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

County S	pautoit	Instrument Location Beau	at 6. Courthouse
Instrument Se	erial No. 008586	/12 W.	2rd St., Washington,
The preventive serial number	we maintenance procedures for the In 10,000 or higher) to be followed at	ntoximeters, Model Intox EC/IR II least once every four months are:	I and Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister breath simulator thermometer	displays at least 51 pounds per so shows 34 degrees, plus or minus	quare inch (psi) of pressure, or the alcoholic 2 degree centigrade;
(2)	Verify instrument displays tim	e and date;	
(3)	Initiate breath test sequence;		
(4)	Enter information as prompted	l;	
(5)	Verify instrument accuracy;		
(6)	When "PLEASE BLOW" appe	ears, collect breath sample;	
(7)	When "PLEASE BLOW" appe	ears, collect breath sample;	
(8)	Print test record;		
(9)	Run diagnostic program and co	onfirm preventive maintenance sta	atus of "Pass"; and
(10)	whichever occurs first.	hanged every four months or af	e expiration date, or the alcoholic breath fter 125 Alcoholic Breath Simulator tests,
I certify that of were perform and Human S	on the	ve, in accordance with current resoning properly.	rgoing preventive maintenance procedures gulations of the N.C. Department of Health
O THE STATE	CAROLLY CAROLL		
A GE GRAW AG	75	up. for	643
	Sig	nature of Certifying Official	Certificate Number
A signed orig	ginal of the preventive maintenance		

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008586 Test Date: 01/03/2024

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: 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: AG212403 Exp Date: 05/04/2024

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	1:11pm 1:12pm 1:13pm 1:14pm
SUB TEST	.00	1:15pm
AIR BLK	.00	1:16pm
SUB TEST	.00	1:17pm
AIR BLK	.00	1:18pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Department of Health and Human Services

Rev. 12/2007

#### BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008586 Test Record Number: 2138
Test Date: 01/03/2024 Test Time: 1:21pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:21pm
FLO	Pass	1:21pm
FC	Pass	1:22pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:22pm
SRC	Pass	1:22pm
DET	Pass	1:22pm
BAR	Pass	1:22pm
BT	Pass	1:22pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:22pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:22pm
	CRC Tests	
Test	Status	Time

COMP Pass 1:23pm CAL Pass 1:23pm

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 Bec	rial No. 008909 Instrument Location Beautot 6. Courthouse
	TIAL INO
The preventive serial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performe	n the 3 day of January , 2024 the forgoing preventive maintenance procedures and on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ervices, and the instrument is functioning properly.
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TOP QUAM VIOL	Ky 0 for 643
	Signature of Certifying Official Certificate Number

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008909 Test Date: 01/03/2024

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: 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: AG302703 Exp Date: 01/27/2025

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008909 Test Record Number: 4090 Test Date: 01/03/2024 Test Time: 1:14pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:15pm
FLO	Pass	1:15pm
FC	Pass	1:15pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:15pm
SRC	Pass	1:15pm
DET	Pass	1:15pm
BAR	Pass	1:15pm
BT	Pass	1:15pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:16pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:16pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	1:16pm 1:16pm

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 B	LADEN Instrument Location BLADEN	COUNTY
8.7	Instrument Location BLADEN  al No. 008818  DETENT	TION CENTER
<u></u>		
The preventive n serial number 10	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Mod 0,000 or higher) to be followed at least once every four months are:	el Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch breath simulator thermometer shows 34 degrees, plus or minus .2 degree co	(psi) of pressure, or the alcoholic entigrade;
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of "Pas	ss"; and
(10)	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 All whichever occurs first.	n date, or the alcoholic breath lcoholic Breath Simulator tests,
I certify that on t were performed and Human Serv	the <u>22</u> day of <u>TANUARY</u> , 20 <u>24</u> the forgoing previous the instrument indicated above, in accordance with current regulations of vices, and the instrument is functioning properly.	ventive maintenance procedures f the N.C. Department of Health
To Cam veer	Illinky Bans	648
	Signature of Certifying Official	Certificate Number



Certificate Number

#### BLADEN COUNTY DETENTION CENTER 080

Serial Number: 008818 Test Date: 01/22/2024

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: 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: AG308704 Exp Date: 03/28/2025

Test	g/210L	Time
DIAG	Pass	10:03am
AIR BLK	.00	10:04am
ACCY CHK	.08	10:05am
AIR BLK	.00	10:06am
SUB TEST	.00	10:07am
AIR BLK	.00	10:08am
SUB TEST	.00	10:09am
ATR BLK	-00	10:10am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

#### BLADEN COUNTY DETENTION CENTER 080

Serial Number: 008818 Test Record Number: 2117
Test Date: 01/22/2024 Test Time: 10:12am EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:13am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:13am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:13am
CAL	Pass	10:13am

Preventive Maintenance Status: Pass

Analyst

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

County BL	Instrument Location BLADEN COUNTY  DETENTION CENTER
Instrument Seria	INO. 008894 DETENTION CENTER
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on were performed and Human Serv	the 22 day of JANUARY, 2024 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rices, and the instrument is functioning properly.
	Signature of Certifying Official Certificate Number

BLADEN COUNTY DETENTION CENTER 080

Serial Number: 008894 Test Date: 01/22/2024

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: 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: AG308704 Exp Date: 03/28/2025

Test	g/210L	Time
DIAG	Pass	10:03am
AIR BLK	.00	10:04am
ACCY CHK	.08	10:05am
AIR BLK	.00	10:06am
SUB TEST	.00	10:07am
AIR BLK	.00	10:08am
SUB TEST	.00	10:09am
AIR BLK	.00	10:10am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analysi

#### BLADEN COUNTY DETENTION CENTER 080

Serial Number: 008894 Test Record Number: 1595 Test Date: 01/22/2024 Test Time: 10:12am EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:13am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:13am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:14am

Pass 10:14am

Preventive Maintenance Status: Pass

CAL

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_B	RUNSWICK Instrument Location SUNSET BEACH
Instrument Seri	RUNSWICK Instrument Location SUNSET BEACH  al No. 008874 POLICE DEPT
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the 25 day of January, 2024 the forgoing preventive maintenance procedures don the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
STATE OF THE PARTY	al Zg Benso 648
	Signature of Certifying Official Certificate Number

#### BRUNSWICK COUNTY SUNSET BEACH PD 090

Serial Number: 008874 Test Date: 01/25/2024

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 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: AG308703 Exp Date: 03/28/2025

Test	g/210L	Time
DIAG	Pass	1:18pm
AIR BLK	.00	1:19pm
ACCY CHK	.08	1:19pm
AIR BLK	.00	1:20pm
SUB TEST	.00	1:21pm
AIR BLK	.00	1:22pm
SUB TEST	.00	1:23pm
AIR BLK	-00	1:24pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Department of Health and Human Services

Rev. 12/2007

#### BRUNSWICK COUNTY SUNSET BEACH PD 090

Serial Number: 008874 Test Record Number: 941
Test Date: 01/25/2024 Test Time: 1:25pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:25pm
FLO	Pass	1:25pm
FC	Pass	1:25pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:25pm
SRC	Pass	1:25pm
DET	Pass	1:25pm
BAR	Pass	1:25pm
BT	Pass	1:25pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:26pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:26pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:26pm

1:26pm

ACTOR CONTRACTOR SECTIONS

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

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

	rial No. 008798 Asheville	
	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox 10,000 or higher) to be followed at least once every four months are:	EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrad	f pressure, or the alcoholic de;
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; an	d
(10)	Verify that the ethanol gas canister is being changed before expiration date simulator solution is being changed every four months or after 125 Alcohol whichever occurs first.	
were performe	on the, 20, the forgoing preventive ed on the instrument indicated above, in accordance with current regulations of the Nervices, and the instrument is functioning properly.	e maintenance procedures N.C. Department of Health
O THE STATE OF THE		

BUNCOMBE COUNTY BUNCOMBE COUNTY DETENTION 100

Serial Number: 008798 Test Date: 01/23/2024

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: 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	2:06pm
AIR BLK	.00	2:06pm
ACCY CHK	.07	2:07pm
AIR BLK	.00	2:08pm
SUB TEST	.00	2:09pm
AIR BLK	.00	2:10pm
SUB TEST	.00	2:11pm
AIR BLK	.00	2:12pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BUNCOMBE COUNTY BUNCOMBE COUNTY DETENTION 100

Serial Number: 008798 Test Record Number: 6777
Test Date: 01/23/2024 Test Time: 2:12pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	2:13pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:14pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:14pm
CAL	Pass	2:14pm

Preventive Maintenance Status: Pass

Analyst

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

County B	Instrument Location Buncon	
Instrument Se	erial No. 008911	Asheville, NC
The preventiv serial number	re maintenance procedures for the Intoximeters, Model Intox EC/IR II 10,000 or higher) to be followed at least once every four months are:	and Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square breath simulator thermometer shows 34 degrees, plus or minus .2	uare inch (psi) of pressure, or the alcoholic
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance state	us of "Pass": and
(10)	Verify that the ethanol gas canister is being changed before simulator solution is being changed every four months or afte whichever occurs first.	Ovninction July 1 1 1 1 1
	the day of, 20 the forgodon the instrument indicated above, in accordance with current regularities, and the instrument is functioning properly.	oing preventive maintenance procedures lations of the N.C. Department of Health
The state of the s	Signature of Certifying Official	
	organists of Collins ing Official	Certificate Number

BUNCOMBE COUNTY BUNCOMBE COUNTY DETENTION 100

Serial Number: 008911 Test Date: 01/23/2024

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: 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	2:05pm
AIR BLK	.00	2:06pm
ACCY CHK	.07	2:07pm
AIR BLK	.00	2:08pm
SUB TEST	.00	2:08pm
AIR BLK	.00	2:09pm
SUB TEST	.00	2:10pm
AIR BLK	.00	2:11pm

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

BUNCOMBE COUNTY BUNCOMBE COUNTY DETENTION 100

Serial Number: 008911 Test Record Number: 780 

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:12pm 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 • 1 3 mm

Preventive Maintenance Status: Pass

Pass

Pass

2:13pm

2:13pm

CAL

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

County Cr	IRTERET Instrument Location CARTERET COUNTY		
Instrument Serial	NO. 008605 Instrument Location CARTERET COUNTY  DETENTION CENTER		
The preventive n	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 000 or higher) to be followed at least once every four months are:		
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
(2)	Verify instrument displays time and date;		
(3)	Initiate breath test sequence;		
(4)	Enter information as prompted;		
(5)	Verify instrument accuracy;		
(6)	When "PLEASE BLOW" appears, collect breath sample;		
(7)	When "PLEASE BLOW" appears, collect breath sample;		
(8)	Print test record;		
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and		
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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			
	Olu 27 James 648 Signature of Certifying Official Certificate Number		

#### CARTERET COUNTY DETENTION CENTER 150

Serial Number: 008605 Test Date: 01/29/2024

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: 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	11:52am
AIR BLK	.00	11:53am
ACCY CHK	.08	11:53am
AIR BLK	.00	11:55am
SUB TEST	.00	11:55am
AIR BLK	.00	11:56am
SUB TEST	.00	11:58am
AIR BLK	.00	11:59am

Reported AC: .00 g/210L

Court CVR

alm Ray Bens Analyst

#### CARTERET COUNTY DETENTION CENTER 150

Serial Number: 008605 Test Record Number: 4366 Test Date: 01/29/2024 Test Time: 11:59am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:00pm
FLO	Pass	12:00pm
FC	Pass	12:00pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:00pm
SRC	Pass	12:00pm
DET	Pass	12:00pm
BAR	Pass	12:00pm
BT	Pass	12:00pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:01pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:01pm
	CRC Tests	
Test	Status	Time

Test	Status	Time	
COMP	Pass	12:01pm	
CAL	Pass	12:01pm	

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 C	ARTERET Instrument Location EMERALD ISLE
Instrument Seri	ARTERET Instrument Location EMERALD ISLE  POLICE DEPT
The preventive serial number I	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced wit 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholi breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.
I certify that on were performed and Human Ser	the <u>29</u> day of <u>JANUARY</u> , 20 <u>24</u> the forgoing preventive maintenance procedured on the instrument indicated above, in accordance with current regulations of the N.C. Department of Healtwices, and the instrument is functioning properly.
	Olun Za Benes 648 Signature of Certifying Official Certificate Number
13.00	Signature of Certifying Official Certificate Number

#### CARTERET COUNTY EMERALD ISLE PD 150

Serial Number: 008620 Test Date: 01/29/2024

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: 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

g/210L	Time
Pass	4:03pm
.00	4:04pm
.07	4:04pm
.00	4:06pm
.00	4:06pm
.00	4:07pm
.00	4:09pm
.00	4:09pm
	Pass .00 .07 .00 .00 .00 .00 .00

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alun Ry Buns Analyst

#### CARTERET COUNTY EMERALD ISLE PD 150

Serial Number: 008620 Test Record Number: 2440
Test Date: 01/29/2024 Test Time: 4:10pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	4:10pm
FLO	Pass	4:10pm
FC	Pass	4:10pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	4:11pm
SRC	Pass	4:11pm
DET	Pass	4:11pm
BAR	Pass	4:11pm
BT	Pass	4:11pm

#### Blank Tests

Test	Status	Time
AIR	Pass	4:11pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:11pm
	CRC Tests	
Test	Status	Time

COMP Pass 4:11pm CAL Pass 4:11pm

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	ARTERET Instrument Location HILAWIIC BEACH
Instrument Seria	ALNO. 008785 POLICE DEPT
The preventive serial number 10	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on were performed and Human Serv	the <u>29</u> day of <u>JANUARY</u> , 20 <u>24</u> the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
STATE OF THE PARTY	Olu Ry Banes 648 Signature of Certifying Official Certificate Number

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

DHHS 4080 (04/20)

#### CARTERET COUNTY ATLANTIC BEACH PD 150

Serial Number: 008785 Test Date: 01/29/2024

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: 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	2:52pm
AIR BLK	.00	2:52pm
ACCY CHK	.08	2:53pm
AIR BLK	.00	2:54pm
SUB TEST	.00	2:55pm
AIR BLK	.00	2:56pm
SUB TEST	.00	2:57pm
ATR BLK	-00	2:58pm

Reported AC: .00 g/210L

Court CVR

#### CARTERET COUNTY ATLANTIC BEACH PD 150

Serial Number: 008785 Test Record Number: 1522
Test Date: 01/29/2024 Test Time: 2:58pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:59pm
FLO	Pass	2:59pm
FC	Pass	2:59pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:59pm
SRC	Pass	2:59pm
DET	Pass	2:59pm
BAR	Pass	2:59pm
BT	Pass	2:59pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:59pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:59pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:00pm

3:00pm

Preventive Maintenance Status: Pass

Pass

CAL

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	ARTERET Instrument Location MOREHEAD CITY
Instrument Seri	ARTERET Instrument Location MOREHEAD CITY  al No. 008819  POLICE DEPT
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the 29 day of JANUAIZY, 2024 the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
COM VOO	Signature of Certifying Official Certificate Number

#### CARTERET COUNTY MOREHEAD CITY PD 150

Serial Number: 008819 Test Date: 01/29/2024

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: 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	1:45pm
AIR BLK	.00	1:46pm
ACCY CHK	.08	1:47pm
AIR BLK	.00	1:48pm
SUB TEST	.00	1:48pm
AIR BLK	.00	1:49pm
SUB TEST	.00	1:51pm
ATR BLK	0.0	1 • 52pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### CARTERET COUNTY MOREHEAD CITY PD 150

Serial Number: 008819 Test Record Number: 990 Test Date: 01/29/2024 Test Time: 1:52pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:52pm
FLO	Pass	1:52pm
FC	Pass	1:53pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:53pm
SRC	Pass	1:53pm
DET	Pass	1:53pm
BAR	Pass	1:53pm
BT	Pass	1:53pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:53pm

#### Printer Tests

Test

PRNT	Pass	1:53pm
	CRC Tests	
Test	Status	Time

Status

Time

COMP Pass 1:53pm CAL Pass 1:53pm

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 C	ARTERET Instrument Location CARTERET COUNTY		
Instrument Serie	ARTERET Instrument Location CARTERET COUNTY  al No. 008882  DETENTION CENTER		
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:		
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
(2)	Verify instrument displays time and date;		
(3)	Initiate breath test sequence;		
(4)	Enter information as prompted;		
(5)	Verify instrument accuracy;		
(6)	When "PLEASE BLOW" appears, collect breath sample;		
(7)	When "PLEASE BLOW" appears, collect breath sample;		
(8)	Print test record;		
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and		
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
were performed	the <u>29</u> day of <u>JANUARY</u> , 2024 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.		
	Counting Official Certificate Number		
A signed origin	al of the preventive maintenance record shall be kept on file for at least three years.		

DHHS 4080 (04/20)

#### CARTERET COUNTY DETENTION CENTER 150

Serial Number: 008882 Test Date: 01/29/2024

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: 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	11:50am
AIR BLK	.00	11:50am
ACCY CHK	.08	11:51am
AIR BLK	.00	11:52am
SUB TEST	.00	11:53am
AIR BLK	.00	11:54am
SUB TEST	.00	11:55am
AIR BLK	.00	11:56am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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#### CARTERET COUNTY DETENTION CENTER 150

Serial Number: 008882 Test Record Number: 2471 Test Date: 01/29/2024 Test Time: 11:57am EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:57am
SRC	Pass	11:57am
DET	Pass	11:57am
BAR	Pass	11:57am
BT	Pass	11:57am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:58am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:58am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:58am

11:58am

Preventive Maintenance Status: Pass

Pass

CAL

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	Therokee Instrument Location Cherokee Co.	Jail
Instrument Se	erial No. 008622 Murphy NC	
The preventive serial number	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR I and Model Intox EC/IR II and Model Intox EC/IR II are:	II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;	e, or the alcoholic
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and	
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the simulator solution is being changed every four months or after 125 Alcoholic Breath whichever occurs first.	alcoholic breath Simulator tests,
I certify that on were performed and Human Ser	n the	ance procedures
STATE OF A	CAROLLE CAROLL	
WAM VILL	Signature of Cont. S. Corr. 1	
	Signature of Certifying Official Certificate	Number

CHEROKEE COUNTY CHEROKEE COUNTY JAIL
190

Serial Number: 008622 Test Date: 01/11/2024

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: 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 AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	2:33pm 2:33pm 2:34pm 2:35pm 2:36pm
AIR BLK	.00	2:37pm
SUB TEST	.00	2:38pm
AIR BLK	.00	2:39pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## CHEROKEE COUNTY CHEROKEE COUNTY JAIL 190

Serial Number: 008622 Test Record Number: 1251
Test Date: 01/11/2024 Test Time: 2:40pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:40pm
FLO	Pass	2:40pm
FC	Pass	2:40pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:41pm
SRC	Pass	2:41pm
DET	Pass	2:41pm
BAR	Pass	2:41pm
BT	Pass	2:41pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:41pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:41pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:42pm 2:42pm

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 Ch	erokee Instrument Location Cherokee Co. Jail
Instrument Seria	1 No. 008711 Murphy, 40
The preventive r serial number 10	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on the were performed of and Human Servi	day of
CAN SINTE ON SINTE	ART CARROLL CA
ACIAM VIDE	Signature of Certifying Official Certificate Number

CHEROKEE COUNTY CHEROKEE COUNTY JAIL
190

Serial Number: 008711 Test Date: 01/11/2024

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: 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 AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	2:32pm 2:32pm 2:33pm 2:34pm 2:35pm
AIR BLK SUB TEST	.00	2:36pm
AIR BLK	.00	2:37pm 2:38pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

s form is used when performing Preventive Maintenance pr

#### CHEROKEE COUNTY CHEROKEE COUNTY JAIL 190

Serial Number: 008711 Test Record Number: 1302 Test Date: 01/11/2024 Test Time: 2:39pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:39pm
FLO	Pass	2:39pm
FC	Pass	2:39pm

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	2:39pm 2:39pm 2:39pm 2:39pm 2:39pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:40pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:40pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:40pm 2:40pm

Preventive Maintenance Status: Pass

2:40pm

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

County	Instrument Location Clay County Tgil
Instrument Seri	al No. 008608 Hayesville, NC
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced wi 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcohol breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
1	the
AND 20 173	Cail R. Cathan Les
	Signature of Certifying Official Certificate Number

CLAY COUNTY CLAY COUNTY JAIL 210

Serial Number: 008608 Test Date: 01/03/2024

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: Cutler, Daniel R
Permit Number: 0084-3310
Effective:
02/01/2022-02/01/2024

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 AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00 .00	1:05pm 1:06pm 1:06pm 1:07pm 1:08pm 1:09pm 1:10pm 1:11pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

CLAY COUNTY CLAY COUNTY JAIL 210

Serial Number: 008608 Test Record Number: 1536
Test Date: 01/03/2024 Test Time: 1:12pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:12pm
FLO	Pass	1:12pm
FC	Pass	1:12pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:12pm
SRC	Pass	1:12pm
DET	Pass	1:12pm
BAR	Pass	1:12pm
BT	Pass	1:12pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:13pm

#### Printer Tests

rest	Status	Time
PRNT	Pass	1:13pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:13pm 1:13pm

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 Class	Instrument Location Cleveland County 50 - Annex
Instrument Seria	1 No. 005887 Shelby, NC
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the
	Signature of Certifying Official Certificate Number

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

DHHS 4080 (04/20)

CLEVELAND COUNTY CLEVELAND SO-ANNEX 220

Serial Number: 008887 Test Date: 01/10/2024

Citation Number: M000000-0 Subject's Name:

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: 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: AG212403 Exp Date: 05/04/2024

Test	g/210L	Time
DIAG	Pass	11:31am
AIR BLK		11:32am
ACCY CH	K .07	11:32am
AIR BLK	.00	11:34am
SUB TES	T .00	11:34am
AIR BLK	.00	11:35am
SUB TES	T .00	11:37am
AIR BLK	.00	11:37am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CLEVELAND COUNTY CLEVELAND SO-ANNEX 220

