# DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

| County A   | AMANCE Instrument Location Alamance   | Co JAIL  |
|--|---|--|
| Instrument Se  | rial No. 008853 109 5 14  | laple ST GRAVAM, NC  |
| The preventive serial number   | e maintenance procedures for the Intoximeters, Model Intox EC/IR II an<br>10,000 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<br>breath simulator thermometer shows 34 degrees, plus or minus .2 de                     | re 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 status of   | of "Pass": and   |
| (10)   | Verify that the ethanol gas canister is being changed before ex-<br>simulator solution is being changed every four months or after I<br>whichever occurs first. |  |
| I certify that on<br>were performed<br>and Human Ser   | the 2 day of January 2025 the forgoing on the instrument indicated above, in accordance with current regulativices, and the instrument is functioning properly. | g preventive maintenance procedures<br>ions of the N.C. Department of Health |
|  | COND.   |  |
| The same of the sa | Somm Stakes Bones   | 662  |
|  | Signature of Certifying Official  | Certificate Number   |

ALAMANCE COUNTY JAIL 000

Serial Number: 008853 Test Date: 01/24/2025

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG501307 Exp Date: 01/13/2027

| Test     | g/210L | Time    |
|----------|--------|---------|
|          | Pass   | 10:14am |
|          | .00    | 10:15am |
| ACCY CHK | .07    | 10:15am |
| AIR BLK  | .00    | 10:17am |
| SUB TEST | .00    | 10:18am |
| AIR BLK  | .00    | 10:19am |
| SUB TEST | .00    | 10:20am |
| AIR BLK  | .00    | 10:21am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Somm Stales Brue

ALAMANCE COUNTY JAIL 000

Serial Number: 008853 Test Record Number: 4857 Test Date: 01/24/2025 Test Time: 10:21am EST

System Check: Passed

Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 10:22am |
| FLO  | Pass   | 10:22am |
| FC   | Pass   | 10:22am |

# Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 10:22am |
| SRC  | Pass   | 10:22am |
| DET  | Pass   | 10:22am |
| BAR  | Pass   | 10:22am |
| BT   | Pass   | 10:22am |

#### Blank Tests

| Test | Status | Time    |  |
|------|--------|---------|--|
| AIR  | Pass   | 10:23am |  |

#### Printer Tests

| Test        | Status       | Time               |
|-------------|--------------|--------------------|
| PRNT        | Pass         | 10:23am            |
|             | CRC Tests    |                    |
| Test        | Status       | Time               |
| COMP<br>CAL | Pass<br>Pass | 10:23am<br>10:23am |

Preventive Maintenance Status: Pass

# DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

| County Ala                   | Instrument Location Alguano  | es Co JAIL  |
|------------------------------|--|---|
| Instrument Se                | rial No. 008913 109 5. May   | ade ST Graham, NL   |
| 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<br>breath simulator thermometer shows 34 degrees, plus or minus .2 degrees.                     | e inch (psi) of pressure, or the alcoholic<br>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 o   | f "Pass": and   |
| (10)                         | Verify that the ethanol gas canister is being changed before exp<br>simulator solution is being changed every four months or after 1:<br>whichever occurs first.       |   |
| DANGER USE PRINCE COMPANY    | the 27 day of 34.4.4.7. , 202 the forgoing on the instrument indicated above, in accordance with current regulation vices, and the instrument is functioning properly. | preventive maintenance procedures<br>ons of the N.C. Department of Health |
| - Constant                   | Signature of Certifying Official   | Certificate Number  |

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008913 Test Date: 01/24/2025

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject'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: AG501307 Exp Date: 01/13/2027

| Test     | g/210L | Time    |
|----------|--------|---------|
| DIAG     | Pass   | 10:15am |
| AIR BLK  | .00    | 10:15am |
| ACCY CHK | .07    | 10:16am |
| AIR BLK  | .00    | 10:17am |
| SUB TEST | .00    | 10:18am |
| AIR BLK  | .00    | 10:19am |
| SUB TEST | .00    | 10:20am |
| AIR BLK  | .00    | 10:21am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

STAIN STOKES BALL

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008913 Test Record Number: 5593 Test Date: 01/24/2025 Test Time: 10:22am EST

System Check: Passed

Baseline Tests

| Test      | Status       | Time               |
|-----------|--------------|--------------------|
| IR<br>FLO | Pass<br>Pass | 10:22am<br>10:22am |
| FC        | Pass         | 10:22am            |

# Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 10:22am |
| SRC  | Pass   | 10:22am |
| DET  | Pass   | 10:22am |
| BAR  | Pass   | 10:22am |
| BT   | Pass   | 10:22am |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 10:23ar |
|      |        |         |

#### Printer Tests

| Test        | Status       | Time               |
|-------------|--------------|--------------------|
| PRNT        | Pass         | 10:23am            |
|             | CRC Tests    |                    |
| Test        | Status       | Time               |
| COMP<br>CAL | Pass<br>Pass | 10:23am<br>10:23am |

Preventive Maintenance Status: Pass

Analyst

# DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

| Instrument Ser               | ial No. <u>CC8813</u>   | TAMAS   | WILL NO  |
|------------------------------|---|---|--|
| The preventive serial number | maintenance procedures for the Int<br>10,000 or higher) to be followed at l                       | oximeters, Model Intox EC/IR II and<br>east once every four months are:       | d Model Intox EC/IR II (Enhanced with  |
| (1)                          | Verify the ethanol gas canister of breath simulator thermometer si                                | displays at least 51 pounds per squar<br>nows 34 degrees, plus or minus .2 de | e inch (psi) of pressure, or the alcoholic<br>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" appea  | ars, collect breath sample;   |  |
| (7)                          | When "PLEASE BLOW" appea  | rs, collect breath sample;  |  |
| (8)                          | Print test record;  |   |  |
| (9)                          | Run diagnostic program and cor  | nfirm preventive maintenance status   | of "Pass"; and   |
| (10)                         | Verify that the ethanol gas co-<br>simulator solution is being ch-<br>whichever occurs first.     | unister is being changed before ex<br>anged every four months or after        | spiration date, or the alcoholic breath<br>125 Alcoholic Breath Simulator tests, |
| vere performed               | the 67 day of 400 day of 100 the instrument indicated above vices, and the instrument is function | , in accordance with current regula   | ng preventive maintenance procedures<br>tions of the N.C. Department of Health   |
| OW ALL                       | a de  | ature of Certifying Official  | Certificate Number   |

ALEXANDER COUNTY ALEXANDER COUNTY SO 010

> Serial Number: 008813 Test Date: 01/07/2025

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

Subject'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:
10/01/2023-10/01/2025

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

Lot Number: AG431001 Exp Date: 11/05/2026

| Test     | g/210L | Time    |
|----------|--------|---------|
| DIAG     | Pass   | 10:32am |
| AIR BLK  | .00    | 10:33am |
| ACCY CHK | .08    | 10:33am |
| AIR BLK  | .00    | 10:35am |
| SUB TEST | .00    | 10:35am |
| AIR BLK  | .00    | 10:36am |
| SUB TEST | .00    | 10:38am |
| AIR BLK  | .00    | 10:39am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# ALEXANDER COUNTY ALEXANDER COUNTY SO 010

Serial Number: 008813 Test Date: 01/07/2025

Test Record Number: 2437 Test Time: 10:39am EST

Total Time: 10.35am ES

System Check: Passed

#### Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 10:40am |
| FLO  | Pass   | 10:40am |
| FC   | Pass   | 10:40am |

## Temperature Tests

| Status | Time                         |
|--------|------------------------------|
| Pass   | 10:40am                      |
|        | Pass<br>Pass<br>Pass<br>Pass |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 10:40am |

#### Printer Tests

| Test | Status    | Time    |
|------|-----------|---------|
| PRNT | Pass      | 10:41am |
|      | CRC Tests |         |

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 10:41am |
| CAL  | Pass   | 10:41am |

Preventive Maintenance Status: Pass

Analyst

### DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

# 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 10 | maintenance procedures for the Intoximeter<br>0.000 or higher) to be followed at least once                    | s, Model Intox EC/IR II and Model Intox EC/IR II (E<br>every four months are:                           | nhanced with                  |
|---------------------------------|--|---|-------------------------------|
| (1)                             |  | at least 51 pounds per square inch (psi) of pressure, or 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  | t breath sample;  |                               |
| (7)                             | When "PLEASE BLOW" appears, collect  | t breath sample;  |                               |
| (8)                             | Print test record;   |   |                               |
| (9)                             | Run diagnostic program and confirm pre   | ventive maintenance status of "Pass"; and   |                               |
| (10)                            |  | being changed before expiration date, or the alco-<br>ery four months or after 125 Alcoholic Breath Sir |                               |
| were performed                  | the 15 day of JANUARY on the instrument indicated above, in accordices, and the instrument is functioning prop | , 20 25 the forgoing preventive maintenance ordance with current regulations of the N.C. Department.    | e procedures<br>ent of Health |
| STATE OF                        | A  |   |                               |

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

(. j

#### ALLEGHANY COUNTY ALLEGHANY CO JAIL 020

Serial Number: 008890 Test Date: 01/15/2025

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG431002 Exp Date: 11/05/2026

> > > ~/210F

| Test     | g/210L | Time   |
|----------|--------|--------|
| DIAG     | Pass   | 1:50pm |
| AIR BLK  | .00    | 1:50pm |
| ACCY CHK | .07    | 1:51pm |
| AIR BLK  | .00    | 1:52pm |
| SUB TEST | .00    | 1:52pm |
| AIR BLK  | .00    | 1:53pm |
| SUB TEST | .00    | 1:55pm |
| AIR BLK  | .00    | 1:56pm |

Reported AC: .00 g/210L

Chomica: 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

## ALLEGHANY COUNTY ALLEGHANY CO JAIL 020

Serial Number: 008890 Test Record Number: 1030 Test Date: 01/15/2025 Test Time: 1:56pm EST

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 1:57pm |
| FLO  | Pass   | 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   |  |
|------|--------|--------|--|
| ATR  | Pass   | 1:58pm |  |

#### Printer Tests

| Test | Status    | Time   |
|------|-----------|--------|
| PRNT | Pass      | 1:58pm |
|      | CRC Tests |        |
| Test | Status    | Time   |

| 1:58pm |
|--------|
| 1:58pm |
|        |

Preventive Maintenance Status: Pass

# DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

# 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 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 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<br>simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test<br>whichever occurs first. |
|         | the   |
| Sam and | 1 (6)   |
|         | Signature of Certifying Official Certificate Number   |

ANSON COUNTY SHERIFF'S OFFICE 030

Serial Number: 008739 Test Date: 01/03/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG405103 Exp Date: 02/20/2026

Test g/210L Time

|          | 7 S 1 S 1 S 1 S 1 S 1 S 1 S 1 S 1 S 1 S | 100000000000000000000000000000000000000 |
|----------|---|---|
| DIAG     | Pass                                    | 12:41pm                                 |
| AIR BLK  | .00                                     | 12:42pm                                 |
| ACCY CHK | .07                                     | 12:43pm                                 |
| AIR BLK  | .00                                     | 12:44pm                                 |
| SUB TEST | .00                                     | 12:44pm                                 |
| AIR BLK  | .00                                     | 12:45pm                                 |
| SUB TEST | .00                                     | 12:47pm                                 |
|          |   |   |

12:48pm

Reported AC: .00 g/210L

AIR BLK .00

Signature of Chemical malyst

Court CVR

Analyst

# ANSON COUNTY SHERIFF'S OFFICE 030

Serial Number: 008739 Test Record Number: 1117 Test Date: 01/03/2025 Test Time: 12:49pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 12:51pm |

#### Printer Tests

| Status    | Time                        |
|-----------|-----------------------------|
| Pass      | 12:51pm                     |
| CRC Tests |                             |
| Status    | Time                        |
| Pass      | 12:51pm<br>12:51pm          |
|           | Pass<br>CRC Tests<br>Status |

Preventive Maintenance Status: Pass

Analys

# DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

| The preventiv<br>serial number                | e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with<br>10,000 or higher) to be followed at least once every four months are:   |
|---|--|
| (1)   | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;   |
| (2)   | Verify instrument displays time and date;  |
| (3)   | Initiate breath test sequence;   |
| (4)   | Enter information as prompted;   |
| (5)   | Verify instrument accuracy;  |
| (6)   | When "PLEASE BLOW" appears, collect breath sample;   |
| (7)   | When "PLEASE BLOW" appears, collect breath sample;   |
| (8)   | Print test record;   |
| (9)   | Run diagnostic program and confirm preventive maintenance status of "Pass"; and  |
| (10)  | Verify that the ethanol gas canister is being changed before 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 certify that of were performed and Human Se | the 2 day of TANUARY, 20.25 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. |

ASHE COUNTY ASHE COUNTY JAIL 040

Serial Number: 008849 Test Date: 01/02/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG417803 Exp Date: 06/26/2026

| Test     | g/210L | Time   |
|----------|--------|--------|
| DIAG     | Pass   | 3:24pm |
| AIR BLK  | .00    | 3:25pm |
| ACCY CHI | K .07  | 3:25pm |
| AIR BLK  | .00    | 3:26pm |
| SUB TEST | 00. 7  | 3:27pm |
| AIR BLK  | .00    | 3:28pm |
| SUB TEST |        | 3:30pm |
| ATR BLK  |        | 3:31pm |

-/210T Mi--

Reported AC: .00 g/210L

mature of obemical Analyst

Court CVR

#### ASHE COUNTY ASHE COUNTY JAIL 040

Serial Number: 008849 Test Record Number: 1768 Test Date: 01/02/2025 Test Time: 3:32pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 3:33pm |
| SRC  | Pass   | 3:33pm |
| DET  | Pass   | 3:33pm |
| BAR  | Pass   | 3:33pm |
| BT   | Pass   | 3:33pm |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| ATR  | Pass   | 3:34mm |

#### Printer Tests

| Test | Status    | Time   |
|------|-----------|--------|
| PRNT | Pass      | 3:34pm |
|      | CRC Tests |        |
| Test | Status    | Time   |
| COMP | Pass      | 3:34pm |

Preventive Maintenance Status: Pass

Pass

3:34pm

CAL

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

Analyst

Rev. 12/2007

## DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

# 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 10,000 or higher) to be followed at least once every four months are:  |
|----------------|--|
| (1)            | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;                                       |
| (2)            | Verify instrument displays time and date;  |
| (3)            | Initiate breath test sequence:   |
| (4)            | Enter information as prompted;   |
| (5)            | Verify instrument accuracy;  |
| (6)            | When "PLEASE BLOW" appears, collect breath sample;   |
| (7)            | When *PLEASE BLOW" appears, collect breath sample;   |
| (8)            | Print test record;   |
| (9)            | Run diagnostic program and confirm preventive maintenance status of "Pass"; and  |
| (10)           | Verify that the ethanol gas canister is being changed before 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 15 day of JANUARY, 2025 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. |



AVERY COUNTY AVERY COUNTY JAIL 050

Serial Number: 008664 Test Date: 01/15/2025

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE Subject'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: AG431003 Exp Date: 11/05/2026

| Test     | g/210L | Time    |
|----------|--------|---------|
| DIAG     | Pass   | 10:44am |
| AIR BLK  | .00    | 10:45am |
| ACCY CHK | .08    | 10:45am |
| AIR BLK  | .00    | 10:46am |
| SUB TEST | .00    | 10:47am |
| AIR BLK  | .00    | 10:48am |
| SUB TEST | .00    | 10:50am |
| AIR BLK  | .00    | 10:51am |

Reported AC: .00 g/210L

natura 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

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Rev. 12/2007

#### AVERY COUNTY AVERY COUNTY JAIL 050

Serial Number: 008664 Test Record Number: 1262 Test Date: 01/15/2025 Test Time: 10:52am EST

System Check: Passed

#### Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 10:52am |
| FLO  | Pass   | 10:52am |
| FC   | Pass   | 10:52am |

#### Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 10:52am |
| SRC  | Pass   | 10:52am |
| DET  | Pass   | 10:52am |
| BAR  | Pass   | 10:52am |
| BT   | Pass   | 10:52am |

#### Blank Tests

| Test | Status<br>Pass | Time    |  |
|------|----------------|---------|--|
| AIR  |                | 10:53am |  |

#### Printer Tests

Test

|      | ocacas    | 1 11110 |
|------|-----------|---------|
| PRNT | Pass      | 10:53am |
|      | CRC Tests |         |
| Test | Status    | Time    |

Status Time

| COMP | Pass | 10:53am |
|------|------|---------|
| CAL  | Pass | 10:53am |

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

## DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

| d Low |   | al No. DOBS 86 Instrument Location Beaufort Co. Courthouse  |
|-------|---|---|
| Th    | e preventive<br>ial number 1                  | maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with<br>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.         |
| we    | ertify that on<br>re performed<br>d Human Ser | the 21 day of January, 20 Z5 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. |

Signature of Certifying Official

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008586 Test Date: 01/21/2025

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

Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

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

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

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

| Test     | g/210L | Time   |
|----------|--------|--------|
| DIAG     | Pass   | 1:17pm |
| AIR BLK  | .00    | 1:18pm |
| ACCY CHK | .07    | 1:18pm |
| AIR BLK  | .00    | 1:20pm |
| SUB TEST | .00    | 1:20pm |
| AIR BLK  | .00    | 1:21pm |
| SUB TEST | .00    | 1:23pm |
| AIR BLK  | .00    | 1:24pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

- Zunalyst

#### BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008586 Test Record Number: 2269
Test Date: 01/21/2025 Test Time: 1:25pm EST

System Check: Passed

#### Baseline Tests

| Test      | Status       | Time             |
|-----------|--------------|------------------|
| IR<br>FLO | Pass<br>Pass | 1:25pm<br>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<br>CAL | Pass<br>Pass | 1:26pm<br>1:26pm |

Preventive Maintenance Status: Pass

Analyst

## DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

| The prev<br>serial nur | entive maintenance procedures f<br>nber 10,000 or higher) to be foll | for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with owed at least once every four months are:                                       |
|------------------------|--|--|
| (                      |  | canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic someter shows 34 degrees, plus or minus .2 degree centigrade;             |
| 0                      | <ol> <li>Verify instrument disp</li> </ol>                           | slays time and date;   |
| (                      | 3) Initiate breath test seq  | uence;   |
| (                      | 4) Enter information as p  | prompted;  |
| (                      | 5) Verify instrument accu  | uracy;   |
| (                      | 5) When "PLEASE BLO  | W" appears, collect breath sample;   |
| (                      | 7) When "PLEASE BLO  | W" appears, collect breath sample;   |
| . (1                   | <ol> <li>Print test record;</li> </ol>                               |  |
| (                      | Run diagnostic progra  | m and confirm preventive maintenance status of "Pass"; and   |
| (                      |  | nol gas canister is being changed before expiration date, or the alcoholic breath<br>being changed every four months or after 125 Alcoholic Breath Simulator tests |
| I certify t            | formed on the instrument indica                                      | 2025 the forgoing preventive maintenance procedure sted above, in accordance with current regulations of the N.C. Department of Health is functioning properly.    |

Signature of Certifying Official

Certificate Number

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008909 Test Date: 01/21/2025

