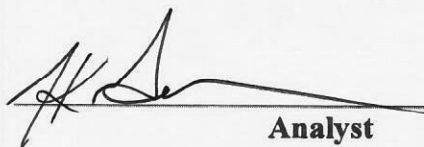
## Printer Tests

Test	Status	Time
PRNT	Pass	9:54am

## CRC Tests

Test	Status	Time
COMP	Pass	9:54am
CAL	Pass	9:54am

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Cumberland Instrument Location FT. Liberty  
Instrument Serial No. 013870 L.E.C.

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 22 day of April, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

675  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

CUMBERLAND COUNTY FORT LIBERTY LEC 250

Serial Number: 013870  
Test Date: 04/22/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Garner, Joel K

Permit Number: 0036-5156

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG400301

Exp Date: 01/03/2026

Test	g/210L	Time
DIAG	Pass	9:42am
AIR BLK	.00	9:43am
ACCY CHK	.07	9:43am
AIR BLK	.00	9:44am
<b>SUB TEST</b>	<b>.00</b>	<b>9:45am</b>
AIR BLK	.00	9:46am
<b>SUB TEST</b>	<b>.00</b>	<b>9:47am</b>
AIR BLK	.00	9:48am

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

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

# Intox EC/IR-II: Preventive Maintenance

CUMBERLAND COUNTY FORT LIBERTY LEC 250

Serial Number: 013870      Test Record Number: 665  
Test Date: 04/22/2024      Test Time: 9:50am EDT

System Check: *Passed*

## Baseline Tests

Test	Status	Time
IR	Pass	9:51am
FLO	Pass	9:51am
FC	Pass	9:51am

## Temperature Tests

Test	Status	Time
FC1	Pass	9:51am
SRC	Pass	9:51am
DET	Pass	9:51am
BAR	Pass	9:51am
BT	Pass	9:51am

## Blank Tests

Test	Status	Time
AIR	Pass	9:52am


## Printer Tests

Test	Status	Time
PRNT	Pass	9:52am

## CRC Tests

Test	Status	Time
COMP	Pass	9:52am
CAL	Pass	9:52am

Preventive Maintenance  
Status: Pass

  
Analyst



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Dare Instrument Location Dare Co. S.O. Hatteras  
Instrument Serial No. 008807 50347 Hwy. NC12, Buxton,  
NC

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 29<sup>th</sup> day of April, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

680  
Certificate Number

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



**Intox EC/IR-II: Subject Test**

DARE COUNTY DARE CO SO HATTERAS 270

Serial Number: 008807

Test Date: 04/29/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Chappell, Mark A

Permit Number: 0020-6272

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

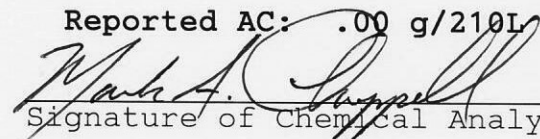
Test Type: Breath Test

Lot Number: AG308004

Exp Date: 03/21/2025

Test	g/210L	Time
DIAG	Pass	11:31am
AIR BLK	.00	11:32am
ACCY CHK	.07	11:32am
AIR BLK	.00	11:34am
<b>SUB TEST</b>	<b>.00</b>	<b>11:34am</b>
AIR BLK	.00	11:35am
<b>SUB TEST</b>	<b>.00</b>	<b>11:36am</b>
AIR BLK	.00	11:37am

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

# Intox EC/IR-II: Preventive Maintenance

DARE COUNTY DARE CO SO HATTERAS 270

Serial Number: 008807      Test Record Number: 1435  
Test Date: 04/29/2024      Test Time: 11:39am EDT

System Check: *Passed*

## Baseline Tests

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

## Temperature Tests

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

## Blank Tests

Test	Status	Time
AIR	Pass	11:40am

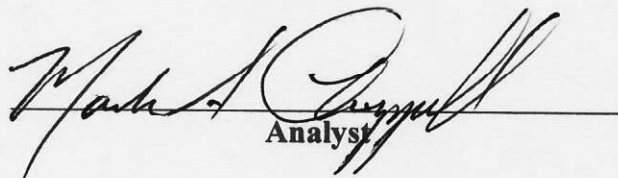
## Printer Tests

Test	Status	Time
PRNT	Pass	11:40am

## CRC Tests

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

Preventive Maintenance  
Status: Pass

  
Analyst

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County DAVIDSON Instrument Location THOMASVILLE POLICE

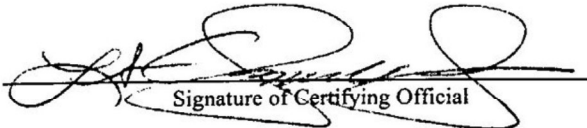
Instrument Serial No. 008660 DEPARTMENT

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 4<sup>TH</sup> day of APRIL, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



  
Signature of Certifying Official

669  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

DAVIDSON COUNTY THOMASVILLE PD 280

Serial Number: 008660  
Test Date: 04/04/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Oligmueller, Leo A

Permit Number: 0035-3799

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG405101

Exp Date: 02/20/2026

Test	g/210L	Time
DIAG	Pass	1:05pm
AIR BLK	.00	1:06pm
ACCY CHK	.08	1:07pm
AIR BLK	.00	1:08pm
SUB TEST	.00	1:09pm
AIR BLK	.00	1:10pm
SUB TEST	.00	1:11pm
AIR BLK	.00	1:12pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

# Intox EC/IR-II: Preventive Maintenance

DAVIDSON COUNTY THOMASVILLE PD 280

Serial Number: 008660      Test Record Number: 4563  
Test Date: 04/04/2024      Test Time: 1:16pm EDT

System Check: *Passed*

## Baseline Tests

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

## Temperature Tests

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

## Blank Tests

Test	Status	Time
AIR	Pass	1:18pm

## Printer Tests

Test	Status	Time
PRNT	Pass	1:18pm

## CRC Tests

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

Preventive Maintenance  
Status: Pass

  
Analyst

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County DAVIDSON Instrument Location DAVIDSON COUNTY TAIL  
Instrument Serial No. 008845 LEXINGTON, NC

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 4<sup>TH</sup> day of APRIL, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

6669  
Certificate Number

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



**Intox EC/IR-II: Subject Test**

DAVIDSON COUNTY DAVIDSON COUNTY JAIL  
280

Serial Number: 008845

Test Date: 04/04/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Oligmueller, Leo A

Permit Number: 0035-3799

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

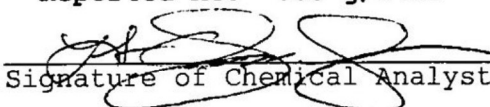
Test Type: Breath Test

Lot Number: AG308702

Exp Date: 03/28/2025

Test	g/210L	Time
DIAG	Pass	2:36pm
AIR BLK	.00	2:37pm
ACCY CHK	.08	2:37pm
AIR BLK	.00	2:38pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:39pm</b>
AIR BLK	.00	2:40pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:41pm</b>
AIR BLK	.00	2:42pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

**Intox EC/IR-II: Preventive Maintenance**

DAVIDSON COUNTY DAVIDSON COUNTY JAIL 280

Serial Number: 008845      Test Record Number: 4236  
Test Date: 04/04/2024      Test Time: 2:43pm EDT

System Check: *Passed*

**Baseline Tests**

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

**Temperature Tests**

Test	Status	Time
FC1	Pass	2:43pm
SRC	Pass	2:43pm
DET	Pass	2:43pm
BAR	Pass	2:43pm
BT	Pass	2:43pm

**Blank Tests**

Test	Status	Time
AIR	Pass	2:44pm

**Printer Tests**

Test	Status	Time
PRNT	Pass	2:44pm

**CRC Tests**

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

Preventive Maintenance  
Status: Pass

  
Analyst

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Duplin Instrument Location Duplin County  
Instrument Serial No. 008864 Detention Center

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 22 day of April, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



A handwritten signature in black ink, appearing to be "J. H. H. H.", written over a horizontal line.

Signature of Certifying Official

685

Certificate Number

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

**Intox EC/IR-II: Subject Test**

**DUPLIN COUNTY DETENTION CENTER 300**

Serial Number: 008864  
Test Date: 04/22/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: GILLESPIE, PENTTI W

Permit Number: 9523-2149

Effective:

01/01/2024-01/01/2026

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

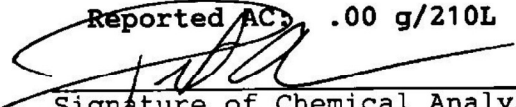
Test Type: Breath Test

Lot Number: AG308101


Exp Date: 03/22/2025

Test	g/210L	Time
DIAG	Pass	11:45am
AIR BLK	.00	11:45am
ACCY CHK	.07	11:46am
AIR BLK	.00	11:47am
<b>SUB TEST</b>	<b>.00</b>	<b>11:48am</b>
AIR BLK	.00	11:49am
<b>SUB TEST</b>	<b>.00</b>	<b>11:50am</b>
AIR BLK	.00	11:52am

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

**Intox EC/IR-II: Preventive Maintenance**

**DUPLIN COUNTY DETENTION CENTER 300**

Serial Number: 008864      Test Record Number: 4903  
Test Date: 04/22/2024      Test Time: 11:52am EDT

System Check: Passed

**Baseline Tests**

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

**Temperature Tests**

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

**Blank Tests**

Test	Status	Time
AIR	Pass	11:53am

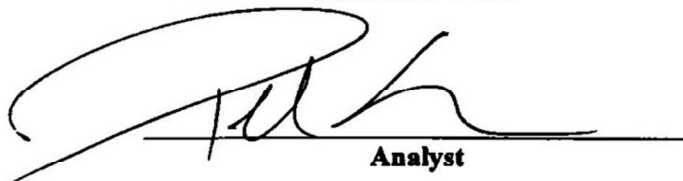
**Printer Tests**

Test	Status	Time
PRNT	Pass	11:53am

**CRC Tests**

Test	Status	Time
COMP	Pass	11:53am
CAL	Pass	11:53am

Preventive Maintenance  
Status: Pass



**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County DUPLIN Instrument Location DUPLIN COUNTY  
Instrument Serial No. 008901 DETENTION CENTER

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 10 day of APRIL, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Alvin Ray Barnes

Signature of Certifying Official

648

Certificate Number

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



**Intox EC/IR-II: Subject Test**

**DUPLIN COUNTY DETENTION CENTER 300**

Serial Number: 008901

Test Date: 04/10/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 0014-6279

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

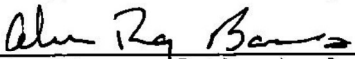
Test Type: Breath Test

Lot Number: AG308101

Exp Date: 03/22/2025

Test	g/210L	Time
DIAG	Pass	11:37am
AIR BLK	.00	11:37am
ACCY CHK	.08	11:38am
AIR BLK	.00	11:39am
<b>SUB TEST</b>	<b>.00</b>	<b>11:40am</b>
AIR BLK	.00	11:41am
<b>SUB TEST</b>	<b>.00</b>	<b>11:42am</b>
AIR BLK	.00	11:43am

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

**Intox EC/IR-II: Preventive Maintenance**

**DUPLIN COUNTY DETENTION CENTER 300**

Serial Number: 008901      Test Record Number: 1701  
Test Date: 04/10/2024      Test Time: 11:43am EDT

System Check: Passed

**Baseline Tests**

Test	Status	Time
IR	Pass	11:44am
FLO	Pass	11:44am
FC	Pass	11:44am

**Temperature Tests**

Test	Status	Time
FC1	Pass	11:44am
SRC	Pass	11:44am
DET	Pass	11:44am
BAR	Pass	11:44am
BT	Pass	11:44am

**Blank Tests**

Test	Status	Time
AIR	Pass	11:45am

**Printer Tests**

Test	Status	Time
PRNT	Pass	11:45am

**CRC Tests**

Test	Status	Time
COMP	Pass	11:45am
CAL	Pass	11:45am

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Durham Instrument Location Durham Co Jail  
Instrument Serial No. 008859 219 S. Mangum St  
Durham, NC

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 1 day of April, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Susan Stokes Barnes  
Signature of Certifying Official

662  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008859

Test Date: 04/01/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Barnes, Simon S

Permit Number: 0014-6221

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG400302

Exp Date: 01/03/2026

Test	g/210L	Time
DIAG	Pass	8:37am
AIR BLK	.00	8:37am
ACCY CHK	.08	8:38am
AIR BLK	.00	8:39am
<b>SUB TEST</b>	<b>.00</b>	<b>8:40am</b>
AIR BLK	.00	8:41am
<b>SUB TEST</b>	<b>.00</b>	<b>8:42am</b>
AIR BLK	.00	8:43am

Reported AC: .00 g/210L

Simon S. Barnes  
Signature of Chemical Analyst

Court CVR

Simon S. Barnes  
Analyst

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

# Intox EC/IR-II: Preventive Maintenance

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008859      Test Record Number: 3070  
Test Date: 04/01/2024      Test Time: 8:43am EDT

System Check: *Passed*

## Baseline Tests

Test	Status	Time
IR	Pass	8:44am
FLO	Pass	8:44am
FC	Pass	8:44am

## Temperature Tests

Test	Status	Time
FC1	Pass	8:44am
SRC	Pass	8:44am
DET	Pass	8:44am
BAR	Pass	8:44am
BT	Pass	8:44am

## Blank Tests

Test	Status	Time
AIR	Pass	8:45am

## Printer Tests

Test	Status	Time
PRNT	Pass	8:45am

## CRC Tests

Test	Status	Time
COMP	Pass	8:45am
CAL	Pass	8:45am

Preventive Maintenance  
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Durham Instrument Location Durham Co Jail  
Instrument Serial No. 008878 219 S. Mangum St  
Durham, NC

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 1 day of April, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Simon Stokes Brainerd  
Signature of Certifying Official

662  
Certificate Number

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



**Intox EC/IR-II: Subject Test**

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008878

Test Date: 04/01/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Barnes, Simon S

Permit Number: 0014-6221

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS


Test Type: Breath Test

Lot Number: AG400302


Exp Date: 01/03/2026

Test	g/210L	Time
DIAG	Pass	8:36am
AIR BLK	.00	8:37am
ACCY CHK	.08	8:37am
AIR BLK	.00	8:38am
<b>SUB TEST</b>	<b>.00</b>	<b>8:39am</b>
AIR BLK	.00	8:40am
<b>SUB TEST</b>	<b>.00</b>	<b>8:41am</b>
AIR BLK	.00	8:42am

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

**Intox EC/IR-II: Preventive Maintenance**

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008878      Test Record Number: 6452  
Test Date: 04/01/2024      Test Time: 8:43am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:43am
FLO	Pass	8:43am
FC	Pass	8:43am

Temperature Tests

Test	Status	Time
FC1	Pass	8:43am
SRC	Pass	8:43am
DET	Pass	8:43am
BAR	Pass	8:43am
BT	Pass	8:43am

Blank Tests

Test	Status	Time
AIR	Pass	8:44am

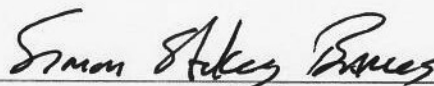
Printer Tests

Test	Status	Time
PRNT	Pass	8:44am

CRC Tests

Test	Status	Time
COMP	Pass	8:44am
CAL	Pass	8:44am

Preventive Maintenance  
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Durham Instrument Location Durham Co Jail  
Instrument Serial No. 008891 219 S. Mangum St  
Durham, NC

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 1 day of April, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Simon Stokes Barcus  
Signature of Certifying Official

642  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008891

Test Date: 04/01/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Barnes, Simon S

Permit Number: 0014-6221

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

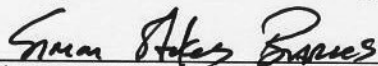
Test Type: Breath Test

Lot Number: AG400302

Exp Date: 01/03/2026

Test	g/210L	Time
DIAG	Pass	8:41am
AIR BLK	.00	8:41am
ACCY CHK	.07	8:42am
AIR BLK	.00	8:43am
<b>SUB TEST</b>	<b>.00</b>	<b>8:43am</b>
AIR BLK	.00	8:44am
<b>SUB TEST</b>	<b>.00</b>	<b>8:46am</b>
AIR BLK	.00	8:47am

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

**This form is used when performing Preventive Maintenance procedures**

**Forensic Tests for Alcohol Branch**

**Department of Health and Human Services**

**Rev. 12/2007**

# Intox EC/IR-II: Preventive Maintenance

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008891      Test Record Number: 4737  
Test Date: 04/01/2024      Test Time: 8:47am EDT

System Check: *Passed*

## Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1	Pass	8:48am
SRC	Pass	8:48am
DET	Pass	8:48am
BAR	Pass	8:48am
BT	Pass	8:48am

## Blank Tests

Test	Status	Time
AIR	Pass	8:48am

## Printer Tests

Test	Status	Time
PRNT	Pass	8:48am

## CRC Tests

Test	Status	Time
COMP	Pass	8:49am
CAL	Pass	8:49am

Preventive Maintenance  
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County FORSYTH Instrument Location BAT MOBILE REGION 3  
Instrument Serial No. 008869 WINSTON SALEM P.D.

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 12 day of APRIL, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



M.C. Fleming  
Signature of Certifying Official

676  
Certificate Number

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



**Intox EC/IR-II: Subject Test**

**FORSYTH COUNTY BAT MOBILE REGION 3 330**

Serial Number: 008869

Test Date: 04/12/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Fleming, Marshall C

Permit Number: 0027-5012

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG302704

Exp Date: 01/27/2025

Test	g/210L	Time
DIAG	Pass	11:23pm
AIR BLK	.00	11:24pm
ACCY CHK	.07	11:24pm
AIR BLK	.00	11:25pm
SUB TEST	.00	11:27pm
AIR BLK	.00	11:28pm
SUB TEST	.00	11:31pm
AIR BLK	.00	11:32pm

Reported AC: .00 g/210L

MC Fly  
Signature of Chemical Analyst

Court CVR

MC Fly  
Analyst

**This form is used when performing Preventive Maintenance procedures**

**Forensic Tests for Alcohol Branch**

**Department of Health and Human Services**

**Rev. 12/2007**



**Intox EC/IR-II: Preventive Maintenance**

**FORSYTH COUNTY BAT MOBILE REGION 3 330**

Serial Number: 008869      Test Record Number: 1824  
Test Date: 04/12/2024      Test Time: 11:34pm EDT

System Check: *Passed*

**Baseline Tests**

Test	Status	Time
IR	Pass	11:34pm
FLO	Pass	11:34pm
FC	Pass	11:34pm

**Temperature Tests**

Test	Status	Time
FC1	Pass	11:34pm
SRC	Pass	11:34pm
DET	Pass	11:34pm
BAR	Pass	11:34pm
BT	Pass	11:34pm

**Blank Tests**

Test	Status	Time
AIR	Pass	11:35pm

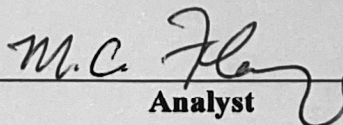
**Printer Tests**

Test	Status	Time
PRNT	Pass	11:35pm

**CRC Tests**

Test	Status	Time
COMP	Pass	11:35pm
CAL	Pass	11:35pm

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County FORSYTH Instrument Location BAT MOBILE REGION 3  
Instrument Serial No. 008898 WINSTON SALEM PD

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 12 day of APRIL, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



M.C. Flery  
Signature of Certifying Official

676  
Certificate Number

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



**Intox EC/IR-II: Subject Test**

**FORSYTH COUNTY BAT MOBILE REGION 3 330**

**Serial Number: 008898**

**Test Date: 04/12/2024**

**Citation Number: M0000000-0**

**Subject's Name:**

**PREVENTIVE, MAINTENANCE**

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

**Subject's Sex: Male**

**Driver's License State: XX**

**Driver's License Number: NONE**

**Analyst's Name: Fleming, Marshall C**

**Permit Number: 0027-5012**

**Effective:**

**10/01/2023-10/01/2025**

**Officer's Name: NONE, NONE**

**Type of Agency: FTA**

**Agency: DHHS**

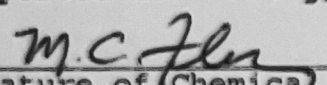
**Test Type: Breath Test**

**Lot Number: AG225701**

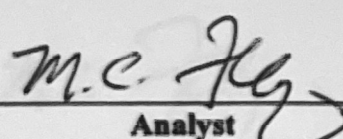
**Exp Date: 09/14/2024**

Test	g/210L	Time
DIAG	Pass	11:25pm
AIR BLK	.00	11:26pm
ACCY CHK	.08	11:27pm
AIR BLK	.00	11:27pm
SUB TEST	.00	11:28pm
AIR BLK	.00	11:29pm
SUB TEST	.00	11:31pm
AIR BLK	.00	11:32pm

**Reported AC: .00 g/210L**

  
Signature of Chemical Analyst

**Court CVR**

  
Analyst

**This form is used when performing Preventive Maintenance procedures**

**Forensic Tests for Alcohol Branch**

**Department of Health and Human Services**

**Rev. 12/2007**

**Intox EC/IR-II: Preventive Maintenance**

**FORSYTH COUNTY BAT MOBILE REGION 3 330**

Serial Number: 008898      Test Record Number: 1818  
Test Date: 04/12/2024      Test Time: 11:34pm EDT

System Check: *Passed*

**Baseline Tests**

Test	Status	Time
IR	Pass	11:34pm
FLO	Pass	11:34pm
FC	Pass	11:34pm

**Temperature Tests**

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

**Blank Tests**

Test	Status	Time
AIR	Pass	11:35pm

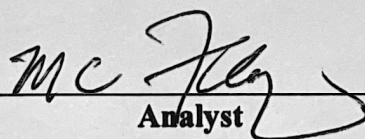
**Printer Tests**

Test	Status	Time
PRNT	Pass	11:35pm

**CRC Tests**

Test	Status	Time
COMP	Pass	11:35pm
CAL	Pass	11:35pm

Preventive Maintenance  
Status: Pass

  
Analyst



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County FORSYTH Instrument Location BAT MOBILE REGION 3  
Instrument Serial No. 008939 WINSTON SALEM P.D.