Serial Number: 008887 Test Record Number: 3985
Test Date: 01/10/2024 Test Time: 11:39am EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:40am

#### Printer Tests

Test

CAL

PRNT	Pass	11:40am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:40am

Status Time

Pass 11:40am

Preventive Maintenance Status: Pass

halyst

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

County Cle	Instrument Location Cleveland County So - Annex
Instrument Ser	ial No. 008893 Shelby, NC
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the day of, 20 the forgoing preventive maintenance procedures don the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
SCI OF NAME OF STATE	CARO (1-1-0)
Who are	Signature of Certifying Official Certificate Number

CLEVELAND COUNTY CLEVELAND SO-ANNEX 220

Serial Number: 008893 Test Date: 01/10/2024

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: 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	11:30am
AIR BLK	.00	11:31am
ACCY CHK	.08	11:32am
AIR BLK	.00	11:33am
SUB TEST	.00	11:34am
AIR BLK	.00	11:34am
SUB TEST	.00	11:36am
AIR BLK	.00	11:37am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CLEVELAND COUNTY CLEVELAND SO-ANNEX 220

Serial Number: 008893 Test Record Number: 1949
Test Date: 01/10/2024 Test Time: 11:39am EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Status	Time
Pass	11:39am
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time	
AIR	Pass	11:40am	

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:40am
	CRC Tests	
Test	Status	Time

Deacas	LINC
Pass	11:40am
Pass	11:40am
	Pass

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)

		Instrument Location Kings	Mountain Police Dept
Instrument Seria	ıl No. <u>008900</u>		Kings Mountain, NC
The preventive serial number 10	maintenance procedures for the 0,000 or higher) to be followed	e Intoximeters, Model Intox EC/IR at least once every four months ar	II and Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canis breath simulator thermomet	ster displays at least 51 pounds per ter shows 34 degrees, plus or minus	square inch (psi) of pressure, or the alcoholic s .2 degree centigrade;
(2)	Verify instrument displays	time and date;	
(3)	Initiate breath test sequence	;;	
(4)	Enter information as promp	ted;	
(5)	Verify instrument accuracy;		
(6)	When "PLEASE BLOW" a	ppears, collect breath sample;	
(7)	When "PLEASE BLOW" a	ppears, collect breath sample;	
(8)	Print test record;		
(9)	Run diagnostic program and	d confirm preventive maintenance	status of "Pass"; and
(10)	Verify that the ethanol gasimulator solution is being whichever occurs first.	as canister is being changed before changed every four months or	ore expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,
were performed	he day of on the instrument indicated all ices, and the instrument is fund	bove, in accordance with current r	orgoing preventive maintenance procedures regulations of the N.C. Department of Health
Anne 12 Uran	CANOUN	20	668
	S	Signature of Certifying Official	Certificate Number

#### CLEVELAND COUNTY KINGS MOUNTAIN PD 220

Serial Number: 008900 Test Date: 01/10/2024

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: 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	12:25pm
AIR BLK	.00	12:26pm
ACCY CHI	X .07	12:26pm
AIR BLK	.00	12:27pm
SUB TEST	r .00	12:28pm
AIR BLK	-00	12:29pm
SUB TEST	r .00	12:30pm
AIR BLK	.00	12:31pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CLEVELAND COUNTY KINGS MOUNTAIN PD 220

Serial Number: 008900 Test Record Number: 1033 Test Date: 01/10/2024 Test Time: 12:32pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:33pm
SRC	Pass	12:33pm
DET	Pass	12:33pm
BAR	Pass	12:33pm
BT	Pass	12:33pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:33pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:33pm
	CRC Tests	
Test	Status	Time

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

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(	Columbus Instrument Location BAT Mobile Unit S
Instrument Ser	Columbus Instrument Location BAT Mobile Unit 5  Columbus County SO
The preventive serial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify that on were performed and Human Serv	the
STATE OF THE STATE	
QUAM VID	Signature of Certifying Official Certificate Number

COLUMBUS COUNTY BAT MOBILE UNIT 5 230

Serial Number: 008575 Test Date: 01/05/2024

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: 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 AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	6:48pm 6:49pm 6:50pm 6:51pm 6:51pm 6:52pm
SUB TEST	.00	6:54pm
AIR BLK	.00	6:55pm

Reported AC: .00 g/2101

Signature of Chemical Analyst

Court CVR

Analyst
his form is used when performing Preventive Maintenance pro

#### COLUMBUS COUNTY BAT MOBILE UNIT 5 230

Serial Number: 008575 Test Record Number: 1422
Test Date: 01/05/2024 Test Time: 6:55pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	6:56pm
FLO	Pass	6:56pm
FC	Pass	6:56pm

#### Temperature Tests

Status	Time
Pass	6:56pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time	
AIR	Pass	6:56pm	

#### Printer Tests

Status

Time

6:57pm

Test

CAL

PRNT	Pass	6:57pm
	CRC Tests	
Test	Status	Time
COMP	Pass	6:57pm

Preventive Maintenance Status: Pass

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	olumbus Instrument Location BAT Mobile Unit S
Instrument Seri	al No. 008616  Instrument Location BAT Mobile Unit S  Columbus County SO
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on t were performed and Human Serv	he <u>Sth</u> day of <u>January</u> , 20 <u>2 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health</u>
STATE O'NO.	ARON DE LA CARROLLA D
ACIAM VIDE	Signature of Certifying Official Continue
	Certificate Number

COLUMBUS COUNTY BAT MOBILE UNIT 5 230

Serial Number: 008616 Test Date: 01/05/2024

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: 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 AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	7:26pm 7:27pm 7:27pm 7:28pm 7:29pm
AIR BLK SUB TEST	.00	7:30pm 7:32pm
AIR BLK	.00	7:32pm

Reported AC: ,

g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### COLUMBUS COUNTY BAT MOBILE UNIT 5 230

Serial Number: 008616 Test Record Number: 2816
Test Date: 01/05/2024 Test Time: 7:36pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	7:36pm
FLO	Pass	7:36pm
FC	Pass	7:36pm

#### Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	7:36pm 7:36pm
DET	Pass	7:36pm
BAR	Pass	7:36pm
BT	Pass	7:36pm

#### Blank Tests

Test	Status	Time
AIR	Pass	7:37pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	7:37pm
	CRC Tests	
Test	Status	Time
COMP	Pass	7:37pm

Preventive Maintenance Status: Pass

Pass

7:37pm

CAL

Analyst

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

	24 mlie $6.4$
County	Instrument Location 15A1 MISSILE MAITS
Instrument Seria	Instrument Location BAT Mobile Unit 5  (alumbus county 50)
The preventive reserval number 10	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced wit ,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcohol breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify that on the were performed and Human Service	day of January, 20 24 the forgoing preventive maintenance procedure on the instrument indicated above, in accordance with current regulations of the N.C. Department of Healt ces, and the instrument is functioning properly.
STATE ON STA	
TOP QUAM VIDEN	Signature of Certifying Official Certificate Number
	Signature of Certifying Official Certificate Number

COLUMBUS COUNTY BAT MOBILE UNIT 5 230

Serial Number: 008647 Test Date: 01/05/2024

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: 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	7:31pm
AIR BLK	.00	7:32pm
ACCY CHK	.08	7:32pm
AIR BLK	.00	7:33pm
SUB TEST	.00	7:34pm
AIR BLK	.00	7:35pm
SUB TEST	.00	7:36pm
AIR BLK	.00	7:37pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

COLUMBUS COUNTY BAT MOBILE UNIT 5 230
Serial Number: 008647 Test Record Number: 2811
Test Date: 01/05/2024 Test Time: 7:44pm EST
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

Toat	Q+	
Test	Status	Time
COMP	Pass	7:45pm
CAL	Pass	7:45pm

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	olumbus Instrument Location BAT Mobile Unit 5
Instrument Seria	Instrument Location BAT Mobile Last 5  (Columbia County SO
The preventive n	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with ,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify that on the were performed of and Human Servi	the strument indicated above, in accordance with current regulations of the N.C. Department of Health ces, and the instrument is functioning properly.
THE STATE OF NO.	684
	Signature of Certifying Official Certificate Number

COLUMBUS COUNTY BAT MOBILE UNIT 5 230

Serial Number: 008704 Test Date: 01/05/2024

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: 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 AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00 .00 .00 .00	7:27pm 7:28pm 7:28pm 7:29pm 7:30pm 7:31pm 7:33pm
AIR BLK	.00	7:33pm 7:34pm
		/ . J4 DIII

Reported AC:

Signature of Chemical Analyst

Court CVR

Analyst

#### COLUMBUS COUNTY BAT MOBILE UNIT 5 230

Serial Number: 008704 Test Record Number: 860 Test Date: 01/05/2024 Test Time: 7:35pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	7:35pm
FLO	Pass	7:35pm
FC	Pass	7:35pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	7:35pm
SRC	Pass	7:35pm
DET	Pass	7:35pm
BAR	Pass	7:35pm
BT	Pass	7:35pm

#### Blank Tests

Test	Status	Time
AIR	Pass	7:36pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	7:36pm
	CRC Tests	
Test	Status	Time

7:36pm

7:36pm

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

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	olumbus Instrument Location BAT Mobile Unit 5
Instrument Seri	al No. 00 8826  Instrument Location BAT Mobile Unit 5  Columbus County 50
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
were performed	the 5th day of January, 20 24 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rices, and the instrument is functioning properly.
THE STATE OF ANY 20, 1775	684
-1111111	Signature of Certifying Official Certificate Number

#### COLUMBUS COUNTY BAT MOBILE UNIT 5 230

Serial Number: 008826 Test Date: 01/05/2024

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: 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 AIR BLK ACCY CHK AIR BLK	Pass .00 .07 .00	6:51pm 6:52pm 6:52pm 6:53pm
SUB TEST	.00	6:54pm
AIR BLK	.00	6:55pm
SUB TEST	.00	6:56pm
AIR BLK	.00	6:57pm

Reported AC:

.00 9/210L

Signatur Chemical Analyst

Court CVR

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

Analyst

#### COLUMBUS COUNTY BAT MOBILE UNIT 5 230

Serial Number: 008826 Test Record Number: 8494
Test Date: 01/05/2024 Test Time: 6:58pm EST

System Check: Passed

Baseline Tests

Status	Time
Pass	6:59pm
Pass	6:59pm
Pass	6:59pm
	Pass Pass

#### Temperature Tests

Test	Status	Time
FC1	Pass	6:59pm
SRC	Pass	6:59pm
DET	Pass	6:59pm
BAR	Pass	6:59pm
BT	Pass	6:59pm

#### Blank Tests

Test	Status	Time
AIR	Pass	7:00pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	7:00pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	7:00pm 7:00pm

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 C	RAVEN Instrument Location CRAVEN COUNTY
Instrument Seri	Instrument Location CRAVEN COUNTY  al No. 008732  DETENTION CENTER
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on were performed and Human Ser	the 24 day of JANUARY, 2024 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
	Clu Ry Ban 648 Signature of Certifying Official Certificate Number

#### CRAVEN COUNTY DETENTION CENTER 240

Serial Number: 008732 Test Date: 01/24/2024

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: 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	10:43am
AIR BLK	.00	10:44am
ACCY CHK	.07	10:44am
AIR BLK	.00	10:45am
SUB TEST	.00	10:46am
AIR BLK	.00	10:47am
SUB TEST	.00	10:48am
AIR BLK	.00	10:49am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alen Rg 13an Analyst

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

Rev. 12/2007

#### CRAVEN COUNTY DETENTION CENTER 240

Serial Number: 008732 Test Record Number: 3219
Test Date: 01/24/2024 Test Time: 10:50am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:50am
FLO	Pass	10:50am
FC	Pass	10:50am

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:50am
SRC	Pass	10:50am
DET	Pass	10:50am
BAR	Pass	10:50am
BT	Pass	10:50am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:51am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:51am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:51am
CAL	Pass	10:51am

Preventive Maintenance Status: Pass

Analyst

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

The preventive	ial No. 008800
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholoreath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic bre simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator te whichever occurs first.
were performed	the 24 day of January, 2024 the forgoing preventive maintenance procedud on the instrument indicated above, in accordance with current regulations of the N.C. Department of Hervices, and the instrument is functioning properly.
S CAM VES	Clu Py Journ 648 Signature of Certifying Official Certificate Number

CRAVEN COUNTY HAVELOCK PD 240

Serial Number: 008800 Test Date: 01/24/2024

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: 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: AG225701 Exp Date: 09/14/2024

Test	16	g/210L	Time
DIAG		Pass	8:08pm
AIR	BLK	.00	8:09pm
ACCY	CHK	.07	8:09pm
AIR	BLK	.00	8:10pm
SUB	TEST	.00	8:11pm
AIR	BLK	.00	8:12pm
SUB	TEST	.00	8:14pm
ATR	BLK	- 00	8:14pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

all Ky Bans
Analyst

#### CRAVEN COUNTY HAVELOCK PD 240

Serial Number: 008800 Test Record Number: 1603 

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	8:15pm
FLO	Pass	8:15pm
FC	Pass	8:15pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	8:15pm
SRC	Pass	8:15pm
DET	Pass	8:15pm
BAR	Pass	8:15pm
BT	Pass	8:15pm

#### Blank Tests

Test	Status	Time
AIR	Pass	8:16pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:16pm
	CRC Tests	
Test	Status	Time
COMP	Pass	8:16pm
CAL	Pass	8:16pm

Preventive Maintenance Status: Pass

alu Ry Benes 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	RAVEN Instrument Location NEW BERN al No. 008817 POLICE DEPT
Instrument Seria	ALNO. 008817 POLICE DEPT
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on twere performed and Human Serv	the 24 day of JANUARY, 2024 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ices, and the instrument is functioning properly.
	00 2 6
Carry Victor	Signature of Certifying Official Certificate Number

CRAVEN COUNTY NEW BERN PD 240

Serial Number: 008817 Test Date: 01/24/2024

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

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	2:42pm
AIR BLK	.00	2:42pm
ACCY CHK	.07	2:43pm
AIR BLK	.00	2:44pm
SUB TEST	.00	2:45pm
AIR BLK	.00	2:46pm
SUB TEST	.00	2:47pm
AIR BLK	.00	2:48pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CRAVEN COUNTY NEW BERN PD 240

Serial Number: 008817 Test Record Number: 1958 

System Check: Passed

#### Baseline Tests

Status	Time
Pass	2:50pm
Pass	2:50pm
Pass	2:50pm
	Pass Pass

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:50pm
SRC	Pass	2:50pm
DET	Pass	2:50pm
BAR	Pass	2:50pm
BT	Pass	2:50pm

#### Blank Tests

Status	Time
Pass	2:50pr
	Status Pass

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:51pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:51pm

Preventive Maintenance Status: Pass

Pass

2:51pm

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

County	Instrument Location MCA3 PMO  ial No. 010819  CHERRY POINT
Instrument Ser	ial No. 010819 CHERRY POINT
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced wit 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholi breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
were performe	the 24 day of January, 2024 the forgoing preventive maintenance procedured on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rvices, and the instrument is functioning properly.
STATE:	
S COUM YOU	blunky Benes 648
	Signature of Certifying Official Certificate Number

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

DHHS 4080 (04/20)

CRAVEN COUNTY MCAS CHERRY POINT 240

Serial Number: 010819 Test Date: 01/24/2024

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: 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: AC225701 Exp Date: 09/14/2024

Test	g/210L	Time
DIAG	Pass	7:05pm
AIR BLK	.00	7:05pm
ACCY CHK	.07	7:06pm
AIR BLK	.00	7:07pm
SUB TEST	.00	7:08pm
AIR BLK	.00	7:09pm
SUB TEST	.00	7:11pm
AIR BLK	.00	7:11pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### CRAVEN COUNTY MCAS CHERRY POINT 240

Serial Number: 010819 Test Record Number: 839
Test Date: 01/24/2024 Test Time: 7:12pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	7:14pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	7:14pm
	CRC Tests	
Test	Status	Time
COMP	Pass	7:14pm
CAL	Pass	7:14pm

Preventive Maintenance Status: Pass

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

County Car	mberland Instrument Location FT. Liberty
Instrument Seri	al No. 013868 L. E. C.
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on were performed and Human Ser	the day of
THE STATE OF THE S	TO THE STATE OF TH
ACAM FIRE	Signature of Certifying Official Certificate Number

CUMBERLAND COUNTY FORT LIBERTY LEC 250

Serial Number: 013868 Test Date: 01/03/2024

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: 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 AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00	12:15pm 12:16pm 12:16pm 12:17pm 12:18pm 12:19pm 12:21pm
AIR BLK	.00	12:23pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CUMBERLAND COUNTY FORT LIBERTY LEC 250

Serial Number: 013868 Test Record Number: 803 Test Date: 01/03/2024 Test Time: 12:25pm EST

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	12:26pm
SRC	Pass	12:26pm
DET	Pass	12:26pm
BAR	Pass	12:26pm
BT	Pass	12:26pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:26pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:26pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:26pm 12:26pm

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	imberland Instrument Location FT. Liberty
Instrument Seri	al No. 0/3870 L.E.C.
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the
THE STATE OF THE S	BORTH CARD
STOP QUAM VIDER	ALLa 675
	Signature of Certifying Official Certificate Number

CUMBERLAND COUNTY FORT LIBERTY LEC 250

Serial Number: 013870 Test Date: 01/03/2024

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: 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	12:15pm
AIR BLK	.00	12:15pm
ACCY CHK	.07	12:16pm
AIR BLK	.00	12:17pm
SUB TEST	.00	12:18pm
AIR BLK	.00	12:19pm
SUB TEST	.00	12:20pm
AIR BLK	.00	12:21pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CUMBERLAND COUNTY FORT LIBERTY LEC 250

Serial Number: 013870 Test Record Number: 623 Test Date: 01/03/2024 Test Time: 12:24pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:25pm
FLO	Pass	12:25pm
FC	Pass	12:25pm

#### Temperature Tests

Status	Time
Pass	12:25pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	12:26pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:26pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:26pm

CAL Pass 12:26pm

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 Da	re Instrument Location Kill Dev	il Hills P.D.
Instrument Seria	1 No. 008844 102 Town	Hall Rd.
	Kill Dev	11 Hills, NC.
The preventive serial number 10	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Mo 0,000 or higher) to be followed at least once every four months are:	odel Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inc breath simulator thermometer shows 34 degrees, plus or minus .2 degree	ch (psi) of pressure, or the alcoholic centigrade;
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of "I	Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiral simulator solution is being changed every four months or after 125 whichever occurs first.	tion date, or the alcoholic breath Alcoholic Breath Simulator tests,
	, , +4	
I certify that on were performed and Human Serv	the day of, 20_24 the forgoing properly. the instrument indicated above, in accordance with current regulations vices, and the instrument is functioning properly.	reventive maintenance procedures of the N.C. Department of Health
S TATE OF THE STATE OF THE STAT	ST. T. T	(80)
- QUAM VIOL	Signature of Certifying Official	Certificate Number

DARE COUNTY KILL DEVIL HILLS 270

Serial Number: 008844 Test Date: 01/04/2024

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: 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: AG212403 Exp Date: 05/04/2024

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

Reported AC: ... 00 g/210L

ignature of Chemical Analyst

Court CVR

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

Analyst

Department of Health and Human Services

Rev. 12/2007

#### DARE COUNTY KILL DEVIL HILLS 270

Serial Number: 008844 Test Record Number: 3068 Test Date: 01/04/2024 Test Time: 11:00am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:00am
FLO	Pass	11:00am
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	11:01am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:01am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:01am

Pass 11:01am

Preventive Maintenance Status: Pass

CAL

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

County DAV	11.250N Instrument Location DAVIDSON COUNTY
Instrument Serial	No 008845 JAIL
The preventive m	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with
	000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus 2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence,
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
. (10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	he day of
	Signature of Contribution Official Certificate Number

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

DHHS 4080 (04/20)

DAVIDSON COUNTY DAVIDSON CO JAIL 280

Serial Number: 008845 Test Date: 01/03/2024

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: 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 AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00	12:57pm 12:58pm 12:59pm 1:00pm 1:01pm 1:02pm 1:03pm
AIR BLK	.00	1:04pm

Reported AC: .00 g/210L

ignature of Chemical Analyst

Court CVR

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

Analyst

#### DAVIDSON COUNTY DAVIDSON CO JAIL 280

Serial Number: 008845 Test Record Number: 4160 Test Date: 01/03/2024 Test Time: 1:05pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:05pm
FLO	Pass	1:05pm
FC	Pass	1:05pm

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	1:06pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:06pm
	CRC Tests	

Test	Status	Time
COMP	Pass	1:06pm
CAL	Pass	1:06pm

Preventive Maintenance Status: Pass

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

Analyst

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

County DA	UIDSON Instrument Location LEXINGTON POLICE
Instrument Seria	NO CO 8883 DEPARTMENT
The preventive reserval number 10	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with ,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus 2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5) .	Verify instrument accuracy,
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the 3 day of JANUARY, 2024 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the NC Department of Health vices, and the instrument is functioning properly.
STATE	Signature of Certifying Official Certificate Number

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

DHHS 4080 (04/20)

DAVIDSON COUNTY LEXINGTON PD 280

Serial Number: 008883 Test Date: 01/03/2024

Citation Number: MC000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG308704

Exp Date: 03/28/2025

m	- / 2 t A t	m :
Test	g/210L	Time

DIAG	Pass	1:34pm
AIR BLK	.00	1:35pm
ACCY CHK	.08	1:35pm
AIR BLK	.00	1:37pm
SUB TEST	.00	1:37pm
AIR BLK	.00	1:38pm
SUB TEST	.00	1:40pm
ATR BLK	- 00	1:41pm

Reported AC: .00 g/210L

Court CVR

Analys

Analyst

#### DAVIDSON COUNTY LEXINGTON PD 280

Test Record Number: 2757 Serial Number: 008883 Test Time: 1:41pm EST Test Date: 01/03/2024