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

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

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

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

| Test                | g/210L | Time             |
|---------------------|--------|------------------|
|                     | Pass   | 1:09pm           |
| ACCY CHK            | .00    | 1:10pm<br>1:11pm |
| AIR BLK<br>SUB TEST | .00    | 1:12pm           |
| AIR BLK             | .00    | 1:13pm<br>1:14pm |
| SUB TEST<br>AIR BLK | .00    | 1:15pm<br>1:16pm |
|                     |        | and the second   |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008909 Tes Test Date: 01/21/2025 Te

Test Record Number: 4268 Test Time: 1:18pm EST

System Check: Passed

#### Baseline Tests

| Test      | Status       | Time             |
|-----------|--------------|------------------|
| IR<br>FLO | Pass<br>Pass | 1:18pm<br>1:18pm |
| FC        | Pass         | 1:18pm           |

#### Temperature Tests

| Status | Time                         |
|--------|------------------------------|
| Pass   | 1:18pm                       |
|        | Pass<br>Pass<br>Pass<br>Pass |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 1:19pm |

#### Printer Tests

| Test | Status    | Time   |
|------|-----------|--------|
| PRNT | Pass      | 1:19pm |
|      | CRC Tests |        |
| Test | Status    | Time   |
| COMP | Pass      | 1:19pm |

Preventive Maintenance Status: Pass

Pass

1:19pm

CAL

Analyst

# DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

| County B   | Instrument Location Bertie Co. S.C.  222 County Form Rd.   | 0                |
|--|--|------------------|
| The preventive                                       | maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced   | d 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 alcohoreath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;                              | oholic           |
| (2)  | Verify instrument displays time and date;  |                  |
| (3)  | Initiate breath test sequence;   |                  |
| (4)  | Enter information as prompted;   |                  |
| (5)  | Verify instrument accuracy;  |                  |
| (6)  | When "PLEASE BLOW" appears, collect breath sample;   |                  |
| (7)  | When "PLEASE BLOW" appears, collect breath sample;   |                  |
| (8)  | Print test record;   |                  |
| (9)  | Run diagnostic program 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<br>were performed<br>and Human Ser | the day of day of 20 25 the forgoing preventive maintenance process on the instrument indicated above, in accordance with current regulations of the N.C. Department of vices, and the instrument is functioning properly. | edures<br>Health |
|  | M.1.1 Punh 680   |                  |
|  | Signature of Certifying Official Certificate Number  |                  |

BERTIE COUNTY BERTIE CO SO 070

Serial Number: 008897 Test Date: 01/09/2025

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject'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: AG400303 Exp Date: 01/03/2026

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

#### BERTIE COUNTY BERTIE CO SO 070

Serial Number: 008897 Test Record Number: 1652 Test Date: 01/09/2025 Test Time: 1:20pm EST

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 1:21pm |
| FLO  | Pass   | 1:21pm |
| FC   | Pass   | 1:21pm |

#### Temperature Tests

| Test              | Status               | Time                       |
|-------------------|----------------------|----------------------------|
| FC1               | Pass                 | 1:21pm                     |
| SRC               | Pass                 | 1:21pm                     |
| DET               | Pass                 | 1:21pm                     |
| BAR               | Pass                 | 1:21pm                     |
| BT                | Pass                 | 1:21pm                     |
| SRC<br>DET<br>BAR | Pass<br>Pass<br>Pass | 1:21pm<br>1:21pm<br>1:21pm |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 1:22pm |

#### Printer Tests

| rest | Status    | Time   |
|------|-----------|--------|
| PRNT | Pass      | 1:22pm |
|      | CRC Tests |        |
| Test | Status    | Time   |
| COMP | Pass      | 1:22pm |

Preventive Maintenance Status: Pass

CAL Pass 1:22pm

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

Department of Health and Human Services Rev. 12/2007

# DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

# 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 | al No. <u>008613</u>  |  | POLICE                                | DEPT  |
|----------------|---|--|---------------------------------------|---|
|                | maintenance procedures for 0,000 or higher) to be follow                            |  |                                       | odel Intox EC/IR II (Enhanced with                                      |
| (1)            |   | nister displays at least 51 p<br>neter shows 34 degrees, plu |                                       | ch (psi) of pressure, or the alcoholic<br>centigrade;                   |
| (2)            | Verify instrument display   | s time and date;   |                                       |   |
| (3)            | Initiate breath test sequen   | ce;  |                                       |   |
| (4)            | Enter information as pron   | npted;   |                                       |   |
| (5)            | Verify instrument accurac   | ey:  |                                       |   |
| (6)            | When *PLEASE BLOW*  | appears, collect breath sar                                  | nple;                                 |   |
| (7)            | When "PLEASE BLOW"  | appears, collect breath sar                                  | nple;                                 |   |
| (8)            | Print test record;  |  |                                       |   |
| (9)            | Run diagnostic program a  | and confirm preventive mai                                   | ntenance status of "                  | Pass"; and  |
| (10)           |   |  |                                       | tion date, or the alcoholic breath<br>Alcoholic Breath Simulator tests, |
| were performed | the 18 day of JAA<br>on the instrument indicated<br>vices, and the instrument is fo | above, in accordance with                                    | the forgoing p<br>current regulations | reventive maintenance procedures<br>of the N.C. Department of Health    |
| The same       | (1)   | - Ra Bon   | 5                                     | 648   |
|                |   | Signature of Certifying O                                    | fficial                               | Certificate Number  |

#### BRUNSWICK COUNTY SUNSET BEACH 090

Serial Number: 008613 Test Date: 01/18/2025

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject'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: AG417802 Exp Date: 06/26/2026

| Test     | g/210L | Time   |
|----------|--------|--------|
| DIAG     | Pass   | 1:04pm |
| AIR BLK  | .00    | 1:05pm |
| ACCY CHK | .08    | 1:06pm |
| AIR BLK  | .00    | 1:07pm |
| SUB TEST | .00    | 1:08pm |
| AIR BLK  | .00    | 1:09pm |
| SUB TEST | .00    | 1:10pm |
| AIR BLK  | .00    | 1:11pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alu Ray Barrer Analyst

## BRUNSWICK COUNTY SUNSET BEACH 090

Test Record Number: 1499 Serial Number: 008613 Test Date: 01/18/2025 Test Time: 1:11pm 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

Test

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

Status Time

Preventive Maintenance Status: Pass

# DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

# 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<br>serial number 1                    | 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<br>were performed<br>and Human Ser | the 33 day of 10000 . 2025 the forgoing preventive maintenance procedured on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health revices, and the instrument is functioning properly. |

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

Signature of Certifying Official

Certificate Number

#### CABARRUS COUNTY CABARRUS COUNTY SO 120

Serial Number: 008590 Test Date: 01/23/2025

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Helms, Bryce A Permit Number: 0084-9845 Effective: 10/01/2023-10/01/2025

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

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

| Test     | g/210L | Time    |
|----------|--------|---------|
| DIAG     | Pass   | 12:11pm |
| AIR BLK  | .00    | 12:12pm |
| ACCY CHE | 80. 3  | 12:13pm |
| AIR BLK  | .00    | 12:15pm |
| SUB TEST | 00. 1  | 12:15pm |
| AIR BLK  | .00    | 12:16pm |
| SUB TEST | 00. 1  | 12:18pm |
| ATR BLK  | .00    | 12:19pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### CABARRUS COUNTY CABARRUS COUNTY SO 120

Serial Number: 008590 Test Record Number: 5228

Test Time: 12:19pm EST Test Date: 01/23/2025

System Check: Passed

#### Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 12:19pm |
| FLO  | Pass   | 12:19pm |
| FC   | Pass   | 12:19pm |

#### Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 12:19pm |
| SRC  | Pass   | 12:19pm |
| DET  | Pass   | 12:19pm |
| BAR  | Pass   | 12:19pm |
| BT   | Pass   | 12:19pm |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| ATD  | Dage   | 12.20pm |

#### Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 12:20pm |

#### CRC Tests

| Test | Status | Time    |  |
|------|--------|---------|--|
| COMP | Pass   | 12:20pm |  |
| CAL  | Pass   | 12:20pm |  |

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 CO  | Instrument Location Cabanus County 80  Concovol, NC  |  |  |
|--|--|--|--|
| The preventive serial number                       | 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<br>simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests<br>whichever occurs first.      |  |  |
| I certify that or<br>were performe<br>and Human Se | the 33 day of 10 nuav , 20 35 the forgoing preventive maintenance procedured on the instrument indivated above, in accordance with current regulations of the N.C. Department of Health revices, and the instrument is functioning properly. |  |  |
| STATE  |  |  |  |



Oylo Almo Signature of Certifying Official

Certificate Number

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

CABARRUS COUNTY CABARRUS COUNTY SO 120

Serial Number: 008625 Test Date: 01/23/2025

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

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

Analyst's Name: Helms, Bryce A
Permit Number: 0084-9845
Effective:
10/01/2023-10/01/2025

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

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

| Test     | g/210L | Time    |
|----------|--------|---------|
|          |        |         |
| DIAG     | Pass   | 11:58am |
| AIR BLK  | .00    | 11:58am |
| ACCY CHK | .07    | 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

#### CABARRUS COUNTY CABARRUS COUNTY SO 120

Serial Number: 008625 -Test Date: 01/23/2025 Test Record Number: 7041 Test Time: 12:06pm EST

System Check: Passed '

#### Baseline Tests

| Test  | Status | Time    |
|-------|--------|---------|
| IR    | Pass   | 12:07pm |
| FLO , | Pass   | 12:07pm |
| FC    | Pass   | 12:07pm |

#### Temperature Tests

| Test | Status | Time     |
|------|--------|----------|
| FC1  | Pass   | 12:07pm  |
| SRC  | Pass   | 12:07pm  |
| DET  | Pass   | 12:07pm  |
| BAR  | Pass   | ,12:07pm |
| BT   | Pass   | 12:07pm  |

#### Blank Tests

| Test | Status | Time |  |
|------|--------|------|--|
|      |        |      |  |

AIR Pass 12:07pm

#### Printer Tests

Test Status Time

PRNT Pass 12:07pm

CRC Tests

Test Status Time

COMP Pass 12:08pm CAL Pass 12:08pm

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                   | isla No. 008792 Instrument Location Cabamus County 80 Concord, NUC   |  |  |
|-----------------------------------|--|--|--|
| The preventive<br>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 33 day of fanuary, 2025 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 signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature

Certificate Number

CABARRUS COUNTY CABARRUS COUNTY SO 120

Serial Number: 008792 Test Date: 01/23/2025

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Helms, Bryce A Permit Number: 0084-9845 Effective:

10/01/2023-10/01/2025

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

> Lot Number: AG405103 Exp Date: 02/20/2026

| Test     | g/210L | Time    |
|----------|--------|---------|
| DIAG     | Pass   | 11:56am |
| AIR BLK  | .00    | 11:57am |
| ACCY CHK | .08    | 11:58am |
| AIR BLK  | .00    | 11:59am |
| SUB TEST | .00    | 12:00pm |
| AIR BLK  | .00    | 12:01pm |
| SUB TEST | .00    | 12:03pm |
|          | .00    | 12:04pm |

Reported AC: .00 g/210L

bre of Chemical Analyst

Court CVR

#### CABARRUS COUNTY CABARRUS COUNTY SO 120

Serial Number: 008792 Test Record Number: 4494 Test Date: 01/23/2025 Test Time: 12:05pm EST

System Check: Passed

#### Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 12:06pm |
| FLO  | Pass   | 12:06pm |
| FC   | Pass   | 12:06pm |

#### Temperature Tests

| Status | Time                         |
|--------|------------------------------|
| Pass   | 12:06pm                      |
|        | Pass<br>Pass<br>Pass<br>Pass |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 12:07pm |

#### Printer Tests

| Test | Status    | Time    |
|------|-----------|---------|
| PRNT | Pass      | 12:07pm |
|      | CRC Tests |         |

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 12:07pm |
| CAL  | Pass   | 12:07pm |

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 CA       |   |
|-----------------|---|
| Instrument Seri | al No. 008719 LEJOIR 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 breatl<br>simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests<br>whichever occurs first. |
|                 | on the instrument indicated above, in accordance with current regulations of the N.C. Department of Healt vices, and the instrument is functioning properly.  |
| Som so          | June S. Denne LAte  |

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

DHHS 4080 (04/20)

CALDWELL COUNTY CALDWELL COUNTY JAIL 130

> Serial Number: 008719 Test Date: 01/13/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG431001 Exp Date: 11/05/2026

| Test     | g/210L | Time   |
|----------|--------|--------|
| DIAG     | Pass   | 9:45am |
| AIR BLK  | .00    | 9:46am |
| ACCY CHK | .08    | 9:46am |
| AIR BLK  | .00    | 9:47am |
| SUB TEST | .00    | 9:49am |
| AIR BLK  | .00    | 9:50am |
| SUB TEST | .00    | 9:51am |
| ATR BLK  | .00    | 9:52am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008719 Test Record Number: 3441
Test Date: 01/13/2025 Test Time: 9:53am EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

| Test | Status | Time     |  |
|------|--------|----------|--|
| ATR  | Page   | 9 · 54am |  |

#### Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 9:54am |

#### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

## 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<br>al number l                 | 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 | rtify that on<br>e performed<br>Human Ser | the 3/ day of JANUARY, 20/55 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 signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

Certificate Number

CHATHAM COUNTY DETENTION CENTER 180

Serial Number: 008591 Test Date: 01/31/2025

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE Subject'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: AG405103 Exp Date: 02/20/2026

| Test     | g/210L | Time    |
|----------|--------|---------|
| DIAG     | Pass   | 12:54pm |
| AIR BLK  | .00    | 12:54pm |
| ACCY CHK | .08    | 12:55pm |
| AIR BLK  | .00    | 12:56pm |
| SUB TEST | .00    | 12:57pm |
| AIR BLK  | .00    | 12:58pm |
| SUB TEST | .00    | 12:59pm |
| AIR BLK  | .00    | 1:00pm  |

Reported AC: .00 g/210L

Signature of Chemical nalyst

Court CVR

Analysi

## CHATHAM COUNTY DETENTION CENTER 180

Serial Number: 008591 Test Record Number: 3199
Test Date: 01/31/2025 Test Time: 1:01pm EST

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 1:01pm |
| FLO  | Pass   | 1:01pm |
| FC   | Pass   | 1:01pm |

#### Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 1:01pm |
| SRC  | Pass   | 1:01pm |
| DET  | Pass   | 1:01pm |
| BAR  | Pass   | 1:01pm |
| BT   | Pass   | 1:01pm |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 1:02pm |

#### Printer Tests

| Test | Status    | Time   |
|------|-----------|--------|
| PRNT | Pass      | 1:02pm |
|      | CRC Tests |        |
| Test | Status    | Time   |
| COMP | Pass      | 1:02pm |

Pass

1:02pm

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)

| Instrument Ser                                       | Instrument Location SILER CITY ial No. 0088//  PRICE DEPARTMENT   |
|--|---|
| The preventive serial number l                       | 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<br>were performed<br>and Human Ser | the 3/ day of, 20/25 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. |
|  |   |
| -  | Signature of Certifying Official Certificate Number   |

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

CHATHAM COUNTY SILER CITY PD 180

Serial Number: 008811 Test Date: 01/31/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG405103 Exp Date: 02/20/2026

Test g/210L Time

| 1000     | g, a lon | TIME   |
|----------|----------|--------|
| DIAG     | Pass     | 2:45pm |
| AIR BLK  | .00      | 2:45pm |
| ACCY CHK | .08      | 2:46pm |
| AIR BLK  | .00      | 2:47pm |
| SUB TEST | .00      | 2:48pm |
| AIR BLK  | .00      | 2:49pm |
| SUB TEST | .00      | 2:50pm |
| AIR BLK  | .00      | 2:51pm |
|          |          |        |

Reported AC: .00 g/210L

Signature of Chemics Analyst

Court CVR

Analyst

#### CHATHAM COUNTY SILER CITY PD 180

Serial Number: 008811 Test Record Number: 1785 Test Date: 01/31/2025 Test Time: 2:52pm EST

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 2:52pm |
| FLO  | Pass   | 2:52pm |
| FC   | Pass   | 2:52pm |

#### Temperature Tests

| Status | Time                         |
|--------|------------------------------|
| Pass   | 2:52pm                       |
|        | Pass<br>Pass<br>Pass<br>Pass |

#### Blank Tests

| Test | Status | Time   |  |
|------|--------|--------|--|
| AIR  | Pass   | 2:53pm |  |

#### Printer Tests

| Test        | Status       | Time             |
|-------------|--------------|------------------|
| PRNT        | Pass         | 2:53pm           |
|             | CRC Tests    |                  |
| Test        | Status       | Time             |
| COMP<br>CAL | Pass<br>Pass | 2:53pm<br>2:53pm |

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)

| serial nu                       | (1) Verify the breath sim (2) Verify ins (3) Initiate bre    | er) to be followed at le   | east once every four months ar<br>displays at least 51 pounds per<br>nows 34 degrees, plus or minu | r square inch (psi) of pressure,                             |                                      |
|---------------------------------|--|--|--|--|--------------------------------------|
| (                               | (2) Verify ins (3) Initiate bro                              | ulator thermometer sl  | nows 34 degrees, plus or minu  | s .2 degree centigrade;                                      | or the alcoholic                     |
| (                               | (3) Initiate bro   | trument displays time  | 11   |  |                                      |
| (                               |  |  | and date;  |  |                                      |
|                                 |  | eath test sequence;  |  |  |                                      |
|                                 | (4) Enter info   | rmation as prompted;   |  |  |                                      |
|                                 | (5) Verify ins   | strument accuracy;   |  |  |                                      |
|                                 | (6) When "PI   | LEASE BLOW" appea  | ars, collect breath sample;  |  |                                      |
| 9                               | (7) When "PI   | LEASE BLOW" appe   | ars, collect breath sample;  |  |                                      |
| 9                               | (8) Print test   | record;  |  |  |                                      |
| 9                               | (9) Run diagr  | nostic program and co  | nfirm preventive maintenance   | status of "Pass"; and  | SPORT SHAPE SALES                    |
| 9                               | simulator  | at the ethanol gas of<br>solution is being ch<br>r occurs first. | anister is being changed be-<br>langed every four months or  | fore expiration date, or the<br>r after 125 Alcoholic Breath | alcoholic breath<br>Simulator tests, |
| I certify<br>were pe<br>and Hur | y that on the 8 terformed on the instruman Services, and the | day of Jang<br>ument indicated above<br>e instrument is function | e, in accordance with current  | forgoing preventive mainten<br>regulations of the N.C. Depa  | ance procedures                      |

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

DHHS 4080 (04/20)

CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: 008895 Test Date: 01/08/2025

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject'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: AG431001 Exp Date: 11/05/2026

| Test     | g/210L | Time    |
|----------|--------|---------|
| DIAG     | Pass   | 11:42am |
| AIR BLK  | .00    | 11:42am |
| ACCY CHK | .07    | 11:43am |
| AIR BLK  | .00    | 11:44am |
| SUB TEST | .00    | 11:45am |
| AIR BLK  | .00    | 11:46am |
| SUB TEST | .00    | 11:47am |
| AIR BLK  | .00    | 11:48am |

Reported AC. .00 g/210X

Signature of Chep cal Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Analyst

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

#### CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: 008895 Test Record Number: 1238
Test Date: 01/08/2025 Test Time: 11:50am EST

System Check: Passed

#### Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 11:50am |
| FLO  | Pass   | 11:50am |
| FC   | Pass   | 11:50am |

#### Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 11:50am |
| SRC  | Pass   | 11:50am |
| DET  | Pass   | 11:50am |
| BAR  | Pass   | 11:50am |
| BT   | Pass   | 11:50am |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 11:51am |

#### Printer Tests

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

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

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)

| The preventive<br>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 alcoholi-<br>breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;                              |
| (2)                             | Verify instrument displays time and date;  |
| (3)                             | Initiate breath test sequence;   |
| (4)                             | Enter information as prompted;   |
| (5)                             | Verify instrument accuracy;  |
| (6)                             | When "PLEASE BLOW" appears, collect breath sample;   |
| (7)                             | When "PLEASE BLOW" appears, collect breath sample;   |
| (8)                             | Print test record;   |
| (9)                             | Run diagnostic program and confirm preventive maintenance status of "Pass"; and  |
| (10)                            | Verify that the ethanol gas canister is being changed before 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 berrounies                 | the 3 day of 2025 the forgoing preventive maintenance procedures do not the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly. |

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

COLUMBUS COUNTY BAT MOBILE UNIT 8 230

Serial Number: 008615 Test Date: 01/03/2025

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Glasscock, Jerry D Permit Number: 7180-9235 Effective: 10/01/2023-10/01/2025

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

Lot Number: AG405102 Exp Date: 02/20/2026

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst Analyst

## COLUMBUS COUNTY BAT MOBILE UNIT 8 230

Serial Number: 008615 Test Record Number: 6048 Test Date: 01/03/2025 Test Time: 8:37pm EST

System Check: Passed

#### Baseline Tests

| Test      | Status       | Time             |
|-----------|--------------|------------------|
| IR<br>FLO | Pass<br>Pass | 8:37pm<br>8:37pm |
| FC        | Pass         | 8:37pm           |

#### Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 8:37pm |
| SRC  | Pass   | 8:37pm |
| DET  | Pass   | 8:37pm |
| BAR  | Pass   | 8:37pm |
| BT   | Pass   | 8:37pm |

#### Blank Tests

| Test | Status | Time   |  |
|------|--------|--------|--|
| AIR  | Pass   | 8:38pm |  |

#### Printer Tests

| Test | Status       | Time             |
|------|--------------|------------------|
| PRNT | Pass         | 8:38pm           |
|      | CRC Tests    |                  |
| Test | Status       | Time             |
| COMP | Pass<br>Pass | 8:38pm<br>8:38pm |

Preventive Maintenance Status: Pass

Sough Desnuce

## 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<br>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<br>simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests,<br>whichever occurs first.  |
| were performe                     | the 3 day of Ochuard, 2025the 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. |

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

COLUMBUS COUNTY BAT MOBILE UNIT 8 230

Serial Number: 008736 Test Date: 01/03/2025

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

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

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

Analyst's Name: Glasscock, Jerry D Permit Number: 7180-9235 Effective: 10/01/2023-10/01/2025

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

Lot Number: AG405102 Exp Date: 02/20/2026

| Test     | g/210L | Time   |
|----------|--------|--------|
| DIAG     | Pass   | 8:22pm |
| AIR BLK  | .00    | 8:23pm |
| ACCY CHK | .08    | 8:24pm |
| AIR BLK  | .00    | 8:25pm |
| SUB TEST | .00    | 8:25pm |
| AIR BLK  | .00    | 8:26pm |
| SUB TEST | .00    | 8:28pm |
| AIR BLK  | .00    | 8:29pm |
|          |        |        |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

- Just Blesseur

#### COLUMBUS COUNTY BAT MOBILE UNIT 8 230

Serial Number: 008736 Test Record Number: 1395 Test Date: 01/03/2025 Test Time: 8:32pm EST

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 8:32pm |
| FLO  | Pass   | 8:32pm |
| FC   | Pass   | 8:32pm |

#### Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 8:32pm |
| SRC  | Pass   | 8:32pm |
| DET  | Pass   | 8:32pm |
| BAR  | Pass   | 8:32pm |
| BT   | Pass   | 8:32pm |
|      |        |        |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| ATR  | Pass   | 8:33pm |

#### Printer Tests

| lesc | Status | 111116 |
|------|--------|--------|
| PRNT | Pass   | 8:33pm |

#### CRC Tests

| Test | Status | Time   |  |
|------|--------|--------|--|
| COMP | Pass   | 8:33pm |  |
| CAL  | Pass   | 8:33pm |  |

Preventive Maintenance Status: Pass

Analyst Harris

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

| number    | 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. |
| performed | the 3 day of 2025 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 signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

Certificate Number

#### COLUMBUS COUNTY BAT MOBILE UNIT 8 230

Serial Number: 008775 Test Date: 01/03/2025

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

Analyst's Name: Glasscock, Jerry D Permit Number: 7180-9235 Effective: 10/01/2023-10/01/2025

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

Lot Number: AG302702 Exp Date: 01/27/2025

| Test     | g/210L | Time   |
|----------|--------|--------|
| DIAG     | Pass   | 8:23pm |
| AIR BLK  | .00    | 8:24pm |
| ACCY CHK | .07    | 8:25pm |
| AIR BLK  | .00    | 8:25pm |
| SUB TEST | .00    | 8:26pm |
| AIR BLK  | .00    | 8:27pm |
| SUB TEST | .00    | 8:28pm |
| AIR BLK  | .00    | 8:29pm |

Reported AC: ,00 g/210L

Signature of Chemical Analyst

Court CVR

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## COLUMBUS COUNTY BAT MOBILE UNIT 8 230

Serial Number: 008775 Test Record Number: 2246
Test Date: 01/03/2025 Test Time: 8:32pm EST

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 8:32pm |
| FLO  | Pass   | 8:32pm |
| FC   | Pass   | 8:33pm |

#### Temperature Tests

| Status | Time                         |
|--------|------------------------------|
| Pass   | 8:33pm                       |
|        | Pass<br>Pass<br>Pass<br>Pass |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 8:33pm |

#### Printer Tests

| lest | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 8:33pm |

#### CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 8:33pm |
| CAL  | Pass   | 8:33pm |

Preventive Maintenance Status: Pass

Sough Klessen

## 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 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<br>simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests,<br>whichever occurs first.   |
| were performed                 | the 3 day of 4 day of 2 day of |

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

#### COLUMBUS COUNTY BAT MOBILE UNIT 8 230

Serial Number: 008816 Test Date: 01/03/2025

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

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

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

Analyst's Name: Glasscock, Jerry D Permit Number: 7180-9235 Effective: 10/01/2023-10/01/2025

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

Lot Number: AG302702 Exp Date: 01/27/2025

| Test     | g/210L | Time   |
|----------|--------|--------|
| DIAG     | Pass   | 8:24pm |
| AIR BLK  | .00    | 8:25pm |
| ACCY CHK | .08    | 8:26pm |
| AIR BLK  | .00    | 8:27pm |
| SUB TEST | .00    | 8:27pm |
| AIR BLK  | .00    | 8:28pm |
| SUB TEST | .00    | 8:30pm |
| AIR BLK  | .00    | 8:31pm |
|          |        |        |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### COLUMBUS COUNTY BAT MOBILE UNIT 8 230

Serial Number: 008816 Test Record Number: 7835 Test Date: 01/03/2025 Test Time: 8:31pm EST

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 8:32pm |
| FLO  | Pass   | 8:32pm |
| FC   | Pass   | 8:32pm |

#### Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 8:32pm |
| SRC  | Pass   | 8:32pm |
| DET  | Pass   | 8:32pm |
| BAR  | Pass   | 8:32pm |
| BT   | Pass   | 8:32pm |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 8:33pm |

#### Printer Tests

| Test | Status    | Time   |
|------|-----------|--------|
| PRNT | Pass      | 8:33pm |
|      | CRC Tests |        |
| Test | Status    | Time   |
| COMP | Pass      | 8:33pm |

Preventive Maintenance Status: Pass

Pass 8:33pm

CAL

- Sont Blesseul

# 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                         |  |
|-----------------------------------|--|
| Instrument Seri                   | TETENTION CENTER   |
| The preventive<br>serial number I | e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced wi<br>10,000 or higher) to be followed at least 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 breasumulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes whichever occurs first.           |
| were performed                    | the 27 day of JANUARY . 2025 the forgoing preventive maintenance procedured on the instrument indicated above, in accordance with current regulations of the N.C. Department of Hearwices, and the instrument is functioning properly. |
|                                   | Signature of Cartifician Official Cartificate Number   |

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

CRAVEN COUNTY DETENTION CENTER 240

Serial Number: 008819 Test Date: 01/27/2025

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: GILLESPIE, PENTTI W

Permit Number: 9523-2149

Effective:

01/01/2024-01/01/2026

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

| Test     | g/210L | Time    |
|----------|--------|---------|
| DIAG     | Pass   | 10:54am |
| AIR BLK  | .00    | 10:55am |
| ACCY CHK | .08    | 10:55am |
| AIR BLK  | .00    | 10:57am |
| SUB TEST | .00    | 10:57am |
| AIR BLK  | .00    | 10:58am |
| SUB TEST | .00    | 11:00am |
| AIR BLK  | .00    | 11:01am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

#### CRAVEN COUNTY DETENTION CENTER 240

Serial Number: 008819 Test Record Number: 1081 Test Date: 01/27/2025 Test Time: 11:01am EST

System Check: Passed

#### Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 11:01am |
| FLO  | Pass   | 11:01am |
| FC   | Pass   | 11:01am |

#### Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 11:02am |
| SRC  | Pass   | 11:02am |
| DET  | Pass   | 11:02am |
| BAR  | Pass   | 11:02am |
| BT   | Pass   | 11:02am |
|      |        |         |

#### Blank Tests

| Test | Status | Time    |  |
|------|--------|---------|--|
| AIR  | Pass   | 11:02am |  |

#### Printer Tests

Test

| PRNT | Pass      | 11:02am |
|------|-----------|---------|
|      | CRC Tests |         |
| Test | Status    | Time    |
| COMP | Pass      | 11:02am |
| CAL  | Pass      | 11:02am |

Status

Time

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 Darre Co. Detertion Center   |
|------------------|--|
| Instrument Seria | INO.008783 1044 Driftwood Dr. Martey   |
|                  | 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.       |
|                  | the 13 day of 2 day of 2,20 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. |
| OF QUANTITY      | Mark James 680   |
|                  | Signature of Certifying Official Certificate Number  |

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

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008783 Test Date: 01/13/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG400303 Exp Date: 01/03/2026

| Test   | g/210L               | Time  |
|--|----------------------|---|
| DIAG<br>AIR BLK<br>ACCY CHK<br>AIR BLK<br>SUB TEST | Pass .00 .07 .00 .00 | 10:45am<br>10:45am<br>10:46am<br>10:47am<br>10:48am |
| AIR BLK<br>SUB TEST                                | .00                  | 10:49am<br>10:50am                                  |
| AIR BLK  | .00                  | 10:50am   |

00 g/27/0L Reported AC:

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 DARE CO DETENTION CE 270

Serial Number: 008783 Test Record Number: 1671
Test Date: 01/13/2025 Test Time: 10:52am EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 10:54am |

#### Printer Tests

| Test | Status    | Time    |
|------|-----------|---------|
| PRNT | Pass      | 10:54am |
|      | CRC Tests |         |
| Test | Status    | Time    |
| COMP | Pass      | 10:54am |

Preventive Maintenance Status: Pass

Pass

10:54am

CAL

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

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)

| Instrument Serial No. 208804  The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhancement serial number 10,000 or higher) to be followed at least once every four months are:  (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the all breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |                     |
|--|---------------------|
| serial number 10,000 or higher) to be followed at least once every four months are:  (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the al  | leo,                |
| serial number 10,000 or higher) to be followed at least once every four months are:  (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the al  | VC                  |
|  | ed with             |
|  | coholic             |
| (2) Verify instrument displays time and date;  |                     |
| (3) Initiate breath test sequence;   |                     |
| (4) Enter information as prompted;   |                     |
| (5) Verify instrument accuracy;  |                     |
| (6) When "PLEASE BLOW" appears, collect breath sample;   |                     |
| (7) When "PLEASE BLOW" appears, collect breath sample;   |                     |
| (8) Print test record;   |                     |
| (9) Run diagnostic program 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<br>whichever occurs first.  | breath<br>or tests, |
| I certify that on the 13 day of  | cedures<br>Health   |
| Signature of Certifying Official  Certificate Number   | )                   |

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

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008804 Test Date: 01/13/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG431003 Exp Date: 11/05/2026

| Test     | g/210L | Time    |
|----------|--------|---------|
| DIAG     | Pass   | 10:50am |
| AIR BLK  | .00    | 10:51am |
| ACCY CHK | .07    | 10:51am |
| AIR BLK  | .00    | 10:52am |
| SUB TEST | .00    | 10:53am |
| AIR BLK  | .00    | 10:54am |
| SUB TEST | .00    | 10:56am |
| AIR BLK  | .00    | 10:57am |

Reported AC:

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 DARE CO DETENTION CE 270

Serial Number: 008804 Test Record Number: 2888
Test Date: 01/13/2025 Test Time: 10:58am EST

System Check: Passed

#### Baseline Tests

| Test      | Status       | Time               |
|-----------|--------------|--------------------|
| IR<br>FLO | Pass<br>Pass | 10:59am<br>10:59am |
| FC        | Pass         | 10:59am            |

#### Temperature Tests

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

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 11:00am |

#### Printer Tests

| Test | Status    | Time    |
|------|-----------|---------|
| PRNT | Pass      | 11:00am |
|      | CRC Tests |         |
| Tost | Status    | Timo    |

| rest | 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)

| Instrument Serial No. 208855  219 5. Many at Delivery at C  The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced wis scrial number 10,000 or higher) to be followed at least 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 breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.  I certify that on the 3 day of Armany 102 the forgoing preventive maintenance procedure were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Healt and Human Services, and the instrument is functioning properly.  Signature of Certifying Official Certificate Number  | County Do                    | lan  | Instrument Location  | 6 JAIL  |
|--|------------------------------|--|--|---|
| The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced wis serial number 10,000 or higher) to be followed at least 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 test whichever occurs first.  I certify that on the 3 day of 3 Armany 202 the forgoing preventive maintenance procedure were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Healt and Human Services, and the instrument is functioning properly.   | Instrument Ser               | rial No. 008855  | 219 5  | Margen ST   |
| (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 test whichever occurs first.  I certify that on the   |                              |  | Durhous  | , we  |
| breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;  (2) Verify instrument displays time and date;  (3) Initiate breath test sequence;  (4) Enter information as prompted;  (5) Verify instrument accuracy;  (6) When "PLEASE BLOW" appears, collect breath sample;  (7) When "PLEASE BLOW" appears, collect breath sample;  (8) Print test record;  (9) Run diagnostic program 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 the   | The preventive serial number | e maintenance procedures for<br>10,000 or higher) to be follow | the Intoximeters, Model Intox EC/IR II a<br>red at least once every four months are:   | and Model Intox EC/IR II (Enhanced with   |
| (3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program 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 the   | (1)                          | Verify the ethanol gas ca<br>breath simulator thermon          | nister displays at least 51 pounds per squ<br>neter shows 34 degrees, plus or minus .2 | are inch (psi) of pressure, or the alcoholic 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 breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.  I certify that on the  | (2)                          | Verify instrument display                                      | s 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 breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.  I certify that on the   | (3)                          | Initiate breath test sequer                                    | ice;   |   |
| (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program 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 the   | (4)                          | Enter information as pror                                      | npted;   |   |
| (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program 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 the  | (5)                          | Verify instrument accura                                       | cy;  |   |
| (8) Print test record;  (9) Run diagnostic program 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 the   | (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 breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.  I certify that on the   | (7)                          | When "PLEASE BLOW"   | appears, collect breath sample;  |   |
| 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 the   | (8)                          | Print test record;   |  |   |
| simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.  I certify that on the  | (9)                          | Run diagnostic program   | and confirm preventive maintenance statu   | us of "Pass"; and   |
| were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Healt and Human Services, and the instrument is functioning properly.  STATE  STATE | (10)                         | simulator solution is be-                                      | gas canister is being changed before<br>ing changed every four months or afte          | expiration date, or the alcoholic breath<br>r 125 Alcoholic Breath Simulator tests, |
|  | were performe                | on the instrument indicated rvices, and the instrument is f    | above, in accordance with current regu   | lations of the N.C. Department of Health  |
|  | GIM AN                       | STHM   |  |   |

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

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008859 Test Date: 01/03/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG431003 Exp Date: 11/05/2026

| Test     | g/210L | Time   |
|----------|--------|--------|
| DIAG     | Pass   | 4:36pm |
| AIR BLK  | .00    | 4:37pm |
| ACCY CHK | .08    | 4:37pm |
| AIR BLK  | .00    | 4:39pm |
| SUB TEST | .00    | 4:39pm |
| AIR BLK  | .00    | 4:40pm |
| SUB TEST | .00    | 4:42pm |
| AIR BLK  | .00    | 4:43pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Sman Ockes BANGS Analyst

## DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008859 Test Record Number: 3233 Test Date: 01/03/2025 Test Time: 4:43pm EST

System Check: Passed

#### Baseline Tests

| Test            | Status               | Time             |
|-----------------|----------------------|------------------|
| IR<br>FLO<br>FC | Pass<br>Pass<br>Pass | 4:43pm<br>4:44pm |
|                 | rass                 | 4:44pm           |

#### Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 4:44pm |
| SRC  | Pass   | 4:44pm |
| DET  | Pass   | 4:44pm |
| BAR  | Pass   | 4:44pm |
| BT   | Pass   | 4:44pm |
|      |        |        |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| ATR  | Dace   | 4.44pm |

#### Printer Tests

| Test | Status    | Time   |
|------|-----------|--------|
| PRNT | Pass      | 4:44pm |
|      | CRC Tests |        |
|      |           |        |

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 4:45pm |
| CAL  | Pass   | 4:45pm |

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 Do  | Instrument Location Dukom Co JAIC  |
|--|--|
| Instrument Se  | 219 5. Mayon 5-<br>Dulan, NC   |
|  | Dulian, we   |
| The preventiv<br>serial number                       | re maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced wit<br>10,000 or higher) to be followed at least 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<br>were performed<br>and Human Ser | the  |
| The same was   | Sum Stokes Baces 662   |
|  | Signature of Certifying Official Certificate Number  |

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

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008878 Test Date: 01/03/2025

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject'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: AG431003 Exp Date: 11/05/2026

Test g/210L Time DIAG Pass 4:35pm AIR BLK .00 4:36pm ACCY CHK .08 4:37pm AIR BLK .00 SUB TEST .00 4:38pm 4:39pm AIR BLK .00 4:40pm SUB TEST .00 4:41pm AIR BLK .00 4:42pm

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

Sum Ales Brues

## DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008878 Test Record Number: 6740 Test Date: 01/03/2025 Test Time: 4:43pm EST

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 4:43pm |
| FLO  | Pass   | 4:43pm |
| FC   | Pass   | 4:43pm |

### Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 4:44pm |
| SRC  | Pass   | 4:44pm |
| DET  | Pass   | 4:44pm |
| BAR  | Pass   | 4:44pm |
| BT   | Pass   | 4:44pm |

#### Blank Tests

| Test | Status | Time      |
|------|--------|-----------|
| AIR  | Pass   | 4 • 44 nm |