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 12 day of APRIL, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



M.C. Flier  
Signature of Certifying Official

676  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

**FORSYTH COUNTY BAT MOBILE REGION 3**  
**330**

Serial Number: 008939

Test Date: 04/12/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Fleming, Marshall C

Permit Number: 0027-5012

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG225701

Exp Date: 09/14/2024

Test	g/210L	Time
DIAG	Pass	11:46pm
AIR BLK	.00	11:47pm
ACCY CHK	.08	11:48pm
AIR BLK	.00	11:49pm
SUB TEST	.00	11:49pm
AIR BLK	.00	11:50pm
SUB TEST	.00	11:52pm
AIR BLK	.00	11:52pm

Reported AC: .00 g/210L

MC Fy  
Signature of Chemical Analyst

Court CVR

MC Fy  
Analyst



**Intox EC/IR-II: Preventive Maintenance**

**FORSYTH COUNTY BAT MOBILE REGION 3 330**

Serial Number: 008939      Test Record Number: 1675  
Test Date: 04/12/2024      Test Time: 11:55pm EDT

System Check: *Passed*

**Baseline Tests**

Test	Status	Time
IR	Pass	11:55pm
FLO	Pass	11:55pm
FC	Pass	11:55pm

**Temperature Tests**

Test	Status	Time
FC1	Pass	11:55pm
SRC	Pass	11:55pm
DET	Pass	11:55pm
BAR	Pass	11:55pm
BT	Pass	11:55pm

**Blank Tests**

Test	Status	Time
AIR	Pass	11:56pm

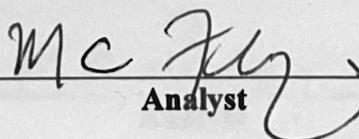
**Printer Tests**

Test	Status	Time
PRNT	Pass	11:56pm

**CRC Tests**

Test	Status	Time
COMP	Pass	11:56pm
CAL	Pass	11:56pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County FRANKLIN

Instrument Location YOUNGKILLE PD

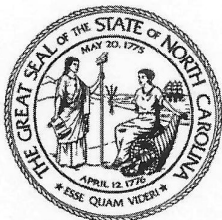
Instrument Serial No. 008781

134 ALT U.S. 1  
YOUNGKILLE, NC

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 5 day of APRIL, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]

Signature of Certifying Official

671

Certificate Number

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

**Intox EC/IR-II: Subject Test**

FRANKLIN COUNTY YOUNGSVILLE PD 340

Serial Number: 008781

Test Date: 04/05/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Bryant, Earl A

Permit Number: 0017-9707

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

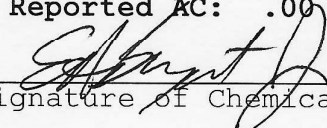
Test Type: Breath Test

Lot Number: AG302704

Exp Date: 01/27/2025

Test	g/210L	Time
DIAG	Pass	1:45pm
AIR BLK	.00	1:46pm
ACCY CHK	.07	1:47pm
AIR BLK	.00	1:48pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:48pm</b>
AIR BLK	.00	1:49pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:50pm</b>
AIR BLK	.00	1:51pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

**This form is used when performing Preventive Maintenance procedures**

**Forensic Tests for Alcohol Branch**

**Department of Health and Human Services**

**Rev. 12/2007**

# Intox EC/IR-II: Preventive Maintenance

FRANKLIN COUNTY YOUNGSVILLE PD 340

Serial Number: 008781      Test Record Number: 6279  
Test Date: 04/05/2024      Test Time: 1:53pm EDT

System Check: *Passed*

## Baseline Tests

Test	Status	Time
IR	Pass	1:54pm
FLO	Pass	1:54pm
FC	Pass	1:54pm

## Temperature Tests

Test	Status	Time
FC1	Pass	1:54pm
SRC	Pass	1:54pm
DET	Pass	1:54pm
BAR	Pass	1:54pm
BT	Pass	1:54pm

## Blank Tests

Test	Status	Time
AIR	Pass	1:55pm


## Printer Tests

Test	Status	Time
PRNT	Pass	1:55pm

## CRC Tests

Test	Status	Time
COMP	Pass	1:55pm
CAL	Pass	1:55pm

Preventive Maintenance  
Status: Pass

  
Analyst

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



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County FRANKLIN

Instrument Location FRANKLIN Co. LEC

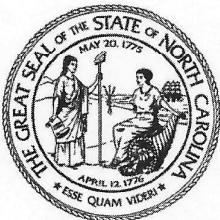
Instrument Serial No. 008933

285 T. KEMP RD.  
LOUISBURG, NC

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 5 day of APRIL, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]

Signature of Certifying Official

671

Certificate Number

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

**Intox EC/IR-II: Subject Test**

FRANKLIN COUNTY FRANKLIN CO. LEC 340

Serial Number: 008933

Test Date: 04/05/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Bryant, Earl A

Permit Number: 0017-9707

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG302704

Exp Date: 01/27/2025

Test	g/210L	Time
DIAG	Pass	2:47pm
AIR BLK	.00	2:48pm
ACCY CHK	.07	2:49pm
AIR BLK	.00	2:50pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:50pm</b>
AIR BLK	.00	2:51pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:53pm</b>
AIR BLK	.00	2:54pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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



# Intox EC/IR-II: Preventive Maintenance

FRANKLIN COUNTY FRANKLIN CO. LEC 340

Serial Number: 008933      Test Record Number: 1516  
Test Date: 04/05/2024      Test Time: 2:55pm EDT

System Check: *Passed*

## Baseline Tests

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

## Temperature Tests

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

## Blank Tests

Test	Status	Time
AIR	Pass	2:56pm

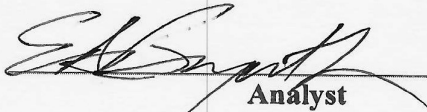
## Printer Tests

Test	Status	Time
PRNT	Pass	2:56pm

## CRC Tests

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

Preventive Maintenance  
Status: Pass

  
Analyst

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County FRANKLIN

Instrument Location FRANKLIN CO. LEC

Instrument Serial No. 008942

285 T. KEMP RD.  
LOUISBURG, NC

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 5 day of APRIL, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]

Signature of Certifying Official

1671

Certificate Number

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

**Intox EC/IR-II: Subject Test**

FRANKLIN COUNTY FRANKLIN CO. LEC 340

Serial Number: 008942

Test Date: 04/05/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Bryant, Earl A

Permit Number: 0017-9707

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG302704

Exp Date: 01/27/2025

Test	g/210L	Time
DIAG	Pass	2:46pm
AIR BLK	.00	2:46pm
ACCY CHK	.07	2:47pm
AIR BLK	.00	2:48pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:48pm</b>
AIR BLK	.00	2:49pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:51pm</b>
AIR BLK	.00	2:52pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

# Intox EC/IR-II: Preventive Maintenance

FRANKLIN COUNTY FRANKLIN CO. LEC 340

Serial Number: 008942      Test Record Number: 3287  
Test Date: 04/05/2024      Test Time: 2:53pm EDT

System Check: *Passed*

## Baseline Tests

Test	Status	Time
IR	Pass	2:53pm
FLO	Pass	2:53pm
FC	Pass	2:53pm

## Temperature Tests

Test	Status	Time
FC1	Pass	2:53pm
SRC	Pass	2:53pm
DET	Pass	2:53pm
BAR	Pass	2:53pm
BT	Pass	2:53pm

## Blank Tests

Test	Status	Time
AIR	Pass	2:54pm

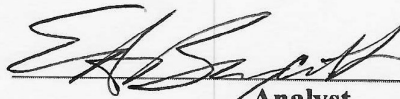
## Printer Tests

Test	Status	Time
PRNT	Pass	2:54pm

## CRC Tests

Test	Status	Time
COMP	Pass	2:54pm
CAL	Pass	2:54pm

Preventive Maintenance  
Status: Pass

  
Analyst

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Gaston Instrument Location Gaston County Jail  
Instrument Serial No. 008643 Gaston, NC

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 16<sup>th</sup> day of April, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Bryce Helms  
Signature of Certifying Official

6074  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

GASTON COUNTY GASTON COUNTY SO 350

Serial Number: 008643

Test Date: 04/16/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Helms, Bryce A

Permit Number: 0084-9845

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

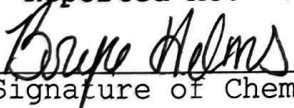
Test Type: Breath Test

Lot Number: AG405102


Exp Date: 02/20/2026

Test	g/210L	Time
DIAG	Pass	11:55am
AIR BLK	.00	11:56am
ACCY CHK	.08	11:57am
AIR BLK	.00	11:58am
<b>SUB TEST</b>	<b>.00</b>	<b>11:58am</b>
AIR BLK	.00	11:59am
<b>SUB TEST</b>	<b>.00</b>	<b>12:01pm</b>
AIR BLK	.00	12:01pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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



# Intox EC/IR-II: Preventive Maintenance

GASTON COUNTY GASTON COUNTY SO 350

Serial Number: 008643 Test Record Number: 4819  
Test Date: 04/16/2024 Test Time: 12:02pm EDT

System Check: *Passed*

## Baseline Tests

Test	Status	Time
IR	Pass	12:02pm
FLO	Pass	12:02pm
FC	Pass	12:02pm

## Temperature Tests

Test	Status	Time
FC1	Pass	12:02pm
SRC	Pass	12:02pm
DET	Pass	12:02pm
BAR	Pass	12:02pm
BT	Pass	12:02pm

## Blank Tests

Test	Status	Time
AIR	Pass	12:03pm

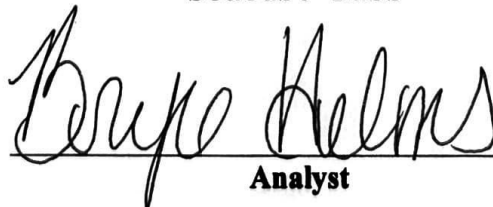
## Printer Tests

Test	Status	Time
PRNT	Pass	12:03pm

## CRC Tests

Test	Status	Time
COMP	Pass	12:03pm
CAL	Pass	12:03pm

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Gaston Instrument Location Mt. Holly PD  
Instrument Serial No. 008733 Mt. Holly, NC

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 9<sup>th</sup> day of April, 2023 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Bryce Helms  
Signature of Certifying Official

6074  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

GASTON COUNTY MT. HOLLY PD 350

Serial Number: 008733

Test Date: 04/09/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Helms, Bryce A

Permit Number: 0084-9845

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

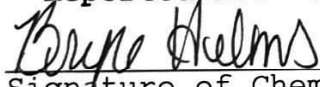
Test Type: Breath Test

Lot Number: AG308003

Exp Date: 03/21/2025

Test	g/210L	Time
DIAG	Pass	12:28pm
AIR BLK	.00	12:29pm
ACCY CHK	.07	12:30pm
AIR BLK	.00	12:31pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:32pm</b>
AIR BLK	.00	12:32pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:34pm</b>
AIR BLK	.00	12:35pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

**Intox EC/IR-II: Preventive Maintenance**

GASTON COUNTY MT. HOLLY PD 350

Serial Number: 008733      Test Record Number: 1452  
Test Date: 04/09/2024      Test Time: 12:36pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:36pm
FLO	Pass	12:36pm
FC	Pass	12:37pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:37pm
SRC	Pass	12:37pm
DET	Pass	12:37pm
BAR	Pass	12:37pm
BT	Pass	12:37pm

Blank Tests

Test	Status	Time
AIR	Pass	12:37pm

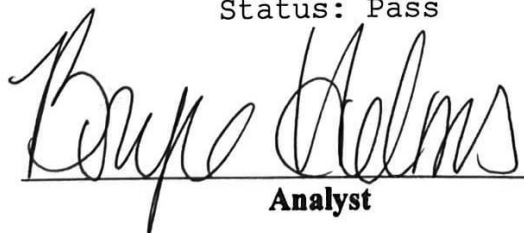
Printer Tests

Test	Status	Time
PRNT	Pass	12:37pm

CRC Tests

Test	Status	Time
COMP	Pass	12:37pm
CAL	Pass	12:37pm

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County GUILFORD Instrument Location GREENSBORO JAIL

Instrument Serial No. 008638 GREENSBORO, NC

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 4<sup>TH</sup> day of APRIL, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



A handwritten signature in black ink, appearing to be "J. L. Smith", written over a horizontal line.  
Signature of Certifying Official

6669  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

GUILFORD GREENSBORO JAIL 400

Serial Number: 008638  
Test Date: 04/04/2024

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

Analyst's Name: Oligmueller, Leo A  
Permit Number: 0035-3799  
Effective:  
10/01/2023-10/01/2025

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

Lot Number: AG405101  
Exp Date: 02/20/2026

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

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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



**Intox EC/IR-II: Preventive Maintenance**

**GUILFORD GREENSBORO JAIL 400**

Serial Number: 008638      Test Record Number: 6323  
Test Date: 04/04/2024      Test Time: 10:59am EDT

System Check: *Passed*

**Baseline Tests**

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

**Temperature Tests**

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

**Blank Tests**

Test	Status	Time
AIR	Pass	11:00am

**Printer Tests**

Test	Status	Time
PRNT	Pass	11:00am

**CRC Tests**

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

Preventive Maintenance  
Status: Pass

  
Analyst

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

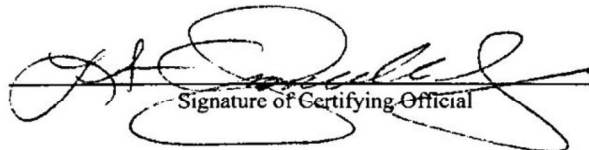
County GUILFORD Instrument Location GREENSBORO JAIL  
Instrument Serial No. 008790 GREENSBORO, NC

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 4<sup>TH</sup> day of APRIL, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



  
Signature of Certifying Official

6669  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008790

Test Date: 04/04/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Oligmueller, Leo A

Permit Number: 0035-3799

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

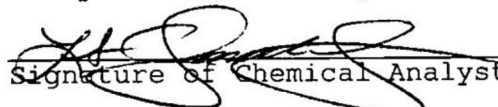
Test Type: Breath Test

Lot Number: AG405101

Exp Date: 02/20/2026

Test	g/210L	Time
DIAG	Pass	10:40am
AIR BLK	.00	10:41am
ACCY CHK	.08	10:42am
AIR BLK	.00	10:42am
<b>SUB TEST</b>	<b>.00</b>	<b>10:45am</b>
AIR BLK	.00	10:46am
<b>SUB TEST</b>	<b>.00</b>	<b>10:47am</b>
AIR BLK	.00	10:48am

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

**Intox EC/IR-II: Preventive Maintenance**

*GUILFORD COUNTY GREENSBORO JAIL 400*

Serial Number: 008790      Test Record Number: 8124  
Test Date: 04/04/2024      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	Pass	10:49am
SRC	Pass	10:49am
DET	Pass	10:49am
BAR	Pass	10:49am
BT	Pass	10:49am

**Blank Tests**

Test	Status	Time
AIR	Pass	10:50am

**Printer Tests**

Test	Status	Time
PRNT	Pass	10:50am

**CRC Tests**

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

Preventive Maintenance  
Status: Pass

  
Analyst

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County GUILFORD Instrument Location BAT MOBILE REGION 3  
Instrument Serial No. 008869 GUILFORD Co. S.O.

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 11 day of APRIL, 20 24 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



M.C. Flg  
Signature of Certifying Official

676  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

**GUILFORD COUNTY BAT MOBILE REGION 3**  
400

Serial Number: 008869

Test Date: 04/11/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Fleming, Marshall C

Permit Number: 0027-5012

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

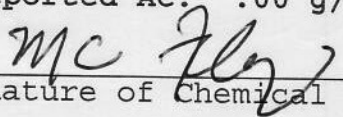
Test Type: Breath Test

Lot Number: AG302704

Exp Date: 01/27/2025

Test	g/210L	Time
DIAG	Pass	10:40pm
AIR BLK	.00	10:41pm
ACCY CHK	.07	10:42pm
AIR BLK	.00	10:43pm
<b>SUB TEST</b>	<b>.00</b>	<b>10:44pm</b>
AIR BLK	.00	10:45pm
<b>SUB TEST</b>	<b>.00</b>	<b>10:47pm</b>
AIR BLK	.00	10:48pm

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

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



**Intox EC/IR-II: Preventive Maintenance**

**GUILFORD COUNTY BAT MOBILE REGION 3 400**

Serial Number: 008869      Test Record Number: 1821  
Test Date: 04/11/2024      Test Time: 10:51pm EDT

System Check: *Passed*

**Baseline Tests**

Test	Status	Time
IR	Pass	10:51pm
FLO	Pass	10:51pm
FC	Pass	10:51pm

**Temperature Tests**

Test	Status	Time
FC1	Pass	10:51pm
SRC	Pass	10:51pm
DET	Pass	10:51pm
BAR	Pass	10:51pm
BT	Pass	10:51pm

**Blank Tests**

Test	Status	Time
AIR	Pass	10:52pm

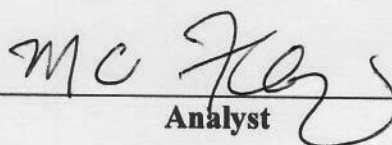
**Printer Tests**

Test	Status	Time
PRNT	Pass	10:52pm

**CRC Tests**

Test	Status	Time
COMP	Pass	10:52pm
CAL	Pass	10:52pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Harnett Instrument Location Dunn Police  
Instrument Serial No. 008644 Department

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 23 day of April, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

675  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

HARNETT COUNTY DUNN PD 420

Serial Number: 008644

Test Date: 04/23/2024

Citation Number: M00000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Garner, Joel K

Permit Number: 0036-5156

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

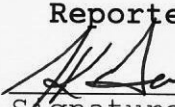
Test Type: Breath Test

Lot Number: AG405101

Exp Date: 02/20/2026

Test	g/210L	Time
DIAG	Pass	10:25am
AIR BLK	.00	10:26am
ACCY CHK	.08	10:27am
AIR BLK	.00	10:28am
<b>SUB TEST</b>	<b>.00</b>	<b>10:28am</b>
AIR BLK	.00	10:29am
<b>SUB TEST</b>	<b>.00</b>	<b>10:31am</b>
AIR BLK	.00	10:32am

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

# Intox EC/IR-II: Preventive Maintenance

HARNETT COUNTY DUNN PD 420

Serial Number: 008644      Test Record Number: 1764  
Test Date: 04/23/2024      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

Test	Status	Time
FC1	Pass	10:34am
SRC	Pass	10:34am
DET	Pass	10:34am
BAR	Pass	10:34am
BT	Pass	10:34am

## Blank Tests

Test	Status	Time
AIR	Pass	10:35am

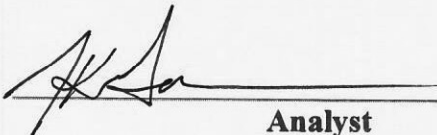
## Printer Tests

Test	Status	Time
PRNT	Pass	10:35am

## CRC Tests

Test	Status	Time
COMP	Pass	10:35am
CAL	Pass	10:35am

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Harnett Instrument Location Harnett County  
Instrument Serial No. 008729 Detention Center

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 23 day of April, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]

Signature of Certifying Official

675

Certificate Number

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

**Intox EC/IR-II: Subject Test**

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008729

Test Date: 04/23/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Garner, Joel K

Permit Number: 0036-5156

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS


Test Type: Breath Test

Lot Number: AG308101

Exp Date: 03/22/2025

Test	g/210L	Time
DIAG	Pass	8:59am
AIR BLK	.00	9:00am
ACCY CHK	.08	9:00am
AIR BLK	.00	9:02am
<b>SUB TEST</b>	<b>.00</b>	<b>9:02am</b>
AIR BLK	.00	9:03am
<b>SUB TEST</b>	<b>.00</b>	<b>9:05am</b>
AIR BLK	.00	9:06am

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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



# Intox EC/IR-II: Preventive Maintenance

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008729      Test Record Number: 2992  
Test Date: 04/23/2024      Test Time: 9:06am EDT

System Check: *Passed*

## Baseline Tests

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

## Temperature Tests

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

## Blank Tests

Test	Status	Time
AIR	Pass	9:07am

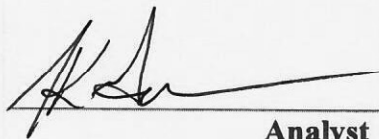
## Printer Tests

Test	Status	Time
PRNT	Pass	9:07am

## CRC Tests

Test	Status	Time
COMP	Pass	9:08am
CAL	Pass	9:08am

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
**Analyst**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Harnett Instrument Location Harnett County  
Instrument Serial No. 008730 Detention Center

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 23 day of April, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

675  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008730

Test Date: 04/23/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Garner, Joel K

Permit Number: 0036-5156

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

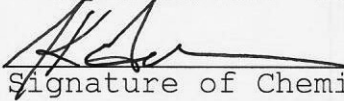
Test Type: Breath Test

Lot Number: AG308101

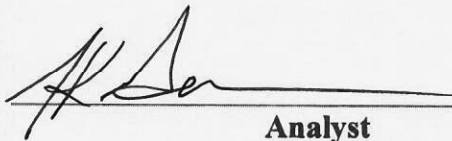
Exp Date: 03/22/2025

Test	g/210L	Time
DIAG	Pass	9:01am
AIR BLK	.00	9:01am
ACCY CHK	.08	9:02am
AIR BLK	.00	9:03am
<b>SUB TEST</b>	<b>.00</b>	<b>9:04am</b>
AIR BLK	.00	9:05am
<b>SUB TEST</b>	<b>.00</b>	<b>9:07am</b>
AIR BLK	.00	9:07am

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

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

# Intox EC/IR-II: Preventive Maintenance

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008730      Test Record Number: 4536  
Test Date: 04/23/2024      Test Time: 9:08am EDT

System Check: *Passed*

## Baseline Tests

Test	Status	Time
IR	Pass	9:09am
FLO	Pass	9:09am
FC	Pass	9:09am

## Temperature Tests

Test	Status	Time
FC1	Pass	9:09am
SRC	Pass	9:09am
DET	Pass	9:09am
BAR	Pass	9:09am
BT	Pass	9:09am

## Blank Tests

Test	Status	Time
AIR	Pass	9:10am

## Printer Tests

Test	Status	Time
PRNT	Pass	9:10am

## CRC Tests

Test	Status	Time
COMP	Pass	9:10am
CAL	Pass	9:10am

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
**Analyst**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Haywood Instrument Location BAT Mobile Unit 5  
Instrument Serial No. 00 8575 Haywood County SO

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 20<sup>th</sup> day of April, 20 24 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

684

Certificate Number

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

**Intox EC/IR-II: Subject Test**

HAYWOOD COUNTY BAT MOBILE UNIT 5 430

Serial Number: 008575

Test Date: 04/20/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Sharpe Jr., Robert J