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	1:43pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:43pm
	CRC Tests	
Test	Status	Time

Pass Preventive Maintenance Status: Pass

Pass

1:43pm 1:43pm

COMP

CAL

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

County DU	PLIN Instrument Location DUPLIN COUNTY
Instrument Seri	Instrument Location DUPLIN COUNTY  at No. 008864  DETENTION CENTER
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performe	the 18 day of JANUARY, 2024 the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rvices, and the instrument is functioning properly.
	Signature of Certifying Official Certificate Number

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

DHHS 4080 (04/20)

DUPLIN COUNTY DETENTION CENTER 300

Serial Number: 008864 Test Date: 01/18/2024

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: 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	8:48am
AIR BLK	.00	8:48am
ACCY CHK	.07	8:49am
AIR BLK	.00	8:51am
SUB TEST	.00	8:51am
AIR BLK	.00	8:52am
SUB TEST	.00	8:54am
AIR BLK	.00	8:55am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

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

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#### DUPLIN COUNTY DETENTION CENTER 300

Serial Number: 008864 Test Record Number: 4853 Test Date: 01/18/2024 Test Time: 8:55am EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	8:56am

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:56am
	CRC Tests	
Test	Status	Time
COMP	Pass	8:56am
CAL	Pass	8:56am

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 D	Instrument Location Duham Go JAIL
Instrument Se	rial No. 00 8859 219 5. Mangun 5T
	Duban, NC
The preventive serial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the
CHANGE OF THE PROPERTY OF THE	
William State	Signature of Certifying Official Certificate Number
	Signature of Certifying Official Certificate Number

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008859 Test Date: 01/04/2024

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: 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: AG308004 Exp Date: 03/21/2025

Test	g/210L	Time
DIAG	Pass	1:47pm
AIR BLK	.00	1:47pm
ACCY CHK	.08	1:48pm
AIR BLK	.00	1:49pm
SUB TEST	.00	1:51pm
AIR BLK	.00	1:51pm
SUB TEST	.00	1:53pm
AIR BLK	.00	1:54pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

Simm Adas Eners

## DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008859 Test Record Number: 3034 Test Date: 01/04/2024 Test Time: 1:57pm EST

System Check: Passed

Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	1:58pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:58pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:58pm 1:58pm

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 D	Agry Instrument Location Duban Co	JAIL
Instrument Se	Duban No. 008878	Angen ST
2	Dukan N	_
The preventive serial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and M 10,000 or higher) to be followed at least once every four months are:	
(1)	Verify the ethanol gas canister displays at least 51 pounds per square incorporate breath simulator thermometer shows 34 degrees, plus or minus .2 degrees	ch (psi) of pressure, or the alcoholic e centigrade;
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of "F	Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expirat simulator solution is being changed every four months or after 125 whichever occurs first.	ion data and a late to the
	the day of	reventive maintenance procedures of the N.C. Department of Health
STATE OF THE STATE		
The same of the sa	Signature of Certifying Official	642
	organite of Certifying Official	Certificate Number

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008878 Test Date: 01/04/2024

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: 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: AG308004 Exp Date: 03/21/2025

Test	g/210L	Time
DIAG	Pass	1:46pm
AIR BLK	.00	1:46pm
ACCY CHK	.08	1:47pm
AIR BLK	.00	1:48pm
SUB TEST	.00	1:50pm
AIR BLK	.00	1:51pm
SUB TEST	.00	1:53pm
AIR BLK	.00	1:54pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008878 Test Date: 01/04/2024 Test Time: 1:56pm EST Test Record Number: 6344

System Check: Passed

#### Baseline Tests

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

### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	1:58pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:58pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:58pm 1:58pm

Preventive Maintenance Status: Pass

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

County Du	Instrument Location Durlan Gurly JAIL
Instrument S	219 S. MAugun ST Duham, NC
	Dukan NC
The prevention	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcohol breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
were periorin	the
THE STATE OF THE S	
435	Signature of Certifying Official Certificate Number

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008891 Test Date: 01/04/2024

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: 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: AG308004 Exp Date: 03/21/2025

Test	g/210L	Time
DIAG	Pass	1:50pm
AIR BLK	.00	1:51pm
ACCY CHK	.07	1:52pm
AIR BLK	.00	1:53pm
SUB TEST	.00	1:53pm
AIR BLK	.00	1:54pm
SUB TEST	.00	1:56pm
AIR BLK	.00	1:57pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Smin Stelles Barns Analyst

### DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008891 Test Record Number: 4718
Test Date: 01/04/2024 Test Time: 1:57pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:57pm
FLO	Pass	1:57pm
FC	Pass	1:58pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:58pm
SRC	Pass	1:58pm
DET	Pass	1:58pm
BAR	Pass	1:58pm
BT	Pass	1:58pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:58pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:58pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:59pm 1:59pm

Preventive Maintenance Status: Pass

Somm Ades Frances
Analyst

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

	RSYTH	Instrument Location	BAT MOBILE	E REGION 3
Instrument Ser	al No. 008869	-	WINSTON	SALEM PD
The preventive serial number 1	maintenance procedures for t 0,000 or higher) to be followed	the Intoximeters, Model I ed at least once every fou	ntox EC/IR II and Model	Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas car breath simulator thermom	nister displays at least 51 neter shows 34 degrees, pl	pounds per square inch (j us or minus .2 degree cer	osi) of pressure, or the alcoholic tigrade;
(2)	Verify instrument display	s time and date;		
(3)	Initiate breath test sequen	ce;		
(4)	Enter information as pron	npted;		
(5)	Verify instrument accurac	y;		
(6)	When "PLEASE BLOW"	appears, collect breath sa	mple;	
(7)	When "PLEASE BLOW"	appears, collect breath sa	mple;	
(8)	Print test record;			
(9)	Run diagnostic program a	nd confirm preventive ma	intenance status of "Pass	"; and
(10)	Verify that the ethanol a simulator solution is bein whichever occurs first.	gas canister is being changed every four i	anged before expiration nonths or after 125 Alc	date, or the alcoholic breath oholic Breath Simulator tests,
L	the 19 day of Javon the instrument indicated vices, and the instrument is fu	above, in accordance wil	II CHITTEIL reciliations of	entive maintenance procedures the N.C. Department of Health
ASTATE OF THE STATE OF THE STAT	M M	c. 70-		676
	•	Signature of Certifying (	Official	Certificate Number

#### FORSYTH COUNTY BAT MOBILE REGION 3 330

Serial Number: 008869 Test Date: 01/19/2024

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: 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	9:48pm
AIR BLK	.00	9:49pm
ACCY CHK	.07	9:49pm
AIR BLK	.00	9:50pm
SUB TEST	.00	9:51pm
AIR BLK	.00	9:52pm
SUB TEST	.00	9:53pm
AIR BLK	.00	9:54pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### FORSYTH COUNTY BAT MOBILE REGION 3 330

Serial Number: 008869 Test Record Number: 1759 Test Date: 01/19/2024 Test Time: 9:55pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:56pm
FLO	Pass	9:56pm
FC	Pass	9:56pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:56pm
SRC	Pass	9:56pm
DET	Pass	9:56pm
BAR	Pass	9:56pm
BT	Pass	9:56pm

#### Blank Tests

Test	Status	Time
AIR	Pass	9:57pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:57pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:57pm 9:57pm

Preventive Maintenance Status: Pass

760

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

County / Re	Instrument Location Yougsville PD
nstrument Ser	ial No. 00878/ 134 ALT U.S.1
	ial No. OCE 78/ 134 HIT LIS.1
The preventive serial number 1	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholi breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
certify that on were performed and Human Ser	the day of January, 2024 the forgoing preventive maintenance procedure d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rvices, and the instrument is functioning properly.
OF THE STATE OF	
ASS QUAM VILLE	Extended 671
	Signature of Certifying Official Certificate Number

FRANKLIN COUNTY YOUNGSVILLE PD 340

Serial Number: 008781 Test Date: 01/08/2024

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	10:51am
AIR BLK	.00	10:52am
ACCY CHK	.07	10:53am
AIR BLK	.00	10:54am
SUB TEST	.00	10:54am
AIR BLK	.00	10:55am
SUB TEST	.00	10:57am
ATR BLK	.00	10:58am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Department of Health and Human Services Rev. 12/2007

#### FRANKLIN COUNTY YOUNGSVILLE PD 340

Serial Number: 008781 Test Record Number: 6269
Test Date: 01/08/2024 Test Time: 10:58am EST

System Check: Passed

#### Baseline Tests

Test Statu	s Time
IR Pass	10:59am
FLO Pass	10:59am
FC Pass	10:59am

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:59am
SRC	Pass	10:59am
DET	Pass	10:59am
BAR	Pass	10:59am
BT	Pass	10:59am

#### Blank Tests

Test	Status	Time
ΔTR	Pass	10.59am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:59ar
	CRC Tests	
Test	Status	Time

COMP	Pass	11:00am
CAL	Pass	11:00am

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 FRAN	Instrument Location FRANKLIN CO. LEC
Instrument Serial	No. 008933 285 T. KEMP Rd.
	aintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed of	ne 10 day of
THE STATE OF THE S	Signature of Certifying Official Certificate Number

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

DHHS 4080 (04/20)

FRANKLIN COUNTY FRANKLIN CO. LEC 340

Serial Number: 008933 Test Date: 01/10/2024

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: 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 AIR BLK ACCY CHK AIR BLK	Pass .00 .07 .00	10:53am 10:53am 10:54am 10:55am
SUB TEST	.00	10:56am
AIR BLK	.00	10:57am
SUB TEST	.00	10:58am
ATR BLK	.00	10:59am

Reported AC: \_\_.00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Analyst

Department of Health and Human Services Rev. 12/2007

#### FRANKLIN COUNTY FRANKLIN CO. LEC 340

Serial Number: 008933 Test Record Number: 1500 Test Date: 01/10/2024 Test Time: 11:00am EST

System Check: Passed

Baseline Tests

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

#### Temperature Tests

Status	Time
Pass Pass	11:01am 11:01am
Pass	11:01am
Pass	11:01am
Pass	11:01am
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	11:01am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:01am
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	11:01am 11:01am

Preventive Maintenance Status: Pass

Analyst

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

County FRAN	WINS Instrument Location FRANKLIN CO. LEC
Instrument Seria	1 No. 008942 285 T. KEMP 2d.  LOWISBURG, NC
	LOUISBURG, NC
The preventive reservation serial number 10	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with ,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	he / O day of January, 20 24 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ices, and the instrument is functioning properly.
ONE STATE OF NOTICE OF NOT	CAROUN CONTRACTOR OF THE CONTR
# STOP QUAM VIDER!	Extended 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.

DHHS 4080 (04/20)

FRANKLIN COUNTY FRANKLIN CO. LEC 340

Serial Number: 008942 Test Date: 01/10/2024

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: 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 AIR BLK ACCY CHK	Pass .00 .08	11:27am 11:27am 11:28am
AIR BLK	.00	11:29am
SUB TEST	.00	11:29am
AIR BLK	.00	11:30am
SUB TEST	.00	11:31am
AIR BLK	.00	11:32am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

Department of Health and Human Services

Rev. 12/2007

#### FRANKLIN COUNTY FRANKLIN CO. LEC 340

Serial Number: 008942 Test Record Number: 3237
Test Date: 01/10/2024 Test Time: 11:33am EST

System Check: Passed

Baseline Tests

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

#### Temperature Tests

Status	Time
Pass	11:33am
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time	
AIR	Pass	11:34am	

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

GASTON COUNTY GASTON COUNTY SO 350

Serial Number: 008702 Test Date: 01/08/2024

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: AG308702 Exp Date: 03/28/2025

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	10:56am 10:56am 10:57am 10:58am <b>10:59am</b> 10:59am
SUB TEST	.00	11:01am
AIR BLK	.00	11:02am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GASTON COUNTY GASTON COUNTY SO 350

Serial Number: 008702 Test Record Number: 1929
Test Date: 01/08/2024 Test Time: 11:04am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:04am
FLO	Pass	11:04am
FC	Pass	11:05am

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:05am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:05am
С	RC Tests	
Test	Status	Time
COMP	Pass	11:06am

Preventive Maintenance Status: Pass

CAL

Pass

11:06am

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 G	ates Instrument Location Gates Co. S.O.
Instrument Seri	al No. 008884 Zoz Court St. Gatesville
	NC
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the day of, 20_24 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
See Glam vibra	Muld Gamel 680
	Signature of Certifying Official Certificate Number

GATES COUNTY GATES CO SO 360

Serial Number: 008884 Test Date: 01/02/2024

Citation Number: M000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/10

Subject'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: AG308003 Exp Date: 03/21/2025

Test	g/210L	Time
DIAG	Pass	1:07pm
AIR BLK	.00	1:07pm
ACCY CHK	.08	1:08pm
AIR BLK	.00	1:09pm
SUB TEST	.00	1:10pm
AIR BLK	.00	1:11pm
SUB TEST	.00	1:12pm
AIR BLK	.00	1:13pm

Reported AC: 0.00 g/210L

Signature of Chemical Analyst

Court CVR

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

Department of Health and Human Services Rev. 12/2007

GATES COUNTY GATES CO SO 360

Serial Number: 008884 Test Record Number: 1151
Test Date: 01/02/2024 Test Time: 1:15pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:16pm
FLO	Pass	1:16pm
FC	Pass	1:16pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:16pm
SRC	Pass	1:16pm
DET	Pass	1:16pm
BAR	Pass	1:16pm
BT	Pass	1:16pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:17pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:17pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:17pm

Preventive Maintenance Status: Pass

Pass 1:17pm

CAL

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

Rev. 12/2007

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

County	GUILFORD	Instrument Location_	GREENSPUR	20 JAIL
Instrument	Serial No. <u>00 8683</u>	_	GREENS PLOP	10,NC
	ntive maintenance procedures for the ber 10,000 or higher) to be followed			itox EC/IR II (Enhanced with
(1)	Verify the ethanol gas cani breath simulator thermome	ster displays at least 51 p ter shows 34 degrees, plu	ounds per square inch (psi s or minus 2 degree centig	) of pressure, or the alcoholic grade;
(2)	Verify instrument displays	time and date;		
(3)	Initiate breath test sequence	e;		
(4)	Enter information as promp	oted;		
(5)	Verify instrument accuracy	g.		
(6)	When "PLEASE BLOW" a	appears, collect breath sar	nple;	
(7)	When "PLEASE BLOW" a	appears, collect breath sai	nple;	
(8)	Print test record;			
(9)	Run diagnostic program an	d confirm preventive ma	intenance status of "Pass";	and
(10		_		late, or the alcoholic breath nolic Breath Simulator tests,
were perfo	ormed on the instrument indicated and Services, and the instrument is full	above, in accordance wit	24 the forgoing prevent h current regulations of th	tive maintenance procedures e N.C. Department of Health
THE STATE OF THE S		Signature of Certifying (	Official	Certificate Number
A signed o	original of the preventive maintenan	ce record shall be kept or	i file for at least three year	S.

DHHS 4080 (04/20)

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008683 Test Date: 01/08/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male ver's License State: X

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 AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	11:05am 11:06am 11:06am 11:08am 11:08am 11:09am
AIR BLK SUB TEST	.00 . <b>00</b>	11:11am
AIR BLK	.00	11:12am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Department of Health and Human Services Rev. 12/2007

#### GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008683 Test Record Number: 1168
Test Date: 01/08/2024 Test Time: 11:13am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:13am 11:13am
FC	Pass	11:13am

#### Temperature Tests

Status	Time
Pass	11:13am
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	11:14am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:14am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:14am

Preventive Maintenance Status: Pass

Pass

11:14am

CAL

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

Department of Health and Human Services

Rev. 12/2007

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

County G	Ulfor	Instrument Location Gbs	will PD
Instrument Se	rial No. 90 8812		MAIN ST Gibsonville, N.
The preventive serial number	e maintenance procedures for 10,000 or higher) to be follows:	or the Intoximeters, Model Intox EC/IR owed at least once every four months ar	II and Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas of breath simulator thermo	canister displays at least 51 pounds per ometer shows 34 degrees, plus or minus	square inch (psi) of pressure, or the alcoholic s.2 degree centigrade;
(2)	Verify instrument displ	ays time and date;	
(3)	Initiate breath test seque	ence;	
(4)	Enter information as pr	ompted;	
(5)	Verify instrument accur	racy;	
(6)	When "PLEASE BLOV	V" appears, collect breath sample;	
(7)		V" appears, collect breath sample;	
(8)	Print test record;		
(9)	Run diagnostic program	and confirm preventive maintenance s	status of "Pass": and
(10)	Verify that the ethano	l gas canister is being changed befo	ore expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,
were performe	d on the instrument indicate	ed above, in accordance with current refunctioning properly.	orgoing preventive maintenance procedures egulations of the N.C. Department of Health
STATE OF STA	A CAROLINA	$A I \cap$	
ESSE QUAM VICEN	Sym	8 toles Danes	662
	01	Signature of Certifying Official	Certificate Number

GUILFORD COUNTY GIBSONVILLE PD 400

Serial Number: 008812 Test Date: 01/16/2024

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, 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: AG308003 Exp Date: 03/21/2025

Test	g/210L	Time
DIAG	Pass	9:14am
AIR BLK	.00	9:15am
ACCY CHK	.08	9:16am
AIR BLK	.00	9:17am
SUB TEST	.00	9:17am
AIR BLK	.00	9:18am
SUB TEST	.00	9:20am
AIR BLK	.00	9:21am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Simu Ales Esques Analyst

#### GUILFORD COUNTY GIBSONVILLE PD 400

Serial Number: 008812 Test Record Number: 3735 

System Check: Passed

#### Baseline Tests

Status	Time
Pass	9:22am
Pass	9:22am
Pass	9:22am
	Pass Pass

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:22am
SRC	Pass	9:22am
DET	Pass	9:22am
BAR	Pass	9:22am
BT	Pass	9:22am

#### Blank Tests

Test	Status	Time
AIR	Pass	9:22am

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:22am
	CRC Tests	
Test	Status	Time
COMP	Pass	9:23am 9:23am

Preventive Maintenance Status: Pass

Soun States Ernies

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

County Har	nett Instrument Location Dunn Police
Instrument Seria	No.008644 Department
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the day of, 20 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
THE STATE OF MAN 20. 17'S AND THE ST	Same Carolina (675)
	Signature of Certifying Official Certificate Number

HARNETT COUNTY DUNN PD 420

Serial Number: 008644 Test Date: 01/09/2024

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: 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: AG212402 Exp Date: 05/04/2024

Test	g/210L	Time
DIAG	Pass	10:55am
AIR BLK	.00	10:56am
ACCY CHK	.07	10:56am
AIR BLK	.00	10:58am
SUB TEST	.00	10:58am
AIR BLK	.00	10:59am
SUB TEST	.00	11:01am
AIR BLK	.00	11:02am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

**Analyst** 

#### HARNETT COUNTY DUNN PD 420

Serial Number: 008644 Test Record Number: 1744
Test Date: 01/09/2024 Test Time: 11:02am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:03am
FLO	Pass	11:03am
FC	Pass	11:03am

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:03am
SRC	Pass	11:03am
DET	Pass	11:03am
BAR	Pass	11:03am
BT	Pass	11:03am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:04am

#### Printer Tests

Test	Status	'l'ime
PRNT	Pass	11:04am
	CRC Tests	

Test	Status	Time
COMP	Pass	11:04am
CAL	Pass	11:04am

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 Ha	nett Instrument Location Harnett County
Instrument Seri	al No. 008729 Detention Center
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify that or were performe and Human Se	the day of day o
THE STATE OF THE S	A Land
William St.	Signature of Certifying Official Certificate Number

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008729 Test Date: 01/09/2024

Citation Number: M000000-0 Subject's Name: PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911

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

Analyst's Name: 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	9:15am
AIR BLK	.00	9:15am
ACCY CHK	.08	9:16am
AIR BLK	.00	9:17am
SUB TEST	.00	9:18am
AIR BLK	.00	9:19am
SUB TEST	.00	9:20am
AIR BLK	.00	9:21am

Reported AC: .00 g/210L

Mignature of Chemical Analyst

Court CVR

Analyst

#### HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008729 Test Record Number: 2893
Test Date: 01/09/2024 Test Time: 9:22am EST

System Check: Passed

#### Baseline Tests

am
am
am

#### Temperature Tests

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

#### Blank Tests

	Time
AIR Pass	9:24am

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:24am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:24am 9:24am

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 4	Instrument Location Harnett	County
Instrument Seri	al No. 00 8730 Detent	ion Center
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Mo 0,000 or higher) to be followed at least once every four months are:	odel Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inc breath simulator thermometer shows 34 degrees, plus or minus .2 degree	
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of "	Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expira simulator solution is being changed every four months or after 125 whichever occurs first.	
were performe	the day of, 2024_ the forgoing p d on the instrument indicated above, in accordance with current regulations rvices, and the instrument is functioning properly.	preventive maintenance procedures s of the N.C. Department of Health
ATTO QUANT 12-572	AGE THE CAROLINE TO THE CAROLI	675
W.	Signature of Certifying Official	Certificate Number

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008730 Test Date: 01/09/2024

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: 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	9:20am
AIR BLK	.00	9:21am
ACCY CHK	.08	9:22am
AIR BLK	.00	9:23am
SUB TEST	.00	9:24am
AIR BLK	.00	9:24am
SUB TEST	.00	9:27am
AIR BLK	.00	9:27am

Reportéd AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008730 Test Record Number: 4471 Test Date: 01/09/2024 Test Time: 9:28am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:29am
FLO	Pass	9:29am
FC	Pass	9:29am

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:29am
SRC	Pass	9:29am
DET	Pass	9:29am
BAR	Pass	9:29am
BT	Pass	9:29am

#### Blank Tests

Test	Status	Time
AIR	Pass	9:30am

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:30am
	CRC Tests	
Test	Status	Time
COMP	Pass	9:30am