#### Printer Tests

| Test        | Status       | Time             |
|-------------|--------------|------------------|
| PRNT        | Pass         | 4:44pm           |
|             | CRC Tests    |                  |
| Test        | Status       | Time             |
| COMP<br>CAL | Pass<br>Pass | 4:44pm<br>4:44pm |

Preventive Maintenance Status: Pass

Sman Hokes Braves 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. 00 8881   | 715 5 W.   |  |
|-----------------------------------|--|--|--|
| marument Seri                     | al No  | Duhan, NC  | reform II  |
| The preventive<br>serial number 1 | maintenance procedures for the Intoximeters, M<br>0,000 or higher) to be followed at least once ev                 | Model Intox EC/IR II and Mo                                    |  |
| (1)                               | Verify the ethanol gas canister displays at le<br>breath simulator thermometer shows 34 deg                        | east 51 pounds per square inc<br>rees, plus or minus .2 degree | n (psi) of pressure, or the alcoholic<br>centigrade;                   |
| (2)                               | Verify instrument displays time and date;  |  |  |
| (3)                               | Initiate breath test sequence;   |  |  |
| (4)                               | Enter information as prompted;   |  |  |
| (5)                               | Verify instrument accuracy;  |  |  |
| (6)                               | When "PLEASE BLOW" appears, collect b  | reath sample;  |  |
| (7)                               | When "PLEASE BLOW" appears, collect b  | reath sample;  |  |
| (8)                               | Print test record;   |  |  |
| (9)                               | Run diagnostic program and confirm prever  | ntive maintenance status of "P                                 | ass"; and  |
| (10)                              | Verify that the ethanol gas canister is be<br>simulator solution is being changed every<br>whichever occurs first. | eing changed before expirat<br>four months or after 125        | ion date, or the alcoholic breath<br>Alcoholic Breath Simulator tests, |
| were performed                    | the day of   | ance with current regulations                                  | eventive maintenance procedures<br>of the N.C. Department of Health    |
| 12/04-603                         |  |  |  |

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

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008891 Test Date: 01/03/2025

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE Subject'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: AG431003 Exp Date: 11/05/2026

m---- - /040+

| Test     | g/210L | Time   |
|----------|--------|--------|
| DIAG     | Pass   | 4:37pm |
| AIR BLK  | .00    | 4:37pm |
| ACCY CHK | .07    | 4:38pm |
| AIR BLK  | .00    | 4:39pm |
| SUB TEST | .00    | 4:40pm |
| AIR BLK  | .00    | 4:41pm |
| SUB TEST | .00    | 4:42pm |
| AIR BLK  | .00    | 4:43pm |
|          |        |        |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008891 Test Record Number: 4820 Test Date: 01/03/2025 Test Time: 4:43pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 4:44pm |
| FLO  | Pass   | 4:44pm |
| FC   | Pass   | 4:44pm |

#### Temperature Tests

| atus Time |
|-----------|
| ss 4:44pm |
|           |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 4:45pm |

#### Printer Tests

| Test | Status    | Time   |
|------|-----------|--------|
| PRNT | Pass      | 4:45pm |
|      | CRC Tests |        |
| Test | Status    | Time   |
| COMP | Pass      | 4:45pm |

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 FRA   | Instrument Location Location Location FD  |
|--|---|
| Instrument Seri                                      | 134 AH U. S. 1<br>Younsuice   |
|  | Yaraysuile  |
| The preventive<br>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<br>were performed<br>and Human Ser | the 13 day of January , 20 5 the forgoing preventive maintenance procedures I on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly. |
| SIATE  |   |
|  |   |
|  | 2/6 mat 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 YOUNGSVILLE PD 340

Serial Number: 008781 Test Date: 01/13/2025

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

Subject'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: AG417802 Exp Date: 06/26/2026

| Test     | g/210L | Time   |
|----------|--------|--------|
| DIAG     | Pass   | 1:08pm |
| AIR BLK  | .00    | 1:09pm |
| ACCY CHK | .07    | 1:10pm |
| AIR BLK  | .00    | 1:11pm |
| SUB TEST | .00    | 1:11pm |
| AIR BLK  | .00    | 1:12pm |
| SUB TEST | .00    | 1:14pm |
| AIR BLK  | .00    | 1:15pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### FRANKLIN COUNTY YOUNGSVILLE PD 340

Serial Number: 008781 Test Record Number: 6309 Test Date: 01/13/2025 Test Time: 1:15pm EST

System Check: Passed

Baseline Tests

| Test      | Status       | Time             |
|-----------|--------------|------------------|
| IR<br>FLO | Pass<br>Pass | 1:15pm<br>1:15pm |
| PC        | 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   | 1:16pm |  |

#### Printer Tests

| Test | Status       | Time             |
|------|--------------|------------------|
| PRNT | Pass         | 1:16pm           |
|      | CRC Tests    |                  |
| Test | Status       | Time             |
| COMP | Pass<br>Pass | 1:16pm<br>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 FRA                   | Melin 1   | Instrument Location                           | FEARL                     | us lo c                          | EC   |
|------------------------------|---|---|---------------------------|----------------------------------|--|
| Instrument Ser               | rial No. 208933   |   | 285                       | T. KEN                           | PRd.   |
|                              |   |   | Louist                    | wag, No                          | 2  |
| The preventive serial number | e maintenance procedures for the In<br>10,000 or higher) to be followed at                  | toximeters, Model Is<br>least once every four | ntox EC/IR                | II and Model                     | Intox EC/IR II (Enhanced w                                 |
| (1)                          | Verify the ethanol gas canister<br>breath simulator thermometer s                           | displays at least 51<br>hows 34 degrees, pl   | pounds per<br>us or minus | square inch (p<br>.2 degree cent | si) of pressure, or the alcoholigrade;                     |
| (2)                          | Verify instrument displays time   |   |                           |                                  |  |
| (3)                          | Initiate breath test sequence;  |   |                           |                                  |  |
| (4)                          | Enter information as prompted;  |   |                           |                                  |  |
| (5)                          | Verify instrument accuracy;   |   |                           |                                  |  |
| (6)                          | When "PLEASE BLOW" appea  | ars, collect breath sa                        | mple;                     |                                  |  |
| (7)                          | When "PLEASE BLOW" appea  | ars, collect breath sa                        | mple;                     |                                  |  |
| (8)                          | Print test record;  |   |                           |                                  |  |
| (9)                          | Run diagnostic program and co   | nfirm preventive ma                           | intenance st              | tatus of "Pass"                  | ; and  |
| (10)                         | Verify that the ethanol gas co<br>simulator solution is being ch<br>whichever occurs first. | anister is being cha<br>anged every four a    | inged befor               | re expiration<br>after 125 Alco  | date, or the alcoholic brea<br>sholic Breath Simulator tes |
| Comment of the second second | the day ofday of  | a in accordance wit                           | the fo                    | rgoing prever<br>gulations of th | ntive maintenance procedur<br>ne N.C. Department of Hea    |
| STATES                       | (A)   | -   |                           |                                  |  |
| 细胞                           | 20  |   |                           |                                  |  |
|                              |   | in the  | 2                         |                                  | 271  |
|                              | Signa   | sture of Certifying C                         | fficial                   |                                  | 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: 01/03/2025

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

Subject'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: AG431003 Exp Date: 11/05/2026

| Test     | g/210L | Time   |
|----------|--------|--------|
| DIAG     | Pass   | 3:33pm |
| AIR BLK  | .00    | 3:34pm |
| ACCY CHK | .07    | 3:35pm |
| AIR BLK  | .00    | 3:36pm |
| SUB TEST | .00    | 3:36pm |
| AIR BLK  | -00    | 3:37pm |
| SUB TEST | -00    | 3:39pm |
| AIR BLK  | .00    | 3:40pm |

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 FRANKLIN CO. LEC 340

Serial Number: 008933 Test Record Number: 1586 Test Date: 01/03/2025 Test Time: 3:42pm EST

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 3:43pm |
| FLO  | Pass   | 3:43pm |
| PC   | Pass   | 3:43pm |

#### Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 3:43pm |
| SRC  | Pass   | 3:43pm |
| DET  | Pass   | 3:43pm |
| BAR  | Pass   | 3:43pm |
| BT   | Pass   | 3:43pm |
|      |        |        |

#### Blank Tests

| Test | Status | Time   |  |
|------|--------|--------|--|
| AIR  | Pass   | 3:43pm |  |

#### Printer Tests

| Test | Status    | Time   |
|------|-----------|--------|
| PRNT | Pass      | 3:44pm |
|      | CRC Tests |        |
| Test | Status    | Time   |
| COMP | Pass      | 3:44pm |

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 File  | rokeled.   | Instrument Location FRANKLIN  | 6.66   |
|--|--|---|--|
| Instrument Se  | rial No. <u>2018</u> 942   | 285 T   | KEMP Rd  |
| The preventive serial number                         | e maintenance procedures for th<br>10,000 or higher) to be follower  | e Intoximeters, Model Intox EC/IR II and at least once every four months are:           | d Model Intox EC/IR II (Enhanced with  |
| (1)  | Verify the ethanol gas cani  | ster displays at least 51 pounds per squar<br>ter shows 34 degrees, plus or minus .2 de | re inch (psi) of pressure, or the alcoholic                                  |
| (2)  | Verify instrument displays   |   |  |
| (3)  | Initiate breath test sequence  | <b>:</b>  |  |
| (4)  | Enter information as promp   | eted;   |  |
| (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 ga   | s canister is being changed before ex<br>changed every four months or after             |  |
| l certify that on<br>were performed<br>and Human Ser | the day ofday of | 2025 the forgoin pove, in accordance with current regular tioning properly.             | g preventive maintenance procedures<br>ions of the N.C. Department of Health |
|  | 3 CHO  | with  | 671  |
|  | 0120   | ignature 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: 01/03/2025

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

Subject'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: AG431003 Exp Date: 11/05/2026

| Test     | g/210L | Time   |
|----------|--------|--------|
| DIAG     | Pass   | 3:32pm |
| AIR BLK  | .00    | 3:32pm |
| ACCY CHK | .08    | 3:33pm |
| AIR BLK  | .00    | 3:34pm |
| SUB TEST | -00    | 3:34pm |
| AIR BLK  | -00    | 3:35pm |
| SUB TEST | .00    | 3:37pm |
| ATR BLK  | .00    | 3:38pm |

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 FRANKLIN CO. LEC 340

Serial Number: 008942 Test Record Number: 3486 Test Date: 01/03/2025 Test Time: 3:38pm FST

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 3:39pm |
| FLO  | Pass   | 3:39pm |
| FC   | Pass   | 3:39pm |

#### Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 3:39pm |
| SRC  | Pass   | 3:39pm |
| DET  | Pass   | 3:39pm |
| BAR  | Pass   | 3:39pm |
| BT   | Pass   | 3:39pm |
|      |        |        |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 3:40pm |

#### Printer Tests

Status Time

Test

| PRNT | Pass         | 3:40pm           |
|------|--------------|------------------|
|      | CRC Tests    |                  |
| Test | Status       | Time             |
| COMP | Pass<br>Pass | 3:40pm<br>3:40pm |

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                     | PANVILLE Instrument Location GRANVILLE Co. LEC   |
|------------------------------|--|
| Instrument Ser               | TIAL NO. 008635 525 NEW CONNERS DR   |
| 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 day of 20 25 the forgoing preventive maintenance procedures to on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.   |
| 100000                       | 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)

GRANVILLE COUNTY GRANVILLE COUNTY LEC 380

> Serial Number: 008635 Test Date: 01/16/2025

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

Subject'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: AG431003 Exp Date: 11/05/2026

| Test     | g/210L | Time    |
|----------|--------|---------|
| DIAG     | Pass   | 11:51am |
| AIR BLK  | .00    | 11:51am |
| ACCY CHK | .08    | 11:52am |
| AIR BLK  | .00    | 11:53am |
| SUB TEST | .00    | 11:55am |
| AIR BLK  | .00    | 11:56am |
| SUB TEST | .00    | 11:57am |
| AIR BLK  | .00    | 11:58am |

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

Analyst

Rev. 12/2007

### GRANVILLE COUNTY GRANVILLE COUNTY LEC 380

Serial Number: 008635 Test Record Number: 2229
Test Date: 01/16/2025 Test Time: 11:59am EST

System Check: Passed

#### Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 11:59am |
| FLO  | Pass   | 11:59am |
| FC   | Pass   | 11:59am |

#### Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 11:59am |
| SRC  | Pass   | 11:59am |
| DET  | Pass   | 11:59am |
| BAR  | Pass   | 11:59am |
| BT   | Pass   | 11:59am |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 12:00pm |

#### Printer Tests

| Test | Status    | Time    |
|------|-----------|---------|
| PRNT | Pass      | 12:00pm |
|      | CRC Tests |         |
| Test | Status    | Time    |
| COMP | Pass      | 12:00pm |
| CAL  | Pass      | 12:00pm |
|      |           |         |

Preventive Maintenance Status: Pass

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

Analyst

Rev. 12/2007

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

| County (SR)   | Instrument Location 3262 50000 PD  |
|---|--|
| Instrument Seri                                     | al No. 008641 111 MASONIC ST<br>CREEDMOOR, NC  |
| -   | CREEDMOOR, NC  |
| The preventive<br>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<br>were performe<br>and Human Ser | 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.  |
| Old or  | 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)

GRANVILLE COUNTY CREEDMOOR PD 380

Serial Number: 008641 Test Date: 01/16/2025

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

Subject'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: AG431003 Exp Date: 11/05/2026

| Test     | g/210L | Time    |
|----------|--------|---------|
| DIAG     | Pass   | 10:32am |
| AIR BLK  | .00    | 10:33am |
| ACCY CHK | .08    | 10:33am |
| AIR BLK  | .00    | 10:34am |
| SUB TEST | .00    | 10:35am |
| AIR BLK  | .00    | 10:36am |
| SUB TEST | .00    | 10:37am |
| AIR BLK  | .00    | 10:38am |

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

Rev. 12/2007

#### GRANVILLE COUNTY CREEDMOOR PD 380

Serial Number: 008641 Test Record Number: 1647 Test Date: 01/16/2025 Test Time: 10:39am EST

System Check: Passed

#### Baseline Tests

| Status | Time         |
|--------|--------------|
| Pass   | 10:39am      |
| Pass   | 10:39am      |
| Pass   | 10:40am      |
|        | Pass<br>Pass |

#### Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 10:40am |
| SRC  | Pass   | 10:40am |
| DET  | Pass   | 10:40am |
| BAR  | Pass   | 10:40am |
| BT   | Pass   | 10:40am |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 10:40am |

#### Printer Tests

| Test | Status    | Time    |
|------|-----------|---------|
| PRNT | Pass      | 10:40am |
|      | CRC Tests |         |
| Test | Status    | Time    |
| COMP | Pass      | 10:41am |
| CAL  | Pass      | 10:41am |

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 GRA   | NUILLE Instrument Location GRANVILLE CO. LEC   |
|--|--|
| Instrument Seri  | al No. 008923 525 NEW COMMERCE DR<br>EXTERD, NC  |
| The preventive<br>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<br>simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests,<br>whichever occurs first.       |
| were performed   | the Louising day of January 20 25 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. |
| Comment of the last of the las | Z+100 my 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)

GRANVILLE COUNTY GRANVILLE COUNTY LEC 380

> Serial Number: 008923 Test Date: 01/16/2025

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

Subject'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: AG431003 Exp Date: 11/05/2026

| Test     | g/210L | Time    |
|----------|--------|---------|
| DIAG     | Pass   | 11:55am |
| AIR BLK  | .00    | 11:55am |
| ACCY CHK | .07    | 11:56am |
| AIR BLK  | .00    | 11:57am |
| SUB TEST | .00    | 11:58am |
| AIR BLK  | .00    | 11:59am |
| SUB TEST | .00    | 12:00pm |
| AIR BLK  | .00    | 12:01pm |

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

#### GRANVILLE COUNTY GRANVILLE COUNTY LEC 380

Serial Number: 008923 Test Record Number: 3458 Test Date: 01/16/2025 Test Time: 12:02pm EST

System Check: Passed

#### Baseline Tests

| Test      | Status       | Time               |
|-----------|--------------|--------------------|
| IR<br>FLO | Pass<br>Pass | 12:02pm<br>12:02pm |
| FC        | Pass         | 12:02pm            |

#### Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 12:03pm |
| SRC  | Pass   | 12:03pm |
| DET  | Pass   | 12:03pm |
| BAR  | Pass   | 12:03pm |
| BT   | Pass   | 12:03pm |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 12:03pm |

#### Printer Tests

| Test | Status    | Time    |
|------|-----------|---------|
| PRNT | Pass      | 12:03pm |
|      | CRC Tests |         |
| Test | Status    | Time    |
| COMP | Pass      | 12:03pm |

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)

| The preventive<br>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 16 day of JANUARY, 2025 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 signed original of the preventive maintenance record shall be kept on file for at least three years.