Permit Number: 1820-8591

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

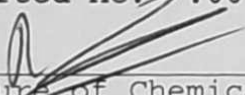
Test Type: Breath Test

Lot Number: AG308101

Exp Date: 03/22/2025

Test	g/210L	Time
DIAG	Pass	9:28pm
AIR BLK	.00	9:29pm
ACCY CHK	.08	9:29pm
AIR BLK	.00	9:30pm
SUB TEST	.00	9:31pm
AIR BLK	.00	9:32pm
SUB TEST	.00	9:36pm
AIR BLK	.00	9:36pm

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst



**Intox EC/IR-II: Preventive Maintenance**

**HAYWOOD COUNTY BAT MOBILE UNIT 5 430**

Serial Number: 008575      Test Record Number: 1464  
Test Date: 04/20/2024      Test Time: 9:41pm EDT

System Check: *Passed*

**Baseline Tests**

Test	Status	Time
IR	Pass	9:41pm
FLO	Pass	9:41pm
FC	Pass	9:41pm

**Temperature Tests**

Test	Status	Time
FC1	Pass	9:41pm
SRC	Pass	9:41pm
DET	Pass	9:41pm
BAR	Pass	9:41pm
BT	Pass	9:41pm

**Blank Tests**

Test	Status	Time
AIR	Pass	9:42pm

**Printer Tests**

Test	Status	Time
PRNT	Pass	9:42pm

**CRC Tests**

Test	Status	Time
COMP	Pass	9:42pm
CAL	Pass	9:42pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
**Analyst**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Haywood Instrument Location BAT Mobile Unit 5  
Instrument Serial No. 00 8616 Haywood County SO

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 20<sup>th</sup> day of April, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

684  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

HAYWOOD COUNTY BAT MOBILE UNIT 5 430

Serial Number: 008616

Test Date: 04/20/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Sharpe Jr., Robert J

Permit Number: 1820-8591

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG308101

Exp Date: 03/22/2025

Test	g/210L	Time
DIAG	Pass	9:30pm
AIR BLK	.00	9:31pm
ACCY CHK	.08	9:32pm
AIR BLK	.00	9:33pm
SUB TEST	.00	9:34pm
AIR BLK	.00	9:35pm
SUB TEST	.00	9:36pm
AIR BLK	.00	9:37pm

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

**This form is used when performing Preventive Maintenance procedures**

**Forensic Tests for Alcohol Branch**

**Department of Health and Human Services**

**Rev. 12/2007**

**Intox EC/IR-II: Preventive Maintenance**

HAYWOOD COUNTY BAT MOBILE UNIT 5 430

Serial Number: 008616      Test Record Number: 2847  
Test Date: 04/20/2024      Test Time: 9:41pm EDT

System Check: *Passed*

**Baseline Tests**

Test	Status	Time
IR	Pass	9:41pm
FLO	Pass	9:41pm
FC	Pass	9:41pm

**Temperature Tests**

Test	Status	Time
FC1	Pass	9:41pm
SRC	Pass	9:41pm
DET	Pass	9:41pm
BAR	Pass	9:41pm
BT	Pass	9:41pm

**Blank Tests**

Test	Status	Time
AIR	Pass	9:42pm

**Printer Tests**

Test	Status	Time
PRNT	Pass	9:42pm

**CRC Tests**

Test	Status	Time
COMP	Pass	9:42pm
CAL	Pass	9:42pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
**Analyst**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

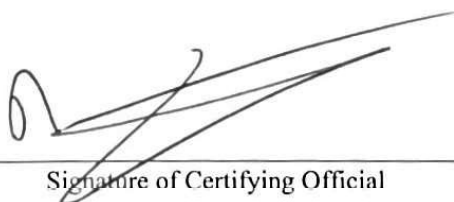
County Haywood Instrument Location BAT Mobile Unit 5  
Instrument Serial No. 008647 Haywood County SO

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 26<sup>th</sup> day of April, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



  
Signature of Certifying Official

684

Certificate Number

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

**Intox EC/IR-II: Subject Test**

HAYWOOD COUNTY BAT MOBILE UNIT 5 430

Serial Number: 008647

Test Date: 04/20/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Sharpe Jr., Robert J

Permit Number: 1820-8591

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG308101


Exp Date: 03/22/2025

Test	g/210L	Time
DIAG	Pass	9:23pm
AIR BLK	.00	9:24pm
ACCY CHK	.08	9:25pm
AIR BLK	.00	9:25pm
<b>SUB TEST</b>	<b>.00</b>	<b>9:26pm</b>
AIR BLK	.00	9:27pm
<b>SUB TEST</b>	<b>.00</b>	<b>9:29pm</b>
AIR BLK	.00	9:30pm

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst



# Intox EC/IR-II: Preventive Maintenance

HAYWOOD COUNTY BAT MOBILE UNIT 5 430  
Serial Number: 008647      Test Record Number: 2841  
Test Date: 04/20/2024      Test Time: 9:31pm EDT  
System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	9:31pm
FLO	Pass	9:31pm
FC	Pass	9:31pm

## Temperature Tests

Test	Status	Time
FC1	Pass	9:31pm
SRC	Pass	9:31pm
DET	Pass	9:31pm
BAR	Pass	9:31pm
BT	Pass	9:31pm

## Blank Tests

Test	Status	Time
AIR	Pass	9:32pm

## Printer Tests

Test	Status	Time
PRNT	Pass	9:32pm

## CRC Tests

Test	Status	Time
COMP	Pass	9:32pm
CAL	Pass	9:32pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Hertford Instrument Location Ahoskie P.D.  
Instrument Serial No. 008848 705 W. Main St. Ahoskie,  
NC

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 12<sup>th</sup> day of April, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



M. A. Dappell  
Signature of Certifying Official

680

Certificate Number

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

**Intox EC/IR-II: Subject Test**

HERTFORD COUNTY AHOSKIE PD 450

Serial Number: 008848  
Test Date: 04/12/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Chappell, Mark A

Permit Number: 0020-6272

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

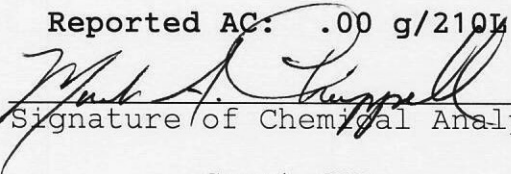
Test Type: Breath Test

Lot Number: AG308004

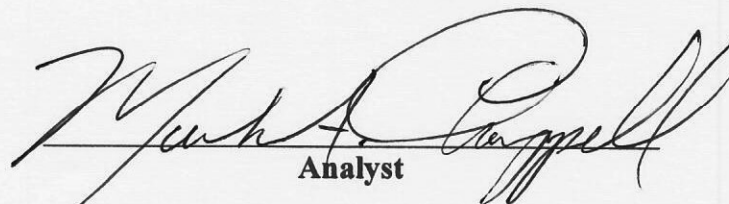
Exp Date: 03/21/2025

Test	g/210L	Time
DIAG	Pass	12:01pm
AIR BLK	.00	12:02pm
ACCY CHK	.08	12:03pm
AIR BLK	.00	12:04pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:05pm</b>
AIR BLK	.00	12:05pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:07pm</b>
AIR BLK	.00	12:08pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

# Intox EC/IR-II: Preventive Maintenance

HERTFORD COUNTY AHOSKIE PD 450

Serial Number: 008848      Test Record Number: 1876  
Test Date: 04/12/2024      Test Time: 12:13pm EDT

System Check: *Passed*

## Baseline Tests

Test	Status	Time
IR	Pass	12:14pm
FLO	Pass	12:14pm
FC	Pass	12:14pm

## Temperature Tests

Test	Status	Time
FC1	Pass	12:14pm
SRC	Pass	12:14pm
DET	Pass	12:14pm
BAR	Pass	12:14pm
BT	Pass	12:14pm

## Blank Tests

Test	Status	Time
AIR	Pass	12:14pm

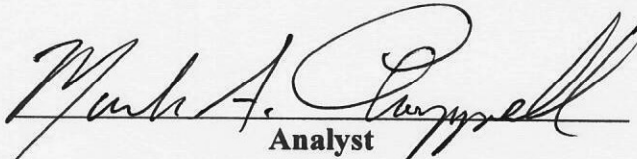
## Printer Tests

Test	Status	Time
PRNT	Pass	12:14pm

## CRC Tests

Test	Status	Time
COMP	Pass	12:14pm
CAL	Pass	12:14pm

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Hoke Instrument Location BAT Mobile Unit 5

Instrument Serial No. 00 8704 Hoke County SO

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 17<sup>th</sup> day of April, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



  
\_\_\_\_\_  
Signature of Certifying Official

084  
\_\_\_\_\_  
Certificate Number

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



**Intox EC/IR-II: Subject Test**

HOKE COUNTY BAT MOBILE UNIT 5 460

Serial Number: 008704

Test Date: 04/19/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Sharpe Jr., Robert J

Permit Number: 1820-8591

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

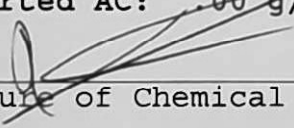
Test Type: Breath Test

Lot Number: AG308101

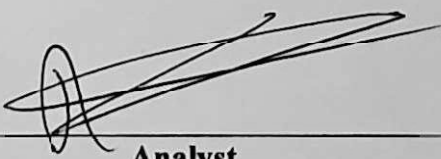
Exp Date: 03/22/2025

Test	g/210L	Time
DIAG	Pass	7:33pm
AIR BLK	.00	7:34pm
ACCY CHK	.08	7:34pm
AIR BLK	.00	7:35pm
SUB TEST	.00	7:36pm
AIR BLK	.00	7:37pm
SUB TEST	.00	7:39pm
AIR BLK	.00	7:40pm

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

**This form is used when performing Preventive Maintenance procedures**

**Forensic Tests for Alcohol Branch**

**Department of Health and Human Services**

**Rev. 12/2007**



**Intox EC/IR-II: Preventive Maintenance**

**HOKE COUNTY BAT MOBILE UNIT 5 460**

Serial Number: 008704      Test Record Number: 895  
Test Date: 04/19/2024      Test Time: 7:40pm EDT

System Check: *Passed*

**Baseline Tests**

Test	Status	Time
IR	Pass	7:41pm
FLO	Pass	7:41pm
FC	Pass	7:41pm

**Temperature Tests**

Test	Status	Time
FC1	Pass	7:41pm
SRC	Pass	7:41pm
DET	Pass	7:41pm
BAR	Pass	7:41pm
BT	Pass	7:41pm

**Blank Tests**

Test	Status	Time
AIR	Pass	7:41pm

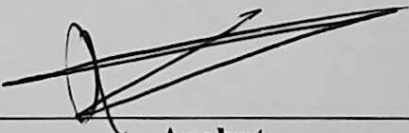
**Printer Tests**

Test	Status	Time
PRNT	Pass	7:41pm

**CRC Tests**

Test	Status	Time
COMP	Pass	7:42pm
CAL	Pass	7:42pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
**Analyst**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Hoke Instrument Location BAT Mobile Unit 5  
Instrument Serial No. 008707 Hoke County SO

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 19<sup>th</sup> day of April, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



  
\_\_\_\_\_  
Signature of Certifying Official

684  
\_\_\_\_\_  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

HOKE COUNTY BAT MOBILE UNIT 5 460

Serial Number: 008707

Test Date: 04/19/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Sharpe Jr., Robert J

Permit Number: 1820-8591

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG400301

Exp Date: 01/03/2026

Test	g/210L	Time
DIAG	Pass	7:35pm
AIR BLK	.00	7:36pm
ACCY CHK	.07	7:37pm
AIR BLK	.00	7:38pm
<b>SUB TEST</b>	<b>.00</b>	<b>7:39pm</b>
AIR BLK	.00	7:40pm
<b>SUB TEST</b>	<b>.00</b>	<b>7:42pm</b>
AIR BLK	.00	7:43pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

**Intox EC/IR-II: Preventive Maintenance**

**HOKE COUNTY BAT MOBILE UNIT 5 460**

Serial Number: 008707      Test Record Number: 2899  
Test Date: 04/19/2024      Test Time: 7:44pm EDT

System Check: *Passed*

**Baseline Tests**

Test	Status	Time
IR	Pass	7:44pm
FLO	Pass	7:44pm
FC	Pass	7:44pm

**Temperature Tests**

Test	Status	Time
FC1	Pass	7:44pm
SRC	Pass	7:44pm
DET	Pass	7:44pm
BAR	Pass	7:44pm
BT	Pass	7:44pm

**Blank Tests**

Test	Status	Time
AIR	Pass	7:45pm

**Printer Tests**

Test	Status	Time
PRNT	Pass	7:45pm

**CRC Tests**

Test	Status	Time
COMP	Pass	7:45pm
CAL	Pass	7:45pm

Preventive Maintenance  
Status: Pass



**Analyst**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Hoke Instrument Location BAT mobile Unit 5  
Instrument Serial No. 008826 Hoke County SO

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 19<sup>th</sup> day of April, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

684  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

HOKE COUNTY BAT MOBILE UNIT 5 460

Serial Number: 008826

Test Date: 04/19/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Sharpe Jr., Robert J

Permit Number: 1820-8591

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

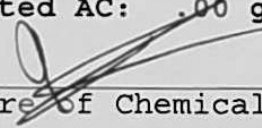
Test Type: Breath Test

Lot Number: AG308703

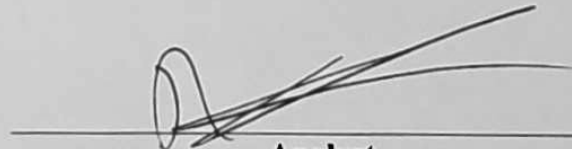
Exp Date: 03/28/2025

Test	g/210L	Time
DIAG	Pass	7:35pm
AIR BLK	.00	7:36pm
ACCY CHK	.07	7:36pm
AIR BLK	.00	7:37pm
SUB TEST	.00	7:38pm
AIR BLK	.00	7:39pm
SUB TEST	.00	7:41pm
AIR BLK	.00	7:42pm

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

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



**Intox EC/IR-II: Preventive Maintenance**

HOKE COUNTY BAT MOBILE UNIT 5 460

Serial Number: 008826      Test Record Number: 8528  
Test Date: 04/19/2024      Test Time: 7:43pm EDT

System Check: *Passed*

**Baseline Tests**

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

**Temperature Tests**

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

**Blank Tests**

Test	Status	Time
AIR	Pass	7:44pm

**Printer Tests**

Test	Status	Time
PRNT	Pass	7:44pm

**CRC Tests**

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

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
**Analyst**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Hoke Instrument Location Hoke County  
Instrument Serial No. 008846 Detention Center

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

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



[Signature]  
Signature of Certifying Official

675  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008846

Test Date: 04/02/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Garner, Joel K

Permit Number: 0036-5156

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG405101

Exp Date: 02/20/2026

Test	g/210L	Time
DIAG	Pass	10:49am
AIR BLK	.00	10:50am
ACCY CHK	.08	10:51am
AIR BLK	.00	10:52am
<b>SUB TEST</b>	<b>.00</b>	<b>10:53am</b>
AIR BLK	.00	10:53am
<b>SUB TEST</b>	<b>.00</b>	<b>10:55am</b>
AIR BLK	.00	10:56am

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

# Intox EC/IR-II: Preventive Maintenance

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008846      Test Record Number: 6273  
Test Date: 04/02/2024      Test Time: 10:57am EDT

System Check: *Passed*

## Baseline Tests

Test	Status	Time
IR	Pass	10:57am
FLO	Pass	10:57am
FC	Pass	10:57am

## Temperature Tests

Test	Status	Time
FC1	Pass	10:57am
SRC	Pass	10:57am
DET	Pass	10:57am
BAR	Pass	10:57am
BT	Pass	10:57am

## Blank Tests

Test	Status	Time
AIR	Pass	10:58am

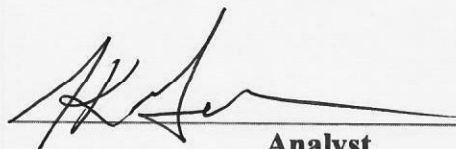
## Printer Tests

Test	Status	Time
PRNT	Pass	10:58am

## CRC Tests

Test	Status	Time
COMP	Pass	10:58am
CAL	Pass	10:58am

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
**Analyst**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Hyde Instrument Location Hyde Co. S.O. Ocracoke  
Instrument Serial No. 008797 NC 12, Ocracoke, NC

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 29<sup>th</sup> day of April, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

680  
Certificate Number

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



**Intox EC/IR-II: Subject Test**

HYDE COUNTY HYDE CO SO OCRACoke 470

Serial Number: 008797

Test Date: 04/29/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Chappell, Mark A

Permit Number: 0020-6272

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG405101

Exp Date: 02/20/2026

Test	g/210L	Time
DIAG	Pass	8:13am
AIR BLK	.00	8:14am
ACCY CHK	.07	8:15am
AIR BLK	.00	8:16am
<b>SUB TEST</b>	<b>.00</b>	<b>8:17am</b>
AIR BLK	.00	8:18am
<b>SUB TEST</b>	<b>.00</b>	<b>8:19am</b>
AIR BLK	.00	8:20am

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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



# Intox EC/IR-II: Preventive Maintenance

HYDE COUNTY HYDE CO SO OCRACoke 470

Serial Number: 008797      Test Record Number: 712  
Test Date: 04/29/2024      Test Time: 8:21am EDT

System Check: *Passed*

## Baseline Tests

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

## Temperature Tests

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

## Blank Tests

Test	Status	Time
AIR	Pass	8:23am

## Printer Tests

Test	Status	Time
PRNT	Pass	8:23am

## CRC Tests

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

Preventive Maintenance  
Status: Pass

  
Analyst

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH



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

County IREDELL Instrument Location STATENVILLE PD

Instrument Serial No. 008619 STATENVILLE NC

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 29 day of April, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Jim S. Stearns  
Signature of Certifying Official

6446  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

IREDELL COUNTY STATESVILLE PD 480

Serial Number: 008619

Test Date: 04/29/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Fleming, Tina S

Permit Number: 0027-4970

Effective:

07/01/2022-07/01/2024

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

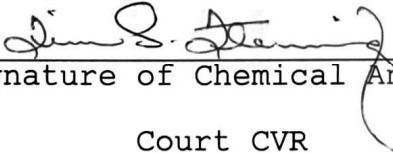
Test Type: Breath Test

Lot Number: AG405102

Exp Date: 02/20/2026

Test	g/210L	Time
DIAG	Pass	10:37am
AIR BLK	.00	10:37am
ACCY CHK	.08	10:38am
AIR BLK	.00	10:39am
<b>SUB TEST</b>	<b>.00</b>	<b>10:39am</b>
AIR BLK	.00	10:40am
<b>SUB TEST</b>	<b>.00</b>	<b>10:42am</b>
AIR BLK	.00	10:43am

**Reported AC: .00 g/210L**

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
**Analyst**

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

# Intox EC/IR-II: Preventive Maintenance

IREDELL COUNTY STATESVILLE PD 480

Serial Number: 008619      Test Record Number: 2121  
Test Date: 04/29/2024      Test Time: 10:44am EDT

System Check: *Passed*

## Baseline Tests

Test	Status	Time
IR	Pass	10:45am
FLO	Pass	10:45am
FC	Pass	10:45am

## Temperature Tests

Test	Status	Time
FC1	Pass	10:45am
SRC	Pass	10:45am
DET	Pass	10:45am
BAR	Pass	10:45am
BT	Pass	10:45am

## Blank Tests

Test	Status	Time
AIR	Pass	10:46am

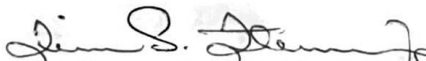
## Printer Tests

Test	Status	Time
PRNT	Pass	10:46am

## CRC Tests

Test	Status	Time
COMP	Pass	10:46am
CAL	Pass	10:46am

Preventive Maintenance  
Status: Pass



**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County IREDELL Instrument Location IREDELL COUNTY S.O.

Instrument Serial No. 608809 STATESVILLE NC

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 24 day of APRIL, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

646  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

IREDELL COUNTY IREDELL COUNTY SO 480

Serial Number: 008809  
Test Date: 04/24/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Fleming, Tina S

Permit Number: 0027-4970

Effective:

07/01/2022-07/01/2024

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

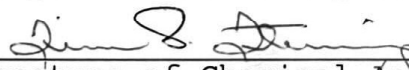
Test Type: Breath Test

Lot Number: AG400303

Exp Date: 01/03/2026

Test	g/210L	Time
DIAG	Pass	9:36am
AIR BLK	.00	9:37am
ACCY CHK	.07	9:37am
AIR BLK	.00	9:38am
<b>SUB TEST</b>	<b>.00</b>	<b>9:39am</b>
AIR BLK	.00	9:40am
<b>SUB TEST</b>	<b>.00</b>	<b>9:41am</b>
AIR BLK	.00	9:42am

**Reported AC: .00 g/210L**

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

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



# Intox EC/IR-II: Preventive Maintenance

IREDELL COUNTY IREDELL COUNTY SO 480

Serial Number: 008809 Test Record Number: 5759  
Test Date: 04/24/2024 Test Time: 9:43am EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	9:43am
FLO	Pass	9:43am
FC	Pass	9:43am

## Temperature Tests

Test	Status	Time
FC1	Pass	9:44am
SRC	Pass	9:44am
DET	Pass	9:44am
BAR	Pass	9:44am
BT	Pass	9:44am

## Blank Tests

Test	Status	Time
AIR	Pass	9:44am

## Printer Tests

Test	Status	Time
PRNT	Pass	9:44am

## CRC Tests

Test	Status	Time
COMP	Pass	9:44am
CAL	Pass	9:44am

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County IREDELL Instrument Location BAT MOBILE REGION 3  
Instrument Serial No. 008869 MOORESVILLE P.D.