CAL Pass 9:30am

Preventive Maintenance Status: Pass

**Analyst** 

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

County He	rial No. 008916  Henderson County Detention
	rial No. 008916 Hendersonville, NC
The preventive serial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the day of, 20 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
A TOP CHAM VIDEN	668
	Signature of Certifying Official Certificate Number

HENDERSON COUNTY HENDERSON COUNTY DETENTION 440

Serial Number: 008916 Test Date: 01/08/2024

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	12:27pm
AIR BLK	.00	12:28pm
ACCY CHK	.08	12:29pm
AIR BLK	.00	12:30pm
SUB TEST	.00	12:31pm
AIR BLK	.00	12:31pm
SUB TEST	.00	12:33pm
AIR BLK	.00	12:34pm

Reported AC: .00 g/210L

Signature of Chemidal Analyst

Court CVR

Analysi

HENDERSON COUNTY HENDERSON COUNTY DETENTION 440

Serial Number: 008916 Test Record Number: 1811 Test Date: 01/08/2024 Test Time: 12:34pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:34pm
FLO	Pass	12:34pm
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	12:35pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:35pm
	CRC Tests	

Test	Status	Time
COMP	Pass	12:35pm
CAL	Pass	12:35pm

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 Ho	Instrument Location Alloskie	P.D.
Instrument Ser	ial No. <u>008848</u> 705 W, Ma	in St. Ahoskie
		No
The preventive serial number	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Mod 0,000 or higher) to be followed at least once every four months are:	del Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inchbreath simulator thermometer shows 34 degrees, plus or minus .2 degree of	n (psi) of pressure, or the alcoholicentigrade;
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of "Pa	ass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 A whichever occurs first.	on date, or the alcoholic breath dlcoholic Breath Simulator tests,
I certify that on were performed and Human Ser	the day of	ventive maintenance procedures of the N.C. Department of Health
AND STATE OF THE S	That I	680
	Signature of Certifying Official	Certificate Number

HERTFORD COUNTY AHOSKIE PD 450

Serial Number: 008848 Test Date: 01/02/2024

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: 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	11:26am
AIR BLK	.00	11:27am
ACCY CHK	.08	11:28am
AIR BLK	.00	11:29am
SUB TEST	.00	11:30am
AIR BLK	.00	11:30am
SUB TEST	.00	11:32am
AIR BLK	.00	11:33am

Reported AC: 00 g/2100

Signature of Charlical Analyst

Court CVR

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

Department of Health and Human Services Rev. 12/2007

#### HERTFORD COUNTY AHOSKIE PD 450

Serial Number: 008848 Test Record Number: 1854
Test Date: 01/02/2024 Test Time: 11:34am EST

System Check: Passed

Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Status	Time
Pass	11:36am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:36am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:36am 11:36am

Preventive Maintenance Status: Pass

This form is used when performing Preventive Maintenance procedures

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

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

County 10	Instrument Location STATESVILLE PD
Instrument Serial	No. 008619 STATESVILLE NC
	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	he 18 day of 3, 2024 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ices, and the instrument is functioning properly.
STATE O'N	ANT CAROLLE TO THE CA
ASP QUAM VIDES	Justo Lato
	Signature of Certifying Official Certificate Number

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

DHHS 4080 (04/20)

IREDELL COUNTY STATESVILLE PD 480

Serial Number: 008619 Test Date: 01/18/2024

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, 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: AG303102 Exp Date: 01/31/2025

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00 .00	10:22am 10:23am 10:24am 10:25am 10:26am 10:26am 10:28am 10:29am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### IREDELL COUNTY STATESVILLE PD 480

Serial Number: 008619 Test Record Number: 2032 Test Date: 01/18/2024 Test Time: 10:30am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:30am 10:30am
FC	Pass	10:30am

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:30am
SRC	Pass	10:30am
DET	Pass	10:30am
BAR	Pass	10:30am
BT	Pass	10:30am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:31am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:31am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:31am 10:31am

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 125	Instrument Location MODELSWILLE PD
	1No. 008685 MOORENIUE NC
The preventive n serial number 10	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with ,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed of	ne 3 day of 3, 2024 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ces, and the instrument is functioning properly.
STATE ON STATE ON STATE ON STATE OF STA	
STE QUAM VIDES	Din & Sterring LAto
	Signature of Certifying Official Certificate Number

IREDELL COUNTY MOORESVILLE PD 480

Serial Number: 008685 Test Date: 01/03/2024

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: 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: AG308702 Exp Date: 03/28/2025

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	10:02am 10:03am 10:03am 10:05am <b>10:06am</b>
AIR BLK	.00	10:07am
SUB TEST	.00	10:08am
AIR BLK	.00	10:09am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

**Analyst** 

## IREDELL COUNTY MOORESVILLE PD 480

Serial Number: 008685 Test Record Number: 4553
Test Date: 01/03/2024 Test Time: 10:10am EST

System Check: Passed

Baseline Tests

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

## 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	10:11am

### Printer Tests

Test	Status	Time
PRNT	Pass	10:11am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:11am 10:11am

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 10=	Instrument Location 12252 Co	wery 8.0.
	No. 0088091 STATIONILL	= all
	7077 V 1361	1 Later FCAD II (Enhanced with
The preventive n serial number 10	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Mode 000 or higher) to be followed at least once every four months are:	I Intox EC/IR II (Ennanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (breath simulator thermometer shows 34 degrees, plus or minus .2 degree cer	psi) of pressure, or the alcoholic ntigrade;
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of "Pas	s"; and
(10)	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Al whichever occurs first.	n date, or the alcoholic breath coholic Breath Simulator tests,
were performed of	the 18 day of 2 22 the forgoing prevent the instrument indicated above, in accordance with current regulations of ces, and the instrument is functioning properly.	entive maintenance procedures the N.C. Department of Health
STATE ON STATE OF STA	Seg	
STE QUAM VILEN	June Dening	lato
	Signature of Certifying Official	Certificate Number

IREDELL COUNTY IREDELL COUNTY SO 480

Serial Number: 008809 Test Date: 01/18/2024

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, 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: AG308704 Exp Date: 03/28/2025

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00	12:22pm 12:24pm 12:24pm 12:25pm 12:26pm 12:27pm 12:28pm
AIR BLK	.00	12:29pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### IREDELL COUNTY IREDELL COUNTY SO 480

Serial Number: 008809 Test Record Number: 5618
Test Date: 01/18/2024 Test Time: 12:31pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:31pm
FLO	Pass	12:31pm
FC	Pass	12:31pm

### Temperature Tests

Test	Status	Time
FC1	Pass	12:31pm
SRC	Pass	12:31pm
DET	Pass	12:31pm
BAR	Pass	12:31pm
BT	Pass	12:31pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:32pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:32pm
	CRC Tests	

	0110	10000	
Test	St	tatus	Time

COMP	Pass	12:32pm
CAL	Pass	12:32pm

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)

÷ 0		E. A
County 10	Instrument Location Cooks WILL	
Instrument Serial	1No. 608916 moderali	I NC
The preventive n	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model,000 or higher) to be followed at least once every four months are:	el Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch breath simulator thermometer shows 34 degrees, plus or minus .2 degree co	(psi) of pressure, or the alcoholic entigrade;
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	e e
(9)	Run diagnostic program and confirm preventive maintenance status of "Pas	ss"; and
(10)	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 A whichever occurs first.	
were performed of	the day of day of , 2024 the forgoing pre- on the instrument indicated above, in accordance with current regulations of ices, and the instrument is functioning properly.	ventive maintenance procedures f the N.C. Department of Health
THE STATE ON THE STATE OF THE S		
OF GLAM VIDOR	Signature of Certifying Official	Certificate Number
	Signature of Certifying Official	Continuate Municer

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

DHHS 4080 (04/20)

IREDELL COUNTY MOORESVILLE PD 480

Serial Number: 008910 Test Date: 01/19/2024

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: 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: AG308702 Exp Date: 03/28/2025

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00 .00	2:10pm 2:11pm 2:12pm 2:12pm 2:13pm 2:14pm 2:15pm 2:16pm
		_

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### IREDELL COUNTY MOORESVILLE PD 480

Serial Number: 008910

Test Record Number: 1619 

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:18pm 2:18pm
FC	Pass	2:18pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:18pm
SRC	Pass	2:18pm
DET	Pass	2:18pm
BAR	Pass	2:18pm
BT	Pass	2:18pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:18pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:18pm

#### CRC Tests

Test	Status	Time
COMP	Pass	2:19pm
CAL	Pass	2:19pm

Preventive Maintenance Status: Pass

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

County	hnston Instrument Location Solma	Police
Instrument Seri	al No. 0085 95 Depar	-Iment
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and 0,000 or higher) to be followed at least once every four months are:	Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square breath simulator thermometer shows 34 degrees, plus or minus .2 deg	
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status o	f "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before exp simulator solution is being changed every four months or after 1 whichever occurs first.	
	the	g preventive maintenance procedures ons of the N.C. Department of Health
AN STATE OF THE PARTY OF THE PA	CAROUNA A	675
	Signature of Certifying Official	Certificate Number

JOHNSTON COUNTY SELMA PD 500

Serial Number: 008595 Test Date: 01/10/2024

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: 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	1:27pm
AIR BLK	.00	1:28pm
ACCY CHK	.08	1:28pm
AIR BLK	.00	1:30pm
SUB TEST	.00	1:30pm
AIR BLK	.00	1:31pm
SUB TEST	.00	1:33pm

AIR BLK .00 1:34pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### JOHNSTON COUNTY SELMA PD 500

Serial Number: 008595 Test Record Number: 1738 Test Date: 01/10/2024 Test Time: 1:34pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:35pm
FLO	Pass	1:35pm
FC	Pass	1:35pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:35pm
SRC	Pass	1:35pm
DET	Pass	1:35pm
BAR	Pass	1:35pm
BT	Pass	1:35pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:36pm

#### Printer Tests

Test	Status	Time
Test	Status	TIME
PRNT	Pass	1:36pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:36pm
CAL	Pass	1:36pm

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	histon Instrument Location Clayton Police		
Instrument Seri	al No. 008658 Department		
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:		
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
(2)	Verify instrument displays time and date;		
(3)	Initiate breath test sequence;		
(4)	Enter information as prompted;		
(5)	Verify instrument accuracy;		
(6)	When "PLEASE BLOW" appears, collect breath sample;		
(7)	When "PLEASE BLOW" appears, collect breath sample;		
(8)	Print test record;		
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and		
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
I certify that on were performed and Human Ser	the day of day o		
THE STATE OF THE S	ALL GOODS		
	Signature of Certifying Official Certificate Number		

JOHNSTON COUNTY CLAYTON PD 500

Serial Number: 008658 Test Date: 01/10/2024

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: 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	11:57am
AIR BLK	.00	11:58am
ACCY CHK	.08	11:59am
AIR BLK	.00	12:00pm
SUB TEST	.00	12:01pm
AIR BLK	.00	12:02pm
SUB TEST	.00	12:03pm
AIR BLK	.00	12:04pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### JOHNSTON COUNTY CLAYTON PD 500

Serial Number: 008658 Test Record Number: 2111
Test Date: 01/10/2024 Test Time: 12:05pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:05pm
FLO	Pass	12:05pm
FC	Pass	12:05pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:05pm
SRC	Pass	12:05pm
DET	Pass	12:05pm
BAR	Pass	12:05pm
BT	Pass	12:05pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:06pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:06pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12.06pm

Pass 12:06pm

Preventive Maintenance Status: Pass

CAL

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	Shoston Instrument Location Tohnston County
Instrument Seri	al No.008721 Detention Center
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the day of
ASIS GRAM AND ASIS CONTRACTOR OF THE PROPERTY	ALLE 675
	Signature of Certifying Official Certificate Number

JOHNSTON COUNTY DETENTION CENTER 500

Serial Number: 008721 Test Date: 01/28/2024

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: 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	7:22am
AIR BLK	.00	7:23am
ACCY CHK	.07	7:24am
AIR BLK	.00	7:25am
SUB TEST	.00	7:25am
AIR BLK	.00	7:26am
SUB TEST	.00	7:27am
ATR BLK	.00	7:28am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### JOHNSTON COUNTY DETENTION CENTER 500

Serial Number: 008721 Test Record Number: 1551
Test Date: 01/28/2024 Test Time: 7:29am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	7:29am
FLO	Pass	7:29am
FC	Pass	7:29am

#### Temperature Tests

Test	Status	Time
FC1	Pass	7:30am
SRC	Pass	7:30am
DET	Pass	7:30am
BAR	Pass	7:30am
BT	Pass	7:30am

#### Blank Tests

Test	Status	Time
AIR	Pass	7:30am

#### Printer Tests

Test	Status	Time
PRNT	Pass	7:30am
	CRC Tests	
Test	Status	Time
COMP	Pass	7:30am
CAL	Pass	7:30am

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	Instrument Location Tohn	ston County
Instrument Seria	11 No. 008810 DeAca	ution Center
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and 0,000 or higher) to be followed at least once every four months are:	d Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square breath simulator thermometer shows 34 degrees, plus or minus .2 de	
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status	of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before ex- simulator solution is being changed every four months or after whichever occurs first.	
I certify that on were performed and Human Ser	the day of, 20 the forgoin on the instrument indicated above, in accordance with current regular vices, and the instrument is functioning properly.	ng preventive maintenance procedures tions of the N.C. Department of Health
THE STATE OF MAN 20. 172 OF MAN 20.	CAROUN LANGUE CONTRACTOR OF THE PARTY OF THE	1,75
	Signature of Certifying Official	Certificate Number

JOHNSTON COUNTY DETENTION CENTER 500

Serial Number: 008810 Test Date: 01/28/2024

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: 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	6:44am
AIR BLK	.00	6:45am
ACCY CHK	.07	6:45am
AIR BLK	.00	6:46am
SUB TEST	.00	6:47am
AIR BLK	.00	6:48am
SUB TEST	.00	6:50am
AIR BLK	.00	6:50am

Report d AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### JOHNSTON COUNTY DETENTION CENTER 500

Serial Number: 008810 Test Record Number: 5769
Test Date: 01/28/2024 Test Time: 6:51am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	6:52am
FLO	Pass	6:52am
FC	Pass	6:52am

#### Temperature Tests

Test	Status	Time
FC1	Pass	6:52am
SRC	Pass	6:52am
DET	Pass	6:52am
BAR	Pass	6:52am
BT	Pass	6:52am

#### Blank Tests

Test	Status	Time
AIR	Pass	6:53am

#### Printer Tests

Test	Status	Time
PRNT	Pass	6:53am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	6:53am

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	hnston Instrument Location Johnston County
Instrument Seri	al No. 008863 Detertion Center
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
	the day of, 20
THE STATE OF THE S	10 A A A A A A A A A A A A A A A A A A A
	Signature of Certifying Official Certificate Number

JOHNSTON COUNTY DETENTION CENTER 500

Serial Number: 008863 Test Date: 01/24/2024

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: 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	10:26am
AIR BLK	.00	10:27am
ACCY CHK	.08	10:27am
AIR BLK	.00	10:28am
SUB TEST	.00	10:29am
AIR BLK	.00	10:30am

**SUB TEST .00 10:31am** AIR BLK .00 10:32am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

**Analyst** 

#### JOHNSTON COUNTY DETENTION CENTER 500

Serial Number: 008863 Test Record Number: 940 Test Date: 01/24/2024 Test Time: 10:34am EST

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	10:35am
SRC	Pass	10:35am
DET	Pass	10:35am
BAR	Pass	10:35am
BT	Pass	10:35am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:35am

#### Printer Tests

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

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)

Instrument Seri	al No. 208645 Instrument Location DETENT	TON CENTER
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and No.000 or higher) to be followed at least once every four months are:	Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square is breath simulator thermometer shows 34 degrees, plus or minus .2 degrees.	
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of	f "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expisimulator solution is being changed every four months or after 12 whichever occurs first.	
	the day of	preventive maintenance procedures ons of the N.C. Department of Health
The same		117
GRAW AIDER		1001

LEE COUNTY DETENTION CENTER 520

Serial Number: 008645 Test Date: 01/31/2024

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	5:46pm
AIR BLK	.00	5:47pm
ACCY CHK	.08	5:47pm
AIR BLK	.00	5:48pm
SUB TEST	.00	5:49pm
AIR BLK	.00	5:50pm
SUB TEST	.00	5:51pm
AIR BLK	.00	5:52pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

Department of Health and Human Services Rev. 12/2007

#### LEE COUNTY DETENTION CENTER 520

Serial Number: 008645 Test Record Number: 2436
Test Date: 01/31/2024 Test Time: 5:53pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	5:53pm
FLO	Pass	5:53pm
FC	Pass	5:53pm

#### Temperature Tests

Status	Time
Pass	5:53pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	5:54pm

#### Printer Tests

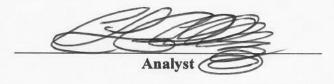
Status Time

Test

PRNT	Pass	5:54pm
	CRC Tests	
Test	Status	Time

1000	Deacas	11110
COMP	Pass	5:54pm
CAL	Pass	5:54pm

Preventive Maintenance Status: Pass



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

County	EE Instrument Location SANFORD POLICE
Instrument Seri	al No. 008867 DEPARTMENT
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify that on were performed and Human Ser	the day of
CREATE ON STATE OF ST	GAROLES AND
Graw Albr	Signature of Certifying Official Certificate Number

LEE COUNTY SANFORD POLICE DEPT 520

Serial Number: 008867 Test Date: 01/31/2024

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: AG303101 Exp Date: 01/31/2025

Test	g/210L	Time
DIAG	Pass	6:32pm
AIR BLK	.00	6:33pm
ACCY CHK	.07	6:33pm
AIR BLK	.00	6:35pm
SUB TEST	.00	6:35pm
AIR BLK	.00	6:36pm
SUB TEST	.00	6:37pm

Reported AC: .00 g/210L

AIR BLK .00

6:38pm

Signature of Chemical Analyst

Court CVR

Analyst

#### LEE COUNTY SANFORD POLICE DEPT 520

Serial Number: 008867 Test Record Number: 1427 Test Date: 01/31/2024 Test Time: 6:39pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	6:39pm
FLO	Pass	6:39pm
FC	Pass	6:39pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	6:39pm
SRC	Pass	6:39pm
DET	Pass	6:39pm
BAR	Pass	6:39pm
BT	Pass	6:39pm

#### Blank Tests

Test	Status	Time
AIR	Pass	6:40pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	6:40pm
	CRC Tests	
Test	Status	Time
COMP	Pass	6:40pm

Preventive Maintenance Status: Pass

CAL Pass 6:40pm

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	Lee Instrument Location BAT Mobile Unit 5
Instrument Serial	No. 00 8647 Lee County SO
The preventive m serial number 10,	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed of	the 16 day of 3 and 1, 20 24 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ces, and the instrument is functioning properly.
THE STATE OF AND THE ST	Signature of Certifying Official  Certificate Number
	Signature of Certifying Official Certificate Number

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

LEE COUNTY BAT MOBILE UNIT 5 520

Serial Number: 008647 Test Date: 01/16/2024

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: 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	2:08pm
AIR BLK	.00	2:09pm
ACCY CHK	.08	2:10pm
AIR BLK	.00	2:11pm
SUB TEST	.00	2:11pm
AIR BLK	.00	2:12pm
SUB TEST	.00	2:14pm
AIR BLK	.00	2:15pm

Reported AC:

Signature of Chemical Analyst

Court CVR

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

Analyst

LEE COUNTY BAT MOBILE UNIT 5 520
Serial Number: 008647 Test Record Number: 2813
Test Date: 01/16/2024 Test Time: 2:15pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:16pm
SRC	Pass	2:16pm
DET	Pass	2:16pm
BAR	Pass	2:16pm
BT	Pass	2:16pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:17pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:17pm

#### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County	Lee Instrument Location BAT Mobile Unit 5
Instrument Se	rial No. 00 8826 Lee County SO
50.5	
The preventive serial number	re maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of were perform and Human S	on the day of Sanary, 2024 the forgoing preventive maintenance procedures and the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ervices, and the instrument is functioning properly.
TAN 12 TA	
	Signature of Certifying Official Certificate Number

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

LEE COUNTY BAT MOBILE UNIT 5 520

Serial Number: 008826 Test Date: 01/16/2024

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: 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	2:07pm
AIR BLK	.00	2:08pm
ACCY CHK	.07	2:09pm
AIR BLK	.00	2:09pm
SUB TEST	.00	2:10pm
AIR BLK	.00	2:11pm
SUB TEST	.00	2:13pm
AIR BLK	.00	2;14pm

Reported AC: 00 g/2101

Signature of Chemical Analyst

Court CVR

Analyst

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

#### LEE COUNTY BAT MOBILE UNIT 5 520

Serial Number: 008826 Test Record Number: 8496
Test Date: 01/16/2024 Test Time: 2:14pm EST

System Check: Passed

#### Baseline Tests

Status	Time
Pass	2:15pm
Pass	2:15pm
Pass	2:15pm
	Pass Pass

#### Temperature Tests

Test	Status	Time
FC1 SRC DET	Pass Pass Pass	2:15pm 2:15pm 2:15pm
BAR	Pass	2:15pm
BT	Pass	2:15pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:15pm

#### Printer Tests

rest	Status	Time
PRNT	Pass	2:15pm

#### CRC Tests

Status	Time
Pass Pass	2:16pm 2:16pm
	Pass

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	VIEDUCE Instrument Location Cookeruse PD
Instrument Serial	No. 008692 Coentellos No.
1 <u></u>	
The preventive magnitude serial number 10,	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed of	the day of day o
STATION	
TO CHAM YOUR	Signature of Certifying Official Certificate Number
	Signature of Certifying Official Certificate Number

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

MECKLENBURG COUNTY CORNELIUS PD 590

Serial Number: 008692 Test Date: 01/16/2024

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, 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 AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	11:39am 11:39am 11:40am 11:41am 11:42am 11:43am
SUB TEST	.00	11:44am
AIR BLK	.00	11:45am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### MECKLENBURG COUNTY CORNELIUS PD 590