GUILFORD GREENSBORO JAIL 400

Serial Number: 008638 Test Date: 01/16/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG431002

Exp Date: 11/05/2026

| Test     | g/210L | Time    |
|----------|--------|---------|
| DIAG     | Pass   | 10:55am |
| AIR BLK  | .00    | 10:55am |
| ACCY CHK | .08    | 10:56am |
| AIR BLK  | .00    | 10:57am |
| SUB TEST | .00    | 10:58am |
| AIR BLK  | .00    | 10:59am |
| SUB TEST | .00    | 11:02am |
| ATR BLK  | .00    | 11:02am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### GUILFORD GREENSBORO JAIL 400

Serial Number: 008638 Test Record Number: 6692 Test Date: 01/16/2025 Test Time: 11:05am EST

System Check: Passed

#### Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 11:06am |
| FLO  | Pass   | 11:06am |
| FC   | Pass   | 11:06am |

#### Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 11:06am |
| SRC  | Pass   | 11:06am |
| DET  | Pass   | 11:06am |
| BAR  | Pass   | 11:06am |
| BT   | Pass   | 11:06am |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 11:06am |

#### Printer Tests

| Test | Status    | Time    |
|------|-----------|---------|
| PRNT | Pass      | 11:06am |
|      | CRC Tests |         |
| Test | Status    | Time    |
| COMP | Pass      | 11:07am |

11:07am

Preventive Maintenance Status: Pass

Pass

CAL

### 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.       |
| w | ertify that on<br>tre performed<br>d Human Ser | the 16 day of JANUARY, 2025 the forgoing preventive maintenance procedures to the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly. |

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

GUILFORD COUNTY GREENSBORO PD 400

Serial Number: 008725 Test Date: 01/16/2025

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG431003 Exp Date: 11/05/2026

| Test     | g/210L | Time    |
|----------|--------|---------|
| DIAG     | Pass   | 10:01am |
| AIR BLK  | .00    | 10:02am |
| ACCY CHK | .07    | 10:03am |
| AIR BLK  | .00    | 10:04am |
| SUB TEST | .00    | 10:05am |
| AIR BLK  | .00    | 10:06am |
| SUB TEST | .00    | 10:07am |
| ATR BLK  | .00    | 10:08am |

Reported AC: .00 g/210L

emical

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

## GUILFORD COUNTY GREENSBORO PD 400

Serial Number: 008725 Test Record Number: 4937 Test Date: 01/16/2025 Test Time: 10:09am EST

System Check: Passed

#### Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 10:09am |
| FLO  | Pass   | 10:09am |
| FC   | Pass   | 10:09am |

#### Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 10:09am |
| SRC  | Pass   | 10:09am |
| DET  | Pass   | 10:09am |
| BAR  | Pass   | 10:09am |
| BT   | Pass   | 10:09am |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 10:10am |

#### Printer Tests

| Test | Status    | Time    |
|------|-----------|---------|
| PRNT | Pass      | 10:10am |
|      | CRC Tests |         |
| Test | Status    | Time    |
| COMP | Pass      | 10:10am |

Preventive Maintenance Status: Pass

Pass

10:10am

Anatyst

CAL

## 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.    |
| were performed | the day of TANUARY 20.25 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 signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

#### GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008794 Test Date: 01/16/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG431002 Exp Date: 11/05/2026

| g/210L | Time                             |
|--------|----------------------------------|
| Pass   | 11:03am                          |
| .00    | 11:04am                          |
| .07    | 11:05am                          |
| .00    | 11:06am                          |
| .00    | 11:07am                          |
| .00    | 11:07am                          |
| .00    | 11:09am                          |
| .00    | 11:10am                          |
|        | Pass<br>.00<br>.07<br>.00<br>.00 |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

Analyst-

## GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008794 Test Record Number: 8779
Test Date: 01/16/2025 Test Time: 11:11am EST

System Check: Passed

#### Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 11:11am |
| FLO  | Pass   | 11:11am |
| FC   | Pass   | 11:11am |

#### Temperature Tests

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

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 11:12am |

#### Printer Tests

Test

THE STATE OF THE S

| PRNT | Pass      | 11:12am |
|------|-----------|---------|
|      | CRC Tests |         |
| Test | Status    | Time    |
| COMP | Pass      | 11:12am |
| CAL  | Pass      | 11:12am |

Status

Time

"TOO DEFENDED AND A STATE OF

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)

| The preventive serial number I                       | 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<br>were performed<br>and Human Ser | the 2 day of JANGHRY , 20 25 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. |

HALIFAX CO. ROANOKE RAPIDS PD 410

Serial Number: 008656 Test Date: 01/02/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG417803 Exp Date: 06/26/2026

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

Rev. 12/2007

#### HALIFAX CO. ROANOKE RAPIDS PD 410

Serial Number: 008656 Test Record Number: 1129
Test Date: 01/02/2025 Test Time: 11:13am EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 11:15am |

#### Printer Tests

Test

CAL

| 1000 | Deacas    | 11110   |
|------|-----------|---------|
| PRNT | Pass      | 11:15am |
|      | CRC Tests |         |
| Test | Status    | Time    |
| COMP | Pass      | 11:15am |

Status Time

Pass 11:15am

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/A                   |   |   |
|------------------------------|---|---|
| Instrument Ser               | Serial No. 008695 355 FERREL  | LANE  |
|                              | Mal. Fax, NC  |   |
| The preventive serial number | tive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Mode<br>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 (<br>breath simulator thermometer shows 34 degrees, plus or minus .2 degree ce            | psi) of pressure, or the alcoholic<br>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. |   |
| I certify that on            | on the 2 day of January , 2021 the forgoing prev  | entive maintenance procedures                   |
|                              | med on the instrument indicated above, in accordance with current regulations of<br>Services, and the instrument is functioning properly.                             | the N.C. Department of Health                   |
| OM STATE O                   |   |   |
| SASA S                       |   |   |
|                              |   |   |
| Our un                       | 2/65-6  | 671   |
|                              | Signature of Certifying Official  | Certificate Number                              |

HALIFAX CO. HALIFAX CO SO 410

Serial Number: 008695 Test Date: 01/02/2025

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG417802 Exp Date: 06/26/2026

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### HALIFAX CO. HALIFAX CO SO 410

Serial Number: 008695

Test Record Number: 3881

Test Date: 01/02/2025

Test Time: 12:38pm EST

System Check: Passed

#### Baseline Tests

| Status        | Time               |
|---------------|--------------------|
| Pass          | 12:38pm            |
| 5.00.00.00.00 | 12:38pm<br>12:38pm |
|               |                    |

#### Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 12:39pm |
| SRC  | Pass   | 12:39pm |
| DET  | Pass   | 12:39pm |
| BAR  | Pass   | 12:39pm |
| BT   | Pass   | 12:39pm |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 12:39pm |

#### Printer Tests

| Test | Status    | Time    |
|------|-----------|---------|
| PRNT | Pass      | 12:39pm |
|      | CRC Tests |         |
| Test | Status    | Time    |
| COMP | Pass      | 12:39pm |

Pass

12:39pm

Preventive Maintenance Status: Pass

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 Hea                     |   |
|--------------------------------|---|
| Instrument Seri                | al No.008806 Hendersonville, NC   |
| The preventive serial number 1 | 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 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<br>simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator te<br>whichever occurs first. |
| were performed                 | the 16 day of 3000 day of 3000 day of 3000 do not the instrument indicated above, in accordance with current regulations of the N.C. Department of Heavices, and the instrument is functioning properly.                          |
| S. ELL                         | B 2 668   |
|                                | 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)

HENDERSON COUNTY HENDERSON COUNTY DETENTION 440

> Serial Number: 008806 Test Date: 01/16/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Driver's License Number: NONE

Analyst's Name: Loftis, Benjamin C

Permit Number: 0024-4987

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS Test Type: Breath Test

Lot Number: AG405101 Exp Date: 02/20/2026

| Test     | g/210L | Time   |
|----------|--------|--------|
| DIAG     | Pass   | 1:32pm |
| AIR BLK  | .00    | 1:33pm |
| ACCY CHK | .08    | 1:34pm |
| AIR BLK  | .00    | 1:35pm |
| SUB TEST | .00    | 1:36pm |
| AIR BLK  | .00    | 1:37pm |
| SUB TEST | .00    | 1:38pm |
| AIR BLK  | .00    | 1:39pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

#### HENDERSON COUNTY HENDERSON COUNTY DETENTION 440

Serial Number: 008806 Test Record Number: 3896 Test Date: 01/16/2025 Test Time: 1:52pm EST

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 1:53pm |
| FLO  | Pass   | 1:53pm |
| 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   | 1:54pm |

#### Printer Tests

| Test | Status    | Time   |
|------|-----------|--------|
| PRNT | Pass      | 1:54pm |
|      | CRC Tests |        |
| Test | Status    | Time   |
| COMP | Pass      | 1:54pm |
| CAL  | Pass      | 1:54pm |

Preventive Maintenance Status: Pass

Analyst

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

| (1)            | Verify the ethanol gas canister displays at 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; |
|----------------|---|
| (3)            | Initiate breath test sequence;  |
| \$1860.0       |   |
| (4)            | Enter information as prompted;  |
| (4)            |   |
| (5)            | Verify instrument accuracy;   |
| (6)            | When "PLEASE BLOW" appears, collect breath sample;  |
| (7)            | When "PLEASE BLOW" appears, collect breath sample;  |
| (8)            | Print test record;  |
| (9)            | Run diagnostic program and confirm preventive maintenance status of "Pass"; and   |
| (10)           | Verify that the ethanol gas canister is being changed before 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 16 day of 2025 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.   |

HENDERSON COUNTY HENDERSON COUNTY DETENTION 440

> Serial Number: 008822 Test Date: 01/16/2025

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

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

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

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

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

Lot Number: AG405101 Exp Date: 02/20/2026

| Test     | g/210L | Time   |
|----------|--------|--------|
| DIAG     | Pass   | 1:34pm |
| AIR BLK  | .00    | 1:34pm |
| ACCY CHK | .07    | 1:35pm |
| AIR BLK  | .00    | 1:36pm |
| SUB TEST | .00    | 1:37pm |
| AIR BLK  | .00    | 1:38pm |
| SUB TEST | .00    | 1:39pm |
| AIR BLK  | .00    | 1:40pm |

Reported AC: \_00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

#### HENDERSON COUNTY HENDERSON COUNTY DETENTION 440

Serial Number: 008822 Test Record Number: 3472 Test Date: 01/16/2025 Test Time: 1:53pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 1:55pm |

#### Printer Tests

Status Time

1:55pm

| 1000 | Deacab    | 11110  |
|------|-----------|--------|
| PRNT | Pass      | 1:55pm |
|      | CRC Tests |        |
| Test | Status    | Time   |
| COMP | Pass      | 1:55pm |

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County       | Hoke   | Instrument Location BAT Mobile Unit 1   |
|--------------|--|---|
| Instrument S | erial No. 008601   | Hoke 50   |
| The preventi |  | Intoximeters, Model Intox EC/IR II to be followed at least once every   |
| 1.           | Verify the ethanol gas caniste<br>34 degrees, plus or minus .2 d | r displays pressure, or the alcoholic breath simulator thermometer show legree centigrade;  |
| 2.           | Verify instrument displays tin                                   | ne and date;  |
| 3.           | Initiate breath test sequence;                                   |   |
| 4.           | Enter information as prompte                                     | d;  |
| 5.           | Verify instrument accuracy;                                      |   |
| 6.           | When "PLEASE BLOW" ap  | pears, collect breath sample;   |
| 7.           | When "PLEASE BLOW" ap  | pears, collect breath sample;   |
| 8.           | Print test record;   |   |
| 9.           | Verify Diagnostic Program; a                                     | nd  |
| 10.          |  | nister is being changed before expiration date, or the alcoholic breath anged every four months or after 125 Alcoholic Breath Simulator tests,            |
|              | were performed on the instrument in                              | , 20 2.5 the forgoing preventive maintenance adicated above. In accordance with current regulations of the N.C. I the instrument is functioning properly. |
| a STAY       |  |   |
| 183          |  |   |
| 3            |  |   |
| C. Care      |  | -11 1 1.02  |
| 100          | - the  | Deleround 600   |

HOKE COUNTY BAT MOBILE UNIT 12 460

Serial Number: 008601 Test Date: 01/31/2025

Citation Number: M0000000-0 Subject'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: Glasscock, Jerry D Permit Number: 7180-9235 Effective: 10/01/2023-10/01/2025

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

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

| Test     | g/210L | Time   |
|----------|--------|--------|
| DIAG     | Pass   | 7:51pm |
| AIR BLK  | .00    | 7:51pm |
| ACCY CHK | .07    | 7:52pm |
| AIR BLK  | .00    | 7:53pm |
| SUB TEST | .00    | 7:54pm |
| AIR BLK  | .00    | 7:55pm |
| SUB TEST | .00    | 7:56pm |
| AIR BLK  | .00    | 7:57pm |

Reported AC: .00 g/210L

signature of Chemical Analyst

Court CVR

- Son D. Wassuert

### HOKE COUNTY BAT MOBILE UNIT 12 460

Serial Number: 008601 Test Record Number: 1726 Test Date: 01/31/2025 Test Time: 7:57pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

| Test | Status | Time   |  |
|------|--------|--------|--|
| AIR  | Pass   | 7:59pm |  |

#### Printer Tests

| Test | Status    | Time   |
|------|-----------|--------|
| PRNT | Pass      | 7:59pm |
|      | CRC Tests |        |
| Test | Status    | Time   |
| COMP | Pass      | 7:59pm |
| CAL  | Pass      | 7:59pm |

Preventive Maintenance Status: Pass

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

Department of Health and Human Services Rev. 12/2007

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County   | Hoke   | Instrument Location BAT Mobile Cenit 12   |  |  |
|--|--|---|--|--|
| Instrument   | Serial No. 008 6 9 8   | Hoke 50   |  |  |
| The prevent  |  | Intoximeters, Model Intox EC/IR II to be followed at least once every   |  |  |
| 1.   | Verify the ethanol gas caniste<br>34 degrees, plus or minus .2 d | r displays pressure, or the alcoholic breath simulator thermometer show<br>egree centigrade;  |  |  |
| 2.   | Verify instrument displays tin                                   | ne and date;  |  |  |
| 3.   | Initiate breath test sequence;                                   |   |  |  |
| 4.   | Enter information as prompte                                     | d;  |  |  |
| 5.   | Verify instrument accuracy;                                      |   |  |  |
| 6.   | When "PLEASE BLOW" ap  | When "PLEASE BLOW" appears, collect breath sample;  |  |  |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;               |   |  |  |
| 8.   | Print test record;   |   |  |  |
| 9.   | Verify Diagnostic Program; a                                     | nd  |  |  |
| 10.  |  | nister is being changed before expiration date, or the alcoholic breath<br>anged every four months or after 125 Alcoholic Breath Simulator tests, |  |  |
| procedures   |  | the forgoing preventive maintenance dicated above, in accordance with current regulations of the N.C.   |  |  |
|  |  |   |  |  |
| STATE OF THE PERSON NAMED IN COLUMN TO PERSO |  | A41 > 123   |  |  |
|  | Ci   | nature of Certifying Official Certificate Number  |  |  |

### HOKE COUNTY BAT MOBILE UNIT 12 460

Serial Number: 008698 Test Date: 01/31/2025

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

Analyst's Name: Glasscock, Jerry D Permit Number: 7180-9235 Effective: 10/01/2023-10/01/2025

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

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

| Test     | g/210L | Time   |
|----------|--------|--------|
| DIAG     | Pass   | 7:34pm |
| AIR BLK  | .00    | 7:35pm |
| ACCY CHK | .07    | 7:35pm |
| AIR BLK  | .00    | 7:36pm |
| SUB TEST | .00    | 7:37pm |
| AIR BLK  | .00    | 7:38pm |
| SUB TEST | .00    | 7:39pm |
| AIR BLK  | .00    | 7:40pm |

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

in Delarouet

Rev. 12/2007

#### HOKE COUNTY BAT MOBILE UNIT 12 460

Serial Number: 008698 Test Record Number: 2546 Test Date: 01/31/2025 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   | 7:45pm |
| SRC  | Pass   | 7:45pm |
| DET  | Pass   | 7:45pm |
| BAR  | Pass   | 7:45pm |
| BT   | Pass   | 7:45pm |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 7:45pm |

#### Printer Tests

| Test | Status    | Time   |
|------|-----------|--------|
| PRNT | Pass      | 7:45pm |
|      | CRC Tests |        |
| Test | Status    | Time   |

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 7:45pm |
| CAL  | Pass   | 7:45pm |

Preventive Maintenance Status: Pass

Jun D Hlassing

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County                                       | Hoke   | Instrument Location BAT   | Mobile Unit 12  |
|--|--|---|---|
| Instrument S                                 | erial No. 008788   | Hoke  | 50  |
| The preventi<br>four months                  |  | intoximeters, Model Intox EC/IR II  | to be followed at least once every  |
| 1.   | Verify the ethanol gas canister<br>34 degrees, plus or minus 2 de  | displays pressure, or the alcoholic egree centigrade;                         | breath simulator thermometer show   |
| 2.   | Verify instrument displays tim   | e and date;   |   |
| 3.   | Initiate breath test sequence;   |   |   |
| 4.   | Enter information as prompted  | <b>1</b>  |   |
| 5.   | Verify instrument accuracy;  |   |   |
| 6.   | When "PLEASE BLOW" app   | pears, collect breath sample;   |   |
| 7.   | When "PLEASE BLOW" app   | pears, collect breath sample;   |   |
| 8.   | Print test record;   |   |   |
| 9.   | Verify Diagnostic Program; ar  | nd  |   |
| 10.  | The state of the s | nister is being changed before expira<br>inged every four months or after 12: |   |
| I certify that<br>procedures v<br>Department | vere performed on the instrument in  | dicated above, in accordance with c<br>the instrument is functioning prope    | ne forgoing preventive maintenance<br>surrent regulations of the N.C.<br>rly. |
|  |  | Dalas very  | S Certificate Number  |

### HOKE COUNTY BAT MOBILE UNIT 12 460

Serial Number: 008788 Test Date: 01/31/2025

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

Analyst's Name: Glasscock, Jerry D Permit Number: 7180-9235 Effective: 10/01/2023-10/01/2025

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

> > Lot Number: AG417802 Exp Date: 06/20/2026

| Test     | g/210L | Time   |
|----------|--------|--------|
| DIAG     | Pass   | 7:35pm |
| AIR BLK  | .00    | 7:36pm |
| ACCY CHK | .08    | 7:36pm |
| AIR BLK  | .00    | 7:37pm |
| SUB TEST | .00    | 7:38pm |
| AIR BLK  | .00    | 7:39pm |
| SUB TEST | .00    | 7:40pm |
| AIR BLK  | .00    | 7:41pm |

Reported AC: .00 g/21QL

Signature of Chemical Analysis

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

#### HOKE COUNTY BAT MOBILE UNIT 12 460

Serial Number: 008788 Test Record Number: 2357 Test Date: 01/31/2025 Test Time: 7:46pm EST

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 7:46pm |
| FLO  | Pass   | 7:46pm |
| FC   | Pass   | 7:46pm |

#### Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 7:46pm |
| SRC  | Pass   | 7:46pm |
| DET  | Pass   | 7:46pm |
| BAR  | Pass   | 7:46pm |
| BT   | Pass   | 7:46pm |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 7:47pm |

#### Printer Tests

| Test | Status    | Time   |
|------|-----------|--------|
| PRNT | Pass      | 7:47pm |
|      | CRC Tests |        |
| Test | Status    | Time   |
| COMP | Pass      | 7:47pm |

Preventive Maintenance Status: Pass

Pass

7:47pm

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          | Hoke   | Instrument Location_                            | UL                              | Count                               | Lant 13  |
|-----------------|--|---|---------------------------------|-------------------------------------|--|
| Instrument Seri | al No. 00 8869   | -   | Hoke                            | Count                               | y 50   |
|                 | maintenance procedures for the<br>0,000 or higher) to be followed  |   |                                 | and Model Intox                     | EC/IR II (Enhanced wi                          |
| (1)             | Verify the ethanol gas canis<br>breath simulator thermomet   |   |                                 |                                     |  |
| (2)             | Verify instrument displays t   | ime and date;                                   |                                 |                                     |  |
| (3)             | Initiate breath test sequence  |   |                                 |                                     |  |
| (4)             | Enter information as promp   | ted;  |                                 |                                     |  |
| (5)             | Verify instrument accuracy;  |   |                                 |                                     |  |
| (6)             | When "PLEASE BLOW" a   | opears, collect breath sar                      | mple;                           |                                     |  |
| (7)             | When "PLEASE BLOW" as  | opears, collect breath sar                      | nple;                           |                                     |  |
| (8)             | Print test record;   |   |                                 |                                     |  |
| (9)             | Run diagnostic program and   | confirm preventive mai                          | ntenance statu                  | as of "Pass"; and                   |  |
| (10)            | Verify that the ethanol ga<br>simulator solution is being<br>whichever occurs first.                       | s canister is being cha<br>changed every four m | inged before<br>sonths or after | expiration date,<br>r 125 Alcoholic | or the alcoholic brea<br>Breath Simulator test |
| were performed  | the 17 <sup>th</sup> day of Jan. I on the instrument indicated all vices, and the instrument is fundament. | ove, in accordance with                         | 25 the forgo                    | lations of the N.                   |  |
| V. Caron        | ) ()   |   |                                 | C                                   | 84   |

HOKE COUNTY BAT MOBILE UNIT 13 460

Serial Number: 008869 Test Date: 01/17/2025

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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: AG302704 Exp Date: 01/27/2025

| Test     | g/210L | Time   |
|----------|--------|--------|
| DIAG     | Pass   | 7:15pm |
| AIR BLK  | .00    | 7:16pm |
| ACCY CHK | .07    | 7:17pm |
| AIR BLK  | .00    | 7:18pm |
| SUB TEST | .00    | 7:19pm |
| AIR BLK  | .00    | 7:20pm |
| SUB TEST | .00    | 7:21pm |
| AIR BLK  | .00    | 7:22pm |