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 16 day of APRIL, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



M.C. Flory  
Signature of Certifying Official

676  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

IREDELL COUNTY BAT MOBILE REGION 3 480

Serial Number: 008869

Test Date: 04/16/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Fleming, Marshall C

Permit Number: 0027-5012

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

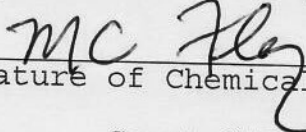
Test Type: Breath Test

Lot Number: AG302704

Exp Date: 01/27/2025

Test	g/210L	Time
DIAG	Pass	3:43pm
AIR BLK	.00	3:44pm
ACCY CHK	.07	3:44pm
AIR BLK	.00	3:45pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:46pm</b>
AIR BLK	.00	3:47pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:48pm</b>
AIR BLK	.00	3:49pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

**Intox EC/IR-II: Preventive Maintenance**

IREDELL COUNTY BAT MOBILE REGION 3 480

Serial Number: 008869      Test Record Number: 1828  
Test Date: 04/16/2024      Test Time: 3:51pm EDT

System Check: *Passed*

**Baseline Tests**

Test	Status	Time
IR	Pass	3:51pm
FLO	Pass	3:51pm
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
BT	Pass	3:52pm

**Blank Tests**

Test	Status	Time
AIR	Pass	3:52pm

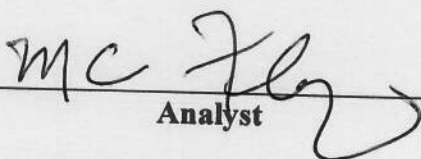
**Printer Tests**

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

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Jackson Instrument Location BAT Mobile Unit 6  
Instrument Serial No. 008580 Jackson S.O.

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 20<sup>th</sup> day of April, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

673  
Certificate Number

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



Intox EC/IR-II: Subject Test

JACKSON COUNTY BAT MOBILE UNIT 6 490

Serial Number: 008580

Test Date: 04/20/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Barrier, Dennis J

Permit Number: 0014-7953

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG400303

Exp Date: 01/03/2026

Test	g/210L	Time
DIAG	Pass	8:33pm
AIR BLK	.00	8:34pm
ACCY CHK	.07	8:35pm
AIR BLK	.00	8:36pm
SUB TEST	.00	8:36pm
AIR BLK	.00	8:37pm
SUB TEST	.00	8:39pm
AIR BLK	.00	8:40pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst



Intox EC/IR-II: Preventive Maintenance

JACKSON COUNTY BAT MOBILE UNIT 6 490

Serial Number: 008580      Test Record Number: 2931  
Test Date: 04/20/2024      Test Time: 8:40pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	8:41pm

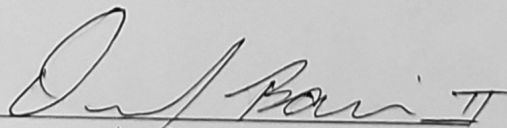
Printer Tests

Test	Status	Time
PRNT	Pass	8:42pm

CRC Tests

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

Preventive Maintenance  
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Jackson County Instrument Location BAT Mobile unit 2  
Instrument Serial No. 008970 Jackson County SO

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 20<sup>th</sup> day of April, 2021 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

679  
Certificate Number

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

Intox EC/IR-II: Subject Test

JACKSON COUNTY BAT MOBILE UNIT 2 490

Serial Number: 008970

Test Date: 04/20/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Greene, Nathaniel T

Permit Number: 0067-5960

Effective:

07/01/2022-07/01/2024

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

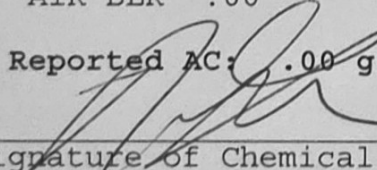
Test Type: Breath Test

Lot Number: AG302703

Exp Date: 01/27/2025

Test	g/210L	Time
DIAG	Pass	8:34pm
AIR BLK	.00	8:35pm
ACCY CHK	.08	8:35pm
AIR BLK	.00	8:36pm
SUB TEST	.00	8:37pm
AIR BLK	.00	8:38pm
SUB TEST	.00	8:39pm
AIR BLK	.00	8:40pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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



Intox EC/IR-II: Preventive Maintenance

JACKSON COUNTY BAT MOBILE UNIT 2 490

Serial Number: 008970      Test Record Number: 1094  
Test Date: 04/20/2024      Test Time: 8:42pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:42pm
FLO	Pass	8:42pm
FC	Pass	8:43pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:43pm
SRC	Pass	8:43pm
DET	Pass	8:43pm
BAR	Pass	8:43pm
BT	Pass	8:43pm

Blank Tests

Test	Status	Time
AIR	Pass	8:43pm

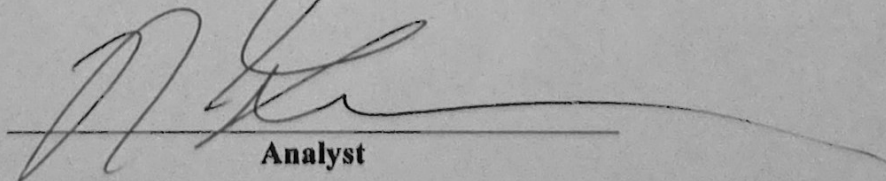
Printer Tests

Test	Status	Time
PRNT	Pass	8:43pm

CRC Tests

Test	Status	Time
COMP	Pass	8:43pm
CAL	Pass	8:43pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Jackson County Instrument Location BAT mobile unit 2  
Instrument Serial No. 008973 Jackson County SO

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 20<sup>th</sup> day of April, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

679  
Certificate Number

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

Intox EC/IR-II: Subject Test

JACKSON COUNTY BAT MOBILE UNIT 2 490

Serial Number: 008973  
Test Date: 04/20/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Greene, Nathaniel T

Permit Number: 0067-5960

Effective:

07/01/2022-07/01/2024

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

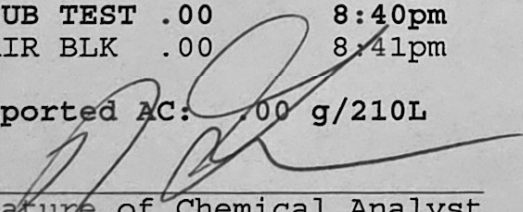
Test Type: Breath Test

Lot Number: AG302703

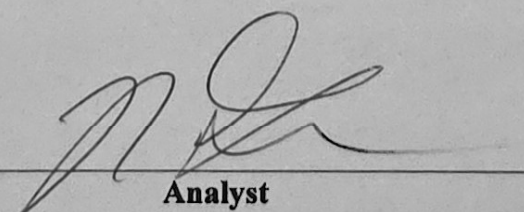
Exp Date: 01/27/2025

Test	g/210L	Time
DIAG	Pass	8:34pm
AIR BLK	.00	8:35pm
ACCY CHK	.08	8:36pm
AIR BLK	.00	8:37pm
SUB TEST	.00	8:37pm
AIR BLK	.00	8:38pm
SUB TEST	.00	8:40pm
AIR BLK	.00	8:41pm

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

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



Intox EC/IR-II: Preventive Maintenance

JACKSON COUNTY BAT MOBILE UNIT 2 490

Serial Number: 008973      Test Record Number: 1149  
Test Date: 04/20/2024      Test Time: 8:42pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:43pm
FLO	Pass	8:43pm
FC	Pass	8:43pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:43pm
SRC	Pass	8:43pm
DET	Pass	8:43pm
BAR	Pass	8:43pm
BT	Pass	8:43pm

Blank Tests

Test	Status	Time
AIR	Pass	8:44pm

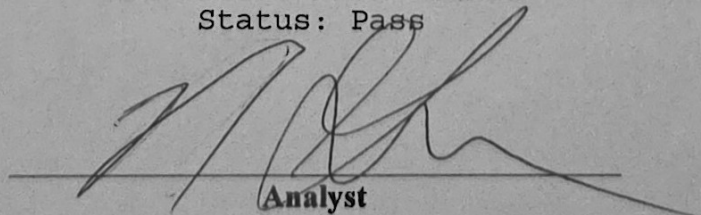
Printer Tests

Test	Status	Time
PRNT	Pass	8:44pm

CRC Tests

Test	Status	Time
COMP	Pass	8:44pm
CAL	Pass	8:44pm

Preventive Maintenance  
Status: *Pass*

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Johnston

Instrument Location Selma Police

Instrument Serial No. 008595

Department

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 23 day of April, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]

Signature of Certifying Official

675

Certificate Number

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

**Intox EC/IR-II: Subject Test**

JOHNSTON COUNTY SELMA PD 500

Serial Number: 008595

Test Date: 04/23/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Garner, Joel K

Permit Number: 0036-5156

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

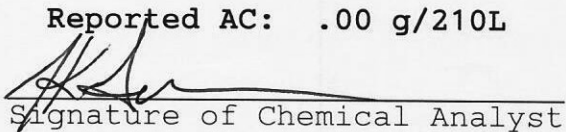
Test Type: Breath Test

Lot Number: AG303101

Exp Date: 01/31/2025

Test	g/210L	Time
DIAG	Pass	12:27pm
AIR BLK	.00	12:27pm
ACCY CHK	.07	12:28pm
AIR BLK	.00	12:29pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:30pm</b>
AIR BLK	.00	12:31pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:32pm</b>
AIR BLK	.00	12:33pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

**Intox EC/IR-II: Preventive Maintenance**

JOHNSTON COUNTY SELMA PD 500

Serial Number: 008595      Test Record Number: 1765  
Test Date: 04/23/2024      Test Time: 12:35pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:35pm
FLO	Pass	12:35pm
FC	Pass	12:35pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:35pm
SRC	Pass	12:35pm
DET	Pass	12:35pm
BAR	Pass	12:35pm
BT	Pass	12:35pm

Blank Tests

Test	Status	Time
AIR	Pass	12:36pm

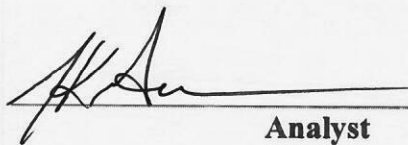
Printer Tests

Test	Status	Time
PRNT	Pass	12:36pm

CRC Tests

Test	Status	Time
COMP	Pass	12:36pm
CAL	Pass	12:36pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Johnston Instrument Location Clayton Police  
Instrument Serial No. 008658 Department

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 17 day of April, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

675  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

JOHNSTON COUNTY CLAYTON PD 500

Serial Number: 008658  
Test Date: 04/17/2024

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

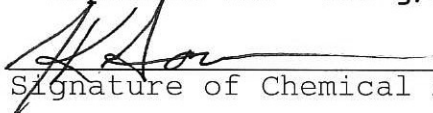
Analyst's Name: Garner, Joel K  
Permit Number: 0036-5156  
Effective:  
10/01/2023-10/01/2025

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

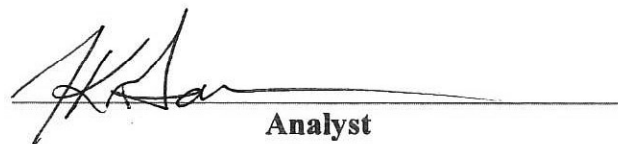
Lot Number: AG308703  
Exp Date: 03/28/2025

Test	g/210L	Time
DIAG	Pass	9:18am
AIR BLK	.00	9:18am
ACCY CHK	.07	9:19am
AIR BLK	.00	9:20am
<b>SUB TEST</b>	<b>.00</b>	<b>9:22am</b>
AIR BLK	.00	9:22am
<b>SUB TEST</b>	<b>.00</b>	<b>9:24am</b>
AIR BLK	.00	9:25am

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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



# Intox EC/IR-II: Preventive Maintenance

JOHNSTON COUNTY CLAYTON PD 500

Serial Number: 008658      Test Record Number: 2167  
Test Date: 04/17/2024      Test Time: 9:26am EDT

System Check: *Passed*

## Baseline Tests

Test	Status	Time
IR	Pass	9:26am
FLO	Pass	9:26am
FC	Pass	9:26am

## Temperature Tests

Test	Status	Time
FC1	Pass	9:26am
SRC	Pass	9:26am
DET	Pass	9:26am
BAR	Pass	9:26am
BT	Pass	9:26am

## Blank Tests

Test	Status	Time
AIR	Pass	9:27am

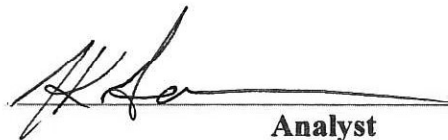
## Printer Tests

Test	Status	Time
PRNT	Pass	9:27am

## CRC Tests

Test	Status	Time
COMP	Pass	9:27am
CAL	Pass	9:27am

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Johnston Instrument Location Benson Police  
Instrument Serial No. 008885 Department

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 23 day of April, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

675  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

JOHNSTON COUNTY BENSON PD 500

Serial Number: 008885  
Test Date: 04/23/2024

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

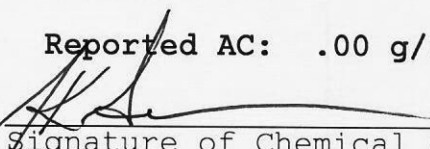
Analyst's Name: Garner, Joel K  
Permit Number: 0036-5156  
Effective:  
10/01/2023-10/01/2025

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

Lot Number: AG405102  
Exp Date: 02/20/2026

Test	g/210L	Time
DIAG	Pass	11:21am
AIR BLK	.00	11:21am
ACCY CHK	.08	11:22am
AIR BLK	.00	11:23am
<b>SUB TEST</b>	<b>.00</b>	<b>11:24am</b>
AIR BLK	.00	11:24am
<b>SUB TEST</b>	<b>.00</b>	<b>11:26am</b>
AIR BLK	.00	11:27am

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

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

# Intox EC/IR-II: Preventive Maintenance

JOHNSTON COUNTY BENSON PD 500

Serial Number: 008885      Test Record Number: 824  
Test Date: 04/23/2024      Test Time: 11:27am EDT

System Check: *Passed*

## Baseline Tests

Test	Status	Time
IR	Pass	11:28am
FLO	Pass	11:28am
FC	Pass	11:28am

## Temperature Tests

Test	Status	Time
FC1	Pass	11:28am
SRC	Pass	11:28am
DET	Pass	11:28am
BAR	Pass	11:28am
BT	Pass	11:28am

## Blank Tests

Test	Status	Time
AIR	Pass	11:28am

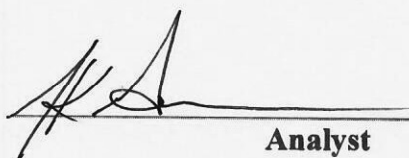
## Printer Tests

Test	Status	Time
PRNT	Pass	11:29am

## CRC Tests

Test	Status	Time
COMP	Pass	11:29am
CAL	Pass	11:29am

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Lincoln Instrument Location Lincoln Co Jail  
Instrument Serial No. 008823 Lincolnton, NC

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 16<sup>th</sup> day of April, 20 24 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Bryce Helms  
Signature of Certifying Official

6074  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

LINCOLN COUNTY LINCOLN COUNTY SO 540

Serial Number: 008823  
Test Date: 04/16/2024

Citation Number: M0000000-0

Subject's Name:  
PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Helms, Bryce A

Permit Number: 0084-9845

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG405102

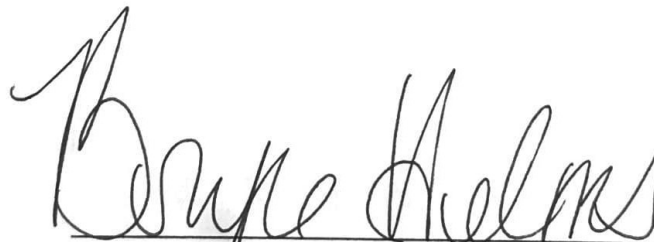
Exp Date: 02/20/2026

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

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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



**Intox EC/IR-II: Preventive Maintenance**

LINCOLN COUNTY LINCOLN COUNTY SO 540

Serial Number: 008823      Test Record Number: 1949  
Test Date: 04/16/2024      Test Time: 1:01pm EDT

System Check: *Passed*

**Baseline Tests**

Test	Status	Time
IR	Pass	1:01pm
FLO	Pass	1:01pm
FC	Pass	1:01pm

**Temperature Tests**

Test	Status	Time
FC1	Pass	1:02pm
SRC	Pass	1:02pm
DET	Pass	1:02pm
BAR	Pass	1:02pm
BT	Pass	1:02pm

**Blank Tests**

Test	Status	Time
AIR	Pass	1:02pm

**Printer Tests**

Test	Status	Time
PRNT	Pass	1:02pm

**CRC Tests**

Test	Status	Time
COMP	Pass	1:02pm
CAL	Pass	1:02pm

Preventive Maintenance  
Status: Pass

  
**Analyst**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Lincoln Instrument Location Lincoln Co Jail  
Instrument Serial No. 008827 Lincolnton, NC

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 16<sup>th</sup> day of April, 20 24 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Bayle Helms  
Signature of Certifying Official

6074  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

LINCOLN COUNTY LINCOLN COUNTY SO 540

Serial Number: 008827

Test Date: 04/16/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Helms, Bryce A

Permit Number: 0084-9845

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

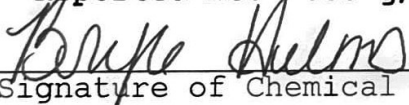
Test Type: Breath Test

Lot Number: AG405102

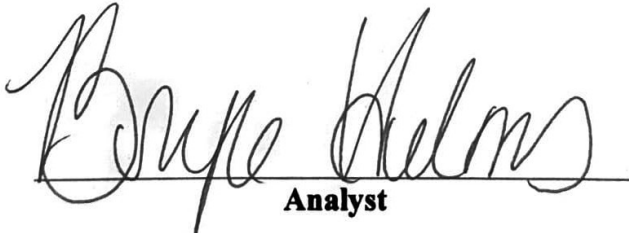
Exp Date: 02/20/2026

Test	g/210L	Time
DIAG	Pass	12:57pm
AIR BLK	.00	12:58pm
ACCY CHK	.08	12:58pm
AIR BLK	.00	1:00pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:00pm</b>
AIR BLK	.00	1:01pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:03pm</b>
AIR BLK	.00	1:04pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

**Intox EC/IR-II: Preventive Maintenance**

LINCOLN COUNTY LINCOLN COUNTY SO 540

Serial Number: 008827      Test Record Number: 4107  
Test Date: 04/16/2024      Test Time: 1:04pm EDT

System Check: *Passed*

**Baseline Tests**

Test	Status	Time
IR	Pass	1:04pm
FLO	Pass	1:04pm
FC	Pass	1:04pm

**Temperature Tests**

Test	Status	Time
FC1	Pass	1:04pm
SRC	Pass	1:04pm
DET	Pass	1:04pm
BAR	Pass	1:04pm
BT	Pass	1:04pm

**Blank Tests**

Test	Status	Time
AIR	Pass	1:05pm


**Printer Tests**

Test	Status	Time
PRNT	Pass	1:05pm

**CRC Tests**

Test	Status	Time
COMP	Pass	1:05pm
CAL	Pass	1:05pm

Preventive Maintenance  
Status: *Pass*

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Macon Instrument Location Macon Co. Jail  
Instrument Serial No. 008606 Franklin, NC

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

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



Deil R. Lottman

Signature of Certifying Official

635

Certificate Number

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

**Intox EC/IR-II: Subject Test**

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008606

Test Date: 04/02/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Cutler, Daniel R

Permit Number: 0084-3310

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

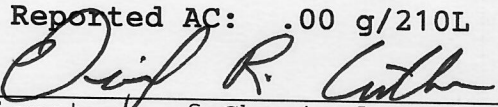
Test Type: Breath Test

Lot Number: AG308704

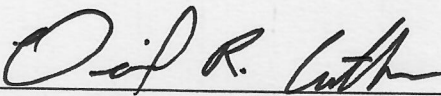
Exp Date: 03/26/2025

Test	g/210L	Time
DIAG	Pass	11:09am
AIR BLK	.00	11:09am
ACCY CHK	.07	11:10am
AIR BLK	.00	11:11am
<b>SUB TEST</b>	<b>.00</b>	<b>11:11am</b>
AIR BLK	.00	11:12am
<b>SUB TEST</b>	<b>.00</b>	<b>11:14am</b>
AIR BLK	.00	11:15am

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst



**Intox EC/IR-II: Preventive Maintenance**

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008606      Test Record Number: 474  
Test Date: 04/02/2024      Test Time: 11:17am EDT

System Check: *Passed*

**Baseline Tests**

Test	Status	Time
IR	Pass	11:17am
FLO	Pass	11:17am
FC	Pass	11:17am

**Temperature Tests**

Test	Status	Time
FC1	Pass	11:18am
SRC	Pass	11:18am
DET	Pass	11:18am
BAR	Pass	11:18am
BT	Pass	11:18am

**Blank Tests**

Test	Status	Time
AIR	Pass	11:18am

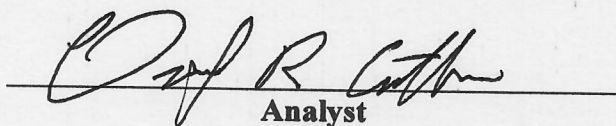
**Printer Tests**

Test	Status	Time
PRNT	Pass	11:18am

**CRC Tests**

Test	Status	Time
COMP	Pass	11:18am
CAL	Pass	11:18am

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Macon Instrument Location Macon Co. Jail  
Instrument Serial No. 008618 Franklin, NC

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

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



David R. Carter

Signature of Certifying Official

635

Certificate Number

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

**Intox EC/IR-II: Subject Test**

MACON COUNTY MACON COUNTY JAIL 550'

Serial Number: 008618

Test Date: 04/02/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Cutler, Daniel R

Permit Number: 0084-3310

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

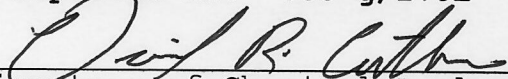
Test Type: Breath Test

Lot Number: AG308704

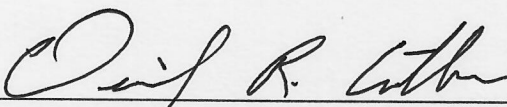
Exp Date: 03/28/2025

Test	g/210L	Time
DIAG	Pass	10:40am
AIR BLK	.00	10:41am
ACCY CHK	.08	10:42am
AIR BLK	.00	10:43am
<b>SUB TEST</b>	<b>.00</b>	<b>10:44am</b>
AIR BLK	.00	10:44am
<b>SUB TEST</b>	<b>.00</b>	<b>10:46am</b>
AIR BLK	.00	10:47am

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

# Intox EC/IR-II: Preventive Maintenance

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008618      Test Record Number: 2548  
Test Date: 04/02/2024      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	Pass	10:49am
SRC	Pass	10:49am
DET	Pass	10:49am
BAR	Pass	10:49am
BT	Pass	10:49am

## Blank Tests

Test	Status	Time
AIR	Pass	10:50am

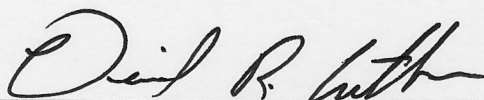
## Printer Tests

Test	Status	Time
PRNT	Pass	10:50am

## CRC Tests

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

Preventive Maintenance  
Status: Pass



Analyst



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Macon Instrument Location BAT Mobile Region 4  
Instrument Serial No. 008775 NC SHP