Serial Number: 008692 Test Record Number: 3566
Test Date: 01/16/2024 Test Time: 11:50am EST

System Check: Passed

Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time	
AIR	Pass	11:51am	

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:51am
	CRC Tests	
Test	Status	Time

Preventive Maintenance Status: Pass

Pass

Pass

11:52am

11:52am

COMP

CAL

Analyst

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

The preventive serial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced w 10,000 or higher) to be followed at least once every four months are:	
(1)	to a serious de l'est once every four months are:	vith
(-)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholoreath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;	olic
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and	
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breasimulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes whichever occurs first.	ath sts,
ere periorme	the 24 day of JANUARY, 2024 the forgoing preventive maintenance procedured on the instrument indicated above, in accordance with current regulations of the N.C. Department of Head revices, and the instrument is functioning properly.  M.C. Ala	res

Certificate Number

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

MECKLENBURG COUNTY BAT MOBILE REGION 3
590

Serial Number: 008869 Test Date: 01/24/2024

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, 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	8:39pm
AIR BLK	.00	8:40pm
ACCY CHK	.07	8:40pm
AIR BLK	.00	8:41pm
SUB TEST	.00	8:42pm
AIR BLK	.00	8:43pm
SUB TEST	.00	8:44pm
AIR BLK	.00	8:45pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

M. C. Alson

### MECKLENBURG COUNTY BAT MOBILE REGION 3 590

Serial Number: 008869 Test Record Number: 1762

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	9:01pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:01pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:01pm 9:01pm

Preventive Maintenance Status: Pass

m.c. 70

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

County	ial No. 008869 Instrument Location BAT MOBILE REGION 3  CMPD	
The preventive serial number 1	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced via 10,000 or higher) to be followed at least once every four months are:	 vith
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoh breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;	olic
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and	
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic br simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator t whichever occurs first.	eath
were performe	on the 25 day of JANUARY, 2024 the forgoing preventive maintenance proceded on the instrument indicated above, in accordance with current regulations of the N.C. Department of Hervices, and the instrument is functioning properly.  M. C. Allen (C76)	ures

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

MECKLENBURG COUNTY BAT MOBILE REGION 3 590

> Serial Number: 008869 Test Date: 01/25/2024

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, 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	9:03pm
AIR BLK	.00	9:04pm
ACCY CHK	.07	9:05pm
AIR BLK	.00	9:06pm
SUB TEST	.00	9:07pm
AIR BLK	.00	9:08pm
SUB TEST	.00	9:09pm
AIR BLK	.00	9:10pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Mc All

#### MECKLENBURG COUNTY BAT MOBILE REGION 3 590

Serial Number: 008869 Test Record Number: 1767
Test Date: 01/25/2024 Test Time: 9:12pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:13jpm
FLO	Pass	9:13 om
FC	Pass	9:13:pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:13 <sup>-</sup> om
SRC	Pass	9:13.cm
DET	Pass	9:13.5m
BAR	Pass	9:13 cm
BT	Pass	9:13 om

#### Blank Tests

Test	Status	Time
AIR	Pass	9:14.cm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:14;pm
	CRC Tests	
Test	Status	Time
COMP	Pass	9:14:om

Pass

9:14 om

Preventive Maintenance Status: Pass

CAL

Analyst

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

Instrum	nent Serial No	008898	CMPO
The pre	eventive main umber 10,000	tenance procedures for the Intoximeters, Model Intox EC or higher) to be followed at least once every four months	/IR II and Model Intox EC/IR II (Enhanced with sare:
	(1) Vo	erify the ethanol gas canister displays at least 51 pounds peath simulator thermometer shows 34 degrees, plus or mi	per square inch (psi) of pressure, or the alcoholic nus .2 degree centigrade;
	(2) Vo	erify instrument displays time and date;	
	(3) In	itiate breath test sequence;	
	(4) Er	ter information as prompted;	
	(5) Ve	erify instrument accuracy;	
	(6) W	hen "PLEASE BLOW" appears, collect breath sample;	
	(7) W	hen "PLEASE BLOW" appears, collect breath sample;	
	(8) Pr	nt test record;	
	(9) Ru	n diagnostic program and confirm preventive maintenance	ce status of "Pass"; and
	3111	rify that the ethanol gas canister is being changed bulator solution is being changed every four months cichever occurs first.	efore expiration date, or the alcoholic breath or after 125 Alcoholic Breath Simulator tests,
I certify were per and Hum	that on the rformed on the nan Services,	day of <u>January</u> , 20 <u>24</u> the e instrument indicated above, in accordance with current and the instrument is functioning properly.  M.C. Z.L.	e forgoing preventive maintenance procedures it regulations of the N.C. Department of Health
125		Signature of Certifying Official	Certificate Number

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

MECKLENBURG COUNTY BAT MOBILE REGION 3

Serial Number: 008898 Test Date: 01/24/2024

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, 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	10:06pm
AIR BLK	.00	10:08pm
ACCY CHK	.07	10:09pm
AIR BLK	.00	10:10pm
SUB TEST	.00	10:10pm
AIR BLK	.00	10:11pm
SUB TEST	.00	10:13pm
AIR BLK	.00	10:14pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Me the

## MECKLENBURG COUNTY BAT MOBILE REGION 3 590

Serial Number: 008898 Test Record Number: 1758
Test Date: 01/24/2024 Test Time: 10:15pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:15pm
SRC	Pass	10:15pm
DET	Pass	10:15pm
BAR	Pass	10:15pm
BT	Pass	10:15pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:16pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:16pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:16pm

Preventive Maintenance Status: Pass

Pass

10:16pm

CAL

Analyst

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

Instrument Seri	al No. 008630	222 5.6	JASHINGTON ST
		NABIVELLE, IVE	
The preventive serial number I	maintenance procedures for the Intoxion,000 or higher) to be followed at least	meters, Model Intox EC/IR II and Mo once every four months are:	del Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister disp breath simulator thermometer show	lays at least 51 pounds per square incl s 34 degrees, plus or minus .2 degree	h (psi) of pressure, or the alcoholic centigrade;
(2)	Verify instrument displays time and	1 date;	
(3)	Initiate breath test sequence;		
(4)	Enter information as prompted;		
(5)	Verify instrument accuracy;		
(6)	When "PLEASE BLOW" appears,	collect breath sample;	
(7)	When "PLEASE BLOW" appears,	collect breath sample;	
(8)	Print test record;		
(9)	Run diagnostic program and confirm	m preventive maintenance status of "P	ass"; and
(10)	Verify that the ethanol gas canis simulator solution is being chang whichever occurs first.	ter is being changed before expirated every four months or after 125	ion date, or the alcoholic breath Alcoholic Breath Simulator tests,
were performed	the _/_ day of	accordance with current regulations	reventive maintenance procedures of the N.C. Department of Health
100 12 17Th	SI CIF	1/1	

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

NASH COUNTY NASH DETENTION CTR 630

Serial Number: 008630 Test Date: 01/11/2024

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: 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	9:35am
AIR BLK	.00	9:36am
ACCY CHK	.08	9:37am
AIR BLK	.00	9:38am
SUB TEST	.00	9:39am
AIR BLK	.00	9:39am
SUB TEST	.00	9:41am
AIR BLK	.00	9:42am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

#### NASH COUNTY NASH DETENTION CTR 630

Serial Number: 008630 Test Record Number: 6046
Test Date: 01/11/2024 Test Time: 9:43am EST

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

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

County NE	W HANOVER Instrument Location_	CAROLINA	BEACH
Instrument Seria	II No. 00 86/3	POLICE	BEACH DEPT
The preventive r	maintenance procedures for the Intoximeters, Model Into 0,000 or higher) to be followed at least once every four n	ox EC/IR II and Model Innonths are:	ntox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 po breath simulator thermometer shows 34 degrees, plus		
(2)	Verify instrument displays time and date;		
(3)	Initiate breath test sequence;		
(4)	Enter information as prompted;		
(5)	Verify instrument accuracy;		
(6)	When "PLEASE BLOW" appears, collect breath sam	ple;	
(7)	When "PLEASE BLOW" appears, collect breath sam	ple;	
(8)	Print test record;		
(9)	Run diagnostic program and confirm preventive main	tenance status of "Pass";	and
(10)	Verify that the ethanol gas canister is being chan simulator solution is being changed every four mo whichever occurs first.		
were performed	the <b>32</b> day of <b>JANUARY</b> , 20 <b>2</b> on the instrument indicated above, in accordance with ices, and the instrument is functioning properly.	the forgoing preven current regulations of th	tive maintenance procedures e N.C. Department of Health
	Chu 23 Baus Agnature of Certifying Of		648
	Agnature of Certifying Of	ficial	Certificate Number

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

DHHS 4080 (04/20)

NEW HANOVER COUNTY CAROLINA BEACH PD 640

Serial Number: 008613 Test Date: 01/22/2024

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: 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: AG308704 Exp Date: 03/28/2025

Test	g/210L	Time
DIAG	Pass	3:53pm
AIR BLK	.00	3:54pm
ACCY CHK	.08	3:54pm
AIR BLK	.00	3:55pm
SUB TEST	.00	3:56pm
AIR BLK	.00	3:57pm
SUB TEST	.00	3:59pm
AIR BLK	.00	4:00pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

NEW HANOVER COUNTY CAROLINA BEACH PD 640

Serial Number: 008613 Test Record Number: 1443
Test Date: 01/22/2024 Test Time: 4:00pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:00pm
FLO	Pass	4:00pm
FC	Pass	4:01pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	4:01pm
SRC	Pass	4:01pm
DET	Pass	4:01pm
BAR	Pass	4:01pm
BT	Pass	4:01pm

#### Blank Tests

Test	Status	Time
AIR	Pass	4:01pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:01pm
	CRC Tests	
Test	Status	Time

Test	Status	Time
COMP	Pass	4:02pm
CAL	Pass	4:02pm

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)

al No. 008628 Police Department
maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
Verify instrument displays time and date;
Initiate breath test sequence;
Enter information as prompted;
Verify instrument accuracy;
When "PLEASE BLOW" appears, collect breath sample;
When "PLEASE BLOW" appears, collect breath sample;
Print test record;
Run diagnostic program and confirm preventive maintenance status of "Pass"; and
Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
he Jay of January, 2024 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ices, and the instrument is functioning properly.
Signature of Certifying Official Certificate Number

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

DHHS 4080 (04/20)

NEW HANOVER COUNTY WILMINGTON PD 640

Serial Number: 008628 Test Date: 01/18/2024

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: Ryan, Robert F

Permit Number: 0084-5023

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	11:10am
AIR BLK	.00	11:10am
ACCY CHK	.07	11:11am
AIR BLK	.00	11:12am
SUB TEST	.00	11:13am
AIR BLK	.00	11:14am
SUB TEST	.00	11:16am

11:16am

- /0101

Report & AC: / .00 g/210L

AIR BLK

Signature of Chemical Analyst

Court CVR

Analyst

#### NEW HANOVER COUNTY WILMINGTON PD 640

Serial Number: 008628 Test Record Number: 6620 Test Date: 01/18/2024 Test Time: 11:17am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:17am
FLO	Pass	11:17am
FC	Pass	11:18am

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:18am
SRC	Pass	11:18am
DET	Pass	11:18am
BAR	Pass	11:18am
BT	Pass	11:18am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:18am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:18am

#### CRC Tests

Test	Status	Time
COMP	Pass	11:18am
CAL	Pass	11:18am

Preventive Maintenance
Status: Pass

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

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

ne preventive rial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
certify that or	the 17 day of January , 2024 the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health

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

CONTRACTOR LA COLLABORATION

NEW HANOVER COUNTY WRIGHTSVILLE BCH PD 640

Serial Number: 008667 Test Date: 01/17/2024

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: 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: AG308703 Exp Date: 03/28/2025

Test	g/210L	Time
DIAG	Pass	12:03pm
AIR BLK	.00	12:04pm
ACCY CHK	.07	12:05pm
AIR BLK	.00	12:06pm
SUB TEST	.00	12:06pm
AIR BLK	.00	12:07pm
SUB TEST	.00	12:09pm
AIR BLK	.00	12:09pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

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#### NEW HANOVER COUNTY WRIGHTSVILLE BCH PD 640

Serial Number: 008667 Test Record Number: 2568
Test Date: 01/17/2024 Test Time: 12:10pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time	
AIR	Pass	12:11pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:11pm
	CRC Tests	

Test	Status	Time
COMP	Pass	12:11pm
CAL	Pass	12:11pm

Preventive Maintenance Status: Pass

Analyst

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

Hart a Mar William

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

Instrument Serial No.	County Nor	Instrument Location NORTHAMPTON (D. S.O.
(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;  (2) Verify instrument displays time and date;  (3) Initiate breath test sequence;  (4) Enter information as prompted;  (5) Verify instrument accuracy;  (6) When "PLEASE BLOW" appears, collect breath sample;  (7) When "PLEASE BLOW" appears, collect breath sample;  (8) Print test record;  (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and  (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  I certify that on the Again the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.	Instrument Se	
(2) Verify instrument displays time and date; (3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  I certify that on the day of 2004 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.	The preventiv serial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(2) Verify instrument displays time and date; (3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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)	
(5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  I certify that on the day of 20 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.	(3)	Initiate breath test sequence;
(5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  I certify that on the Aday of Adam, 20 4 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.	(4)	Enter information as prompted;
(6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  I certify that on the day of	(5)	
(7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  I certify that on the	(6)	
(8) Print test record;  (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and  (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  I certify that on the	(7)	
Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  I certify that on the	(8)	
Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
The STATE OF MAN YOUR PROPERTY.	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic P. et al.
Signature of Certifying Official  Certificate Number	I certify that on were performed and Human Ser	the/8 day of
Signature of Certifying Official Certificate Number		CAROUNT CAROUN
Signature of Certifying Official Certificate Number	OF QUAM VIDER	- A50 AT
		Signature of Certifying Official Certificate Number

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

DHHS 4080 (04/20)

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT
650

Serial Number: 008607 Test Date: 01/18/2024

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: 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 AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00 .00	3:50pm 3:50pm 3:51pm 3:52pm 3:52pm 3:53pm
SUB TEST	.00	3:55pm
AIR BLK	- 00	3 · 56pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

Department of Health and Human Services

Rev. 12/2007

## NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008607

Test Record Number: 1271 

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:57pm
FLO	Pass	3:57pm
FC	Pass	3:57pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:57pm
SRC	Pass	3:57pm
DET	Pass	3:57pm
BAR	Pass	3:57pm
BT	Pass	3:57pm

#### Blank Tests

Status	Time
Pass	3:58pm
	Status Pass

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:58pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:58pm 3:58pm

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 NORTH	Instrument Location NORTHAMPTON (D. S.O.
Instrument Serial	No. 008688 105 WEST JEFFRESON ST JACKSEN, NC
The preventive m serial number 10,	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on the were performed of and Human Servi	the day of day o
A SO CHAM ALENA A	Signature of Certifying Official Certificate Number

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

DHHS 4080 (04/20)

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

> Serial Number: 008688 Test Date: 01/18/2024

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: 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 AIR BLK ACCY CHK	Pass .00 .08	3:51pm 3:51pm
AIR BLK	.00	3:52pm 3:53pm
SUB TEST	.00	3:54pm
AIR BLK	.00	3:54pm
SUB TEST	.00	3:56pm
AIR BLK	.00	3:57pm

Reported AC: .00 g/210L

Chemical Analyst

Court CVR

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

Analyst

Rev. 12/2007

#### NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008688 Test Record Number: 1075
Test Date: 01/18/2024 Test Time: 3:58pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:58pm 3:58pm
FC	Pass	3:58pm

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	3:58pm 3:58pm 3:58pm 3:58pm 3:58pm
		o coop

#### Blank Tests

Test	Status	Time
AIR	Pass	3:59pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:59pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:59pm 3:59pm

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)

		slow Instrument Location BAT mobile Unit 7
Instru	ument Seria	No. 008600 onslow so
The j	preventive 1	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with ,000 or higher) to be followed at least once every four months are:
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	(2)	Verify instrument displays time and date;
	(3)	Initiate breath test sequence;
	(4)	Enter information as prompted;
	(5)	Verify instrument accuracy;
	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were	e performed	the day of January, 2024 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rices, and the instrument is functioning properly.
THE CREAT SCA	STATE OF	S & S & S & S & S & S & S & S & S & S &
100	STOP QUAM VIDERIA	Mark 665
		Signature of Certifying Official Certificate Number

DHHS 4080 (04/20)

ONSLOW COUNTY BAT MOBILE UNIT 7 660

Serial Number: 008600 Test Date: 01/06/2024

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:

02/01/2022-02/01/2024

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	9:29pm
AIR BLK	.00	9:30pm
ACCY CHK	.08	9:31pm
AIR BLK	.00	9:32pm
SUB TEST	.00	9:32pm
AIR BLK	.00	9:33pm
SUB TEST	.00	9:35pm
AIR BLK	.00	9:36pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Malyst

# ONSLOW COUNTY BAT MOBILE UNIT 7 660

Serial Number: 008600 Test Record Number: 2639
Test Date: 01/06/2024 Test Time: 9:38pm EST

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	9:38pm
FLO	Pass	9:38pm
FC	Pass	9:38pm

# Temperature Tests

Status	Time
Pass	9:38pm
	Pass Pass Pass Pass

### Blank Tests

Test	Status	Time	
AIR	Pass	9:39pm	

## Printer Tests

Test	Status	Time
PRNT	Pass	9:39pm
	CRC Tests	
Test	Status	Time

1000	beacus	TIME
COMP	Pass	9:39pm
CAL	Pass	9:39pm

Preventive Maintenance Status: Pass

Analyst

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

-		
		maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	(2)	Verify instrument displays time and date;
	(3)	Initiate breath test sequence;
	(4)	Enter information as prompted;
	(5)	Verify instrument accuracy;
	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certing were pand H	fy that on performed uman Ser	the 12 day of
THE CREAT SET	STATE OF	
100	QUAM VILA	Signature of Certifying Official Certificate Number

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

DHHS 4080 (04/20)

ONSLOW COUNTY BAT MOBILE UNIT 7 660

Serial Number: 008600 Test Date: 01/13/2024

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:
02/01/2022-02/01/2024

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	8:32pm
AIR BLK	.00	8:33pm
ACCY CHK	.08	8:34pm
AIR BLK	.00	8:35pm
SUB TEST	.00	8:35pm
AIR BLK	.00	8:36pm
SUB TEST	.00	8:38pm
AIR BLK	.00	8:39pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### ONSLOW COUNTY BAT MOBILE UNIT 7 660

Serial Number: 008600 Test Record Number: 2650 Test Date: 01/13/2024 Test Time: 8:41pm EST

System Check: Passed

## Baseline Tests

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

### Temperature Tests

Status	Time
Pass	8:42pm
	Pass Pass Pass Pass

### Blank Tests

Test	Status	Time	
AIR	Pass	8:42pm	

### Printer Tests

Test	Status	Time
PRNT	Pass	8:42pm
	CRC Tests	
Test	Status	Time
COMP	Pass	8:42pm

Pass

8:42pm

Preventive Maintenance Status: Pass

CAL

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

County	y_0	Instrument Location BAT Mobile Unit 7	
Instrun	nent Seri	al No. 008600 Onslow 50	
The proserial n	eventive number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced vol.,000 or higher) to be followed at least once every four months are:	vith
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcohoreath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;	olic
	(2)	Verify instrument displays time and date;	
	(3)	Initiate breath test sequence;	
	(4)	Enter information as prompted;	
	(5)	Verify instrument accuracy;	
	(6)	When "PLEASE BLOW" appears, collect breath sample;	
	(7)	When "PLEASE BLOW" appears, collect breath sample;	
	(8)	Print test record;	
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and	
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic bresimulator solution is being changed every four months or after 125 Alcoholic Breath Simulator te whichever occurs first.	ath sts,
were pe	eriormed	the <u>26</u> day of <u>Tanday</u> , 20 <u>27</u> the forgoing preventive maintenance procedulation on the instrument indicated above, in accordance with current regulations of the N.C. Department of Herrices, and the instrument is functioning properly.	ires alth
THE GREAT STA	STATE OF THE STATE	O PARTIE O P	
Alexander of the same of the s	QUAM VIDEN	70 at 665	
		Signature of Certifying Official Certificate Number	

ONSLOW COUNTY BAT MOBILE UNIT 7 660

Serial Number: 008600 Test Date: 01/26/2024

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:
02/01/2022-02/01/2024

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

Lot Number: AG38004 Exp Date: 03/21/2025

Test	g/210L	Time
DIAG	Pass	10:54pm
AIR BLK	.00	10:56pm
ACCY CHK	.08	10:56pm
AIR BLK	.00	10:57pm
SUB TEST	.00	10:58pm
AIR BLK	.00	10:59pm
SUB TEST	.00	11:00pm
AIR BLK	.00	11:01pm

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# ONSLOW COUNTY BAT MOBILE UNIT 7 660

Serial Number: 008600 Test Record Number: 2659
Test Date: 01/26/2024 Test Time: 11:02pm EST

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	11:02pm
FLO	Pass	11:02pm
FC	Pass	11:03pm

## Temperature Tests

Test	Status	Time
FC1	Pass	11:03pm
SRC	Pass	11:03pm
DET	Pass	11:03pm
BAR	Pass	11:03pm
BT	Pass	11:03pm

## Blank Tests

Test	Status	Time
AIR	Pass	11:03pm

## Printer Tests

Test	Status	Time
PRNT	Pass	11:03pm
	CRC Tests	
Test	Status	Time

COMP	Pass	11:03pm
CAL	Pass	11:03pm

Preventive Maintenance Status: Pass

77 Grand Analyst

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

Instrument Sei	rial No. 00 8698 Swansboro PD	
The preventive serial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:	
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;	
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and	
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.	
L arrestite	the 13 day of Tanoa, , 20 24 the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.	
A STATE QUAN VIEW	Signature of Certifying Official Certificate Number	