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

## HOKE COUNTY BAT MOBILE UNIT 13 460

Serial Number: 008869 Test Record Number: 1935 Test Date: 01/17/2025 Test Time: 7:24pm EST

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 7:24pm |
| FLO  | Pass   | 7:24pm |
| FC   | Pass   | 7:24pm |
|      |        |        |

#### Temperature Tests

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

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 7:25pm |

#### Printer Tests

| Test | Status    | Time   |
|------|-----------|--------|
| PRNT | Pass      | 7:25pm |
|      | CRC Tests |        |
| Test | Status    | Time   |
| COMP | Pass      | 7:25pm |
| CAL  | Pass      | 7:25pm |

Preventive Maintenance Status: Pass

Analyst

## 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 | rial No. 00 8898 Hoke Coun  | Ly SU   |
|----------------|---|---|
| The preventive | re maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Into   |   |
|                | 10,000 or higher) to be followed at least once every four months are:   |   |
| (1)            | Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of<br>breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigra               |   |
| (2)            | Verify instrument displays time and date;   |   |
| (3)            | Initiate breath test sequence;  |   |
| (4)            | Enter information as prompted;  |   |
| (5)            | Verify instrument accuracy;   |   |
| (6)            | When "PLEASE BLOW" appears, collect breath 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  | ď   |
| (10)           | Verify that the ethanol gas canister is being changed before expiration date<br>simulator solution is being changed every four months or after 125 Alcohol<br>whichever occurs first. |   |
|                | on the 17 <sup>11</sup> day of  | e maintenance procedures<br>N.C. Department of Health |
| STATE OF       | - Table 1   |   |
|                |   |   |
|                |   |   |

HOKE COUNTY BAT MOBILE UNIT 13 460

Serial Number: 008898 Test Date: 01/17/2025

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE Subject'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   | 7:17pm |
| AIR BLK  | .00    | 7:18pm |
| ACCY CHK | .07    | 7:19pm |
| AIR BLK  | .00    | 7:20pm |
| SUB TEST | .00    | 7:20pm |
| AIR BLK  | .00    | 7:21pm |
| SUB TEST | .00    | 7:23pm |
| AIR BLK  | .00    | 7:24pm |

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### HOKE COUNTY BAT MOBILE UNIT 13 460

Serial Number: 008898 Test Record Number: 1918 Test Date: 01/17/2025 Test Time: 7:24pm EST

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 7:25pm |
| FLO  | Pass   | 7:25pm |
| FC   | Pass   | 7:25pm |

#### Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 7:25pm |
| SRC  | Pass   | 7:25pm |
| DET  | Pass   | 7:25pm |
| BAR  | Pass   | 7:25pm |
| BT   | Pass   | 7:25pm |
|      |        |        |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 7:25pm |

#### Printer Tests

| Test | Status    | Time   |
|------|-----------|--------|
| PRNT | Pass      | 7:26pm |
|      | CRC Tests |        |
| Test | Status    | Time   |
| COMP | Pass      | 7:26pm |
| CAL  | Pass      | 7:26pm |

Preventive Maintenance Status: Pass

Analyst

## 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.          |
|      | the 17 day of January , 20 25 the forgoing preventive maintenance procedures of the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ryices, and the instrument is functioning properly. |

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

Signature of Certifying Official

Certificate Number

#### HOKE COUNTY BAT MOBILE UNIT 13 460

Serial Number: 008939 Test Date: 01/17/2025

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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   | 7:18pm |
| AIR BLK  | .00    | 7:19pm |
| ACCY CHK | .07    | 7:19pm |
| AIR BLK  | .00    | 7:20pm |
| SUB TEST | .00    | 7:21pm |
| AIR BLK  | .00    | 7:22pm |
| SUB TEST | .00    | 7:24pm |
| AIR BLK  | .00    | 7:25pm |

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### HOKE COUNTY BAT MOBILE UNIT 13 460

Serial Number: 008939 Test Record Number: 1791 Test Date: 01/17/2025 Test Time: 7:25pm EST

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 7:25pm |
| FLO  | Pass   | 7:25pm |
| FC   | Pass   | 7:26pm |

#### Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 7:26pm |
| SRC  | Pass   | 7:26pm |
| DET  | Pass   | 7:26pm |
| BAR  | Pass   | 7:26pm |
| BT   | Pass   | 7:26pm |
|      |        |        |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 7:26pm |

#### Printer Tests

| rest | Status | rime   |
|------|--------|--------|
| PRNT | Pass   | 7:26pm |
|      |        |        |

#### CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 7:27pm |
| CAL  | Pass   | 7:27pm |

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 Cod                    | al No. 008685 made solution of  |
|-----------------------------------|---|
| instrument Sen                    | al No. 000000   |
| The preventive<br>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 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 brea<br>simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes<br>whichever occurs first.       |
| were performed                    | the 10 day of 2000 day of 2000 the forgoing preventive maintenance procedured on the instrument indicated above, in accordance with current regulations of the N.C. Department of Heal vices, and the instrument is functioning properly. |
|                                   |   |
| 1000                              | 1 1 1   |

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: 008685 Test Date: 01/10/2025

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject'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:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG431001 Exp Date: 11/05/2026

| Test     | g/210L | Time    |
|----------|--------|---------|
| DIAG     | Pass   | 11:40am |
| AIR BLK  | .00    | 11:40am |
| ACCY CHK | .08    | 11:41am |
| AIR BLK  | .00    | 11:43am |
| SUB TEST | .00    | 11:43am |
| AIR BLK  | .00    | 11:44am |
| SUB TEST | .00    | 11:46am |
| AIR BLK  | .00    | 11:47am |

Reported AC: .00 g/210L

Signature of Chemical Anglyst

Court CVR

#### IREDELL COUNTY MOORESVILLE PD 480

Serial Number: 008685 Test Record Number: 4922 Test Date: 01/10/2025 Test Time: 11:48am EST

System Check: Passed

#### Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 11:48am |
| FLO  | Pass   | 11:48am |
| 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   | 11:49am |

| Test | Status | Time  |
|------|--------|-------|
| Tesc | Status | TTIME |

Printer Tests

| PRNT | Pass | 11:49am |
|------|------|---------|

### CRC Tests

| Test | Status | Time |
|------|--------|------|
|      |        |      |

| COMP | Pass | 11:49am |
|------|------|---------|
| CAL  | Pass | 11:49am |

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. 008823 MODRESVILLE LL   |  |  |
|-----------------------------------|--|--|--|
| The preventive<br>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 22 day of Annual Accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.   |  |  |

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: 008823 Test Date: 01/22/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG405102 Exp Date: 02/20/2026

| Test     | g/210L | Time      |
|----------|--------|-----------|
| DIAG     | Pass   | 2:39pm    |
| AIR BLK  | .00    | 2:40pm    |
| ACCY CHK | .08    | 2:40pm    |
| AIR BLK  | .00    | 2:41pm    |
| SUB TEST | .00    | 2:42pm    |
| AIR BLK  | .00    | 2:43pm    |
| SUB TEST | .00    | 2:44pm    |
| ATR BLK  | 0.0    | 2 - 45 pm |

Reported AC: .00 g/210L

Signature of Chemical Apalyst

Court CVR

# IREDELL COUNTY MOORESVILLE PD 480

Serial Number: 008823 Test Record Number: 2089 Test Date: 01/22/2025 Test Time: 2:46pm EST

System Check: Passed

# Baseline Tests

| Test      | Status       | Time             |
|-----------|--------------|------------------|
| IR<br>FLO | Pass         | 2:46pm           |
| FC        | Pass<br>Pass | 2:46pm<br>2:46pm |
|           |              | AL A LO DELL     |

# Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 2:47pm |
| SRC  | Pass   | 2:47pm |
| DET  | Pass   | 2:47pm |
| BAR  | Pass   | 2:47pm |
| BT   | Pass   | 2:47pm |
|      |        |        |

## Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 2:47nm |

# Printer Tests

| Test | Status    | Time   |
|------|-----------|--------|
| PRNT | Pass      | 2:47pm |
|      | CRC Tests |        |
| Test | Status    | Time   |
| COMP | Pass      | 2:47pm |
| CAL  | Pass      | 2:47pm |

Preventive Maintenance Status: Pass

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

| County                         | LEE Instrument Location LEE COUNTY  ial No. 008645 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<br>simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests,<br>whichever occurs first. |
| were performed                 | the  |
|                                | Signature of Certifying Official Certificate Number  |

LEE COUNTY DETENTION CENTER 520

Serial Number: 008645 Test Date: 01/31/2025

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject'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

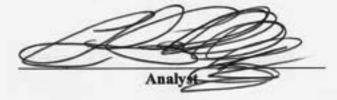
Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

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

| Test     | g/210L | Time    |
|----------|--------|---------|
| DIAG     | Pass   | 10:13am |
| AIR BLK  | .00    | 10:14am |
| ACCY CHK | .08    | 10:14am |
| AIR BLK  | .00    | 10:15am |
| SUB TEST | .00    | 10:16am |
| AIR BLK  | .00    | 10:17am |
| SUB TEST | .00    | 10:19am |
| ATR BLK  | 0.0    | 10:19am |

Reported AC: .00 g/210L

Court CVR



# LEE COUNTY DETENTION CENTER 520

Serial Number: 008645 Test Record Number: 2568 Test Date: 01/31/2025 Test Time: 10:21am EST

System Check: Passed

# Baseline Tests

| Status | Time         |
|--------|--------------|
| Pass   | 10:21am      |
| Pass   | 10:21am      |
| Pass   | 10:21am      |
|        | Pass<br>Pass |

# Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 10:21am |
| SRC  | Pass   | 10:21am |
| DET  | Pass   | 10:21am |
| BAR  | Pass   | 10:21am |
| BT   | Pass   | 10:21am |
|      |        |         |

# Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 10:22am |

# Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 10:22am |
|      |        |         |

#### CRC Tests

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 10:22am |
| CAL  | Pass   | 10:22am |

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 SANFORD POLICE   |
|--------------------------------|--|
| Instrument Ser                 | ial No. 008867 DEPARTMENT  |
| The preventive serial number 1 | 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<br>simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests,<br>whichever occurs first. |
|                                | the 3/ day of, 20 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.        |
|                                | 1/17   |
|                                | Signature of Certifying Official Certificate Number  |

LEE COUNTY SANFORD POLICE DEPT 520

Serial Number: 008867 Test Date: 01/31/2025

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

Subject'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: AG405103 Exp Date: 02/20/2026

| Test     | g/210L | Time    |
|----------|--------|---------|
| DIAG     | Pass   | 11:18am |
| AIR BLK  | .00    | 11:19am |
| ACCY CHK | .08    | 11:19am |
| AIR BLK  | .00    | 11:20am |
| SUB TEST | .00    | 11:21am |
| AIR BLK  | .00    | 11:22am |
| SUB TEST | .00    | 11:23am |
| AIR BLK  | .00    | 11:24am |

Reported AC: 00 g/210L
Signature of Charles Analyst

Court CVR

Analyst

# LEE COUNTY SANFORD POLICE DEPT 520

Serial Number: 008867 Test Record Number: 1514 Test Date: 01/31/2025 Test Time: 11:25am EST

System Check: Passed

### Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 11:25am |
| FLO  | Pass   | 11:25am |
| FC   | Pass   | 11:25am |

# Temperature Tests

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

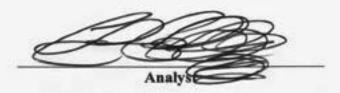
# Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 11:26am |

### Printer Tests

| Test | Status       | Time               |
|------|--------------|--------------------|
| PRNT | Pass         | 11:26am            |
|      | CRC Tests    |                    |
| Test | Status       | Time               |
| COMP | Pass<br>Pass | 11:26am<br>11:26am |

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)

| nance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with r higher) to be followed at least once every four months are:  ify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic of the simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;  ify instrument displays time and date;  ate breath test sequence;  er information as prompted;  ify instrument accuracy; |
|--|
| ify instrument displays time and date; ate breath test sequence; er information as prompted;   |
| ate breath test sequence;<br>er information as prompted;   |
| er information as prompted;  |
|  |
| ify instrument accuracy;   |
|  |
| en "PLEASE BLOW" appears, collect breath sample;   |
| en "PLEASE BLOW" appears, collect breath sample;   |
| t test record;   |
| diagnostic program and confirm preventive maintenance status of "Pass"; and  |
| ify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath<br>ulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests,<br>chever occurs first.  |
| day of <u>January</u> , 20 <u>Z5</u> the forgoing preventive maintenance procedures instrument indicated above, in accordance with current regulations of the N.C. Department of Health and the instrument is functioning properly.  |
| M11(911 680  |
| e  |

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008912 Test Date: 01/09/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG431001 Exp Date: 11/05/2026

| Test | g/210L | Time |
|------|--------|------|
|      |        |      |

| DIAG     | Pass | 11:32am |
|----------|------|---------|
| AIR BLK  | .00  | 11:33am |
| ACCY CHK | .08  | 11:34am |
| AIR BLK  | .00  | 11:35am |
| SUB TEST | .00  | 11:36am |
| AIR BLK  | .00  | 11:37am |
| SUB TEST | .00  | 11:38am |
| ATR BLK  | .00  | 11:39am |

Reported AC: .00 q/2101

Sygnature of Chemidal 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

# MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008912 Test Record Number: 2245 Test Date: 01/09/2025 Test Time: 11:41am EST

System Check: Passed

### Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 11:41am |
| FLO  | Pass   | 11:41am |
| FC   | Pass   | 11:41am |

# Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 11:41am |
| SRC  | Pass   | 11:41am |
| DET  | Pass   | 11:41am |
| BAR  | Pass   | 11:41am |
| BT   | Pass   | 11:41am |

# Blank Tests

| Test | Status | Time    |  |
|------|--------|---------|--|
| AIR  | Pass   | 11:42am |  |

### Printer Tests

| Test | Status    | Time    |
|------|-----------|---------|
| PRNT | Pass      | 11:42am |
|      | CRC Tests |         |
|      |           |         |

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 11:42am |
| CAL  | Pass   | 11:42am |

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 Seri                             | ecklenburg Instrument Location CMPD LEC Charlotte, 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<br>simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests,<br>whichever occurs first. |
| I certify that or<br>were performe<br>and Human Se | the day of January, 2025 the forgoing preventive maintenance procedures don the instrument indivated above, in coordance with current regulations of the N.C. Department of Health rvices, and the instrument is functioning properly.   |

Signature of Certifying Official Certificate Number

MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008573 Test Date: 01/09/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: Helms, Bryce A

Permit Number: 0084-9845

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

| Test     | g/210L | Time    |
|----------|--------|---------|
| DIAG     | Pass   | 12:33pm |
| AIR BLK  | .00    | 12:33pm |
| ACCY CHK | .08    | 12:34pm |
| AIR BLK  | .00    | 12:35pm |
| SUB TEST | .00    | 12:36pm |
| AIR BLK  | .00    | 12:37pm |
| SUB TEST | .00    | 12:38pm |
| ATR BLK  | .00    | 12:39mm |

0.0722.022800 100.90000

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

# MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008573 Test Record Number: 5663 Test Date: 01/09/2025 Test Time: 12:39pm EST

System Check: Passed

# Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 12:40pm |
| FLO  | Pass   | 12:40pm |
| FC   | Pass   | 12:40pm |

# Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 12:40pm |
| SRC  | Pass   | 12:40pm |
| DET  | Pass   | 12:40pm |
| BAR  | Pass   | 12:40pm |
| BT   | Pass   | 12:40pm |

# Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 12:40pm |

## Printer Tests

| Test | Status    | Time    |
|------|-----------|---------|
| PRNT | Pass      | 12:41pm |
|      | CRC Tests |         |
|      |           |         |

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 12:41pm |
| CAL  | Pass   | 12:41pm |

Preventive Maintenance Status: Pass

Analyst

# 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                | ial No. 008594  | CHARLO   | 24 37   |
|--------------------------------|---|--|---|
| The preventive serial number 1 | maintenance procedures for the Intoximeter<br>0,000 or higher) to be followed at least once   | rs, Model Intox EC/IR II and M<br>every four months are:             | odel Intox EC/IR II (Enhanced with                                      |
| (1)                            | Verify the ethanol gas canister displays a<br>breath simulator thermometer shows 34   | at least 51 pounds per square in<br>degrees, plus or minus .2 degree | ch (psi) of pressure, or the alcoholic<br>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   | ct breath sample;  |   |
| (7)                            | When "PLEASE BLOW" appears, collect   | ct breath sample;  |   |
| (8)                            | Print test record;  |  |   |
| (9)                            | Run diagnostic program and confirm pre  | eventive maintenance status of                                       | 'Pass''; and  |
| (10)                           | Verify that the ethanol gas canister is<br>simulator solution is being changed ev<br>whichever occurs first.  | s being changed before expir-<br>very four months or after 125       | ation date, or the alcoholic breath<br>Alcoholic Breath Simulator tests |
| were performed                 | the 30 day of Andrew I day of | ordance with current regulation                                      | preventive maintenance procedure<br>is 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.