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 20 day of April, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

683  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

MACON COUNTY BAT MOBILE REGION 4 550

Serial Number: 008775

Test Date: 04/20/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Glasscock, Jerry D

Permit Number: 7180-9235

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG302702

Exp Date: 01/27/2025

Test	g/210L	Time
DIAG	Pass	8:16pm
AIR BLK	.00	8:17pm
ACCY CHK	.07	8:18pm
AIR BLK	.00	8:18pm
<b>SUB TEST</b>	<b>.00</b>	<b>8:19pm</b>
AIR BLK	.00	8:20pm
<b>SUB TEST</b>	<b>.00</b>	<b>8:22pm</b>
AIR BLK	.00	8:23pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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



**Intox EC/IR-II: Preventive Maintenance**

MACON COUNTY BAT MOBILE REGION 4 550

Serial Number: 008775      Test Record Number: 2070  
Test Date: 04/20/2024      Test Time: 8:24pm EDT

System Check: *Passed*

**Baseline Tests**

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

**Temperature Tests**

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

**Blank Tests**

Test	Status	Time
AIR	Pass	8:25pm

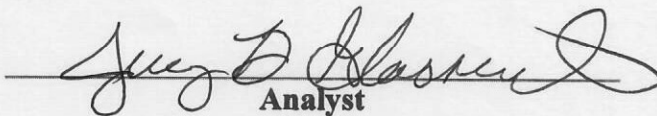
**Printer Tests**

Test	Status	Time
PRNT	Pass	8:25pm

**CRC Tests**

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

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County McDowell County Instrument Location BAT Mobile unit 72  
Instrument Serial No. 008970 Marion PD

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 15<sup>th</sup> day of April, 2024, the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

679  
Certificate Number

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

Intox EC/IR-II: Subject Test

MCDOWELL COUNTY BAT MOBILE UNIT 2 580

Serial Number: 008970

Test Date: 04/15/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Greene, Nathaniel T

Permit Number: 0067-5960

Effective:

07/01/2022-07/01/2024

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG302703

Exp Date: 01/27/2025

Test	g/210L	Time
DIAG	Pass	8:35pm
AIR BLK	.00	8:35pm
ACCY CHK	.07	8:36pm
AIR BLK	.00	8:37pm
SUB TEST	.00	8:38pm
AIR BLK	.00	8:39pm
SUB TEST	.00	8:40pm
AIR BLK	.00	8:41pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst



Intox EC/IR-II: Preventive Maintenance

MCDOWELL COUNTY BAT MOBILE UNIT 2 580

Serial Number: 008970      Test Record Number: 1092  
Test Date: 04/15/2024      Test Time: 8:52pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	8:54pm

Printer Tests

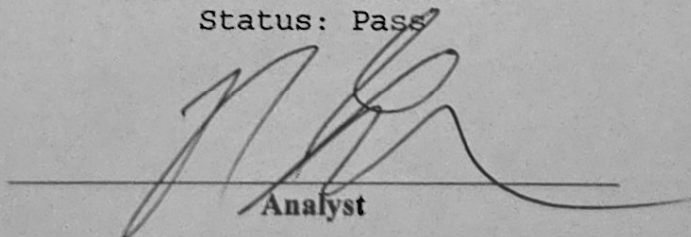
Test	Status	Time
PRNT	Pass	8:54pm

CRC Tests

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

Preventive Maintenance

Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County McDowell County Instrument Location BAT Mobile unit 2  
Instrument Serial No. 008973 Marion PD

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 15 day of April, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

679  
Certificate Number

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

Intox EC/IR-II: Subject Test

MCDOWELL COUNTY BAT MOBILE UNIT 2 580

Serial Number: 008973

Test Date: 04/15/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Greene, Nathaniel T

Permit Number: 0067-5960

Effective:

07/01/2022-07/01/2024

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG302703

Exp Date: 01/27/2025

Test	g/210L	Time
DIAG	Pass	8:36pm
AIR BLK	.00	8:37pm
ACCY CHK	.07	8:38pm
AIR BLK	.00	8:38pm
SUB TEST	.00	8:39pm
AIR BLK	.00	8:40pm
SUB TEST	.00	8:42pm
AIR BLK	.00	8:42pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst



Intox EC/IR-II: Preventive Maintenance

MCDOWELL COUNTY BAT MOBILE UNIT 2 580

Serial Number: 008973      Test Record Number: 1146  
Test Date: 04/15/2024      Test Time: 8:57pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	8:59pm

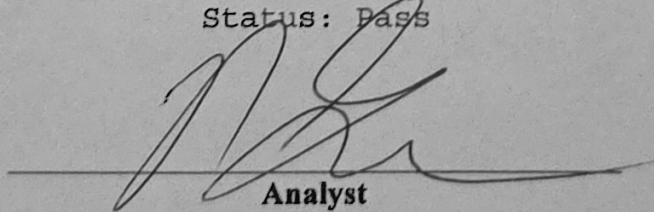
Printer Tests

Test	Status	Time
PRNT	Pass	8:59pm

CRC Tests

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

Preventive Maintenance  
Status: *Pass*

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Mecklenburg Instrument Location Mecklenburg County 80  
Instrument Serial No. 008665 Charlotte, NC

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 19<sup>th</sup> day of April, 20 24 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Bryan Helms  
Signature of Certifying Official

674  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

MECKLENBURG COUNTY SHERIFFS OFFICE 590

Serial Number: 008665

Test Date: 04/19/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Helms, Bryce A

Permit Number: 0084-9845

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS


Test Type: Breath Test

Lot Number: AG400301


Exp Date: 01/03/2026

Test	g/210L	Time
DIAG	Pass	12:44pm
AIR BLK	.00	12:45pm
ACCY CHK	.08	12:46pm
AIR BLK	.00	12:47pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:47pm</b>
AIR BLK	.00	12:48pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:50pm</b>
AIR BLK	.00	12:51pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

**Intox EC/IR-II: Preventive Maintenance**

MECKLENBURG COUNTY SHERIFFS OFFICE 590

Serial Number: 008665      Test Record Number: 5563  
Test Date: 04/19/2024      Test Time: 12:51pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:51pm
FLO	Pass	12:51pm
FC	Pass	12:51pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:52pm
SRC	Pass	12:52pm
DET	Pass	12:52pm
BAR	Pass	12:52pm
BT	Pass	12:52pm

Blank Tests

Test	Status	Time
AIR	Pass	12:52pm

Printer Tests

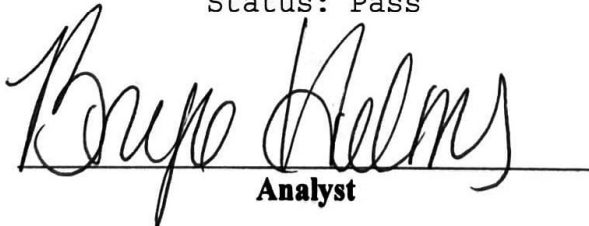
Test	Status	Time
PRNT	Pass	12:52pm

CRC Tests

Test	Status	Time
COMP	Pass	12:52pm
CAL	Pass	12:52pm

Preventive Maintenance

Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County MECKLENBURG Instrument Location CORNELIUS PD

Instrument Serial No. 008692 CORNELIUS NC

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 12 day of APRIL, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

646  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

MECKLENBURG COUNTY CORNELIUS PD 590

Serial Number: 008692

Test Date: 04/12/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Fleming, Tina S

Permit Number: 0027-4970

Effective:

07/01/2022-07/01/2024

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

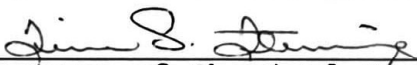
Test Type: Breath Test

Lot Number: AG303001

Exp Date: 01/30/2025

Test	g/210L	Time
DIAG	Pass	12:58pm
AIR BLK	.00	12:58pm
ACCY CHK	.08	12:59pm
AIR BLK	.00	1:00pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:01pm</b>
AIR BLK	.00	1:02pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:04pm</b>
AIR BLK	.00	1:05pm

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

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



**Intox EC/IR-II: Preventive Maintenance**

**MECKLENBURG COUNTY CORNELIUS PD 590**

Serial Number: 008692      Test Record Number: 3632  
Test Date: 04/12/2024      Test Time: 1:08pm EDT

System Check: *Passed*

**Baseline Tests**

Test	Status	Time
IR	Pass	1:08pm
FLO	Pass	1:08pm
FC	Pass	1:08pm

**Temperature Tests**

Test	Status	Time
FC1	Pass	1:09pm
SRC	Pass	1:09pm
DET	Pass	1:09pm
BAR	Pass	1:09pm
BT	Pass	1:09pm

**Blank Tests**

Test	Status	Time
AIR	Pass	1:09pm

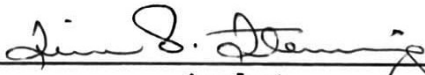
**Printer Tests**

Test	Status	Time
PRNT	Pass	1:09pm

**CRC Tests**

Test	Status	Time
COMP	Pass	1:09pm
CAL	Pass	1:09pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
**Analyst**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Mecklenburg Instrument Location Matthews PD  
Instrument Serial No. 008699 Matthews, NC

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

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



Bryce Helms  
Signature of Certifying Official

6074  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

MECKLENBURG COUNTY MATTHEWS PD 590

Serial Number: 008699

Test Date: 04/02/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Helms, Bryce A

Permit Number: 0084-9845

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG308003


Exp Date: 03/21/2025

Test	g/210L	Time
DIAG	Pass	10:53am
AIR BLK	.00	10:54am
ACCY CHK	.08	10:55am
AIR BLK	.00	10:56am
<b>SUB TEST</b>	<b>.00</b>	<b>10:57am</b>
AIR BLK	.00	10:58am
<b>SUB TEST</b>	<b>.00</b>	<b>10:59am</b>
AIR BLK	.00	11:00am

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

**Intox EC/IR-II: Preventive Maintenance**

MECKLENBURG COUNTY MATTHEWS PD 590

Serial Number: 008699      Test Record Number: 3240  
Test Date: 04/02/2024      Test Time: 11:00am EDT

System Check: *Passed*

**Baseline Tests**

Test	Status	Time
IR	Pass	11:01am
FLO	Pass	11:01am
FC	Pass	11:01am

**Temperature Tests**

Test	Status	Time
FC1	Pass	11:01am
SRC	Pass	11:01am
DET	Pass	11:01am
BAR	Pass	11:01am
BT	Pass	11:01am

**Blank Tests**

Test	Status	Time
AIR	Pass	11:02am

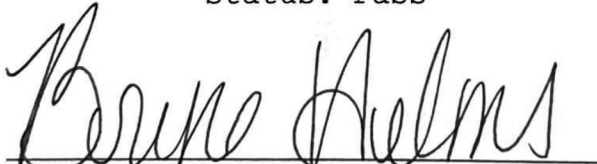
**Printer Tests**

Test	Status	Time
PRNT	Pass	11:02am

**CRC Tests**

Test	Status	Time
COMP	Pass	11:02am
CAL	Pass	11:02am

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
**Analyst**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Mecklenburg Instrument Location Pineville Police Department  
Instrument Serial No. 008783 Pineville, NC

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 15<sup>th</sup> day of April, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Bryon Helms  
Signature of Certifying Official

6074  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

MECKLENBURG COUNTY PINEVILLE PD 590

Serial Number: 008703

Test Date: 04/15/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Helms, Bryce A

Permit Number: 0084-9845

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

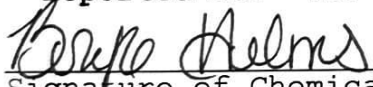
Test Type: Breath Test

Lot Number: AG405102

Exp Date: 02/20/2026

Test	g/210L	Time
DIAG	Pass	1:47pm
AIR BLK	.00	1:48pm
ACCY CHK	.08	1:48pm
AIR BLK	.00	1:49pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:50pm</b>
AIR BLK	.00	1:51pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:52pm</b>
AIR BLK	.00	1:53pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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



**Intox EC/IR-II: Preventive Maintenance**

MECKLENBURG COUNTY PINEVILLE PD 590

Serial Number: 008703      Test Record Number: 6259  
Test Date: 04/15/2024      Test Time: 1:53pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:54pm
FLO	Pass	1:54pm
FC	Pass	1:54pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:54pm
SRC	Pass	1:54pm
DET	Pass	1:54pm
BAR	Pass	1:54pm
BT	Pass	1:54pm

Blank Tests

Test	Status	Time
AIR	Pass	1:55pm

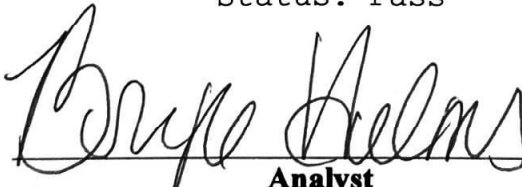
Printer Tests

Test	Status	Time
PRNT	Pass	1:55pm

CRC Tests

Test	Status	Time
COMP	Pass	1:55pm
CAL	Pass	1:55pm

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County MECKLENBURG Instrument Location BAT MOBILE REGION 3  
Instrument Serial No. 008869 MINT HILL P.D.

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 10 day of APRIL, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



M.C. Feltz  
Signature of Certifying Official

676  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

**MECKLENBURG COUNTY BAT MOBILE REGION 3**  
590

Serial Number: 008869

Test Date: 04/10/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Fleming, Marshall C

Permit Number: 0027-5012

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

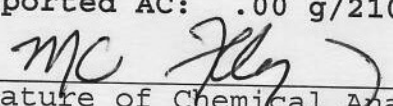
Test Type: Breath Test

Lot Number: AG302704

Exp Date: 01/27/2025

Test	g/210L	Time
DIAG	Pass	9:05pm
AIR BLK	.00	9:06pm
ACCY CHK	.07	9:06pm
AIR BLK	.00	9:07pm
SUB TEST	.00	9:08pm
AIR BLK	.00	9:09pm
SUB TEST	.00	9:10pm
AIR BLK	.00	9:11pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY BAT MOBILE REGION 3 590

Serial Number: 008869      Test Record Number: 1817  
Test Date: 04/10/2024      Test Time: 9:13pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:13pm
FLO	Pass	9:13pm
FC	Pass	9:13pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:13pm
SRC	Pass	9:13pm
DET	Pass	9:13pm
BAR	Pass	9:13pm
BT	Pass	9:13pm

Blank Tests

Test	Status	Time
AIR	Pass	9:14pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:14pm

CRC Tests

Test	Status	Time
COMP	Pass	9:14pm
CAL	Pass	9:14pm

Preventive Maintenance  
Status: Pass

M. C. [Signature]  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County MECKLENBURG Instrument Location BAT MOBILE REGION 3  
Instrument Serial No. 008869 C.M.P.D.

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 18 day of APRIL, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



M. C. Henry  
Signature of Certifying Official

676  
Certificate Number

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



**Intox EC/IR-II: Subject Test**

MECKLENBURG COUNTY BAT MOBILE REGION 3  
590

Serial Number: 008869

Test Date: 04/18/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Fleming, Marshall C

Permit Number: 0027-5012

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

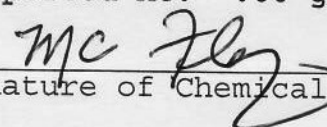
Test Type: Breath Test

Lot Number: AG302704

Exp Date: 01/27/2025

Test	g/210L	Time
DIAG	Pass	9:32pm
AIR BLK	.00	9:33pm
ACCY CHK	.07	9:33pm
AIR BLK	.00	9:34pm
<b>SUB TEST</b>	<b>.00</b>	<b>9:35pm</b>
AIR BLK	.00	9:36pm
<b>SUB TEST</b>	<b>.00</b>	<b>9:38pm</b>
AIR BLK	.00	9:39pm

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

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



**Intox EC/IR-II: Preventive Maintenance**

MECKLENBURG COUNTY BAT MOBILE REGION 3 590

Serial Number: 008869      Test Record Number: 1833  
Test Date: 04/18/2024      Test Time: 9:39pm EDT

System Check: *Passed*

**Baseline Tests**

Test	Status	Time
IR	Pass	9:40pm
FLO	Pass	9:40pm
FC	Pass	9:40pm

**Temperature Tests**

Test	Status	Time
FC1	Pass	9:40pm
SRC	Pass	9:40pm
DET	Pass	9:40pm
BAR	Pass	9:40pm
BT	Pass	9:40pm

**Blank Tests**

Test	Status	Time
AIR	Pass	9:41pm

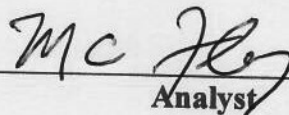
**Printer Tests**

Test	Status	Time
PRNT	Pass	9:41pm

**CRC Tests**

Test	Status	Time
COMP	Pass	9:41pm
CAL	Pass	9:41pm

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

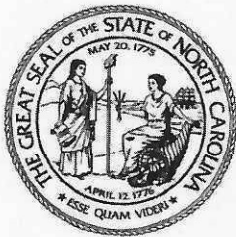
County Mitchell Instrument Location Spivee Pine PD

Instrument Serial No. 008726 Spivee Pine, NC

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 11 day of April, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

10608  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

MITCHELL COUNTY SPRUCE PINE PD 600

Serial Number: 008726

Test Date: 04/11/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Loftis, Benjamin C

Permit Number: 0024-4987

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

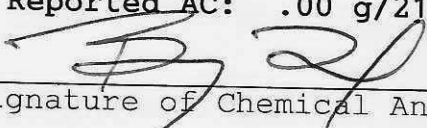
Test Type: Breath Test

Lot Number: AG308704

Exp Date: 03/28/2025

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

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

# Intox EC/IR-II: Preventive Maintenance

MITCHELL COUNTY SPRUCE PINE PD 600

Serial Number: 008726      Test Record Number: 1372  
Test Date: 04/11/2024      Test Time: 12:43pm EDT

System Check: *Passed*

## Baseline Tests

Test	Status	Time
IR	Pass	12:44pm
FLO	Pass	12:44pm
FC	Pass	12:44pm

## Temperature Tests

Test	Status	Time
FC1	Pass	12:44pm
SRC	Pass	12:44pm
DET	Pass	12:44pm
BAR	Pass	12:44pm
BT	Pass	12:44pm

## Blank Tests

Test	Status	Time
AIR	Pass	12:45pm

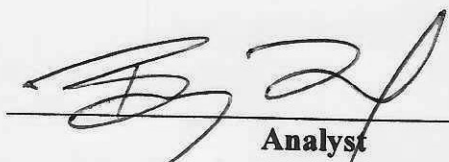
## Printer Tests

Test	Status	Time
PRNT	Pass	12:45pm

## CRC Tests

Test	Status	Time
COMP	Pass	12:45pm
CAL	Pass	12:45pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

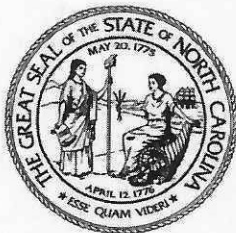
County Mitchell Instrument Location Spencer Pine PD

Instrument Serial No. 003888 Spencer Pine, NC

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 29 day of April, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]

Signature of Certifying Official

668

Certificate Number

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

**Intox EC/IR-II: Subject Test**

MITCHELL COUNTY SPRUCE PINE PD 600

Serial Number: 008888

Test Date: 04/29/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Loftis, Benjamin C

Permit Number: 0024-4987

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

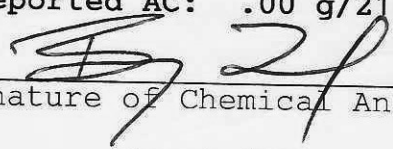
Test Type: Breath Test

Lot Number: AG308004

Exp Date: 03/21/2025

Test	g/210L	Time
DIAG	Pass	11:12am
AIR BLK	.00	11:12am
ACCY CHK	.07	11:13am
AIR BLK	.00	11:14am
<b>SUB TEST</b>	<b>.00</b>	<b>11:15am</b>
AIR BLK	.00	11:15am
<b>SUB TEST</b>	<b>.00</b>	<b>11:17am</b>
AIR BLK	.00	11:18am

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

This form is used when performing Preventive Maintenance procedures

**Forensic Tests for Alcohol Branch**

**Department of Health and Human Services**

**Rev. 12/2007**



# Intox EC/IR-II: Preventive Maintenance

MITCHELL COUNTY SPRUCE PINE PD 600

Serial Number: 008888      Test Record Number: 1690  
Test Date: 04/29/2024      Test Time: 11:18am EDT

System Check: *Passed*

## Baseline Tests

Test	Status	Time
IR	Pass	11:19am
FLO	Pass	11:19am
FC	Pass	11:19am

## Temperature Tests

Test	Status	Time
FC1	Pass	11:19am
SRC	Pass	11:19am
DET	Pass	11:19am
BAR	Pass	11:19am
BT	Pass	11:19am

## Blank Tests

Test	Status	Time
AIR	Pass	11:19am

## Printer Tests

Test	Status	Time
PRNT	Pass	11:19am

## CRC Tests

Test	Status	Time
COMP	Pass	11:20am
CAL	Pass	11:20am

Preventive Maintenance  
Status: *Pass*

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County NASH

Instrument Location NASH COUNTY DETENTION CTG

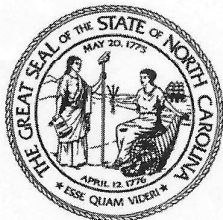
Instrument Serial No. 008651

222 S. WASHINGTON ST  
NASHVILLE, NC

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 17 day of APRIL, 2021 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

671  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

NASH COUNTY NASH DETENTION CTR 630

Serial Number: 008651

Test Date: 04/17/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Bryant, Earl A

Permit Number: 0017-9707

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

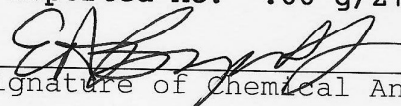
Test Type: Breath Test

Lot Number: AG308703

Exp Date: 03/28/2025

Test	g/210L	Time
DIAG	Pass	4:46pm
AIR BLK	.00	4:46pm
ACCY CHK	.08	4:47pm
AIR BLK	.00	4:48pm
<b>SUB TEST</b>	<b>.00</b>	<b>4:49pm</b>
AIR BLK	.00	4:50pm
<b>SUB TEST</b>	<b>.00</b>	<b>4:51pm</b>
AIR BLK	.00	4:52pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