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

DHHS 4080 (04/20)

ONSLOW COUNTY BAT MOBILE UNIT 7 660

Serial Number: 008698 Test Date: 01/13/2024

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:
02/01/2022-02/01/2024

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	8:28pm
AIR BLK	.00	8:29pm
ACCY CHK	.07	8:29pm
AIR BLK	.00	8:30pm
SUB TEST	.00	8:31pm
AIR BLK	.00	8:32pm
SUB TEST	.00	8:35pm
AIR BLK	.00	8:36pm

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# ONSLOW COUNTY BAT MOBILE UNIT 7 660

Serial Number: 008698 Test Record Number: 2256
Test Date: 01/13/2024 Test Time: 8:40pm EST

System Check: Passed

#### Baseline Tests

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

# Temperature Tests

Status	Time
Pass	8:41pm
	Pass Pass Pass Pass

### Blank Tests

Test	Status	Time	
AIR	Pass	8:41pm	

## Printer Tests

Test	Status	Time
PRNT	Pass	8:41pm
	CRC Tests	
Test	Status	Time
COMP	Pass	8:41pm

Pass 8:41pm

Preventive Maintenance Status: Pass

CAL

Analyst

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

The preventive serial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
certify that on	the 26 day of 50, 20 24 the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health

ONSLOW COUNTY BAT MOBILE UNIT 7 660

Serial Number: 008698 Test Date: 01/26/2024

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:

02/01/2022-02/01/2024

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	11:00pm
AIR BLK	.00	11:01pm
ACCY CHK	.07	11:01pm
AIR BLK	.00	11:02pm
SUB TEST	.00	11:03pm
AIR BLK	.00	11:04pm
SUB TEST	.00	11:05pm
AIR BLK	.00	11:06pm

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

m fred Analyst

ONSLOW COUNTY BAT MOBILE UNIT 7 660

Serial Number: 008698 Test Record Number: 2270 Test Date: 01/26/2024 Test Time: 11:10pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:10pm
FLO FC	Pass Pass	11:10pm 11:10pm
		TT. TOPIL

# Temperature Tests

Test	Status	Time
FC1	Pass	11:10pm
SRC	Pass	11:10pm
DET	Pass	11:10pm
BAR	Pass	11:10pm
BT	Pass	11:10pm

### Blank Tests

Test	Status	Time
ATR	Pass	11.11pm

# Printer Tests

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

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)

Instrument Ser	ial No. 008788 Swans bero PD
The preventive serial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the 13 day of 7 and 7, 2024 the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
WE STATE OF THE PROPERTY OF TH	m and

ONSLOW COUNTY BAT MOBILE UNIT 7 660

Serial Number: 008788 Test Date: 01/13/2024

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:
02/01/2022-02/01/2024

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

Reported AC: 1.00 g/210L

Signature of Chemical Analyst

Court CVR

M Cook Analyst

ONSLOW COUNTY BAT MOBILE UNIT 7 660

Serial Number: 008788 Test Record Number: 2146
Test Date: 01/13/2024 Test Time: 8:40pm EST

System Check: Passed

# Baseline Tests

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

# Temperature Tests

Test	Status	Time
FC1	Pass	8:40pm
SRC	Pass	8:40pm
DET	Pass	8:40pm
BAR	Pass	8:40pm
BT	Pass	8:40pm

### Blank Tests

Test	Status	Time
AIR	Pass	8:41pm

### Printer Tests

Test	Status	Time
PRNT	Pass	8:41pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	8:41pm 8:41pm

Preventive Maintenance Status: Pass

Analyst

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

breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;  (2) Verify instrument displays time and date;  (3) Initiate breath test sequence;  (4) Enter information as prompted;  (5) Verify instrument accuracy;  (6) When "PLEASE BLOW" appears, collect breath sample;  (7) When "PLEASE BLOW" appears, collect breath sample;  (8) Print test record;  (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and  (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic	Werify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the abreath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; Werify instrument displays time and date; Initiate breath test sequence; Enter information as prompted; Werify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW" appears, collect breath sample; Print test record; Run diagnostic program and confirm preventive maintenance status of "Pass"; and Werify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.		
breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;  (2) Verify instrument displays time and date;  (3) Initiate breath test sequence;  (4) Enter information as prompted;  (5) Verify instrument accuracy;  (6) When "PLEASE BLOW" appears, collect breath sample;  (7) When "PLEASE BLOW" appears, collect breath sample;  (8) Print test record;  (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and  (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.  I certify that on the 24 day of Tenne	Werify instrument displays time and date;  Initiate breath test sequence;  Enter information as prompted;  Werify instrument accuracy;  When "PLEASE BLOW" appears, collect breath sample;  When "PLEASE BLOW" appears, collect breath sample;  Print test record;  Run diagnostic program and confirm preventive maintenance status of "Pass"; and  Werify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Simulate whichever occurs first.	he preventive erial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.  I certify that on the 24 day of Tanasam, 2024 the forgoing preventive maintenance prowere performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of and Human Services, and the instrument is functioning properly.	Enter information as prompted;  Werify instrument accuracy;  When "PLEASE BLOW" appears, collect breath sample;  When "PLEASE BLOW" appears, collect breath sample;  Print test record;  Run diagnostic program and confirm preventive maintenance status of "Pass"; and  Werify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Simulat whichever occurs first.	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoho breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Simulate whichever occurs first.  I certify that on the 24 day of Tanage , 2024 the forgoing preventive maintenance prowere performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of and Human Services, and the instrument is functioning properly.	Enter information as prompted;  Verify instrument accuracy;  When "PLEASE BLOW" appears, collect breath sample;  When "PLEASE BLOW" appears, collect breath sample;  Print test record;  Run diagnostic program and confirm preventive maintenance status of "Pass"; and  Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Simulation whichever occurs first.  24 day of Tesse , 2024 the forgoing preventive maintenance protection indicated above, in accordance with current regulations of the N.C. Department of	(2)	Verify instrument displays time and date;
(5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.  I certify that on the 24 day of 72, 2024 the forgoing preventive maintenance prowere performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of and Human Services, and the instrument is functioning properly.	When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW" appears, collect breath sample; Print test record; Run diagnostic program and confirm preventive maintenance status of "Pass"; and Werify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Simulat whichever occurs first.  24 day of Tanana , 2024 the forgoing preventive maintenance prothe instrument indicated above, in accordance with current regulations of the N.C. Department of	(3)	Initiate breath test sequence;
(6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.  I certify that on the 24 day of Tanaday, 2024 the forgoing preventive maintenance prowere performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of and Human Services, and the instrument is functioning properly.	When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW" appears, collect breath sample; Print test record; Run diagnostic program and confirm preventive maintenance status of "Pass"; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.  24 day of Tanasa , 2024 the forgoing preventive maintenance protection in the instrument indicated above, in accordance with current regulations of the N.C. Department of	(4)	Enter information as prompted;
(7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.  I certify that on the 24 day of 7222 , 2024 the forgoing preventive maintenance prowere performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of and Human Services, and the instrument is functioning properly.	When "PLEASE BLOW" appears, collect breath sample;  Print test record;  Run diagnostic program and confirm preventive maintenance status of "Pass"; and  Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Simulat whichever occurs first.  24 day of Tenne , 2024 the forgoing preventive maintenance prothe instrument indicated above, in accordance with current regulations of the N.C. Department of	(5)	Verify instrument accuracy;
(8) Print test record;  (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and  (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.  I certify that on the 24 day of 72, 2024 the forgoing preventive maintenance prowere performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of and Human Services, and the instrument is functioning properly.	Print test record; Run diagnostic program and confirm preventive maintenance status of "Pass"; and  Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.  24 day of Tenney , 2024 the forgoing preventive maintenance prothe instrument indicated above, in accordance with current regulations of the N.C. Department of	(6)	When "PLEASE BLOW" appears, collect breath sample;
(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and  (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.  I certify that on the	Run diagnostic program and confirm preventive maintenance status of "Pass"; and  Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Simulat whichever occurs first.  24 day of   72 day of   72 day of   73 day of   74 day of   75 day of   76 day of   77 day of   77 day of   78 day of   79 day of   70 day of   7	(7)	When "PLEASE BLOW" appears, collect breath sample;
(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.  I certify that on the 24 day of 72, 20, 21 the forgoing preventive maintenance provided performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of and Human Services, and the instrument is functioning properly.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Simulat whichever occurs first.  24 day of 72, 2024 the forgoing preventive maintenance prothe instrument indicated above, in accordance with current regulations of the N.C. Department of	(8)	Print test record;
simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.  I cert fy that on the 24 day of 72, 2024 the forgoing preventive maintenance proper performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of and Human Services, and the instrument is functioning properly.	simulator solution is being changed every four months or after 125 Alcoholic Breath Simulat whichever occurs first.  24 day of 72, 2024 the forgoing preventive maintenance prothe instrument indicated above, in accordance with current regulations of the N.C. Department of	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of and Human Services, and the instrument is functioning properly.	the instrument indicated above, in accordance with current regulations of the N.C. Department o	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breasimulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes whichever occurs first.
NY STATE OF THE ST		ere performed	d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Hea
		THE STATE OF MAY 20. 1775	
		HANS .	
THE REPORT OF THE PARTY OF THE		1 3/1	

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

DHHS 4080 (04/20)

ONSLOW COUNTY BAT MOBILE UNIT 7 660

Serial Number: 008788 Test Date: 01/24/2024

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: Anderson, Mark & Permit Number: 0013-1517 Effective:

02/01/2022-02/01/2024

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	5:23pm
AIR BLK	.00	5:24pm
ACCY CHK	.08	5:25pm
AIR BLK	.00	5:25pm
SUB TEST	.00	5:26pm
AIR BLK	.00	5:27pm
SUB TEST	.00	5:29pm
AIR BLK	.00	5:30pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

**Analyst** 

# ONSLOW COUNTY BAT MOBILE UNIT 7 660

Serial Number: 008788 Test Record Number: 2154
Test Date: 01/24/2024 Test Time: 5:30pm EST

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	5:30pm
FLO	Pass	5:30pm
FC	Pass	5:30pm

# Temperature Tests

Test	Status	Time
FC1	Pass	5:31pm
SRC	Pass	5:31pm
DET	Pass	5:31pm
BAR	Pass	5:31pm
BT	Pass	5:31pm

# Blank Tests

Test	Status	Time
AIR	Pass	5:31pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	5:31pm
	CRC Tests	
Test	Status	Time
COMP	Pass	5:31pm

Preventive Maintenance Status: Pass

Pass

5:31pm

CAL

Analyst

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

		Instrument Location Owng	
Instrument Se	rial No. <u>008 799</u>	1200 00	Huy 70 WOST
		Hillsbor	Huy 70 Wast
The preventive serial number	e maintenance procedures for 10,000 or higher) to be followed	or the Intoximeters, Model Intox EC/IR owed at least once every four months are	II and Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas		
(2)	Verify instrument displ		
(3)	Initiate breath test sequ	ence;	
(4)	Enter information as pro	ompted;	
(5)	Verify instrument accur	acy;	
(6)	When "PLEASE BLOV	V" appears, collect breath sample;	
(7)		V" appears, collect breath sample;	
(8)	Print test record;		
(9)	Run diagnostic program	and confirm preventive maintenance sta	atus of "Pass": and
(10)	Verify that the ethanol	gas canister is being changed before	e expiration date, or the alcoholic breath fter 125 Alcoholic Breath Simulator tests,
	the day of l on the instrument indicate vices, and the instrument is		going preventive maintenance procedures gulations of the N.C. Department of Health
S STATE ON STATE OF S	OSM CAROL		
FEST QUAM VICENT		11. 2.	
ACC 2022	MALL	Signature of Certifying Official	662

ORANGE COUNTY DETENTION CENTER 670

Serial Number: 008799 Test Date: 01/16/2024

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, 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	1:53pm
AIR BLK	.00	1:54pm
ACCY CHK	.08	1:54pm
AIR BLK	.00	1:56pm
SUB TEST	.00	1:56pm
AIR BLK	.00	1:57pm
SUB TEST	.00	1:59pm
AIR BLK	.00	1:59pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Somm Stokes Borses Analyst

ORANGE COUNTY DETENTION CENTER 670

Serial Number: 008799 Test Record Number: 403
Test Date: 01/16/2024 Test Time: 2:09pm EST Test Record Number: 4031

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:10pm 2:10pm
FC	Pass	2:10pm

# Temperature Tests

Test	Status	Time
FC1	Pass	2:10pm
SRC	Pass	2:10pm
DET	Pass	2:10pm
BAR	Pass	2:10pm
BT	Pass	2:10pm

# Blank Tests

Test	Status	Time
AIR	Pass	2:11pm

## Printer Tests

Test	Status	Time
PRNT	Pass	2:11pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:11pm 2:11pm

Preventive Maintenance Status: Pass

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

T	
Instrument Ser	ial No. 008839 1200 U.S. Huy 70 West
	Hillsborough, NC
The preventive serial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the
THE CHANGE OF THE CANADA	Simm Akes Bones 662
	Signature of Certifying Official Certificate Number

ORANGE COUNTY DETENTION CENTER 670

Serial Number: 008839 Test Date: 01/16/2024

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, 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	1:52pm
AIR BLK	.00	1:53pm
ACCY CHK	.08	1:54pm
AIR BLK	.00	1:55pm
SUB TEST	.00	1:56pm
AIR BLK	.00	1:56pm
SUB TEST	.00	1:58pm
AIR BLK	.00	1:59pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ORANGE COUNTY DETENTION CENTER 670

Serial Number: 008839 Test Record Number: 2702 Test Date: 01/16/2024 Test Time: 2:02pm EST

System Check: Passed

Baseline Tests

Status	Time
Pass	2:02pm
Pass	2:02pm
Pass	2:02pm
	Pass Pass

# Temperature Tests

Test	Status	Time
FC1	Pass	2:02pm
SRC	Pass	2:02pm
DET	Pass	2:02pm
BAR	Pass	2:02pm
BT	Pass	2:02pm

# Blank Tests

Test	Status	Time
AIR	Pass	2:03pm

### Printer Tests

Test	Status	Time
PRNT	Pass	2:03pm

# CRC Tests

Test	Status	Time	
COMP	Pass	2:03pm	
CAL	Pass	2:03pm	

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	RANGE	Instrument Location DRANGE Co	Detention Ga
Instrument Se	rial No. <u>008873</u>	1200 US H	my 70 West
		Hillsburgore	sh, NC
The preventive serial number	e maintenance procedures for the 10,000 or higher) to be followed	he Intoximeters, Model Intox EC/IR II and dat least once every four months are:	
(1)	Verify the ethanol gas can breath simulator thermome	ister displays at least 51 pounds per square eter shows 34 degrees, plus or minus .2 degr	inch (psi) of pressure, or the alcoholic ree centigrade;
(2)	Verify instrument displays	time and date;	
(3)	Initiate breath test sequence	e;	
(4)	Enter information as prom	pted;	
(5)	Verify instrument accuracy	<i>y</i> ;	
(6)	When "PLEASE BLOW"	appears, collect breath sample;	
(7)	When "PLEASE BLOW"	appears, collect breath sample;	
(8)	Print test record;		
(9)	Run diagnostic program an	d confirm preventive maintenance status of	"Pass"; and
(10)	Verify that the ethanol g simulator solution is bein whichever occurs first.	as canister is being changed before expi g changed every four months or after 12	ration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,
	the 23 day of 3 day of don the instrument indicated a rvices, and the instrument is fur	, 20 2 4 the forgoing above, in accordance with current regulation actioning properly.	preventive maintenance procedures ons of the N.C. Department of Health
THE STATE OF THE S	CAROUNG	11. 2	
William To	DMN	1 0 tiles JARNES	642

ORANGE COUNTY DETENTION CENTER 670

Serial Number: 008873 Test Date: 01/23/2024

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: 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	1:36pm
AIR BI	K .00	1:37pm
ACCY C	CHK .07	1:38pm
AIR BI	K .00	1:39pm
SUB TE	EST .00	1:39pm
AIR BI	LK .00	1:40pm
SUB TE	EST .00	1:43pm
AIR BI	LK .00	1:44pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ORANGE COUNTY DETENTION CENTER 670

Serial Number: 008873 Test Record Number: 2183
Test Date: 01/23/2024 Test Time: 1:45pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:45pm 1:45pm
FC	Pass	1:45pm

# Temperature Tests

Test	Status	Time
FC1	Pass	1:45pm
SRC	Pass	1:45pm
DET	Pass	1:45pm
BAR	Pass	1:45pm
BT	Pass	1:45pm

# Blank Tests

Test	Status	Time
AIR	Pass	1:46pm

# Printer Tests

Test	Status	Time
PRNT	Pass	1:46pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:46pm

Preventive Maintenance Status: Pass

Pass

1:46pm

CAL

Analyst

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

Instrument Ser	ial No. 08945 100 N. Greensburg ST
	CALIBOR NC
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced w 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholoreath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breasimulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes whichever occurs first.
I certify that on were performed and Human Ser	the

ORANGE COUNTY CARRBORO PD 670

Serial Number: 008945 Test Date: 01/16/2024

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, 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: AG308004 Exp Date: 03/21/2025

Test	g/210L	Time
DIAG	Pass	12:23pm
AIR BLK	.00	12:23pm
ACCY CHK	.07	12:24pm
AIR BLK	.00	12:25pm
SUB TEST	.00	12:26pm
AIR BLK	.00	12:27pm
SUB TEST	.00	12:28pm
ATR BLK	.00	12:29pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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ORANGE COUNTY CARRBORO PD 670

Serial Number: 008945 Test Record Number: 750 Test Date: 01/16/2024 Test Time: 12:30pm EST

System Check: Passed

Baseline Tests

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

# Temperature Tests

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

# Blank Tests

Test	Status	Time
AIR	Pass	12:31pm

### Printer Tests

Test	Status	Time
PRNT	Pass	12:31pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:31pm 12:31pm

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)

Instrument Serial No. 008640 Instrument Location PAMLICO COUNT	TE12		
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Exercial number 10,000 or higher) to be followed at least once every four months are:	nhanced with		
(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;	the alcoholic		
(2) Verify instrument displays time and date;			
(3) Initiate breath test sequence;			
(4) Enter information as prompted;			
(5) Verify instrument accuracy;			
(6) When "PLEASE BLOW" appears, collect breath sample;	When "PLEASE BLOW" appears, collect breath sample;		
(7) When "PLEASE BLOW" appears, collect breath sample;	When "PLEASE BLOW" appears, collect breath sample;		
(8) Print test record;			
(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and			
(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 XAUARY, 2024 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. Departme and Human Services, and the instrument is functioning properly.	procedures nt of Health		
Signature of Certifying Official Certificate Num	where		

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

DHHS 4080 (04/20)

# PAMLICO COUNTY DETENTION CENTER 680

Serial Number: 008640 Test Date: 01/24/2024

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: 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: AG225701 Exp Date: 09/14/2024

Test	g/210L	Time
DIAG	Pass	4:07pm
AIR BLK	.00	4:07pm
ACCY CHE	.07	4:08pm
AIR BLK	.00	4:09pm
SUB TEST	.00	4:10pm
AIR BLK	.00	4:11pm
SUB TEST	.00	4:12pm
AIR BLK	.00	4:13pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analysi

# PAMLICO COUNTY DETENTION CENTER 680

Serial Number: 008640 Test Record Number: 1623 Test Date: 01/24/2024 Test Time: 4:13pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	4:14pm
FLO	Pass	4:14pm
FC	Pass	4:14pm

# Temperature Tests

Test	Status	Time
FC1	Pass	4:14pm
SRC	Pass	4:14pm
DET	Pass	4:14pm
BAR	Pass	4:14pm
BT	Pass	4:14pm

### Blank Tests

Test	Status	Time
AIR	Pass	4:15pr

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:15pm
	CRC Tests	
Test	Status	Time
COMP	Pass	4:15pm
CAL	Pass	4:15pm

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	PE	ENDER Instrument Location PENDER	COUNTY ON CENTER
Instrum	nent Serial	al No. 008901 DETENTION	ON CENTER
The proserial n	eventive m number 10,	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model 0,000 or higher) to be followed at least once every four months are:	Intox EC/IR II (Enhanced with
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (p breath simulator thermometer shows 34 degrees, plus or minus .2 degree cen	osi) of pressure, or the alcoholic tigrade;
	(2)	Verify instrument displays time and date;	
	(3)	Initiate breath test sequence;	
	(4)	Enter information as prompted;	
	(5)	Verify instrument accuracy;	
	(6)	When "PLEASE BLOW" appears, collect breath sample;	
	(7)	When "PLEASE BLOW" appears, collect breath sample;	
	(8)	Print test record;	
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass	"; and
	(10)	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Alc whichever occurs first.	
were p	erformed	the day of JANUARY, 2024 the forgoing prevention the instrument indicated above, in accordance with current regulations of vices, and the instrument is functioning properly.	entive maintenance procedures the N.C. Department of Health
OF THE STATE OF TH		TO CAROLINA CONTRACTOR OF THE PARTY OF THE P	
M. is	QUAM VIXED	I Alux 29 Bens	648
	-2020 <del>-300-2</del> 00/07	Signature of Certifying Official	Certificate Number

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

DHHS 4080 (04/20)

#### PENDER COUNTY DETENTION CENTER 700

Serial Number: 008901 Test Date: 01/16/2024

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: AG225701 Exp Date: 09/14/2024

Test	g/210L	Time
DIAG	Pass	1:54pm
AIR BLK	.00	1:54pm
ACCY CHK	.08	1:55pm
AIR BLK	.00	1:56pm
SUB TEST	.00	1:57pm
AIR BLK	.00	1:58pm
SUB TEST	.00	1:59pm
AIR BLK	.00	2:00pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alun Ra Berno Analyst