DHHS 4080 (04/20)

MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008594 Test Date: 01/30/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

| Test     | g/210L | Time    |
|----------|--------|---------|
| DIAG     | Pass   | 12:46pm |
| AIR BLK  | .00    | 12:47pm |
| ACCY CHK | .08    | 12:48pm |
| AIR BLK  | .00    | 12:49pm |
| SUB TEST | .00    | 12:50pm |
| AIR BLK  | .00    | 12:51pm |
| SUB TEST | .00    | 12:52pm |
| AIR BLK  | .00    | 12:53pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008594 Test Record Number: 6169
Test Date: 01/30/2025 Test Time: 12:54pm EST

System Check: Passed

# Baseline Tests

| Test      | Status       | Time               |
|-----------|--------------|--------------------|
| IR<br>FLO | Pass<br>Pass | 12:54pm<br>12:54pm |
| FC        | Pass         | 12:54pm            |

# Temperature Tests

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

# Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 12:55pm |

# Printer Tests

| Test | Status       | Time    |
|------|--------------|---------|
| PRNT | Pass         | 12:55pm |
|      | CRC Tests    |         |
| Test | Status       | Time    |
| COMP | Pass<br>Pass | 12:55pm |

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 Ser               | ial No. <u>CCC</u> 84.A1   | -   | CHARLESTI   | = 24 =  |
|------------------------------|--|---|---|---|
| The preventive serial number | maintenance procedures for<br>10,000 or higher) to be follow   | the Intoximeters, Modered at least once every f       | I Intox EC/IR II and Mo                             | odel Intox EC/IR II (Enhanced with                                      |
| (1)                          | Verify the ethanol gas ca<br>breath simulator thermon  | nister displays at least s<br>neter shows 34 degrees, | 51 pounds per square inc<br>plus or minus .2 degree | ch (psi) of pressure, or the alcoholic<br>centigrade;                   |
| (2)                          | Verify instrument display  | ys time and date;                                     |   |   |
| (3)                          | Initiate breath test sequen  | nce;  |   |   |
| (4)                          | Enter information as pror  | mpted;  |   |   |
| (5)                          | Verify instrument accura-  | cy;   |   |   |
| (6)                          | When "PLEASE BLOW"   | appears, collect breath                               | sample;   |   |
| (7)                          | When "PLEASE BLOW"   | appears, collect breath                               | sample;   |   |
| (8)                          | Print test record;   |   |   |   |
| (9)                          | Run diagnostic program   | and confirm preventive                                | maintenance status of "                             | Pass"; and  |
| (10)                         |  |   |   | tion date, or the alcoholic breath<br>Alcoholic Breath Simulator tests. |
| were performed               | the 30 day of 000 day of 000 do not the instrument indicated vices, and the instrument is for the instrument in the instrument is for the instrument in the inst | above, in accordance                                  | 2025 the forgoing p<br>with current regulations     | reventive maintenance procedures of the N.C. Department of Health       |
| - Contract of                |  | Signature of Certifying                               | ng 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)

### MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008691 Test Date: 01/30/2025

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE Subject'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: 10/01/2023-10/01/2025

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

Lot Number: AG431001 Exp Date: 11/05/2026

| Test     | g/210L | Time    |
|----------|--------|---------|
| DIAG     | Pass   | 11:48am |
| AIR BLK  | .00    | 11:48am |
| ACCY CHK | .08    | 11:49am |
| AIR BLK  | .00    | 11:50am |
| SUB TEST | .00    | 11:51am |
| AIR BLK  | .00    | 11:52am |
| SUB TEST | .00    | 11:53am |
| AIR BLK  | -00    | 11:54am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008691 Test Record Number: 9607 Test Date: 01/30/2025 Test Time: 11:55am EST

System Check: Passed

Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR . | Pass   | 11:55am |
| FLO  | Pass   | 11:55am |
| FC   | Pass   | 11:55am |

# Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 11:56am |
| SRC  | Pass   | 11:56am |
| DET  | Pass   | 11:56am |
| BAR  | Pass   | 11:56am |
| BT   | Pass   | 11:56am |
|      |        |         |

# Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 11:56am |

# Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 11:56am |

### CRC Tests

| Test | Status       | Time    |
|------|--------------|---------|
| COMP | Pass<br>Pass | 11:56am |

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)

| Instrument Seria               | al No. 008692 Coenterior NC  |
|--------------------------------|--|
| The preventive serial number 1 | maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced wi<br>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 breasumulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.  |
| were performed                 | the day of day o |
| - am var                       | De Saturno 69to  |

# MECKLENBURG COUNTY CORNELIUS PD 590

Serial Number: 008692 Test Date: 01/06/2025

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject'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:

10/01/2023-10/01/2025

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

Lot Number: AG431001 Exp Date: 11/05/2026

| Test     | g/210L | Time    |
|----------|--------|---------|
| DIAG     | Pass   | 12:33pm |
| AIR BLK  | .00    | 12:34pm |
| ACCY CHK | .08    | 12:34pm |
| AIR BLK  | .00    | 12:35pm |
| SUB TEST | .00    | 12:36pm |
| AIR BLK  | .00    | 12:37pm |
| SUB TEST | .00    | 12:39pm |
| AIR BLK  | .00    | 12:39pm |

Reported AC: .00 g/210L

Signature of Chemical Apalyst

Court CVR

Analyst

# MECKLENBURG COUNTY CORNELIUS PD 590

Serial Number: 008692 Test Record Number: 3782 Test Date: 01/06/2025 Test Time: 12:40pm 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   | 12-41pm |

# Printer Tests

| Test | Status    | Time    |
|------|-----------|---------|
| PRNT | Pass      | 12:41pm |
|      | CRC Tests |         |
| Test | Status    | Time    |
| COMP | Pass      | 12:42pm |
| CAL  | Pass      | 12:42pm |

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)

| li   | nstrument Seri | al No. 008970 CMPD  |
|------|----------------|---|
|      |                | 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<br>breath simulator thermometer shows 34 degrees, plus or minus 2 degree centigrade;  |
|      | (2)            | Verify instrument displays time and date;   |
|      | (3)            | Initiate breath test sequence;  |
|      | (4)            | Enter information as prompted;  |
|      | (5)            | Verify instrument accuracy;   |
|      | (6)            | When "PLEASE BLOW" appears, collect breath sample;  |
|      | (7)            | When "PLEASE BLOW" appears, collect breath sample:  |
|      | (8)            | Print test record;  |
|      | (9)            | Run diagnostic program and confirm preventive maintenance status of "Pass"; and   |
|      | (10)           | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath<br>simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests<br>whichever occurs first.     |
| - 50 | vere performed | the 15 day of January, 2025 the forgoing preventive maintenance procedures to on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly. |

Maround \_

MECKLENBURG COUNTY BAT MOBILE UNIT 11 590

> Serial Number: 008970 Test Date: 01/15/2025

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

Analyst's Name: Glasscock, Jerry D Permit Number: 7180-9235 Effective: 10/01/2023-10/01/2025

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

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

| Test     | g/210L | Time   |
|----------|--------|--------|
| DIAG     | Pass   | 9:10pm |
| AIR BLK  | .00    | 9:12pm |
| ACCY CHK |        | 9:12pm |
| AIR BLK  | .00    | 9:13pm |
| SUB TEST | .00    | 9:14pm |
| AIR BLK  | .00    | 9:14pm |
| SUB TEST | .00    | 9:16pm |
| AIR BLK  | .00    | 9:17pm |

Reported AC: .00 g/210L

Court CVR

Just & Bloomy

# MECKLENBURG COUNTY BAT MOBILE UNIT 11 590

Serial Number: 008970 Test Record Number: 1150 Test Date: 01/15/2025 Test Time: 9:18pm EST

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 9:18pm |
| FLO  | Pass   | 9:18pm |
| FC   | Pass   | 9:18pm |

## Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 9:18pm |
| SRC  | Pass   | 9:18pm |
| DET  | Pass   | 9:18pm |
| BAR  | Pass   | 9:18pm |
| BT   | Pass   | 9:18pm |

# Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 9:19pm |
|      |        |        |

#### Printer Tests

| Status | Time           |
|--------|----------------|
| Pass   | 9:19pm         |
|        | Status<br>Pass |

#### CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 9:19pm |
| CAL  | Pass   | 9:19pm |

Preventive Maintenance Status: Pass

Suy D Housel

# 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. 008970 BAT Hobile Unit II

Instrument Serial No. 008970 CMPD

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

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

- (3) Initiate breath test sequence;
- (4) Enter information as prompted:
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;

Verify instrument displays time and date;

- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 Ochuary , 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in eccordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



(2)

Signature of Certifying Official

Cartificate Number

MECKLENBURG COUNTY BAT MOBILE UNIT 11

Serial Number: 008970 Test Date: 01/16/2025

Citation Number: M00000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Glasscock, Jerry D Permit Number: 7180-9235 Effective: 10/01/2023-10/01/2025

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

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

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

Reported AC: ,00 g/210L

Signature Chemical Analyst

Court CVR

- Sono Blasseur

### MECKLENBURG COUNTY BAT MOBILE UNIT 11 590

Serial Number: 008970 Test Record Number: 1156 Test Date: 01/16/2025 Test Time: 9:17pm EST

System Check: Passed

### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 9:17pm |
| FLO  | Pass   | 9:17pm |
| FC   | Pass   | 9:17pm |

## Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 9:17pm |
| SRC  | Pass   | 9:17pm |
| DET  | Pass   | 9:17pm |
| BAR  | Pass   | 9:17pm |
| BT   | Pass   | 9:17pm |

### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 9:18pm |

### Printer Tests

| Test | Status    | Time   |
|------|-----------|--------|
| PRNT | Pass      | 9:18pm |
|      | CRC Tests |        |
| Mont | Chatma    | mine   |

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 9:18pm |
| CAL  | Pass   | 9:18pm |

Preventive Maintenance Status: Pass

Analyst Harring

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

| County Mecklesburg            | Instrument Location_BAT | Mobile Unit 11 |
|-------------------------------|-------------------------|----------------|
| Instrument Serial No. 60 8973 |                         | CMPD           |
|                               |                         |                |

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

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

I certify that on the 15 day of Canacta, 20 25 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

Certificate Number

MECKLENBURG COUNTY BAT MOBILE UNIT 11 590

> Serial Number: 008973 Test Date: 01/15/2025

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

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

Analyst's Name: Glasscock, Jerry D Permit Number: 7180-9235 Effective: 10/01/2023-10/01/2025

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

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

| Test     | g/210L | Time   |
|----------|--------|--------|
| DIAG     | Pass   | 9:09pm |
| AIR BLK  | .00    | 9:10pm |
| ACCY CHK | .07    | 9:11pm |
| AIR BLK  | .00    | 9:12pm |
| SUB TEST | .00    | 9:12pm |
| AIR BLK  | .00    | 9:13pm |
| SUB TEST | .00    | 9:15pm |
| AIR BLK  | .00    | 9:15pm |

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

Joy D. Blassem

Rev. 12/2007

# MECKLENBURG COUNTY BAT MOBILE UNIT 11 590

Serial Number: 008973 Test Record Number: 1200 Test Date: 01/15/2025 Test Time: 9:16pm EST

System Check: Passed

### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 9:17pm |
| FLO  | Pass   | 9:17pm |
| FC   | Pass   | 9:17pm |

### Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 9:17pm |
| SRC  | Pass   | 9:17pm |
| DET  | Pass   | 9:17pm |
| BAR  | Pass   | 9:17pm |
| BT   | Pass   | 9:17pm |

### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 9:17pm |
|      | 27,000 |        |

#### Printer Tests

| Test | Status    | Time   |
|------|-----------|--------|
| PRNT | Pass      | 9:18pm |
|      | CRC Tests |        |
| Test | Status    | Time   |
| COMP | Pass      | 9:18pm |

Preventive Maintenance Status: Pass

Pass

9:18pm

CAL

- D Harren

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

| 1   | nstrument Seri                   | ial No. 008973 CMPD   |
|-----|----------------------------------|---|
| 1 5 | The preventive<br>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:  |
|     | (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 breasimulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes whichever occurs first.          |
| W   | ere performed                    | the 16 day of January, 20 25 the forgoing preventive maintenance procedured on the instrument indicated above, in accordance with current regulations of the N.C. Department of Heavices, and the instrument is functioning properly. |

MECKLENBURG COUNTY BAT MOBILE UNIT 11 590

> Serial Number: 008973 Test Date: 01/16/2025

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

Analyst's Name: Glasscock, Jerry D Permit Number: 7180-9235 Effective: 10/01/2023-10/01/2025

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

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

| Test     | g/210L | Time       |
|----------|--------|------------|
| DIAG     | Pass   | 9:04pm     |
| AIR BLK  | .00    | 9:05pm     |
| 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     |
| ATP BLK  | 0.0    | 9 - 1 0 mm |

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

# MECKLENBURG COUNTY BAT MOBILE UNIT 11 590

Serial Number: 008973 Test Record Number: 1204
Test Date: 01/16/2025 Test Time: 9:11pm EST

System Check: Passed

### Baseline Tests

| Time |
|------|
| 1pm  |
| 1pm  |
| 1pm  |
|      |

## Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 9:11pm |
| SRC  | Pass   | 9:11pm |
| DET  | Pass   | 9:11pm |
| BAR  | Pass   | 9:11pm |
| BT   | Pass   | 9:11pm |

#### Blank Tests

| Test | Status      | Time   |
|------|-------------|--------|
| AIR  | Pass        | 9:12pm |
| Pı   | rinter Test | ts     |

| Status | Time<br>9:12pt |
|--------|----------------|
| Pass   |                |
|        | 2550.500       |

#### CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 9:12pt |
| CAL  | Pass   | 9:12pr |

Preventive Maintenance Status: Pass

Suga Delesgund

## DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

## 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<br>rial number 1 | maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced v<br>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 alcoh<br>breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;                                 |
| (2)                            | Verify instrument displays time and date;   |
| (3)                            | Initiate breath test sequence;  |
| (4)                            | Enter information as prompted;  |
| (5)                            | Verify instrument accuracy;   |
| (6)                            | When "PLEASE BLOW" appears, collect breath sample;  |
| (7)                            | When "PLEASE BLOW" appears, collect breath sample;  |
| (8)                            | Print test record;  |
| (9)                            | Run diagnostic program 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<br>simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to<br>whichever occurs first. |
|                                | the   |

Signature of Certifying Official

Certificate Number

MONTGOMERY COUNTY DETENTION CENTER 610

Serial Number: 008657 Test Date: 01/03/2025

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

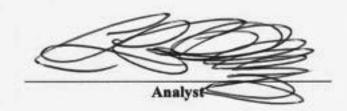
Analyst's Name: Galloway, Charles L Permit Number: 0023-9771 Effective: 10/01/2023-10/01/2025

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

> > Lot Number: AG417803 Exp Date: 06/26/2026

| Test     | g/210L | Time    |
|----------|--------|---------|
| DIAG     | Pass   | 10:41am |
| AIR BLK  | .00    | 10:41am |
| ACCY CHK | .08    | 10:42am |
| AIR BLK  | .00    | 10:43am |
| SUB TEST | .00    | 10:44am |
| AIR BLK  | .00    | 10:45am |
| SUB TEST | .00    | 10:46am |
| AIR BLK  | .00    | 10:47am |
|          |        |         |

Reported AC:



#### MONTGOMERY COUNTY DETENTION CENTER 610

Serial Number: 008657 Test Record Number: 2199
Test Date: 01/03/2025 Test Time: 10:48am EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

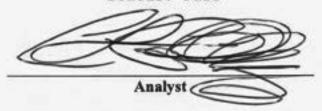
| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 10:49am |

#### Printer Tests

| Test | Status    | Time    |
|------|-----------|---------|
| PRNT | Pass      | 10:49am |
|      | CRC Tests |         |
|      |           |         |

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

Preventive Maintenance Status: Pass



## DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

## 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                         | 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 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<br>simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests<br>whichever occurs first. |
| I certify that on<br>were performed<br>and Human Ser | the   |

MONTGOMERY COUNTY DETENTION CENTER 610

Serial Number: 008709 Test Date: 01/03/2025

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE Subject'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: AG417803 Exp Date: 06/26/2026

| Test     | g/210L | Time    |
|----------|--------|---------|
| DIAG     | Pass   | 10:28am |
| AIR BLK  | .00    | 10:28am |
| ACCY CHK | .07    | 10:29am |
| AIR BLK  | .00    | 10:31am |
| SUB TEST | .00    | 10:32am |
| AIR BLK  | .00    | 10:33am |
| SUB TEST | .00    | 10:34am |
| AIR BLK  | .00    | 10:36am |

Reported AC: .00 g/210L

Signature of Chambra shalyst

Court CVR

Analyst

## MONTGOMERY COUNTY DETENTION CENTER 610

Serial Number: 008709 Test Record Number: 1532 Test Date: 01/03/2025 Test Time: 10:37am EST

System Check: Passed

Baseline Tests

| Test      | Status       | Time    |
|-----------|--------------|---------|
| IR<br>FLO | Pass<br>Pass | 10:38am |
| FC        | Pass         | 10:38am |

#### Temperature Tests

| Status | Time                         |
|--------|------------------------------|
| Pass   | 10:38am                      |
|        | Pass<br>Pass<br>Pass<br>Pass |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 10:39am |

#### Printer Tests

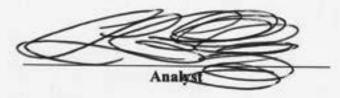
| Test | Status    | Time    |
|------|-----------|---------|
| PRNT | Pass      | 10:39am |
|      | CRC Tests |         |
| Test | Status    | Time    |
| COMP | Pass      | 10:39am |

10:39am

Preventive Maintenance Status: Pass

Pass

CAL



#### DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

## 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  (2) Verify instrument displays time and date  (3) Initiate breath test sequence;  (4) Enter information as prompted;  (5) Verify instrument accuracy;  (6) When "PLEASE BLOW" appears, colled  (7) When "PLEASE BLOW" appears, colled  (8) Print test record;  (9) Run diagnostic program and confirm pred  (10) Verify that the ethanol gas canister is simulator solution is being changed etwice whichever occurs first.   | at least 51 pounds per square inch (psi) of pressure, or the alcoholic  |
|--|---|
| (3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collection (7) When "PLEASE BLOW" appears, collection (8) Print test record; (9) Run diagnostic program and confirm prediction is being changed enwhichever occurs first.  I certify that on the 18 day of 5 cancer is simulator solution is being changed enwhichever occurs first.   | degrees, plus or minus .2 degree centigrade;  |
| (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, colled (7) When "PLEASE BLOW" appears, colled (8) Print test record; (9) Run diagnostic program and confirm pred (10) Verify that the ethanol gas canister is simulator solution is being changed exwhichever occurs first.  I certify that on the 18 day of 5 canada were performed on the instrument indicated above, in according to the strument of the content o |   |
| (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collection (7) When "PLEASE BLOW" appears, collection (8) Print test record; (9) Run diagnostic program and confirm present (10) Verify that the ethanol gas canister is simulator solution is being changed enwhichever occurs first.  I certify that on the 18 day of 5 canada were performed on the instrument indicated above, in according to the contract of the contrac |   |
| (6) When "PLEASE BLOW" appears, collection (7) When "PLEASE BLOW" appears, collection (8) Print test record; (9) Run diagnostic program and confirm present (10) Verify that the ethanol gas canister is simulator solution is being changed enwhichever occurs first.  I certify that on the 18 day of 5 canada were performed on the instrument indicated above, in according to the collection of the collection (10) the collection (1 |   |
| (7) When "PLEASE BLOW" appears, collection (8) Print test record; (9) Run diagnostic program and confirm present (10) Verify that the ethanol gas canister is simulator solution is being changed enwhichever occurs first.  I certify that on the   |   |
| (8) Print test record;  (9) Run diagnostic program and confirm pre  (10) Verify that the ethanol gas canister is simulator solution is being changed exwhichever occurs first.  I certify that on the  | t breath sample;  |
| (9) Run diagnostic program and confirm pro  (10) Verify that the ethanol gas canister is simulator solution is being changed en whichever occurs first.  I certify that on the   | t breath sample;  |
| (10) Verify that the ethanol gas canister is simulator solution is being changed et whichever occurs first.  I certify that on the   |   |
| simulator solution is being changed exwhichever occurs first.  I certify that on the 18th day of   | ventive maintenance status of "Pass"; and   |
| were performed on the instrument indicated above, in account   | being changed before expiration date, or the alcoholic breath<br>ery four months or after 125 Alcoholic Breath Simulator tests, |
|  | , 20 25 the forgoing preventive maintenance procedures ordance with current regulations of the N.C. Department of Health errly. |

MOORE COUNTY BAT MOBILE UNIT 13 620

Serial Number: 008869 Test Date: 01/18/2025

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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: AG302704 Exp Date: 01/27/2025

| Test     | g/210L | Time   |
|----------|--------|--------|
| DIAG     | Pass   | 5:03pm |
| AIR BLK  | .00    | 5:04pm |
| ACCY CHK | .07    | 5:04pm |
| AIR BLK  | .00    | 5:05pm |
| SUB TEST | .00    | 5:06pm |
| AIR BLK  | .00    | 5:07pm |
| SUB TEST | .00    | 5:09pm |
| AIR BLK  | .00    | 5:10pm |

Reported AC: /.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### MOORE COUNTY BAT MOBILE UNIT 13 620

Serial Number: 008869 Test Record Number: 1937 Test Date: 01/18/2025 Test Time: 5:10pm EST