**This form is used when performing Preventive Maintenance procedures**

**Forensic Tests for Alcohol Branch**

**Department of Health and Human Services**

**Rev. 12/2007**

# Intox EC/IR-II: Preventive Maintenance

NASH COUNTY NASH DETENTION CTR 630

Serial Number: 008651      Test Record Number: 1732  
Test Date: 04/17/2024      Test Time: 4:55pm EDT

System Check: *Passed*

## Baseline Tests

Test	Status	Time
IR	Pass	4:55pm
FLO	Pass	4:55pm
FC	Pass	4:55pm

## Temperature Tests

Test	Status	Time
FC1	Pass	4:56pm
SRC	Pass	4:56pm
DET	Pass	4:56pm
BAR	Pass	4:56pm
BT	Pass	4:56pm

## Blank Tests

Test	Status	Time
AIR	Pass	4:56pm

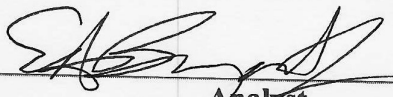
## Printer Tests

Test	Status	Time
PRNT	Pass	4:56pm

## CRC Tests

Test	Status	Time
COMP	Pass	4:56pm
CAL	Pass	4:56pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County New Hanover Instrument Location Wrightsville Beach  
Instrument Serial No. 008819 Police Dept

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 28 day of April, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

685  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

NEW HANOVER COUNTY WRIGHTSVILLE BCH PD  
640

Serial Number: 008819  
Test Date: 04/28/2024

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

Analyst's Name: GILLESPIE, PENTTI W  
Permit Number: 9523-2149  
Effective:  
01/01/2024-01/01/2026

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

Lot Number: AG308703  
Exp Date: 03/28/2025

Test	g/210L	Time
DIAG	Pass	1:52pm
AIR BLK	.00	1:53pm
ACCY CHK	.08	1:54pm
AIR BLK	.00	1:55pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:55pm</b>
AIR BLK	.00	1:56pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:58pm</b>
AIR BLK	.00	1:59pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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



**Intox EC/IR-II: Preventive Maintenance**

NEW HANOVER COUNTY WRIGHTSVILLE BCH PD 640

Serial Number: 008819      Test Record Number: 1014  
Test Date: 04/28/2024      Test Time: 1:59pm EDT

System Check: Passed

**Baseline Tests**

Test	Status	Time
IR	Pass	2:00pm
FLO	Pass	2:00pm
FC	Pass	2:00pm

**Temperature Tests**

Test	Status	Time
FC1	Pass	2:00pm
SRC	Pass	2:00pm
DET	Pass	2:00pm
BAR	Pass	2:00pm
BT	Pass	2:00pm

**Blank Tests**

Test	Status	Time
AIR	Pass	2:00pm

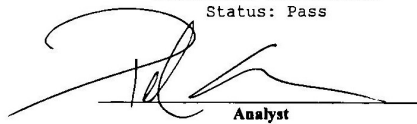
**Printer Tests**

Test	Status	Time
PRNT	Pass	2:01pm

**CRC Tests**

Test	Status	Time
COMP	Pass	2:01pm
CAL	Pass	2:01pm

Preventive Maintenance  
Status: Pass

  
**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

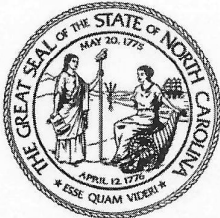
**PREVENTIVE MAINTENANCE RECORD**  
**INTOXIMETERS, MODEL INTOX EC/IR II and**  
**MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County NORTHAMPTON Instrument Location NORTHAMPTON C.O. S.O.  
Instrument Serial No. 008607 105 WEST JEFFERSON ST  
JACKSON, NC

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 4 day of APRIL, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



*[Signature]*

Signature of Certifying Official

671

Certificate Number

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

**Intox EC/IR-II: Subject Test**

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT  
650

Serial Number: 008607  
Test Date: 04/04/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Bryant, Earl A

Permit Number: 0017-9707

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

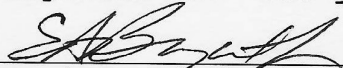
Test Type: Breath Test

Lot Number: AG308003

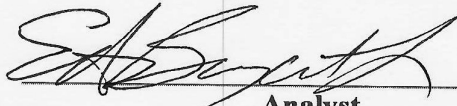
Exp Date: 03/21/2025

Test	g/210L	Time
DIAG	Pass	1:00pm
AIR BLK	.00	1:01pm
ACCY CHK	.07	1:01pm
AIR BLK	.00	1:02pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:03pm</b>
AIR BLK	.00	1:04pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:05pm</b>
AIR BLK	.00	1:06pm

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

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

# Intox EC/IR-II: Preventive Maintenance

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008607      Test Record Number: 1287  
Test Date: 04/04/2024      Test Time: 1:08pm EDT

System Check: *Passed*

## Baseline Tests

Test	Status	Time
IR	Pass	1:08pm
FLO	Pass	1:08pm
FC	Pass	1:08pm

## Temperature Tests

Test	Status	Time
FC1	Pass	1:08pm
SRC	Pass	1:08pm
DET	Pass	1:08pm
BAR	Pass	1:08pm
BT	Pass	1:08pm

## Blank Tests

Test	Status	Time
AIR	Pass	1:09pm

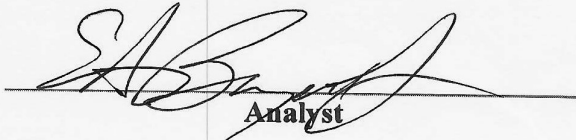
## Printer Tests

Test	Status	Time
PRNT	Pass	1:09pm

## CRC Tests

Test	Status	Time
COMP	Pass	1:09pm
CAL	Pass	1:09pm

Preventive Maintenance  
Status: Pass

  
Analyst

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County NORTHAMPTON

Instrument Location NORTHAMPTON Co. S.O.

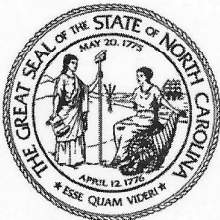
Instrument Serial No. 008688

105 WEST JEFFERSON ST.  
JACKSON, NC

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 4 day of APRIL, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



EA Bryant  
Signature of Certifying Official

671  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT  
650

Serial Number: 008688  
Test Date: 04/04/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Bryant, Earl A

Permit Number: 0017-9707

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

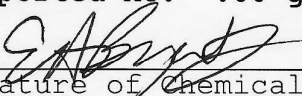
Test Type: Breath Test

Lot Number: AG308003

Exp Date: 03/21/2025

Test	g/210L	Time
DIAG	Pass	1:01pm
AIR BLK	.00	1:02pm
ACCY CHK	.07	1:03pm
AIR BLK	.00	1:04pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:04pm</b>
AIR BLK	.00	1:05pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:07pm</b>
AIR BLK	.00	1:07pm

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

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



# Intox EC/IR-II: Preventive Maintenance

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008688      Test Record Number: 1089  
Test Date: 04/04/2024      Test Time: 1:09pm EDT

System Check: *Passed*

## Baseline Tests

Test	Status	Time
IR	Pass	1:09pm
FLO	Pass	1:09pm
FC	Pass	1:09pm

## Temperature Tests

Test	Status	Time
FC1	Pass	1:09pm
SRC	Pass	1:09pm
DET	Pass	1:09pm
BAR	Pass	1:09pm
BT	Pass	1:09pm

## Blank Tests

Test	Status	Time
AIR	Pass	1:10pm

## Printer Tests

Test	Status	Time
PRNT	Pass	1:10pm

## CRC Tests

Test	Status	Time
COMP	Pass	1:10pm
CAL	Pass	1:10pm

Preventive Maintenance  
Status: Pass



**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County ORANGE Instrument Location Chapel Hill PD  
Instrument Serial No. 008924 828 Martin Luther King Jr Blvd.  
Chapel Hill, NC

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 5 day of April, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Simon Stokes Barnes  
Signature of Certifying Official

662  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008924

Test Date: 04/05/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Barnes, Simon S

Permit Number: 0014-6221

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

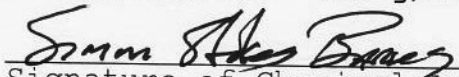
Test Type: Breath Test

Lot Number: AG303102


Exp Date: 01/31/2025

Test	g/210L	Time
DIAG	Pass	2:44pm
AIR BLK	.00	2:45pm
ACCY CHK	.08	2:46pm
AIR BLK	.00	2:47pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:47pm</b>
AIR BLK	.00	2:48pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:50pm</b>
AIR BLK	.00	2:51pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

# Intox EC/IR-II: Preventive Maintenance

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008924      Test Record Number: 1914  
Test Date: 04/05/2024      Test Time: 2:53pm EDT

System Check: *Passed*

## Baseline Tests

Test	Status	Time
IR	Pass	2:53pm
FLO	Pass	2:53pm
FC	Pass	2:53pm

## Temperature Tests

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

## Blank Tests

Test	Status	Time
AIR	Pass	2:54pm

## Printer Tests

Test	Status	Time
PRNT	Pass	2:54pm

## CRC Tests

Test	Status	Time
COMP	Pass	2:54pm
CAL	Pass	2:54pm

Preventive Maintenance  
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Pamlico Instrument Location Pamlico County

Instrument Serial No. 008640 Detention Center

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 23 day of April, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

685  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

PAMLICO COUNTY DETENTION CENTER 680

Serial Number: 008640

Test Date: 04/23/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: GILLESPIE, PENTTI W

Permit Number: 9523-2149

Effective:

01/01/2024-01/01/2026

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

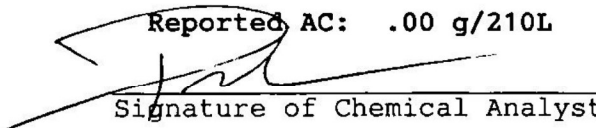
Test Type: Breath Test

Lot Number: AG225701

Exp Date: 09/14/2024

Test	g/210L	Time
DIAG	Pass	9:56am
AIR BLK	.00	9:56am
ACCY CHK	.08	9:57am
AIR BLK	.00	9:58am
<b>SUB TEST</b>	<b>.00</b>	<b>9:58am</b>
AIR BLK	.00	9:59am
<b>SUB TEST</b>	<b>.00</b>	<b>10:01am</b>
AIR BLK	.00	10:02am

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

**This form is used when performing Preventive Maintenance procedures**

**Forensic Tests for Alcohol Branch**

**Department of Health and Human Services**

**Rev. 12/2007**



**Intox EC/IR-II: Preventive Maintenance**

**PAMLICO COUNTY DETENTION CENTER 680**

Serial Number: 008640      Test Record Number: 1636  
Test Date: 04/23/2024      Test Time: 10:02am EDT

System Check: Passed

**Baseline Tests**

Test	Status	Time
IR	Pass	10:02am
FLO	Pass	10:02am
FC	Pass	10:02am

**Temperature Tests**

Test	Status	Time
FC1	Pass	10:03am
SRC	Pass	10:03am
DET	Pass	10:03am
BAR	Pass	10:03am
BT	Pass	10:03am

**Blank Tests**

Test	Status	Time
AIR	Pass	10:03am

**Printer Tests**

Test	Status	Time
PRNT	Pass	10:03am

**CRC Tests**

Test	Status	Time
COMP	Pass	10:03am
CAL	Pass	10:03am

Preventive Maintenance  
Status: Pass



**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Pasquotank Instrument Location Elizabeth City P.D.  
315 Main St. Elizabeth City,  
NC

Instrument Serial No. 008941

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 16<sup>th</sup> day of April, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Mark A. Campbell  
Signature of Certifying Official

680

Certificate Number

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

**Intox EC/IR-II: Subject Test**

PASQUOTANK COUNTY ELIZABETH CITY 690

Serial Number: 008941

Test Date: 04/16/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Chappell, Mark A

Permit Number: 0020-6272

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS


Test Type: Breath Test

Lot Number: AG405101

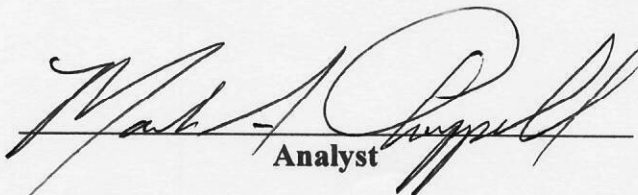
Exp Date: 02/20/2026

Test	g/210L	Time
DIAG	Pass	2:54pm
AIR BLK	.00	2:54pm
ACCY CHK	.07	2:55pm
AIR BLK	.00	2:56pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:57pm</b>
AIR BLK	.00	2:58pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:59pm</b>
AIR BLK	.00	3:00pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

# Intox EC/IR-II: Preventive Maintenance

PASQUOTANK COUNTY ELIZABETH CITY 690

Serial Number: 008941      Test Record Number: 1664  
Test Date: 04/16/2024      Test Time: 3:01pm EDT

System Check: *Passed*

## Baseline Tests

Test	Status	Time
IR	Pass	3:02pm
FLO	Pass	3:02pm
FC	Pass	3:02pm

## Temperature Tests

Test	Status	Time
FC1	Pass	3:02pm
SRC	Pass	3:02pm
DET	Pass	3:02pm
BAR	Pass	3:02pm
BT	Pass	3:02pm

## Blank Tests

Test	Status	Time
AIR	Pass	3:03pm

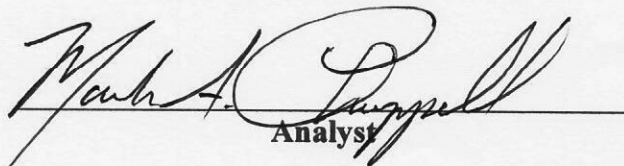
## Printer Tests

Test	Status	Time
PRNT	Pass	3:03pm

## CRC Tests

Test	Status	Time
COMP	Pass	3:03pm
CAL	Pass	3:03pm

Preventive Maintenance  
Status: Pass

  
Analyst

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Person Instrument Location Person 6 LEC  
Instrument Serial No. 008693 120 Cant St Roxboro, NC

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 5 day of April, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Simon Stokes Barnes  
Signature of Certifying Official

642  
Certificate Number

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



**Intox EC/IR-II: Subject Test**

PERSON COUNTY PERSON COUNTY LEC 720

Serial Number: 008693

Test Date: 04/05/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Barnes, Simon S

Permit Number: 0014-6221

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

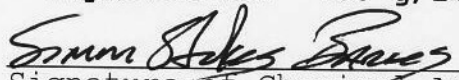
Test Type: Breath Test

Lot Number: AG400301

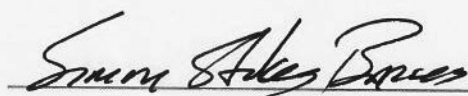
Exp Date: 01/03/2026

Test	g/210L	Time
DIAG	Pass	12:21pm
AIR BLK	.00	12:22pm
ACCY CHK	.07	12:22pm
AIR BLK	.00	12:23pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:24pm</b>
AIR BLK	.00	12:24pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:26pm</b>
AIR BLK	.00	12:27pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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



# Intox EC/IR-II: Preventive Maintenance

PERSON COUNTY PERSON COUNTY LEC 720

Serial Number: 008693      Test Record Number: 2116  
Test Date: 04/05/2024      Test Time: 12:27pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	12:27pm
FLO	Pass	12:27pm
FC	Pass	12:28pm

## Temperature Tests

Test	Status	Time
FC1	Pass	12:28pm
SRC	Pass	12:28pm
DET	Pass	12:28pm
BAR	Pass	12:28pm
BT	Pass	12:28pm

## Blank Tests

Test	Status	Time
AIR	Pass	12:28pm

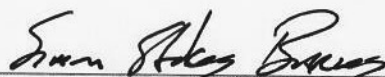
## Printer Tests

Test	Status	Time
PRNT	Pass	12:28pm

## CRC Tests

Test	Status	Time
COMP	Pass	12:28pm
CAL	Pass	12:28pm

Preventive Maintenance  
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Person Instrument Location ROXBORO PD  
Instrument Serial No. 008880 109 N. LAMAR ST  
ROXBORO, NC

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 5 day of April, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Simon Stokes Barnes  
Signature of Certifying Official

662  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

PERSON COUNTY ROXBORO POLICE DEPT 720

Serial Number: 008880

Test Date: 04/05/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Barnes, Simon S

Permit Number: 0014-6221

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG308703

Exp Date: 03/28/2025

Test	g/210L	Time
DIAG	Pass	11:39am
AIR BLK	.00	11:39am
ACCY CHK	.07	11:40am
AIR BLK	.00	11:41am
<b>SUB TEST</b>	<b>.00</b>	<b>11:42am</b>
AIR BLK	.00	11:43am
<b>SUB TEST</b>	<b>.00</b>	<b>11:44am</b>
AIR BLK	.00	11:45am

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

**This form is used when performing Preventive Maintenance procedures**

**Forensic Tests for Alcohol Branch**

**Department of Health and Human Services**

**Rev. 12/2007**

# Intox EC/IR-II: Preventive Maintenance

PERSON COUNTY ROXBORO POLICE DEPT 720

Serial Number: 008880      Test Record Number: 2208  
Test Date: 04/05/2024      Test Time: 11:46am EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	11:47am
FLO	Pass	11:47am
FC	Pass	11:47am

## Temperature Tests

Test	Status	Time
FC1	Pass	11:47am
SRC	Pass	11:47am
DET	Pass	11:47am
BAR	Pass	11:47am
BT	Pass	11:47am

## Blank Tests

Test	Status	Time
AIR	Pass	11:48am


## Printer Tests

Test	Status	Time
PRNT	Pass	11:48am

## CRC Tests

Test	Status	Time
COMP	Pass	11:48am
CAL	Pass	11:48am

Preventive Maintenance  
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County RICHMOND Instrument Location RICHMOND COUNTY  
Instrument Serial No. 008701 MAGISTRATE'S OFFICE

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

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



Signature of Certifying Official

Certificate Number

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

**Intox EC/IR-II: Subject Test**

**RICHMOND COUNTY MAGISTRATE'S OFFICE**  
760

Serial Number: 008701

Test Date: 04/30/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Galloway, Charles L

Permit Number: 0023-9771

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG308003

Exp Date: 03/21/2025

Test	g/210L	Time
DIAG	Pass	12:20pm
AIR BLK	.00	12:20pm
ACCY CHK	.07	12:21pm
AIR BLK	.00	12:22pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:23pm</b>
AIR BLK	.00	12:24pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:25pm</b>
AIR BLK	.00	12:26pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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



**Intox EC/IR-II: Preventive Maintenance**

**RICHMOND COUNTY MAGISTRATE'S OFFICE 760**

Serial Number: 008701      Test Record Number: 1447  
Test Date: 04/30/2024      Test Time: 12:28pm EDT

System Check: *Passed*

**Baseline Tests**

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

**Temperature Tests**

Test	Status	Time
FC1	Pass	12:29pm
SRC	Pass	12:29pm
DET	Pass	12:29pm
BAR	Pass	12:29pm
BT	Pass	12:29pm

**Blank Tests**

Test	Status	Time
AIR	Pass	12:30pm


**Printer Tests**

Test	Status	Time
PRNT	Pass	12:30pm

**CRC Tests**

Test	Status	Time
COMP	Pass	12:30pm
CAL	Pass	12:30pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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


County RICHMOND Instrument Location RICHMOND COUNTY  
Instrument Serial No. 008840 MAGISTRATE'S OFFICE

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

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



  
\_\_\_\_\_  
Signature of Certifying Official

667  
\_\_\_\_\_  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

**RICHMOND COUNTY MAGISTRATE'S OFFICE**  
760

Serial Number: 008840

Test Date: 04/30/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Galloway, Charles L

Permit Number: 0023-9771

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

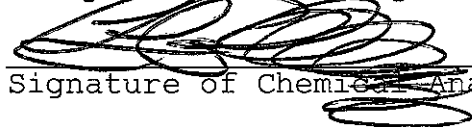
Test Type: Breath Test

Lot Number: AG308003

Exp Date: 03/21/2025

Test	g/210L	Time
DIAG	Pass	12:16pm
AIR BLK	.00	12:17pm
ACCY CHK	.07	12:17pm
AIR BLK	.00	12:18pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:20pm</b>
AIR BLK	.00	12:21pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:22pm</b>
AIR BLK	.00	12:23pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

**Intox EC/IR-II: Preventive Maintenance**

**RICHMOND COUNTY MAGISTRATE'S OFFICE 760**

Serial Number: 008840      Test Record Number: 3065  
Test Date: 04/30/2024      Test Time: 12:24pm EDT

System Check: *Passed*

**Baseline Tests**

Test	Status	Time
IR	Pass	12:25pm
FLO	Pass	12:25pm
FC	Pass	12:25pm

**Temperature Tests**

Test	Status	Time
FC1	Pass	12:25pm
SRC	Pass	12:25pm
DET	Pass	12:25pm
BAR	Pass	12:25pm
BT	Pass	12:25pm

**Blank Tests**

Test	Status	Time
AIR	Pass	12:25pm


**Printer Tests**

Test	Status	Time
PRNT	Pass	12:25pm

**CRC Tests**

Test	Status	Time
COMP	Pass	12:26pm
CAL	Pass	12:26pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
**Analyst**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County ROCKINGHAM Instrument Location MADISON POLICE

Instrument Serial No. 008802 DEPARTMENT

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 11<sup>TH</sup> day of APRIL, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

669  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

ROCKINGHAM COUNTY MADISON PD 780

Serial Number: 008802

Test Date: 04/11/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Oligmueller, Leo A

Permit Number: 0035-3799

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

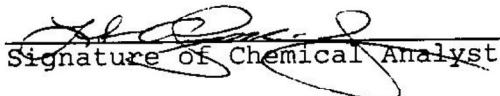
Test Type: Breath Test

Lot Number: AG400302

Exp Date: 01/03/2026

Test	g/210L	Time
DIAG	Pass	12:01pm
AIR BLK	.00	12:02pm
ACCY CHK	.08	12:02pm
AIR BLK	.00	12:03pm
SUB TEST	.00	12:04pm
AIR BLK	.00	12:05pm
SUB TEST	.00	12:07pm
AIR BLK	.00	12:07pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007



**Intox EC/IR-II: Preventive Maintenance**

ROCKINGHAM COUNTY MADISON PD 780

Serial Number: 008802      Test Record Number: 1057  
Test Date: 04/11/2024      Test Time: 12:08pm EDT