#### PENDER COUNTY DETENTION CENTER 700

Serial Number: 008901 Test Record Number: 1672 Test Date: 01/16/2024 Test Time: 2:01pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:01pm
SRC	Pass	2:01pm
DET	Pass	2:01pm
BAR	Pass	2:01pm
BT	Pass	2:01pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:02pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:02pm
	CRC Tests	
Test	Status	Time

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

Preventive Maintenance Status: Pass

alle Re Baro

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

County 7	ENDER Instrument Location PENDER COUNTY
Instrument Ser	Instrument Location PENDER COUNTY  GOVERNMENT ANNEX
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on were performed and Human Ser	the 16 day of 2ANUARY, 2024 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
	00 2 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
- Quality	Signature of Certifying Official Certificate Number

PENDER COUNTY GOVERNMENT ANNEX 700

Serial Number: 008948 Test Date: 01/16/2024

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: AG225701 Exp Date: 09/14/2024

Test	g/210L	Time
DIAG	Pass	11:40am
AIR BLK	.00	11:41am
ACCY CHK	.07	11:41am
AIR BLK	.00	11:42am
SUB TEST	.00	11:43am
AIR BLK	.00	11:44am
SUB TEST	.00	11:45am
AIR BLK	.00	11:46am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Forensic Tests for Alcohol Branch Department of Health and Human Services

Rev. 12/2007

This form is used when performing Preventive Maintenance procedures

#### PENDER COUNTY GOVERNMENT ANNEX 700

Serial Number: 008948 Test Record Number: 1465
Test Date: 01/16/2024 Test Time: 11:47am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:47am
FLO	Pass	11:47am
FC	Pass	11:48am

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:48am
SRC	Pass	11:48am
DET	Pass	11:48am
BAR	Pass	11:48am
BT	Pass	11:48am

#### 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

Clun Ray Borns

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

Inetru	mant Car	ial No. <u>008886</u>	
msuu	ment ser	109 N. LAME	IR F
		ROXBORD, N	e F
The p serial	reventive number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and M 0,000 or higher) to be followed at least once every four months are:	
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square in breath simulator thermometer shows 34 degrees, plus or minus .2 degrees	ch (psi) of pressure, or the alcoholic e centigrade;
	(2)	Verify instrument displays time and date;	
	(3)	Initiate breath test sequence;	
	(4)	Enter information as prompted;	
	(5)	Verify instrument accuracy;	
	(6)	When "PLEASE BLOW" appears, collect breath sample;	
	(7)	When "PLEASE BLOW" appears, collect breath sample;	
	(8)	Print test record;	
	(9)	Run diagnostic program and confirm preventive maintenance status of "	Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expiral simulator solution is being changed every four months or after 125 whichever occurs first.	ation date, or the alcoholic breath Alcoholic Breath Simulator tests,
were p	performed	the	s of the N.C. Department of Health
-0	The state of the s	Signature of Certifying Official	Certificate Number

PERSON COUNTY ROXBORO POLICE DEPT 720

Serial Number: 008880 Test Date: 01/17/2024

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: 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: AG308004 Exp Date: 03/21/2025

Test	g/210L	Time
DIAG	Pass	12:07pm
AIR BLK	.00	12:08pm
ACCY CHK	.08	12:08pm
AIR BLK	.00	12:10pm
SUB TEST	.00	12:10pm
AIR BLK	.00	12:11pm
SUB TEST	.00	12:13pm
AIR BLK	.00	12:14pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Simon Stokes Barres
Analyst

#### PERSON COUNTY ROXBORO POLICE DEPT 720

Serial Number: 008880 Test Record Number: 2171
Test Date: 01/17/2024 Test Time: 12:14pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:14pm 12:14pm
FC	Pass	12:14pm

## Temperature Tests

Test	Status	Time
FC1	Pass	12:14pm
SRC	Pass	12:14pm
DET	Pass	12:14pm
BAR	Pass	12:14pm
BT	Pass	12:14pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:15pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:15pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:15pm

Preventive Maintenance Status: Pass

Analyst

Simon Ackes Breigs

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

County R	beson Instrument Location 13AT Mobile Unit 5
Instrument Seria	1No. 008575 Robeson County SO
The preventive n	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with ,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the 20 day of January , 20 27 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ices, and the instrument is functioning properly.
THE STATE ON THE STATE OF THE S	G8Y
	Senature of Certifying Official Certificate Number

### ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008575 Test Date: 01/26/2024

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 AIR BLK ACCY CHK	Pass .00 .08	8:37pm 8:38pm 8:38pm
AIR BLK	.00	8:39pm
SUB TEST	.00	8:40pm
AIR BLK	.00	8:41pm
SUB TEST	.00	8:43pm
AIR BLK	.00	8:44pm

Reported AC:

.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008575 Test Record Number: 1424
Test Date: 01/26/2024 Test Time: 8:45pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time	
AIR	Pass	8:46pm	

#### Printer Tests

rest	Status	Time	
PRNT	Pass	8:46pm	

#### CRC Tests

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

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_ Co	sbeson Instrument Location BAT Mobile Unit S
Instrument Seria	Instrument Location BAT Mobile Unit S No. 008616  Robeson County SO
	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with ,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
were performed	the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ces, and the instrument is functioning properly.
THE STATE OF NO.	684
Warran .	Signature of Certifying Official Certificate Number

#### ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008616 Test Date: 01/26/2024

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 AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00	8:40pm 8:41pm 8:41pm 8:42pm 8:43pm 8:44pm 8:46pm
AIR BLK	.00	8:47pm
Dur		

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008616 Test Record Number: 2818
Test Date: 01/26/2024 Test Time: 8:48pm EST

System Check: Passed

Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

	Time	
ATR Pass	8 · 4 9 pm	

#### Printer Tests

rest	Pass	8:49pm
PRNT		

#### CRC Tests

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

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)

CountyR	Seson Instrument Location BAT A	nosile Unit 5
Instrument Seria	1No. 008647 Robeson	Mobile Unit 5 County 50
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and No.,000 or higher) to be followed at least once every four months are:	Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square is breath simulator thermometer shows 34 degrees, plus or minus .2 degr	
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of	"Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expisimulator solution is being changed every four months or after 12 whichever occurs first.	
	the 20 day of Sanary, 20 24 the forgoing on the instrument indicated above in accordance with current regulationices, and the instrument is functioning properly.	preventive maintenance procedure ons of the N.C. Department of Health
THE STATE OF NO. 12 TO		
# SSE QUAM VIDE!		684
	Signature of Certifying Official	Certificate Number

ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008647 Test Date: 01/26/2024

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	8:44pm
AIR BLK	.00	8:45pm
ACCY CHK	.08	8:45pm
AIR BLK	.00	8:46pm
SUB TEST	.00	8:47pm
AIR BLK	.00	8:48pm
SUB TEST	.00	8:50pm
ATR BLK	.00	8 · 50pm

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008647 Test Record Number: 2815 Test Date: 01/26/2024 Test Time: 8:51pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	8:52pm
FLO	Pass	8:52pm
FC	Pass	8:52pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	8:52pm
SRC	Pass	8:52pm
DET	Pass	8:52pm
BAR	Pass	8:52pm
BT	Pass	8:52pm

#### Blank Tests

Test	Status	Time
AIR	Pass	8:52pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:52pm

#### CRC Tests

Test	Status	Time
COMP	Pass	8:53pm
CAL	Pass	8:53pm

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 Roc	Instrument Location MADISCN POLICE
Instrument Serial	NO 008802 DEPARTMENT
The preventive n serial number 10.	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with ,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample,
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on the were performed and Human Servi	the 12 day of JANUALLY, 2024 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health inces, and the instrument is functioning properly.
	Signature of Certifying Official Certificate Number

#### ROCKINGHAM COUNTY MADISON PD 780

Serial Number: 008802 Test Date: 01/12/2024

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: 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: AG303001 Exp Date: 01/30/2025

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00	10:10am 10:11am 10:11am 10:13am 10:13am 10:14am 10:16am
AIR BLK	.00	10:17am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

#### ROCKINGHAM COUNTY MADISON PD 780

Serial Number: 008802 Test Record Number: 1044
Test Date: 01/12/2024 Test Time: 10:33am EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:34am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:34am
	CRC Tests	

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

Preventive Maintenance Status: Pass

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

Rev. 12/2007

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

County RO	MAN Instrument Location SALISBURY POLICE
Instrument Serial	NO. 008835 DEPARTMENT
The preventive m serial number 10,	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on the were performed of and Human Servi	the 29 day of TANUARY, 2024 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ices, and the instrument is functioning properly.
STATE OF THE PARTY	Signature of Certifying Official Certificate Number

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

DHHS 4080 (04/20)

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008835 Test Date: 01/29/2024

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: 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 AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	12:31pm 12:32pm 12:33pm 12:34pm 12:35pm 12:36pm 12:37pm 12:38pm

Reported AC: .00 g/210L

Court CVR

ature of chemical Analyst

#### ROWAN COUNTY SALISBURY PD 790

Serial Number: 008835 Test Record Number: 3163 Test Date: 01/29/2024 Test Time: 12:41pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:41pm
FLO	Pass	12:41pm
FC	Pass	12:41pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:41pm
SRC	Pass	12:41pm
DET	Pass	12:41pm
BAR	Pass	12:41pm
BT	Pass	12:41pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:42pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:42pm
	CRC Tests	

Test	Status	Time
COMP CAL	Pass Pass	12:42pm

Preventive Maintenance Status: Pass

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

Analyst

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

Co	ounty	ROWAN Instrument Location CHINA GROVE POLICIE
ln	strument Serial	NO. OO 8862 DEPARTMENT
Th	ne preventive m	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 000 or higher) to be followed at least once every four months are:
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	(2)	Verify instrument displays time and date;
	(3)	Initiate breath test sequence;
	(4)	Enter information as prompted;
	(5)	Verify instrument accuracy;
	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
**	ere performed	the 29 day of JANUALY, 2024 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rices, and the instrument is functioning properly.
		Signature of Certifying Official Certificate Number

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

DHHS 4080 (04/20)

ROWAN COUNTY CHINA GROVE PD 790

Serial Number: 008862 Test Date: 01/29/2024

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: 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: AG308704 Exp Date: 03/28/2025

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	2:00pm 2:01pm 2:01pm 2:02pm 2:03pm
AIR BLK SUB TEST AIR BLK	.00 .00 .00	2:04pm 2:06pm 2:07pm

Reported AC: .00 g/210L

f Chemical Analyst

Court CVR

#### ROWAN COUNTY CHINA GROVE PD 790

Test Record Number: 1147 Serial Number: 008862 Test Time: 2:08pm EST Test Date: 01/29/2024

System Check: Passed

### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	2:09pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:10pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:10pm

Preventive Maintenance Status: Pass

Pass

CAL

2:10pm

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	ROWAN Instrument Location SALISBURY POLICE
Instrument Seria	No. 00 8868 Instrument Location SALISBURY POLICE  DEPARTMENT
The preventive r	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on t were performed and Human Serv	he <u>39 nt</u> day of <u>TANUARY</u> , 2024 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ices, and the instrument is functioning properly.
SAME OF THE PARTY	Signature of Certifying Official Certificate Number

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008868 Test Date: 01/29/2024

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: 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 AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00	12:34pm 12:35pm 12:35pm 12:37pm 12:38pm 12:39pm 12:40pm 12:41pm
AIR BLK	.00	12:4 pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

### ROWAN COUNTY SALISBURY PD 790

Serial Number: 008868 Test Record Number: 3712
Test Date: 01/29/2024 Test Time: 12:42pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:42pm
FLO	Pass	12:42pm
FC	Pass	12:42pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:42pm
SRC	Pass	12:42pm
DET	Pass	12:42pm
BAR	Pass	12:42pm
BT	Pass	12:42pm

#### Blank Tests

Test	Status	Time	
AIR	Pass	12:43pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:43pm
	CRC Tests	
Test	Status	Time

12:43pm

12:43pm

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

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

Rev. 12/2007

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

(	County 5A	MPSON Instrument Location BAMPSON COUNTY
I	nstrument Serial	No. 008825 Instrument Location BANIPSON COUNTY  DETENTION CENTER
5	The preventive n serial number 10	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with ,000 or higher) to be followed at least once every four months are:
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	(2)	Verify instrument displays time and date;
	(3)	Initiate breath test sequence;
	(4)	Enter information as prompted;
	(5)	Verify instrument accuracy;
	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
- 3	were performed	the 17 day of JANUARY, 2024 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rices, and the instrument is functioning properly.
The state of the s	SANT ON	
	GO CLAM VECO	Ulm 49 Danes 648
		Signature of Certifying Official Certificate Number

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

DHHS 4080 (04/20)

#### SAMPSON COUNTY DETENTION CENTER 810

Serial Number: 008825 Test Date: 01/17/2024

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: 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: AG302704 Exp Date: 01/27/2025

Test	g/210L	Time
DIAG	Pass	5:32pm
AIR BLK	.00	5:32pm
ACCY CHK	.08	5:33pm
AIR BLK	.00	5:35pm
SUB TEST	.00	5:36pm
AIR BLK	.00	5:36pm
SUB TEST	.00	5:38pm
ATR BLK	0.0	5 · 39pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

#### SAMPSON COUNTY DETENTION CENTER 810

Serial Number: 008825 Test Record Number: 3629 Test Date: 01/17/2024 Test Time: 5:39pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:39pm
FLO	Pass	5:39pm
FC	Pass	5:40pm

## Temperature Tests

Test	Status	Time
FC1	Pass	5:40pm
SRC	Pass	5:40pm
DET	Pass	5:40pm
BAR	Pass	5:40pm
BT	Pass	5:40pm

#### Blank Tests

Test	Status	Time	
AIR	Pass	5:40pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	5:40pm
	CRC Tests	
Test	Status	Time
COMP	Pass	5:41pm

Preventive Maintenance Status: Pass

Pass

5:41pm

5:41pm

CAL

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

County Surface Instrument Serial	Instrument Location Mount Airy Police  No. 008943  Department
The preventive m serial number 10,	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholi breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify that on the were performed of and Human Service	the instrument indicated above, in accordance with current regulations of the N.C. Department of Healthes, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

SURRY COUNTY MOUNT AIRY PD 850

Serial Number: 008943 Test Date: 01/30/2024

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: 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

g/210L	Time
Pass .00 .08 .00 .00 .00	5:19pm 5:21pm 5:22pm 5:23pm 5:24pm 5:25pm
.00	5:27pm
	Pass .00 .08 .00 .00

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### SURRY COUNTY MOUNT AIRY PD 850

Test Record Number: 2578 Serial Number: 008943

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	5:28pm 5:28pm
FC	Pass	5:28pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	5:28pm
SRC	Pass	5:28pm
DET	Pass	5:28pm
BAR	Pass	5:28pm
BT	Pass	5:28pm

#### Blank Tests

Test	Status	Time
AIR	Pass	5:28pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	5:28pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	5:29pm 5:29pm

Preventive Maintenance Status: Pass

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

County Van	Instrument Location Vanc	E Po. 5.0.
Instrument Ser	0000	CHURCH ST
		sav, NC
The preventive serial number	e maintenance procedures for the Intoximeters, Model Intox EC/IF 10,000 or higher) to be followed at least once every four months a	R II and Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per breath simulator thermometer shows 34 degrees, plus or minu	request in the Co. Co.
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	•
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance s	status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed befo simulator solution is being changed every four months or a whichever occurs first.	
I certify that on were performed and Human Serv	the day of	orgoing preventive maintenance procedures egulations of the N.C. Department of Health
O THE STATE OF MAY 20, 195	OR THE CARD IN THE	
PETE QUAM VIDERIX	EATTH MALL	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.

DHHS 4080 (04/20)

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008870 Test Date: 01/03/2024

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: 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: AG225701 Exp Date: 09/14/2024

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00	10:20am 10:20am 10:21am 10:23am 10:24am 10:26am
AIR BLK	.00	10:27am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008870

Test Record Number: 3783 

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:28am
FLO	Pass	10:28am
FC	Pass	10:28am

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:28am
SRC	Pass	10:28am
DET	Pass	10:28am
BAR	Pass	10:28am
BT	Pass	10:28am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:28am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:28am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:29am 10:29am

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_VAN	Instrument Location VANCE Co. 5.0.
Instrument Seria	al No. 008937 156 CHURCH ST
	Al No. 008937 156 CHURCH ST HENDERSON, NC
The preventive reservation number 10	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on the were performed and Human Servine	he day of
TOTAL STATE OF THE	
QUAM VIDE	Signature of Certifying Official Certificate Number
	Signature of Certifying Official Certificate Number

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

DHHS 4080 (04/20)

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008937 Test Date: 01/03/2024

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: 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: AG225701 Exp Date: 09/14/2024

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00 .00 .00 .00 .00	10:19am 10:20am 10:21am 10:22am 10:23am 10:23am 10:25am 10:26am
TITIC DIII	. 00	10.20alli

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008937

Test Record Number: 3359 

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO FC	Pass Pass	10:27am 10:27am
rC	Pass	10:27am

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:27am 10:27am 10:27am 10:27am 10:27am
101	1 055	10.2/all

#### Blank Tests

Test	Status	Time
AIR	Pass	10:27am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:27am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:28am

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 L	Instrument Location Wake Co	Detection CAR
Instrument Se	rial No. <u>008577</u> 3301 Hau	umono 20
57 <u></u>	RALEIGH, 1	06
The preventive serial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and 10,000 or higher) to be followed at least once every four months are:	
(1)	Verify the ethanol gas canister displays at least 51 pounds per square breath simulator thermometer shows 34 degrees, plus or minus .2 degr	inch (psi) of pressure, or the alcoholic ree centigrade;
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of	"Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expisimulator solution is being changed every four months or after 12 whichever occurs first.	motion let us de la
	the day of	preventive maintenance procedures ns of the N.C. Department of Health
STATE OF STA	A CAROLINA C	
PARIL 12 1776	Somm Store Breeze	662
	Signature of Certifying Official	Certificate Number

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008577 Test Date: 01/02/2024

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: 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: AG308004 Exp Date: 03/21/2025

Test	g/210L	Time
DIAG	Pass	10:42am
AIR BLK	.00	10:42am
ACCY CHK	.08	10:43am
AIR BLK	.00	10:44am
SUB TEST	.00	10:45am
AIR BLK	.00	10:46am
SUB TEST	.00	10:47am
AIR BLK	.00	10.48am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008577 Test Record Number: 7495 Test Date: 01/02/2024 Test Time: 10:49am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass	10:49am
- 10	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	
Ma a L	G	

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

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 W	Instrument Location Raleigh	PD Southwest Dist
Instrument Ser	al No.008612 601 Hother	PD Southwest Dist
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and 0,000 or higher) to be followed at least once every four months are:	d Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per squar breath simulator thermometer shows 34 degrees, plus or minus .2 de	re inch (psi) of pressure, or the alcoholic egree centigrade;
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status	of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before ex- simulator solution is being changed every four months or after whichever occurs first.	xpiration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,
were performed	the	ng preventive maintenance procedures tions of the N.C. Department of Health
AND COURSE OF THE PROPERTY OF	Sum Ade Borns	662
	Signature of Certifying Official	Certificate Number

WAKE COUNTY SOUTH WEST DISTRICT 910

Serial Number: 008612 Test Date: 01/09/2024

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: AG212401 Exp Date: 05/04/2024

Test	g/210L	Time
DIAG	Pass	4:54pm
AIR BLK	.00	4:55pm
ACCY CHK	.08	4:55pm
AIR BLK	.00	4:56pm
SUB TEST	.00	4:57pm
AIR BLK	.00	4:58pm
SUB TEST	.00	4:59pm
AIR BLK	.00	5:00pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### WAKE COUNTY SOUTH WEST DISTRICT 910

Serial Number: 008612 Test Record Number: 5276 Test Date: 01/09/2024 Test Time: 5:01pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	5:01pm
FLO	Pass	5:01pm
FC	Pass	5:01pm

#### Temperature Tests

Status	Time
Pass	5:01pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	5:02pm

#### Printer Tests

Test Status Time

PRNT	Pass	5:02pm
	CRC Tests	
Test	Status	Time

1000	Deacas	11110
COMP	Pass	5:02pm
CAL	Pass	5:02pm

Preventive Maintenance Status: Pass

Sum Holes Esarus 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 WA	UE Instr	ment Location RALEIGH PM MONTHERST DIST
Instrument Seri	al No. <u>£08623</u>	5228 GREENS DAIRY RD. RALEIGH, NC
	3/12/2	RALEIGH, NC
	maintenance procedures for the Intoxion,000 or higher) to be followed at least	neters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with once every four months are:
(1)		ays at least 51 pounds per square inch (psi) of pressure, or the alcoholic 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and	date;
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears,	ollect breath sample;
(7)	When "PLEASE BLOW" appears,	ollect breath sample;
(8)	Print test record;	
(9)	Run diagnostic program and confir	n preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canis simulator solution is being chang whichever occurs first.	er is being changed before expiration date, or the alcoholic breath d every four months or after 125 Alcoholic Breath Simulator tests
were performed	the 12 day of JANUARY I on the instrument indicated above, in vices, and the instrument is functioning	, 20 24 the forgoing preventive maintenance procedures accordance with current regulations of the N.C. Department of Health properly.
THE GLAM VIDES	CAROL SI A	of Certifying Official Certificate Number

WAKE COUNTY NORTH EAST DISTRICT 910

Serial Number: 008623 Test Date: 01/12/2024

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: 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: AG303102 Exp Date: 01/31/2025

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

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### WAKE COUNTY NORTH EAST DISTRICT 910

Serial Number: 008623 Test Record Number: 4772 Test Date: 01/12/2024 Test Time: 2:54pm EST

System Check: Passed

#### Baseline Tests

Status	Time
Pass	2:54pm
Pass	2:54pm
Pass	2:54pm
	Pass Pass

#### 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

Status	Time	
Pass	2:55pm	

## Printer Tests Test Status Time

PRNT	Pass	2:55pm

CRC	Tests
CILC	TCDCN

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

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)