System Check: *Passed*

**Baseline Tests**

Test	Status	Time
IR	Pass	12:09pm
FLO	Pass	12:09pm
FC	Pass	12:09pm

**Temperature Tests**

Test	Status	Time
FC1	Pass	12:09pm
SRC	Pass	12:09pm
DET	Pass	12:09pm
BAR	Pass	12:09pm
BT	Pass	12:09pm

**Blank Tests**

Test	Status	Time
AIR	Pass	12:09pm

**Printer Tests**

Test	Status	Time
PRNT	Pass	12:09pm

**CRC Tests**

Test	Status	Time
COMP	Pass	12:10pm
CAL	Pass	12:10pm

Preventive Maintenance  
Status: Pass

  
Analyst

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County ROWAN Instrument Location SALISBURY POLICE

Instrument Serial No. 00 8835 DEPARTMENT

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

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



[Signature]  
Signature of Certifying Official

669  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008835

Test Date: 04/30/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Oligmueller, Leo A

Permit Number: 0035-3799

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

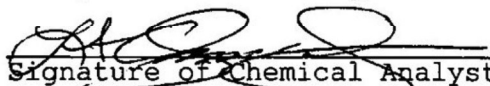
Test Type: Breath Test

Lot Number: AG405101

Exp Date: 02/20/2026

Test	g/210L	Time
DIAG	Pass	10:01am
AIR BLK	.00	10:02am
ACCY CHK	.08	10:02am
AIR BLK	.00	10:04am
<b>SUB TEST</b>	<b>.00</b>	<b>10:04am</b>
AIR BLK	.00	10:05am
<b>SUB TEST</b>	<b>.00</b>	<b>10:07am</b>
AIR BLK	.00	10:08am

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

**Intox EC/IR-II: Preventive Maintenance**

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008835      Test Record Number: 3181  
Test Date: 04/30/2024      Test Time: 10:08am EDT

System Check: *Passed*

**Baseline Tests**

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

**Temperature Tests**

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

**Blank Tests**

Test	Status	Time
AIR	Pass	10:09am

**Printer Tests**

Test	Status	Time
PRNT	Pass	10:10am

**CRC Tests**

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

Preventive Maintenance  
Status: Pass

  
Analyst

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County ROWAN Instrument Location CHINA GROVE  
Instrument Serial No. 008862 POLICE DEPARTMENT

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 30<sup>TH</sup> day of APRIL, 20 24 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

669  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

ROWAN COUNTY CHINA GROVE PD 790

Serial Number: 008862

Test Date: 04/30/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Oligmueller, Leo A

Permit Number: 0035-3799

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG400302

Exp Date: 01/03/2026

Test	g/210L	Time
DIAG	Pass	11:56am
AIR BLK	.00	11:57am
ACCY CHK	.08	11:58am
AIR BLK	.00	11:59am
<b>SUB TEST</b>	<b>.00</b>	<b>12:00pm</b>
AIR BLK	.00	12:01pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:02pm</b>
AIR BLK	.00	12:03pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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



# Intox EC/IR-II: Preventive Maintenance

ROWAN COUNTY CHINA GROVE PD 790

Serial Number: 008862      Test Record Number: 1160  
Test Date: 04/30/2024      Test Time: 12:04pm EDT

System Check: *Passed*

## Baseline Tests

Test	Status	Time
IR	Pass	12:04pm
FLO	Pass	12:05pm
FC	Pass	12:05pm

## Temperature Tests

Test	Status	Time
FC1	Pass	12:05pm
SRC	Pass	12:05pm
DET	Pass	12:05pm
BAR	Pass	12:05pm
BT	Pass	12:05pm

## Blank Tests

Test	Status	Time
AIR	Pass	12:05pm

## Printer Tests

Test	Status	Time
PRNT	Pass	12:05pm

## CRC Tests

Test	Status	Time
COMP	Pass	12:05pm
CAL	Pass	12:05pm

Preventive Maintenance  
Status: Pass

  
Analyst

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County ROWAN Instrument Location SALISBURY POLICE

Instrument Serial No. 008868 DEPARTMENT

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

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



[Signature]  
Signature of Certifying Official

669  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008868

Test Date: 04/30/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Oligmueller, Leo A

Permit Number: 0035-3799

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG405101

Exp Date: 02/20/2026

Test	g/210L	Time
DIAG	Pass	9:53am
AIR BLK	.00	9:54am
ACCY CHK	.08	9:55am
AIR BLK	.00	9:56am
<b>SUB TEST</b>	<b>.00</b>	<b>9:57am</b>
AIR BLK	.00	9:57am
<b>SUB TEST</b>	<b>.00</b>	<b>9:59am</b>
AIR BLK	.00	10:00am

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

# Intox EC/IR-II: Preventive Maintenance

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008868      Test Record Number: 3777  
Test Date: 04/30/2024      Test Time: 10:01am EDT

System Check: *Passed*

## Baseline Tests

Test	Status	Time
IR	Pass	10:02am
FLO	Pass	10:02am
FC	Pass	10:02am

## Temperature Tests

Test	Status	Time
FC1	Pass	10:02am
SRC	Pass	10:02am
DET	Pass	10:02am
BAR	Pass	10:02am
BT	Pass	10:02am

## Blank Tests

Test	Status	Time
AIR	Pass	10:02am

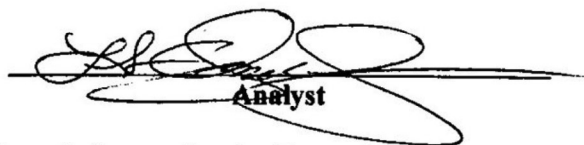
## Printer Tests

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

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Stanly Instrument Location Locust PD  
Instrument Serial No. 008706 Locust, NC

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 17<sup>th</sup> day of April, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Berpo Helms  
Signature of Certifying Official

6074  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

STANLY LOCUST PD 830

Serial Number: 008706

Test Date: 04/17/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Helms, Bryce A

Permit Number: 0084-9845

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

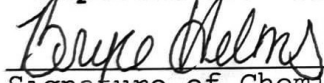
Test Type: Breath Test

Lot Number: AG308702

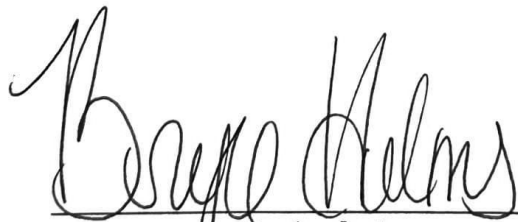
Exp Date: 03/28/2025

Test	g/210L	Time
DIAG	Pass	3:26pm
AIR BLK	.00	3:26pm
ACCY CHK	.07	3:27pm
AIR BLK	.00	3:28pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:29pm</b>
AIR BLK	.00	3:30pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:31pm</b>
AIR BLK	.00	3:32pm

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst



**Intox EC/IR-II: Preventive Maintenance**

STANLY LOCUST PD 830

Serial Number: 008706      Test Record Number: 3727  
Test Date: 04/17/2024      Test Time: 3:32pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:32pm
FLO	Pass	3:32pm
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
BT	Pass	3:33pm

Blank Tests

Test	Status	Time
AIR	Pass	3:33pm

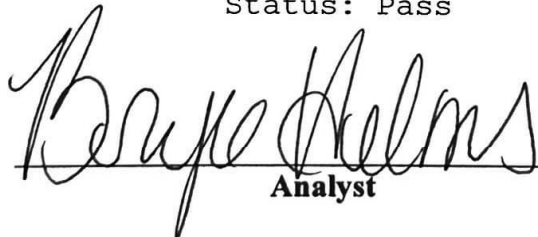
Printer Tests

Test	Status	Time
PRNT	Pass	3:33pm

CRC Tests

Test	Status	Time
COMP	Pass	3:33pm
CAL	Pass	3:33pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Stanly Instrument Location Stanly County 80  
Instrument Serial No. 008824 Albemarle, NC

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 17<sup>th</sup> day of April, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Boye Helms  
Signature of Certifying Official

6074  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

STANLY COUNTY STANLY COUNTY SO 830

Serial Number: 008824  
Test Date: 04/17/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Helms, Bryce A

Permit Number: 0084-9845

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG303001


Exp Date: 01/30/2025

Test	g/210L	Time
DIAG	Pass	11:46am
AIR BLK	.00	11:47am
ACCY CHK	.07	11:48am
AIR BLK	.00	11:49am
<b>SUB TEST</b>	<b>.00</b>	<b>11:49am</b>
AIR BLK	.00	11:50am
<b>SUB TEST</b>	<b>.00</b>	<b>11:52am</b>
AIR BLK	.00	11:53am

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

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

**Intox EC/IR-II: Preventive Maintenance**

STANLY COUNTY STANLY COUNTY SO 830

Serial Number: 008824      Test Record Number: 2146  
Test Date: 04/17/2024      Test Time: 11:53am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:53am
FLO	Pass	11:53am
FC	Pass	11:53am

Temperature Tests

Test	Status	Time
FC1	Pass	11:53am
SRC	Pass	11:53am
DET	Pass	11:53am
BAR	Pass	11:53am
BT	Pass	11:53am

Blank Tests

Test	Status	Time
AIR	Pass	11:54am

Printer Tests

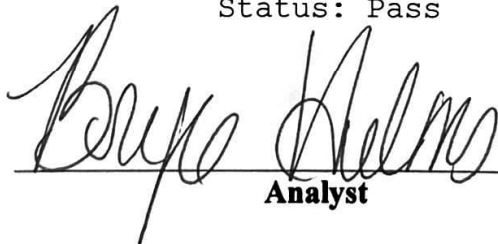
Test	Status	Time
PRNT	Pass	11:54am

CRC Tests

Test	Status	Time
COMP	Pass	11:54am
CAL	Pass	11:54am

Preventive Maintenance

Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County STOKES Instrument Location KING POLICE

Instrument Serial No. 008683 DEPARTMENT

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 11<sup>TH</sup> day of APRIL, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

669  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

STOKES COUNTY KING PD 840

Serial Number: 008683

Test Date: 04/11/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Oligmueller, Leo A

Permit Number: 0035-3799

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

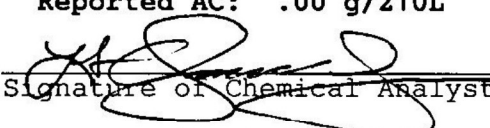
Test Type: Breath Test

Lot Number: AG400302

Exp Date: 01/03/2026

Test	g/210L	Time
DIAG	Pass	9:46am
AIR BLK	.00	9:47am
ACCY CHK	.08	9:48am
AIR BLK	.00	9:50am
<b>SUB TEST</b>	<b>.00</b>	<b>9:51am</b>
AIR BLK	.00	9:52am
<b>SUB TEST</b>	<b>.00</b>	<b>9:54am</b>
AIR BLK	.00	9:55am

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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



**Intox EC/IR-II: Preventive Maintenance**

**STOKES COUNTY KING PD 840**

Serial Number: 008683      Test Record Number: 1230  
Test Date: 04/11/2024      Test Time: 9:57am EDT

**System Check: Passed**

**Baseline Tests**

Test	Status	Time
IR	Pass	9:57am
FLO	Pass	9:57am
FC	Pass	9:57am

**Temperature Tests**

Test	Status	Time
FC1	Pass	9:57am
SRC	Pass	9:57am
DET	Pass	9:57am
BAR	Pass	9:57am
BT	Pass	9:57am

**Blank Tests**

Test	Status	Time
AIR	Pass	9:58am

**Printer Tests**

Test	Status	Time
PRNT	Pass	9:58am

**CRC Tests**

Test	Status	Time
COMP	Pass	9:58am
CAL	Pass	9:58am

**Preventive Maintenance**  
Status: Pass

  
**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Surry Instrument Location Elkin Police  
Instrument Serial No. 008926 Department

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 4<sup>th</sup> day of April, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Timothy Henton  
Signature of Certifying Official

672  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

*SURRY COUNTY ELKIN PD 850*

Serial Number: 008926

Test Date: 04/04/2024

Citation Number: M0000000-0

Subject's Name:

*PREVENTIVE, MAINTENANCE*

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Hanks, Timothy S

Permit Number: 0063-3175

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

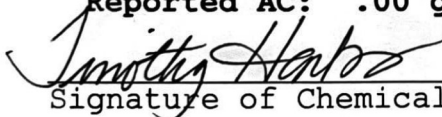
Test Type: Breath Test

Lot Number: AG308704

Exp Date: 03/28/2025

Test	g/210L	Time
DIAG	Pass	12:00pm
AIR BLK	.00	12:01pm
ACCY CHK	.08	12:01pm
AIR BLK	.00	12:03pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:03pm</b>
AIR BLK	.00	12:04pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:06pm</b>
AIR BLK	.00	12:07pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

**Intox EC/IR-II: Preventive Maintenance**

*SURRY COUNTY ELKIN PD 850*

Serial Number: 008926      Test Record Number: 1153  
Test Date: 04/04/2024      Test Time: 12:07pm EDT

System Check: *Passed*

**Baseline Tests**

Test	Status	Time
IR	Pass	12:08pm
FLO	Pass	12:08pm
FC	Pass	12:08pm

**Temperature Tests**

Test	Status	Time
FC1	Pass	12:08pm
SRC	Pass	12:08pm
DET	Pass	12:08pm
BAR	Pass	12:08pm
BT	Pass	12:08pm

**Blank Tests**

Test	Status	Time
AIR	Pass	12:09pm

**Printer Tests**

Test	Status	Time
PRNT	Pass	12:09pm

**CRC Tests**

Test	Status	Time
COMP	Pass	12:09pm
CAL	Pass	12:09pm

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Surry Instrument Location Surry County Jail  
Instrument Serial No. 008934 Dobson, NC

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 4<sup>th</sup> day of April, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Timothy Hanks  
Signature of Certifying Official

672  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

**SURRY COUNTY SURRY CO JAIL 850**

Serial Number: 008934

Test Date: 04/04/2024

Citation Number: M0000000-0

Subject's Name:

**PREVENTIVE, MAINTENANCE**

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Hanks, Timothy S

Permit Number: 0063-3175

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG405102

Exp Date: 02/20/2026

Test	g/210L	Time
DIAG	Pass	10:53am
AIR BLK	.00	10:54am
ACCY CHK	.07	10:54am
AIR BLK	.00	10:55am
<b>SUB TEST</b>	<b>.00</b>	<b>10:56am</b>
AIR BLK	.00	10:57am
<b>SUB TEST</b>	<b>.00</b>	<b>10:58am</b>
AIR BLK	.00	10:59am

**Reported AC: .00 g/210L**

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

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



# Intox EC/IR-II: Preventive Maintenance

SURRY COUNTY SURRY CO JAIL 850

Serial Number: 008934      Test Record Number: 2565  
Test Date: 04/04/2024      Test Time: 11:00am EDT

System Check: *Passed*

## Baseline Tests

Test	Status	Time
IR	Pass	11:01am
FLO	Pass	11:01am
FC	Pass	11:01am

## Temperature Tests

Test	Status	Time
FC1	Pass	11:01am
SRC	Pass	11:01am
DET	Pass	11:01am
BAR	Pass	11:01am
BT	Pass	11:01am

## Blank Tests

Test	Status	Time
AIR	Pass	11:02am

## Printer Tests

Test	Status	Time
PRNT	Pass	11:02am

## CRC Tests

Test	Status	Time
COMP	Pass	11:02am
CAL	Pass	11:02am

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Tyrrell Instrument Location Tyrrell Co. S.D.

Instrument Serial No. 008902 412 Main St, Columbia, N.C.

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

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



Key P. Long  
Signature of Certifying Official

643  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

TYRRELL COUNTY SHERIFF'S OFFICE 880

Serial Number: 008902  
Test Date: 04/02/2024

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

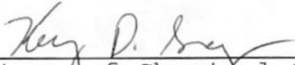
Analyst's Name: Gray, Kelly D  
Permit Number: 0037-7722  
Effective:  
10/01/2023-10/01/2025

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

Lot Number: AG400303  
Exp Date: 01/03/2026

Test	g/210L	Time
DIAG	Pass	1:55pm
AIR BLK	.00	1:55pm
ACCY CHK	.07	1:56pm
AIR BLK	.00	1:57pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:58pm</b>
AIR BLK	.00	1:59pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:01pm</b>
AIR BLK	.00	2:02pm

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

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

**Intox EC/IR-II: Preventive Maintenance**

TYRRELL COUNTY SHERIFF'S OFFICE 880

Serial Number: 008902      Test Record Number: 1167  
Test Date: 04/02/2024      Test Time: 2:05pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:05pm
FLO	Pass	2:05pm
FC	Pass	2:06pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:06pm
SRC	Pass	2:06pm
DET	Pass	2:06pm
BAR	Pass	2:06pm
BT	Pass	2:06pm

Blank Tests

Test	Status	Time
AIR	Pass	2:06pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:06pm

CRC Tests

Test	Status	Time
COMP	Pass	2:06pm
CAL	Pass	2:06pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Union Instrument Location Waxhaw PD  
Instrument Serial No. 008598 Waxhaw, NC

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 3<sup>rd</sup> day of April, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

674  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

UNION COUNTY WAXHAW PD 890

Serial Number: 008598

Test Date: 04/03/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Helms, Bryce A

Permit Number: 0084-9845

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG308003

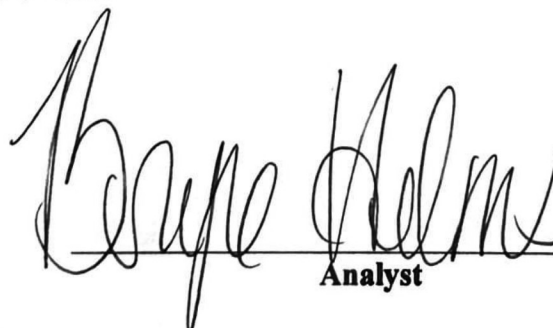
Exp Date: 03/21/2025

Test	g/210L	Time
DIAG	Pass	10:04am
AIR BLK	.00	10:05am
ACCY CHK	.07	10:05am
AIR BLK	.00	10:07am
<b>SUB TEST</b>	<b>.00</b>	<b>10:07am</b>
AIR BLK	.00	10:08am
<b>SUB TEST</b>	<b>.00</b>	<b>10:10am</b>
AIR BLK	.00	10:11am

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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



**Intox EC/IR-II: Preventive Maintenance**

UNION COUNTY WAXHAW PD 890

Serial Number: 008598      Test Record Number: 1052  
Test Date: 04/03/2024      Test Time: 10:11am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	10:11am
SRC	Pass	10:11am
DET	Pass	10:11am
BAR	Pass	10:11am
BT	Pass	10:11am

Blank Tests

Test	Status	Time
AIR	Pass	10:12am

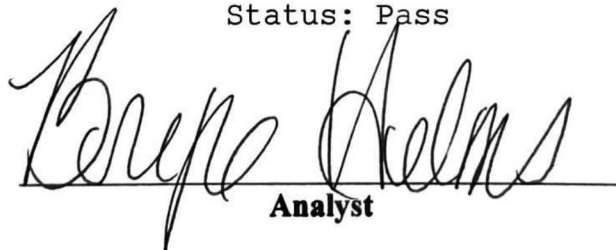
Printer Tests

Test	Status	Time
PRNT	Pass	10:12am

CRC Tests

Test	Status	Time
COMP	Pass	10:12am
CAL	Pass	10:12am

Preventive Maintenance  
Status: *Pass*

  
**Analyst**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Union Instrument Location Stallings PD  
Instrument Serial No. 008094 Stallings, NC

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 19<sup>th</sup> day of April, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Bryce Helms  
Signature of Certifying Official

674  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

UNION COUNTY STALLINGS PD 890

Serial Number: 008694

Test Date: 04/19/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Helms, Bryce A

Permit Number: 0084-9845

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG400301

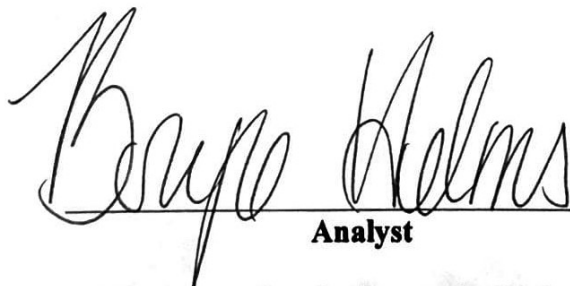
Exp Date: 01/03/2026

Test	g/210L	Time
DIAG	Pass	2:17pm
AIR BLK	.00	2:18pm
ACCY CHK	.07	2:18pm
AIR BLK	.00	2:20pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:20pm</b>
AIR BLK	.00	2:21pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:22pm</b>
AIR BLK	.00	2:23pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

**Intox EC/IR-II: Preventive Maintenance**

UNION COUNTY STALLINGS PD 890

Serial Number: 008694      Test Record Number: 1819  
Test Date: 04/19/2024      Test Time: 2:23pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:24pm
FLO	Pass	2:24pm
FC	Pass	2:24pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:24pm
SRC	Pass	2:24pm
DET	Pass	2:24pm
BAR	Pass	2:24pm
BT	Pass	2:24pm

Blank Tests

Test	Status	Time
AIR	Pass	2:25pm

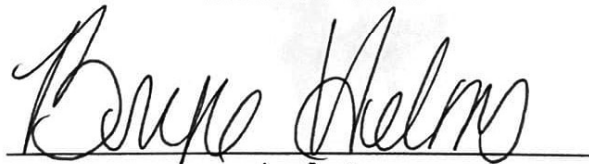
Printer Tests

Test	Status	Time
PRNT	Pass	2:25pm

CRC Tests

Test	Status	Time
COMP	Pass	2:25pm
CAL	Pass	2:25pm

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Union Instrument Location Union County 80  
Instrument Serial No. 008876 Monroe, Nc

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 1<sup>st</sup> day of April, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Bryon Helms  
Signature of Certifying Official

1074  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

UNION COUNTY UNION COUNTY SO 890

Serial Number: 008876

Test Date: 04/01/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Helms, Bryce A

Permit Number: 0084-9845

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

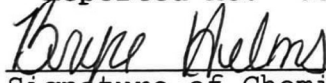
Test Type: Breath Test

Lot Number: AG308003


Exp Date: 03/21/2025

Test	g/210L	Time
DIAG	Pass	10:31am
AIR BLK	.00	10:32am
ACCY CHK	.08	10:32am
AIR BLK	.00	10:33am
<b>SUB TEST</b>	<b>.00</b>	<b>10:34am</b>
AIR BLK	.00	10:35am
<b>SUB TEST</b>	<b>.00</b>	<b>10:36am</b>
AIR BLK	.00	10:37am

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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



# Intox EC/IR-II: Preventive Maintenance

UNION COUNTY UNION COUNTY SO 890

Serial Number: 008876      Test Record Number: 7033  
Test Date: 04/01/2024      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	Pass	10:38am
SRC	Pass	10:38am
DET	Pass	10:38am
BAR	Pass	10:38am
BT	Pass	10:38am

## Blank Tests

Test	Status	Time
AIR	Pass	10:39am

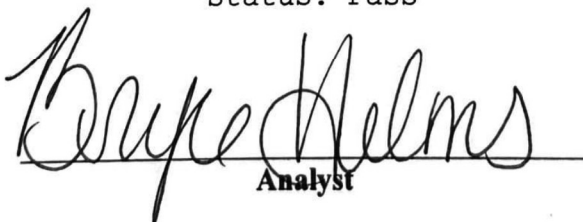
## Printer Tests

Test	Status	Time
PRNT	Pass	10:39am

## CRC Tests

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

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County VANCE Instrument Location VANCE Co. S.D.

Instrument Serial No. 008870 156 Church St  
HENDERSON, NC

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 5 day of April, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature] 671  
Signature of Certifying Official Certificate Number

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

**Intox EC/IR-II: Subject Test**

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008870

Test Date: 04/05/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Bryant, Earl A

Permit Number: 0017-9707

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG308703

Exp Date: 03/28/2025

Test	g/210L	Time
DIAG	Pass	3:58pm
AIR BLK	.00	3:59pm
ACCY CHK	.08	4:00pm
AIR BLK	.00	4:01pm
<b>SUB TEST</b>	<b>.00</b>	<b>4:02pm</b>
AIR BLK	.00	4:03pm
<b>SUB TEST</b>	<b>.00</b>	<b>4:05pm</b>
AIR BLK	.00	4:06pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

**This form is used when performing Preventive Maintenance procedures**

**Forensic Tests for Alcohol Branch**

**Department of Health and Human Services**

**Rev. 12/2007**

# Intox EC/IR-II: Preventive Maintenance

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008870      Test Record Number: 3830  
Test Date: 04/05/2024      Test Time: 4:06pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	4:07pm
FLO	Pass	4:07pm
FC	Pass	4:07pm

## Temperature Tests

Test	Status	Time
FC1	Pass	4:07pm
SRC	Pass	4:07pm
DET	Pass	4:07pm
BAR	Pass	4:07pm
BT	Pass	4:07pm

## Blank Tests

Test	Status	Time
AIR	Pass	4:08pm

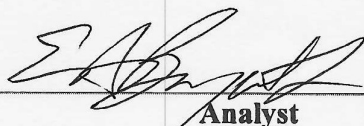
## Printer Tests

Test	Status	Time
PRNT	Pass	4:08pm

## CRC Tests

Test	Status	Time
COMP	Pass	4:08pm
CAL	Pass	4:08pm

Preventive Maintenance  
Status: Pass

  
Analyst

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

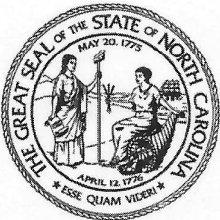
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II and  
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County VANCE Instrument Location VANCE Co. S.O.  
Instrument Serial No. 008937 156 Church St.  
HENDERSON, NC

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 5 day of April, 2021 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



EA Bruff

Signature of Certifying Official

671

Certificate Number

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



**Intox EC/IR-II: Subject Test**

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008937

Test Date: 04/05/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Bryant, Earl A

Permit Number: 0017-9707

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

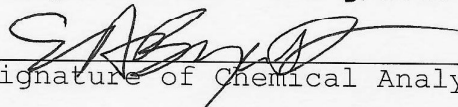
Test Type: Breath Test

Lot Number: AG308703

Exp Date: 03/28/2025

Test	g/210L	Time
DIAG	Pass	3:57pm
AIR BLK	.00	3:57pm
ACCY CHK	.08	3:58pm
AIR BLK	.00	3:59pm
<b>SUB TEST</b>	<b>.00</b>	<b>4:00pm</b>
AIR BLK	.00	4:01pm
<b>SUB TEST</b>	<b>.00</b>	<b>4:02pm</b>
AIR BLK	.00	4:03pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

**This form is used when performing Preventive Maintenance procedures**

**Forensic Tests for Alcohol Branch**

**Department of Health and Human Services**

**Rev. 12/2007**



# Intox EC/IR-II: Preventive Maintenance

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008937      Test Record Number: 3404  
Test Date: 04/05/2024      Test Time: 4:04pm EDT

System Check: *Passed*

## Baseline Tests

Test	Status	Time
IR	Pass	4:04pm
FLO	Pass	4:04pm
FC	Pass	4:04pm

## Temperature Tests

Test	Status	Time
FC1	Pass	4:04pm
SRC	Pass	4:04pm
DET	Pass	4:04pm
BAR	Pass	4:04pm
BT	Pass	4:04pm

## Blank Tests

Test	Status	Time
AIR	Pass	4:05pm

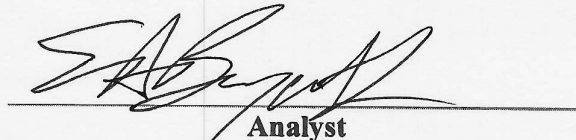
## Printer Tests

Test	Status	Time
PRNT	Pass	4:05pm

## CRC Tests

Test	Status	Time
COMP	Pass	4:05pm
CAL	Pass	4:05pm

Preventive Maintenance  
Status: Pass

  
Analyst

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Wake Instrument Location Wake County Detention Center  
Instrument Serial No. 008577 334 Hammond Rd  
12A Leigh, NC

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 9 day of April, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Sumi J. Jones Brown  
Signature of Certifying Official

662  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008577

Test Date: 04/09/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Barnes, Simon S

Permit Number: 0014-6221

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS


Test Type: Breath Test

Lot Number: AG400302

Exp Date: 01/03/2026

Test	g/210L	Time
DIAG	Pass	2:55pm
AIR BLK	.00	2:55pm
ACCY CHK	.08	2:56pm
AIR BLK	.00	2:57pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:57pm</b>
AIR BLK	.00	2:58pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:00pm</b>
AIR BLK	.00	3:00pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

**Intox EC/IR-II: Preventive Maintenance**

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008577      Test Record Number: 7691  
Test Date: 04/09/2024      Test Time: 3:01pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:01pm
FLO	Pass	3:01pm
FC	Pass	3:01pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:02pm
SRC	Pass	3:02pm
DET	Pass	3:02pm
BAR	Pass	3:02pm
BT	Pass	3:02pm

Blank Tests

Test	Status	Time
AIR	Pass	3:02pm


Printer Tests

Test	Status	Time
PRNT	Pass	3:02pm

CRC Tests

Test	Status	Time
COMP	Pass	3:02pm
CAL	Pass	3:02pm

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County WAKE Instrument Location Raleigh PD SW DIST

Instrument Serial No. 008612 601 Hutton St Raleigh, NC

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 1 day of April, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Simon Alfred Brown  
Signature of Certifying Official

642  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

WAKE COUNTY SOUTH WEST DISTRICT 910

Serial Number: 008612

Test Date: 04/01/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Barnes, Simon S

Permit Number: 0014-6221

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

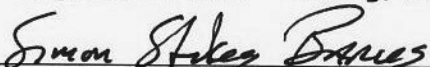
Test Type: Breath Test

Lot Number: AG400302

Exp Date: 01/03/2026

Test	g/210L	Time
DIAG	Pass	11:54am
AIR BLK	.00	11:55am
ACCY CHK	.08	11:55am
AIR BLK	.00	11:56am
<b>SUB TEST</b>	<b>.00</b>	<b>11:57am</b>
AIR BLK	.00	11:58am
<b>SUB TEST</b>	<b>.00</b>	<b>11:59am</b>
AIR BLK	.00	12:00pm

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

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



# Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY SOUTH WEST DISTRICT 910

Serial Number: 008612      Test Record Number: 5308  
Test Date: 04/01/2024      Test Time: 12:01pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	12:01pm
FLO	Pass	12:01pm
FC	Pass	12:01pm

## Temperature Tests

Test	Status	Time
FC1	Pass	12:01pm
SRC	Pass	12:01pm
DET	Pass	12:01pm
BAR	Pass	12:01pm
BT	Pass	12:01pm

## Blank Tests

Test	Status	Time
AIR	Pass	12:02pm

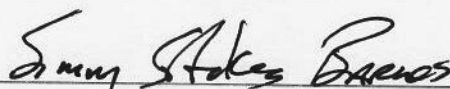
## Printer Tests

Test	Status	Time
PRNT	Pass	12:02pm

## CRC Tests

Test	Status	Time
COMP	Pass	12:02pm
CAL	Pass	12:02pm

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County WAKE Instrument Location Raleigh PD Downtown DIST  
Instrument Serial No. 008907 218 W. LABARUS ST  
Raleigh, NC

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 1 day of APRIL, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Sam Stokes Barrios  
Signature of Certifying Official

662  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

WAKE COUNTY RALEIGH PD DOWNTOWN 910

Serial Number: 008907

Test Date: 04/01/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Barnes, Simon S

Permit Number: 0014-6221

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

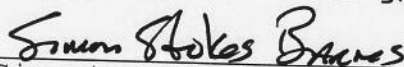
Test Type: Breath Test

Lot Number: AG400301

Exp Date: 01/03/2026

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

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

# Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY RALEIGH PD DOWNTOWN 910

Serial Number: 008907      Test Record Number: 1407  
Test Date: 04/01/2024      Test Time: 11:17am EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	11:17am
FLO	Pass	11:17am
FC	Pass	11:17am

## Temperature Tests

Test	Status	Time
FC1	Pass	11:17am
SRC	Pass	11:17am
DET	Pass	11:17am
BAR	Pass	11:17am
BT	Pass	11:17am

## Blank Tests

Test	Status	Time
AIR	Pass	11:18am

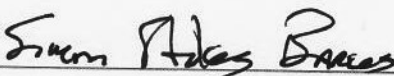
## Printer Tests

Test	Status	Time
PRNT	Pass	11:18am

## CRC Tests

Test	Status	Time
COMP	Pass	11:18am
CAL	Pass	11:18am

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Washington Instrument Location Washington Co. S.D.  
Instrument Serial No. 008829 120 Adams St, Plymouth, NC

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

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



Kay P. Bay

Signature of Certifying Official

643

Certificate Number

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

**Intox EC/IR-II: Subject Test**

WASHINGTON COUNTY SHERIFF'S OFFICE 930

Serial Number: 008829

Test Date: 04/02/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Gray, Kelly D

Permit Number: 0037-7722

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

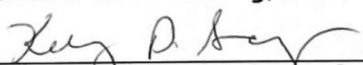
Test Type: Breath Test

Lot Number: AG400303

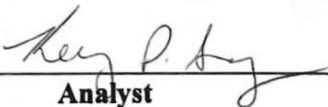
Exp Date: 01/03/2026

Test	g/210L	Time
DIAG	Pass	12:36pm
AIR BLK	.00	12:37pm
ACCY CHK	.07	12:37pm
AIR BLK	.00	12:39pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:39pm</b>
AIR BLK	.00	12:40pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:42pm</b>
AIR BLK	.00	12:43pm

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

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



**Intox EC/IR-II: Preventive Maintenance**

WASHINGTON COUNTY SHERIFF'S OFFICE 930

Serial Number: 008829      Test Record Number: 1205  
Test Date: 04/02/2024      Test Time: 12:44pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:44pm
FLO	Pass	12:44pm
FC	Pass	12:44pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:45pm
SRC	Pass	12:45pm
DET	Pass	12:45pm
BAR	Pass	12:45pm
BT	Pass	12:45pm

Blank Tests

Test	Status	Time
AIR	Pass	12:45pm

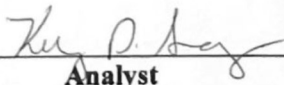
Printer Tests

Test	Status	Time
PRNT	Pass	12:45pm

CRC Tests

Test	Status	Time
COMP	Pass	12:45pm
CAL	Pass	12:45pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Watauga Instrument Location Watauga Co. Jail  
Instrument Serial No. 008715 Boone, NC

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 19 day of April, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



  
Signature of Certifying Official

649  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

WATAUGA COUNTY WATAUGA JAIL 940

Serial Number: 008715

Test Date: 04/19/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: Unknown

Analyst's Name: Burnette, Anthony J

Permit Number: 0018-4401

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG308703

Exp Date: 03/28/2025

Test	g/210L	Time
DIAG	Pass	1:43pm
AIR BLK	.00	1:43pm
ACCY CHK	.08	1:44pm
AIR BLK	.00	1:45pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:46pm</b>
AIR BLK	.00	1:46pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:48pm</b>
AIR BLK	.00	1:49pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

# Intox EC/IR-II: Preventive Maintenance

WATAUGA COUNTY WATAUGA JAIL 940

Serial Number: 008715      Test Record Number: 2848  
Test Date: 04/19/2024      Test Time: 1:55pm EDT

System Check: *Passed*

## Baseline Tests

Test	Status	Time
IR	Pass	1:55pm
FLO	Pass	1:55pm
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	1:56pm

## Printer Tests

Test	Status	Time
PRNT	Pass	1:56pm

## CRC Tests

Test	Status	Time
COMP	Pass	1:56pm
CAL	Pass	1:56pm

Preventive Maintenance  
Status: Pass

  
**Analyst**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Watauga Instrument Location Boone, PD  
Instrument Serial No. 008716 Boone, NC

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 1 day of April, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

649  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

WATAUGA COUNTY BOONE P D 940

Serial Number: 008716

Test Date: 04/01/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Burnette, Anthony J

Permit Number: 0018-4401

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG308101

Exp Date: 03/22/2025

Test g/210L Time

DIAG Pass 3:39pm

AIR BLK .00 3:40pm

ACCY CHK .07 3:40pm

AIR BLK .00 3:41pm

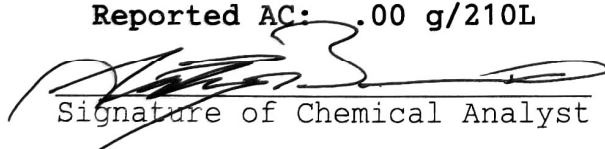
**SUB TEST .00 3:42pm**

AIR BLK .00 3:43pm

**SUB TEST .00 3:44pm**

AIR BLK .00 3:45pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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



# Intox EC/IR-II: Preventive Maintenance

WATAUGA COUNTY BOONE P D 940

Serial Number: 008716      Test Record Number: 3144  
Test Date: 04/01/2024      Test Time: 3:46pm EDT

System Check: *Passed*

## Baseline Tests

Test	Status	Time
IR	Pass	3:46pm
FLO	Pass	3:46pm
FC	Pass	3:47pm

## Temperature Tests

Test	Status	Time
FC1	Pass	3:47pm
SRC	Pass	3:47pm
DET	Pass	3:47pm
BAR	Pass	3:47pm
BT	Pass	3:47pm

## Blank Tests

Test	Status	Time
AIR	Pass	3:47pm

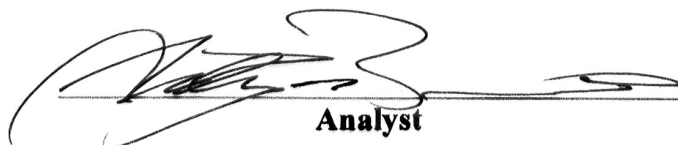
## Printer Tests

Test	Status	Time
PRNT	Pass	3:47pm

## CRC Tests

Test	Status	Time
COMP	Pass	3:47pm
CAL	Pass	3:47pm

Preventive Maintenance  
Status: Pass

  
Analyst

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Wilkes Instrument Location Wilkes Co. Detention  
Instrument Serial No. 008843 Wilkesboro, NC

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 5 day of April, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



  
Signature of Certifying Official

649  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

WILKES COUNTY WILKES CO DETENTION 960

Serial Number: 008843

Test Date: 04/05/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Burnette, Anthony J

Permit Number: 0018-4401

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG302703

Exp Date: 01/27/2025

Test            g/210L      Time

DIAG           Pass          12:54pm

AIR BLK       .00            12:55pm

ACCY CHK     .07            12:55pm

AIR BLK       .00            12:57pm

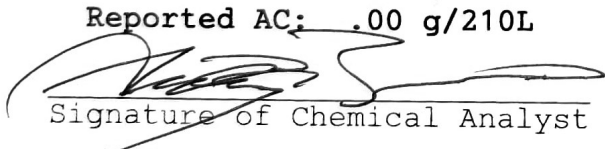
**SUB TEST .00          12:57pm**

AIR BLK       .00            12:58pm

**SUB TEST .00          1:00pm**

AIR BLK       .00            1:01pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

**This form is used when performing Preventive Maintenance procedures**

**Forensic Tests for Alcohol Branch**

**Department of Health and Human Services**

**Rev. 12/2007**

# Intox EC/IR-II: Preventive Maintenance

WILKES COUNTY WILKES CO DETENTION 960

Serial Number: 008843      Test Record Number: 2885  
Test Date: 04/05/2024      Test Time: 1:01pm EDT

System Check: *Passed*

## Baseline Tests

Test	Status	Time
IR	Pass	1:01pm
FLO	Pass	1:01pm
FC	Pass	1:01pm

## Temperature Tests

Test	Status	Time
FC1	Pass	1:02pm
SRC	Pass	1:02pm
DET	Pass	1:02pm
BAR	Pass	1:02pm
BT	Pass	1:02pm

## Blank Tests

Test	Status	Time
AIR	Pass	1:02pm

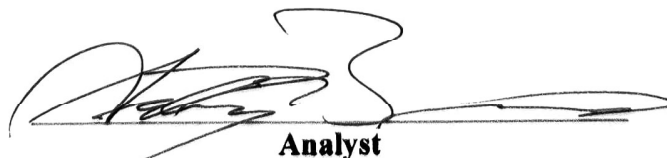
## Printer Tests

Test	Status	Time
PRNT	Pass	1:02pm

## CRC Tests

Test	Status	Time
COMP	Pass	1:02pm
CAL	Pass	1:02pm

Preventive Maintenance  
Status: Pass



**Analyst**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Wilkes Instrument Location Wilkes Co. Detention  
Instrument Serial No. 008865 Wilkesboro, NC

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 5 day of April, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

649  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

WILKES COUNTY WILKES CO DETENTION 960

Serial Number: 008865

Test Date: 04/05/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Burnette, Anthony J

Permit Number: 0018-4401

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG302703


Exp Date: 01/27/2025

Test	g/210L	Time
DIAG	Pass	12:53pm
AIR BLK	.00	12:54pm
ACCY CHK	.07	12:54pm
AIR BLK	.00	12:56pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:56pm</b>
AIR BLK	.00	12:57pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:00pm</b>
AIR BLK	.00	1:00pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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



# Intox EC/IR-II: Preventive Maintenance

WILKES COUNTY WILKES CO DETENTION 960

Serial Number: 008865      Test Record Number: 955  
Test Date: 04/05/2024      Test Time: 1:03pm EDT

System Check: *Passed*

## Baseline Tests

Test	Status	Time
IR	Pass	1:04pm
FLO	Pass	1:04pm
FC	Pass	1:04pm

## Temperature Tests

Test	Status	Time
FC1	Pass	1:04pm
SRC	Pass	1:04pm
DET	Pass	1:04pm
BAR	Pass	1:04pm
BT	Pass	1:04pm

## Blank Tests

Test	Status	Time
AIR	Pass	1:04pm

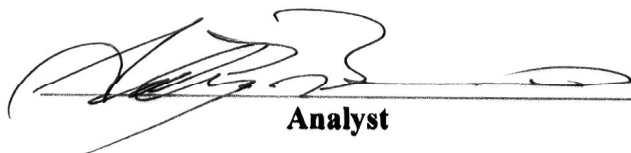
## Printer Tests

Test	Status	Time
PRNT	Pass	1:04pm

## CRC Tests

Test	Status	Time
COMP	Pass	1:05pm
CAL	Pass	1:05pm

Preventive Maintenance  
Status: Pass

  
**Analyst**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

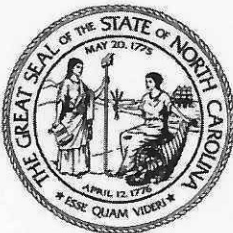
**PREVENTIVE MAINTENANCE RECORD**  
**INTOXIMETERS, MODEL INTOX EC/IR II and**  
**MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County Yancey Instrument Location Yancey County Jail  
Instrument Serial No. 008916 Burnsville, NC

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

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 1 day of April, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

1668  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

YANCEY COUNTY YANCEY COUNTY JAIL 990

Serial Number: 008916

Test Date: 04/01/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Loftis, Benjamin C

Permit Number: 0024-4987

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG308704

Exp Date: 03/28/2025

Test	g/210L	Time
DIAG	Pass	11:34am
AIR BLK	.00	11:35am
ACCY CHK	.08	11:35am
AIR BLK	.00	11:37am
<b>SUB TEST</b>	<b>.00</b>	<b>11:37am</b>
AIR BLK	.00	11:38am
<b>SUB TEST</b>	<b>.00</b>	<b>11:40am</b>
AIR BLK	.00	11:41am

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

**This form is used when performing Preventive Maintenance procedures**

**Forensic Tests for Alcohol Branch**

**Department of Health and Human Services**

**Rev. 12/2007**

# Intox EC/IR-II: Preventive Maintenance

YANCEY COUNTY YANCEY COUNTY JAIL 990

Serial Number: 008916 Test Record Number: 1847  
Test Date: 04/01/2024 Test Time: 11:41am EDT

System Check: *Passed*

## Baseline Tests

Test	Status	Time
IR	Pass	11:41am
FLO	Pass	11:41am
FC	Pass	11:42am

## Temperature Tests

Test	Status	Time
FC1	Pass	11:42am
SRC	Pass	11:42am
DET	Pass	11:42am
BAR	Pass	11:42am
BT	Pass	11:42am

## Blank Tests

Test	Status	Time
AIR	Pass	11:42am

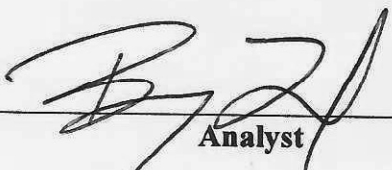
## Printer Tests

Test	Status	Time
PRNT	Pass	11:42am

## CRC Tests

Test	Status	Time
COMP	Pass	11:43am
CAL	Pass	11:43am

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

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