Instrument Seri				North EAST DIST
	al No. 00 8623		5228 Core	ens Darry Ro
			Raleigh, N	ens Darry Ro
The preventive serial number 1	maintenance procedures for the 0,000 or higher) to be followed	ne Intoximeters, M d at least once eve	odel Intox EC/IR II and ry four months are:	Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas can breath simulator thermome			e inch (psi) of pressure, or the alcoholic gree centigrade;
(2)	Verify instrument displays	time and date;		
(3)	Initiate breath test sequence	e;		
(4)	Enter information as prom	Enter information as prompted;		
(5)	Verify instrument accuracy;			
(6)	When "PLEASE BLOW"	appears, collect br	eath sample;	
(7)	When "PLEASE BLOW"	appears, collect br	eath sample;	
(8)	Print test record;			
(9)	Run diagnostic program an	nd confirm preven	tive maintenance status	of "Pass"; and
(10)				piration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,
were performe	the 23 day of JANG do not the instrument indicated rvices, and the instrument is full and the instrument in the instrument is full and the instrument in the instrument is full and the	above, in accorda	nce with current regulat	ng preventive maintenance procedures tions of the N.C. Department of Health

WAKE COUNTY NORTH EAST DISTRICT 910

Serial Number: 008623 Test Date: 01/23/2024

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: 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	11:02am
AIR BLK	.00	11:02am
ACCY CHK	.07	11:03am
AIR BLK	.00	11:05am
SUB TEST	.00	11:05am
AIR BLK	.00	11:06am
SUB TEST	.00	11:07am
ATR BLK	.00	11:08am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY NORTH EAST DISTRICT 910

Serial Number: 008623 Test Record Number: 4781 Test Date: 01/23/2024 Test Time: 11:09am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:09am 11:09am
FC	Pass	11:09am

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:09am
SRC	Pass	11:09am
DET	Pass	11:09am
BAR	Pass	11:09am
BT	Pass	11:09am

#### Blank Tests

Test	Status	Time	
AIR	Pass	11:10am	

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:10am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:10am

Pass 11:10am

Preventive Maintenance Status: Pass

CAL

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 Wa	KE Ins	trument Location	WAKE FOR	PEST PD	
Instrument Ser	rial No. <u>010</u> 8657		225 5.	TAYLON ST REST, NC	
	9707 Maria		WAKE FO.	REST, MC	
The preventive serial number	e maintenance procedures for the Into 10,000 or higher) to be followed at lea	ximeters, Model Intests once every four r	ox EC/IR II and I nonths are:	Model Intox EC/IR II (Enhar	nced with
(1)	Verify the ethanol gas canister di breath simulator thermometer sho	splays at least 51 po ows 34 degrees, plus	ounds per square is or minus .2 degr	inch (psi) of pressure, or the ee centigrade;	alcoholic
(2)	Verify instrument displays time a	nd date;			
(3)	Initiate breath test sequence;				
(4)	Enter information as prompted;				
(5)	Verify instrument accuracy;				
(6)	When "PLEASE BLOW" appears	s, collect breath sam	iple;		
(7)	When "PLEASE BLOW" appears	s, collect breath sam	iple;		
(8)	Print test record;				
(9)	Run diagnostic program and conf	irm preventive mair	ntenance status of	"Pass"; and	
(10)	Verify that the ethanol gas can simulator solution is being char whichever occurs first.	ister is being char aged every four mo	nged before expired on the or after 12	ration date, or the alcohol 5 Alcoholic Breath Simula	ic breath tor tests,
I certify that on were performed and Human Ser	the /6 day of January do do not the instrument indicated above, rvices, and the instrument is functioning	, 20 in accordance with ng properly.	the forgoing current regulation	preventive maintenance properties of the N.C. Department of	ocedures of Health
O IN STATE OF THE PROPERTY OF	TO THE PARTY OF TH		1	671	
anna anna	Signati	ure of Certifying Of	ficial	Certificate Number	er

WAKE COUNTY WAKE FOREST PD 910

Serial Number: 008651 Test Date: 01/16/2024

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: 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	3:45pm
AIR BLK	.00	3:45pm
ACCY CHK	.08	3:46pm
AIR BLK	.00	3:47pm
SUB TEST	.00	3:47pm
AIR BLK	.00	3:49pm
SUB TEST	.00	3:50pm
ATR BLK	0.0	3:51pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### WAKE COUNTY WAKE FOREST PD 910

Serial Number: 008651 Test Record Number: 1646
Test Date: 01/16/2024 Test Time: 3:52pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:52pm
FLO	Pass	3:52pm
FC	Pass	3:52pm
1. C	1 433	J. J2pi

#### 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	3:53pm

#### Printer Tests

Time
3:53pm

#### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County	Instrument Location WAKE FUREST PD
Instrument Ser	ial No. 008700 225 S. Taylon ST WAKE FUREST, NC
	WAKE FURESTINC
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on were performed and Human Ser	the day of
W. STATE OF THE PROPERTY OF TH	CAROLLI CAROLL
TO QUAM VIDER	CHERONAL SCHICK OF 1
	Signature of Certifying Official Certificate Number

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

DHHS 4080 (04/20)

WAKE COUNTY WAKE FOREST PD 910

Serial Number: 008700 Test Date: 01/03/2024

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: 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 AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00 .00	11:36am 11:37am 11:38am 11:39am 11:39am
	.00	11:41am
AIR BLK	-00	11 · 42 am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

Department of Health and Human Services

Rev. 12/2007

#### WAKE COUNTY WAKE FOREST PD 910

Serial Number: 008700 Test Record Number: 2301 Test Date: 01/03/2024

Test Time: 11:43am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:43am
FLO	Pass	11:43am
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	11:44am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:44am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:45am 11:45am

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 4	JAKE Instrument Location Holly Springs PD
Instrument Ser	ial No. 008757 750 Holly Springs RD
serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the day of, 2027_ the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
THE STATE OF THE S	See A 1 2
Witness of the Control of the Contro	Signature of Certifying Official Certificate Number

WAKE COUNTY HOLLY SPRINGS PD 910

Serial Number: 008757 Test Date: 01/09/2024

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: AG303001 Exp Date: 01/30/2025

Test	g/210L	Time
DIAG	Pass	3:27pm
AIR BLK	.00	3:28pm
ACCY CHK	.07	3:28pm
AIR BLK	.00	3:29pm
SUB TEST	.00	3:30pm
AIR BLK	.00	3:31pm
SUB TEST	.00	3:32pm
AIR BLK	.00	3:33pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Somm Stokes Brownes Analyst

#### WAKE COUNTY HOLLY SPRINGS PD 910

Serial Number: 008757

Test Record Number: 2773 Test Date: 01/09/2024 Test Time: 3:33pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:34pm
FLO	Pass	3:34pm
FC	Pass	3:34pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:34pm
SRC	Pass	3:34pm
DET	Pass	3:34pm
BAR	Pass	3:34pm
BT	Pass	3:34pm

#### Blank Tests

Test	Status	Time	
ATR	Pagg	3 • 35nm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:35pm
	CRC Tests	
Test	Status	Time

COMP Pass 3:35pm CAL Pass 3:35pm

Preventive Maintenance Status: Pass

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

County_	The Instrument Location WAKE County Defention Cte
Instrument Seria	3301 HAMMOND RD
-	RALEISH, NC
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the 26 day of 4, 2024 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
THE STATE OF MAY 20. 1773	Sym Alas Esques 1.62
The state of the s	Signature of Certifying Official Certificate Number

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008760 Test Date: 01/26/2024

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	2:56pm
AIR BLK	.00	2:57pm
ACCY CHK	.07	2:57pm
AIR BLK	.00	2:59pm
SUB TEST	.00	3:00pm
AIR BLK	.00	3:00pm
SUB TEST	.00	3:02pm
ATR BLK	-00	3:03pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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#### WAKE COUNTY DETENTION CENTER 910

Serial Number: 008760 Test Record Number: 6680 Test Date: 01/26/2024 Test Time: 3:03pm EST

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 CAL	Pass Pass	3:04pm 3:04pm

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 4		
Instrument S	Serial No. <u>008</u> %0 3301 HAMMIN	10 RO
	Raleigh, NC	10 20
The prevent serial number	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model er 10,000 or higher) to be followed at least once every four months are:	Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (p breath simulator thermometer shows 34 degrees, plus or minus .2 degree cen	osi) of pressure, or the alcoholic tigrade;
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass	"; and
(10)	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Alc whichever occurs first.	date, or the alcoholic breath oholic Breath Simulator tests,
were perfor	on the day of	entive maintenance procedures the N.C. Department of Health
ORAN OF THE CARACTER OF THE CA		662
411111111111111111111111111111111111111	Signature of Certifying Official	Certificate Number

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008760 Test Date: 01/08/2024

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/19

Subject'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: AG303101 Exp Date: 01/31/2025

Test	g/210L	Time
DIAG	Pass	4:01pm
AIR BLK	.00	4:02pm
ACCY CHK	.08	4:02pm
AIR BLK	.00	4:04pm
SUB TEST	.00	4:04pm
AIR BLK	.00	4:05pm
SUB TEST	.00	4:07pm
AIR BLK	.00	4:08pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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#### WAKE COUNTY DETENTION CENTER 910

Serial Number: 008760 Test Record Number: 6655 Test Date: 01/08/2024 Test Time: 4:08pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time	
IR	Pass	4:08pm	
FLO	Pass	4:08pm	
FC	Pass	4:09pm	

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	4:09pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:09pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	4:10pm 4:10pm
CAL	rass	4.10pm

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)

Coun	ity W	Ale Instrument	Location WALL Co	Defention He
Instru	ıment Seri	al No. 008778	3301 HAM	none RO
-			RALOIGH, N	
The partial	preventive number 1	maintenance procedures for the Intoximeters, 0,000 or higher) to be followed at least once e	Model Intox EC/IR II and Nevery four months are:	Model Intox EC/IR II (Enhanced with
	(1)	Verify the ethanol gas canister displays at breath simulator thermometer shows 34 de	least 51 pounds per square in egrees, plus or minus .2 degre	nch (psi) of pressure, or the alcoholic ee centigrade;
	(2)	Verify instrument displays time and date;		
	(3)	Initiate breath test sequence;		
	(4)	Enter information as prompted;		
	(5)	Verify instrument accuracy;		
	(6)	When "PLEASE BLOW" appears, collect	breath sample;	
	(7)	When "PLEASE BLOW" appears, collect	breath sample;	
	(8)	Print test record;		
	(9)	Run diagnostic program and confirm preven	entive maintenance status of	'Pass"; and
	(10)	Verify that the ethanol gas canister is simulator solution is being changed eve whichever occurs first.	being changed before expir ry four months or after 125	ation date, or the alcoholic breath 5 Alcoholic Breath Simulator tests,
were	performed	the day of	dance with current regulation	preventive maintenance procedures is of the N.C. Department of Health
Sept.	SSE QUAM VICERIA	Smen Stoke	Emis	662
		Signature of Ce	ertifying Official	Certificate Number

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008778 Test Date: 01/02/2024

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: 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: AG308004 Exp Date: 03/21/2025

Test	g/210L	Time
DIAG	Pass	10:41am
AIR BLK	.00	10:42am
ACCY CHK	.07	10:42am
AIR BLK	.00	10:44am
SUB TEST	.00	10:44am
AIR BLK	.00	10:45am
SUB TEST	.00	10:47am
AIR BLK	.00	10:48am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008778 Test Record Number: 7986

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

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

Preventive Maintenance Status: Pass

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

County WA	Instrument Location Raceigh PD	Doundown Dist
Instrument Ser	ial No. 008873 218 W. C	ALARRUS ST
	RHLEIGH	NL
The preventive serial number	maintenance procedures for the Intoximeters, Model Intox EC/IR II and 0,000 or higher) to be followed at least once every four months are:	nd Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square breath simulator thermometer shows 34 degrees, plus or minus .2 de	re inch (psi) of pressure, or the alcoholic egree centigrade;
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status	of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before ex- simulator solution is being changed every four months or after whichever occurs first.	xpiration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,
	the day of	ng preventive maintenance procedures tions of the N.C. Department of Health
THE STATE OF THE PARTY OF THE P	Smy Ades Engs	662
	Signature of Certifying Official	Certificate Number

WAKE COUNTY RALEIGH PD DOWNTOWN 910

Serial Number: 008873 Test Date: 01/02/2024

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: 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	9:32am
AIR BLK	.00	9:32am
ACCY CHK	.07	9:33am
AIR BLK	.00	9:34am
SUB TEST	.00	9:34am
AIR BLK	.00	9:35am
SUB TEST	.00	9:37am
AIR BLK	.00	9:38am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

# WAKE COUNTY RALEIGH PD DOWNTOWN 910

Serial Number: 008873 Test Record Number: 2168

Test Date: 01/02/2024 Test Time: 9:38am EST

System Check: Passed

# Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:38am 9:38am
FC	Pass	9:38am

# Temperature Tests

Test	Status	Time
FC1	Pass	9:39am
SRC	Pass	9:39am
DET	Pass	9:39am
BAR	Pass	9:39am
BT	Pass	9:39am

### Blank Tests

Test	Status	Time
AIR	Pass	9:39am

# Printer Tests

Test	Status	Time
PRNT	Pass	9:39am
	CRC Tests	

Test	Status	Time
COMP	Pass	9:39am
CAL	Pass	9:39am

Preventive Maintenance Status: Pass

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

County 4/	Alle Instrument Location Raceigh PD	Downtown Dist
Instrument Ser	ial No. <u>008907</u> 218 W. Caba	V1-5 5T
	Rateigh N	V1-5 5T
The preventive serial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and M 10,000 or higher) to be followed at least once every four months are:	Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square in breath simulator thermometer shows 34 degrees, plus or minus .2 degrees.	nch (psi) of pressure, or the alcoholic ee centigrade;
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of	"Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expir simulator solution is being changed every four months or after 12 whichever occurs first.	
were performe	n the	preventive maintenance procedures ns of the N.C. Department of Health
A THE GLIAN VIEW	Sum Akes Basies	662

WAKE COUNTY RALEIGH PD DOWNTOWN 910

Serial Number: 008907 Test Date: 01/08/2024

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: AG313102 Exp Date: 01/31/2025

Test	g/210L	Time
DIAG	Pass	4:51pm
AIR BLK	.00	4:52pm
ACCY CHK	.08	4:52pm
AIR BLK	.00	4:54pm
SUB TEST	.00	4:54pm
AIR BLK	.00	4:55pm
SUB TEST	.00	4:56pm
ATR BLK	- 0.0	4:57pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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# WAKE COUNTY RALEIGH PD DOWNTOWN 910

Serial Number: 008907 Test Record Number: 1330 Test Date: 01/08/2024 Test Time: 4:57pm EST

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	4:58pm
FLO	Pass	4:58pm
FC	Pass	4:58pm

### Temperature Tests

Status	Time
Pass	4:58pm
	Pass Pass Pass Pass

# Blank Tests

Test	Status	Time
AIR	Pass	4:59pm

### Printer Tests

PRNT Pass 4:5	Test	Status	Time
	PRNT	Pass	4:59pm

#### CRC Tests

	CIC ICDED	
Test	Status	Time
COMP	Pass	4:59pm
CAL	Pass	4:59pm

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_6/	ske	Instrument Location	Wake	6	Defention Un
Instrument Ser	rial No. <u>608924</u>		3301	HAZ	ummis 125
			Raleigh	1 , ~	manio 150
The preventive serial number	e maintenance procedures for the 10,000 or higher) to be followed	e Intoximeters, Model In at least once every four	ntox EC/IR II months are:	and Mo	del Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canis breath simulator thermomet	ster displays at least 51 ger shows 34 degrees, pl	pounds per squus or minus .2	uare incl	n (psi) of pressure, or the alcoholic
(2)	Verify instrument displays t				,
(3)	Initiate breath test sequence	;			
(4)	Enter information as prompt	ted;			
(5)	Verify instrument accuracy;				
(6)	When "PLEASE BLOW" ap	opears, collect breath sa	mple;		
(7)	When "PLEASE BLOW" ap	opears, collect breath sa	mple;		
(8)	Print test record;		×		
(9)	Run diagnostic program and	confirm preventive ma	intenance statu	us of "Pa	ass"; and
(10)	Verify that the ethanol gas simulator solution is being whichever occurs first.	s canister is being cha changed every four n	anged before nonths or afte	expiration 125 A	on date, or the alcoholic breath Alcoholic Breath Simulator tests,
I certify that on were performed and Human Ser	the day of I on the instrument indicated abvices, and the instrument is fund	, 20_ pove, in accordance with	24 the forgo	oing pre lations o	eventive maintenance procedures of the N.C. Department of Health
ON STATE OF THE OFFICE AND ADDRESS OF THE OFFICE ADDRESS OF THE OFFICE ADDRESS OF THE OFFICE ADDRESS OF THE OFFICE AND ADDRESS OF THE OFFICE ADDRESS OF THE OFFICE ADDRESS OF	OSTH CAROUN				
SEE QUAM VIDER	Smm &	Usas Base			662
	S	ignature of Certifying C	fficial		Certificate Number

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008924 Test Date: 01/02/2024

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: 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: AG308004 Exp Date: 03/21/2025

Test	g/210L	Time
DIAG	Pass	11:21am
AIR BLK	.00	11:21am
ACCY CHK	.08	11:22am
AIR BLK	.00	11:23am
SUB TEST	.00	11:24am
AIR BLK	.00	11:25am
SUB TEST	.00	11:26am
AIR BLK	.00	11 • 27 am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Somm Ales Brances
Analyst

# WAKE COUNTY DETENTION CENTER 910

Serial Number: 008924 Test Record Number: 1817
Test Date: 01/02/2024 Test Time: 11:27am EST

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	11:29am

# Printer Tests

Test	Status	Time
PRNT	Pass	11:29am
	CRC Tests	
Test	Status	Time

1656	Status	TIME
COMP	Pass	11:29am
CAL	Pass	11:29am

Preventive Maintenance Status: Pass

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

County 4/	Ake Instrument Location WAKE 6	Datentin Ga
Instrument Ser	ial No. <u>008924</u> 3301 HA	MANUAL RD
	Kaleigh	VC
The preventive serial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and 10,000 or higher) to be followed at least once every four months are:	I Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square breath simulator thermometer shows 34 degrees, plus or minus .2 deg	e inch (psi) of pressure, or the alcoholic gree centigrade;
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of	of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before ex- simulator solution is being changed every four months or after I whichever occurs first.	piration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,
I certify that or were performe and Human Ser	the day of day of day of day of do n the instrument indicated above, in accordance with current regulativities, and the instrument is functioning properly.	g preventive maintenance procedures ions of the N.C. Department of Health
THE STATE OF THE S	A CAROLLE AND A	
OCH OLIAN VICEN	Simon 8 toles Davies	662
	Signature of Certifying Official	Certificate Number

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008924 Test Date: 01/09/2024

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: AG308004 Exp Date: 03/21/2025

Test	g/210L	Time
DIAG	Pass	8:47pm
AIR BLK	.00	8:48pm
ACCY CHK	.07	8:48pm
AIR BLK	.00	8:50pm
SUB TEST	.00	8:50pm
AIR BLK	.00	8:51pm
SUB TEST	.00	8:53pm
AIR BLK	.00	8:54pm

Reported AC: .00 g/210L

Court CVR

### WAKE COUNTY DETENTION CENTER 910

Serial Number: 008924 Test Record Number: 1844
Test Date: 01/09/2024 Test Time: 8:54pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:54pm
FLO	Pass	8:54pm
FC	Pass	8:54pm

# Temperature Tests

Status	Time
Pass	8:55pm
	Pass Pass Pass Pass

# Blank Tests

Test	Status	Time
AIR	Pass	8:55pm

### Printer Tests

Test	Status	Time
PRNT	Pass	8:55pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	8:55pm 8:55pm

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 Was	shington Instrument Location Washington	(o. 5.0.
Instrument Seri	ial No. 008829 120 Adams St	F., Plymonth, NC
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model 0,000 or higher) to be followed at least once every four months are:	Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (p breath simulator thermometer shows 34 degrees, plus or minus .2 degree cen	
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"	"; and
(10)	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Alc whichever occurs first.	date, or the alcoholic breath oholic Breath Simulator tests,
I certify that on were performed and Human Ser	the day of January, 20 the forgoing preved on the instrument indicated above, in accordance with current regulations of tryices, and the instrument is functioning properly.	ntive maintenance procedures the N.C. Department of Health
STATE OF STA	Agent Carolina (1)	
GO GUAM VICES	Significant Consider a Constitution of Constit	643
	Signature of Certifying Official	Certificate Number

WASHINGTON COUNTY SHERIFF'S OFFICE 930

Serial Number: 008829 Test Date: 01/02/2024

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: AG212403 Exp Date: 05/04/2024

Test	g/210L	Time
DIAG	Dese	12.20
DIAG	Pass	12:20pm
AIR BLK	.00	12:20pm
ACCY CHK	.07	12:21pm
AIR BLK	.00	12:22pm
SUB TEST	.00	12:23pm
AIR BLK	.00	12:24pm
SUB TEST	.00	12:26pm
AIR BLK	.00	12:27pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### WASHINGTON COUNTY SHERIFF'S OFFICE 930

Serial Number: 008829 Test Record Number: 1195
Test Date: 01/02/2024 Test Time: 12:27pm EST

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	12:28pm
FLO	Pass	12:28pm
FC	Pass	12:28pm

### Temperature Tests

Test	Status	Time
FC1	Pass	12:28pm
SRC	Pass	12:28pm
DET	Pass	12:28pm
BAR	Pass	12:28pm
BT	Pass	12:28pm

# Blank Tests

Test	Status	Time
AIR	Pass	12:29pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:29pm

### CRC Tests

Test	Status	Time
COMP	Pass	12:29pm
CAL	Pass	12:29pm

Preventive Maintenance Status: Pass

Analyst