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |  |
|------|--------|--------|--|
| IR   | Pass   | 5:11pm |  |
| FLO  | Pass   | 5:11pm |  |
| FC   | Pass   | 5:11pm |  |

#### Temperature Tests

| Test | Status | Time   |  |
|------|--------|--------|--|
| FC1  | Pass   | 5:11pm |  |
| SRC  | Pass   | 5:11pm |  |
| DET  | Pass   | 5:11pm |  |
| BAR  | Pass   | 5:11pm |  |
| BT   | Pass   | 5:11pm |  |
|      |        |        |  |

#### Blank Tests

| Test | Status Tir | Time   |
|------|------------|--------|
| AIR  | Pass       | 5:12pm |

#### Printer Tests

| rest | Status    | Time   |
|------|-----------|--------|
| PRNT | Pass      | 5:12pm |
|      | CRC Tests |        |
| Test | Status    | Time   |
| COMP | Pass      | 5:12pm |
| CAL  | Pass      | 5:12pm |

Preventive Maintenance Status: Pass

Analyst

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

|      | maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced wi<br>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 brea<br>simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test<br>whichever occurs first.       |
|      | the 18th day of January . 20 25 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. |
|      |  |

#### MOORE COUNTY BAT MOBILE UNIT 13 620

Serial Number: 008898 Test Date: 01/18/2025

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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   | 4:31pm |
| AIR BLK  | .00    | 4:32pm |
| ACCY CHK | .07    | 4:32pm |
| AIR BLK  | .00    | 4:33pm |
| SUB TEST | .00    | 4:34pm |
| AIR BLK  | .00    | 4:35pm |
| SUB TEST | .00    | 4:36pm |
| AIR BLK  | .00    | 4:37pm |

Reported AC: .00-g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

Analyst

#### MOORE COUNTY BAT MOBILE UNIT 13 620

Serial Number: 008898 Test Record Number: 1921 Test Date: 01/18/2025 Test Time: 4:38pm EST

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |  |
|------|--------|--------|--|
| IR   | Pass   | 4:38pm |  |
| FLO  | Pass   | 4:38pm |  |
| FC   | Pass   | 4:38pm |  |
|      |        |        |  |

#### Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 4:38pm |
| SRC  | Pass   | 4:38pm |
| DET  | Pass   | 4:38pm |
| BAR  | Pass   | 4:38pm |
| BT   | Pass   | 4:38pm |
|      |        |        |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 4:39pm |

#### Printer Tests

| Test | Status    | Time   |
|------|-----------|--------|
| PRNT | Pass      | 4:39pm |
|      | CRC Tests |        |

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 4:39pm |
| CAL  | Pass   | 4:39pm |

Preventive Maintenance Status: Pass

Analyst

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

| County         | Moore  | Instrument Location         | BAT                            | Mosile          | 4n.7 13                                      |
|----------------|--|-----------------------------|--------------------------------|-----------------|--|
| Instrument Se  | rial No. 00 8939   |                             | Pinebl                         | st PD           |  |
|                | e maintenance procedures for the<br>10,000 or higher) to be followed                 |                             |                                | i Model Intox E | EC/IR II (Enhanced with                      |
| (1)            | Verify the ethanol gas canis<br>breath simulator thermomet                           |                             |                                |                 |  |
| (2)            | Verify instrument displays   | time and date;              |                                |                 |  |
| (3)            | Initiate breath test sequence  | •                           |                                |                 |  |
| (4)            | Enter information as promp   | ted;                        |                                |                 |  |
| (5)            | Verify instrument accuracy   | 8                           |                                |                 |  |
| (6)            | When "PLEASE BLOW" a   | ppears, collect breath samp | ole;                           |                 |  |
| (7)            | When "PLEASE BLOW" a   | ppears, collect breath samp | ole;                           |                 |  |
| (8)            | Print test record;   |                             |                                |                 |  |
| (9)            | Run diagnostic program an  | d confirm preventive main   | tenance status                 | of "Pass"; and  |  |
| (10)           | Verify that the ethanol gr<br>simulator solution is being<br>whichever occurs first. |                             |                                |                 |  |
| were perform   | on the 18th day of   | bove, in accordance with    | the forgoin<br>current regulat | ng preventive r | naintenance procedure.  Department of Healti |
| and driver has |  | Signature of Certifying Of  |                                | C               | 584<br>rtificate Number                      |

#### MOORE COUNTY BAT MOBILE UNIT 13 620

Serial Number: 008939 Test Date: 01/18/2025

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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   | 4:36pm |
| AIR BLK  | .00    | 4:37pm |
| ACCY CHK | .08    | 4:37pm |
| AIR BLK  | .00    | 4:38pm |
| SUB TEST | .00    | 4:39pm |
| AIR BLK  | .00    | 4:40pm |
| SUB TEST | .00    | 4:41pm |
| AIR BLK  | .00    | 4:42pm |

Reported AC: 1097/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### MOORE COUNTY BAT MOBILE UNIT 13 620

Serial Number: 008939 Test Record Number: 1793 Test Date: 01/18/2025 Test Time: 4:42pm EST

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 4:43pm |
| FLO  | Pass   | 4:43pm |
| FC   | Pass   | 4:43pm |

#### Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 4:43pm |
| SRC  | Pass   | 4:43pm |
| DET  | Pass   | 4:43pm |
| BAR  | Pass   | 4:43pm |
| BT   | Pass   | 4:43pm |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 4:43pm |

#### Printer Tests

| Test | Status    | Time   |
|------|-----------|--------|
| PRNT | Pass      | 4:44pm |
|      | CRC Tests |        |
| Test | Status    | Time   |
| COMP | Pass      | 4:44pm |
| CAL  | Pass      | 4:44pm |

Preventive Maintenance Status: Pass

Analyst

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

| Instrument Seria                | al No. <u>DDB630</u> 2225-1   | NASHINGTON ST   |
|---------------------------------|---|---|
| The preventive serial number 10 | maintenance procedures for the Intoximeters, Model Intox EC/IR II and M<br>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 is<br>breath simulator thermometer shows 34 degrees, plus or minus .2 degrees                | nch (psi) of pressure, or the alcoholic<br>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 expisimulator solution is being changed every four months or after 12 whichever occurs first.          |   |
|                                 | the 2/ day of TAWAY . 20-5 the forgoing to the instrument indicated above, in accordance with current regulation vices, and the instrument is functioning properly. | preventive maintenance procedures<br>ons of the N.C. Department of Health |
|                                 |   |   |

NASH COUNTY NASH DETENTION CTR 630

Serial Number: 008630 Test Date: 01/21/2025

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG431002 Exp Date: 11/05/2026

| Test     | g/210L | Time    |
|----------|--------|---------|
| DIAG     | Pass   | 12:23pm |
| AIR BLK  | .00    | 12:23pm |
| ACCY CHK | .08    | 12:24pm |
| AIR BLK  | .00    | 12:25pm |
| SUB TEST | .00    | 12:26pm |
| AIR BLK  | .00    | 12:27pm |
| SUB TEST | .00    | 12:28pm |
| AIR BLK  | .00    | 12:29pm |
|          |        |         |

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

#### NASH COUNTY NASH DETENTION CTR 630

Serial Number: 008630 Test Record Number: 6371 Test Date: 01/21/2025 Test Time: 12:30pm EST

System Check: Passed

#### Baseline Tests

| Test      | Status       | Time               |
|-----------|--------------|--------------------|
| IR<br>FLO | Pass         | 12:30pm            |
| FC        | Pass<br>Pass | 12:30pm<br>12:30pm |

#### 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   | 12:31pm |

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

## DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

| County O                                       | RANGE Instrument Location Cha   | pel H.II PD  |
|--|---|--|
|  |   | Martin Letter King J. Bl   |
| -  |   | rel H.11, ~c   |
| The preventive serial number                   | e maintenance procedures for the Intoximeters, Model Intox EC<br>10,000 or higher) to be followed at least once every four month                |  |
| (1)  | Verify the ethanol gas canister displays at least 51 pounds<br>breath simulator thermometer shows 34 degrees, plus or mi                        | per square inch (psi) of pressure, or the alcoholic<br>nus .2 degree centigrade;                 |
| (2)  | Verify instrument displays time and date;   |  |
| (3)  | Initiate breath test sequence;  |  |
| (4)  | Enter information as prompted;  |  |
| (5)  | Verify instrument accuracy;   |  |
| (6)  | When "PLEASE BLOW" appears, collect breath sample;  |  |
| (7)  | When "PLEASE BLOW" appears, collect breath sample;  |  |
| (8)  | Print test record;  |  |
| (9)  | Run diagnostic program and confirm preventive maintenance   | e status of "Pass"; and  |
| (10)   | Verify that the ethanol gas canister is being changed be<br>simulator solution is being changed every four months of<br>whichever occurs first. | efore expiration date, or the alcoholic breath<br>or after 125 Alcoholic Breath Simulator tests, |
| I certify that on were performed and Human Ser | the   | forgoing preventive maintenance procedures t regulations of the N.C. Department of Health        |
| OM NEW   | Sman Stelan Saus  | 1/2  |
|  | Signature of Certifying Official  | Certificate Number   |

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008856 Test Date: 01/15/2025

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG431003 Exp Date: 11/05/2026

| Test     | g/210L | Time   |
|----------|--------|--------|
| DIAG     | Pass   | 9:50am |
| AIR BLK  | .00    | 9:50am |
| ACCY CHK | .08    | 9:51am |
| AIR BLK  | .00    | 9:52am |
| SUB TEST | .00    | 9:53am |
| AIR BLK  | .00    | 9:54am |
| SUB TEST | .00    | 9:55am |
| AIR BLK  | .00    | 9:56am |

Reported AC: .00 g/210L

Chemical Analyst

Court CVR

Smy Ades Banes Analyst

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008856 Test Record Number: 3235 Test Date: 01/15/2025 Test Time: 9:57am EST

System Check: Passed

Baseline Tests

| Test      | Status       | Time             |
|-----------|--------------|------------------|
| IR<br>FLO | Pass<br>Pass | 9:57am<br>9:57am |
| FC        | Pass         | 9:57am           |

#### Temperature Tests

| tus Time |
|----------|
| s 9:57am |
|          |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 9:58ar |

#### Printer Tests

| Test | Status       | Time             |
|------|--------------|------------------|
| PRNT | Pass         | 9:58am           |
|      | CRC Tests    |                  |
| Test | Status       | Time             |
| COMP | Pass<br>Pass | 9:58am<br>9:58am |

Preventive Maintenance Status: Pass

Som States Graces

## DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

| CountyP  | ENDER   | Instrument Location_                                       | PENDER C   |  |
|--|---|--|--|--|
| Instrument Ser   | ial No008935_   |  | DETENTION  | CENTER   |
| The preventive serial number   | maintenance procedures for the 10,000 or higher) to be followed                     | ne Intoximeters, Model In<br>d at least once every four    | tox EC/IR II and Model months are:                     | Intox EC/IR II (Enhanced with                                  |
| (1)  | Verify the ethanol gas can<br>breath simulator thermome                             | ister displays at least 51 p<br>eter shows 34 degrees, plu | ounds per square inch (po<br>s or minus .2 degree cent | si) of pressure, or the alcoholic<br>igrade;                   |
| (2)  | Verify instrument displays  | time and date;   |  |  |
| (3)  | Initiate breath test sequence   | e;   |  |  |
| (4)  | Enter information as promp  | pted;  |  |  |
| (5)  | Verify instrument accuracy  | y;   |  |  |
| (6)  | When "PLEASE BLOW"  | appears, collect breath sar                                | mple;  |  |
| (7)  | When "PLEASE BLOW"  | appears, collect breath sar                                | mple;  |  |
| (8)  | Print test record;  |  |  |  |
| (9)  | Run diagnostic program an   | od confirm preventive ma                                   | intenance status of "Pass"                             | ; and  |
| (10)   | Verify that the ethanol g<br>simulator solution is bein<br>whichever occurs first.  | as canister is being changed every four n                  | anged before expiration<br>touths or after 125 Alco    | date, or the alcoholic breath<br>sholic Breath Simulator tests |
| were performe  | the 24 day of JA. do n the instrument indicated a rvices, and the instrument is fur | above, in accordance with<br>nctioning properly.           | the forgoing prevent current regulations of t          | ntive maintenance procedure<br>he N.C. Department of Health    |
| Constant of the last of the la | Celu Ro   | Benes  |  | 648  |
|  | 302-01 0-27 E-0 10-37 1   | Signature of Certifying C                                  | Official   | Certificate Number   |

#### PENDER COUNTY DETENTION CENTER 700

Serial Number: 008935 Test Date: 01/24/2025

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE Subject'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: AG405102 Exp Date: 02/20/2026

| Test     | g/210L | Time    |
|----------|--------|---------|
| DIAG     | Pass   | 12:12pm |
| AIR BLK  | .00    | 12:13pm |
| ACCY CHK | .08    | 12:13pm |
| AIR BLK  | .00    | 12:15pm |
| SUB TEST | .00    | 12:16pm |
| AIR BLK  | .00    | 12:16pm |
| SUB TEST | .00    | 12:18pm |
| AIR BLK  | .00    | 12:19pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alu Ra Bano

#### PENDER COUNTY DETENTION CENTER 700

Serial Number: 008935 Test Record Number: 3617 Test Date: 01/24/2025 Test Time: 12:19pm EST

System Check: Passed

#### Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 12:19pm |
| FLO  | Pass   | 12:20pm |
| FC   | Pass   | 12:20pm |

#### Temperature Tests

| tatus Time  |
|-------------|
| ass 12:20pm |
| ֡           |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 12:20pm |

#### Printer Tests

Test

| PRNT | Pass         | 12:20pm            |
|------|--------------|--------------------|
|      | CRC Tests    |                    |
| Test | Status       | Time               |
| COMP | Pass<br>Pass | 12:21pm<br>12:21pm |

Status

Time

Preventive Maintenance Status: Pass

alu Ra Ban

## DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

| County Per   | quimans Instrument Location Perguiman   | 15 Co. S.O.  |
|--|---|--|
| Instrument Seri  | al No. 008921 110 N. Chu  | rch St. Hertford   |
|  |   | NO   |
| The preventive serial number 1   | maintenance procedures for the Intoximeters, Model Intox EC/IR II and Mode 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<br>breath simulator thermometer shows 34 degrees, plus or minus .2 degree ce              | (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 "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 Al whichever occurs first. | n date, or the alcoholic breath<br>coholic Breath Simulator tests, |
| I certify that on<br>were performed<br>and Human Ser   | the day of day of the forgoing prevon 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     |
| AND STATE OF THE PROPERTY OF T | Signature of Certifying Official  | 680  |
|  | organizate of Contriving Official   | Certificate Number   |

PERQUIMANS COUNTY PERQUIMANS CO SO 710

Serial Number: 008921 Test Date: 01/16/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG431001 Exp Date: 11/05/2026

| Test     | g/210L | Time    |
|----------|--------|---------|
| DIAG     | Pass   | 10:29am |
| AIR BLK  | .00    | 10:30am |
| ACCY CHK | .07    | 10:31am |
| AIR BLK  | .00    | 10:32am |
| SUB TEST | .00    | 10:33am |
| AIR BLK  | .00    | 10:33am |
| SUB TEST | .00    | 10:35am |
| ATR BLK  | -00    | 10:36am |

Reported AC: .00 g/21012

Signature of Chemical Analyst

Court CVR

Analyst

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

Rev. 12/2007

### PERQUIMANS COUNTY PERQUIMANS CO SO 710

Serial Number: 008921 Test Record Number: 1345
Test Date: 01/16/2025 Test Time: 10:44am EST

System Check: Passed

#### Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 10:45am |
| FLO  | Pass   | 10:45am |
| FC   | Pass   | 10:45am |

#### Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 10:45am |
| SRC  | Pass   | 10:45am |
| DET  | Pass   | 10:45am |
| BAR  | Pass   | 10:45am |
| BT   | Pass   | 10:45am |
|      |        |         |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 10:46am |

#### Printer Tests

| Test | Status    | Time    |
|------|-----------|---------|
| PRNT | Pass      | 10:46am |
|      | CRC Tests |         |
| Test | Status    | Time    |

| COMP | Pass | 10:46am |
|------|------|---------|
| CAL  | Pass | 10:46am |

Preventive Maintenance Status: Pass

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

Department of Health and Human Services Rev. 12/2007

## DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

## 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 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 27 day of January . 2025 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. |

Signature of Certifying Official

Certificate Number

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008646 Test Date: 01/27/2025

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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: AG431003 Exp Date: 11/05/2026

| Test     | g/210L | Time    |
|----------|--------|---------|
| DIAG     | Pass   | 10:55am |
| AIR BLK  | -00    | 10:56am |
| ACCY CHK | .08    | 10:57am |
| AIR BLK  | .00    | 10:58am |
| SUB TEST | .00    | 10:59am |
| AIR BLK  | .00    | 11:00am |
| SUB TEST | .00    | 11:01am |
| AIR BLK  | .00    | 11:02am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### PITT COUNTY PITT CO DETENTION 730

Serial Number: 008646 Test Record Number: 5065 Test Date: 01/27/2025 Test Time: 11:03am EST

System Check: Passed

#### Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 11:03am |
| FLO  | Pass   | 11:03am |
| FC   | Pass   | 11:04am |

#### Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 11:04am |
| SRC  | Pass   | 11:04am |
| DET  | Pass   | 11:04am |
| BAR  | Pass   | 11:04am |
| BT   | Pass   | 11:04am |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 11:04am |

#### Printer Tests

Test

Status

Time

| PRNT | Pass         | 11:04am            |
|------|--------------|--------------------|
|      | CRC Tests    |                    |
| Test | Status       | Time               |
| COMP | Pass<br>Pass | 11:05am<br>11:05am |

Preventive Maintenance Status: Pass

Analyst

## DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County Pi                    | ++  | Instrument Location B A1   | mobile unif 12   |
|------------------------------|---|--|--|
| Instrument Serial No. 008698 |   | winterville PD   |  |
| The preventi                 | ive maintenance procedures for the In<br>are:   | ntoximeters, Model Intox EC/II                                     | R II to be followed at least once every  |
| 1.                           | Verify the ethanol gas canister<br>34 degrees, plus or minus .2 de                              | displays pressure, or the alcohogree centigrade;                   | olic breath simulator thermometer show   |
| 2.                           | Verify instrument displays time   | e and date;  |  |
| 3.                           | Initiate breath test sequence;  |  |  |
| 4.                           | Enter information as prompted   | 6  |  |
| 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.                           | Verify Diagnostic Program; and  | 1  |  |
| 10.                          | Verify that the ethanol gas cani<br>simulator solution is being char<br>whichever occurs first. | ster is being changed before ex<br>aged every four months or after | piration date, or the alcoholic breath<br>125 Alcoholic Breath Simulator tests,      |
| procedures w                 | on the day of<br>were performed on the instrument ind<br>of Health and Human Services, and t    | icated above, in accordance wil                                    | the forgoing preventive maintenance<br>th current regulations of the N.C.<br>operly. |
| STATI                        | m an  | nature of Certifying Official                                      | Certificate Number   |

PITT COUNTY BAT MOBILE UNIT 12 730

Serial Number: 008698 Test Date: 01/03/2025

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

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

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

Analyst's Name: Anderson, Mark G
Permit Number: 0013-1517
Effective:
10/01/2023-10/01/2025

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

Lot Number: AG302704 Exp Date: 01/27/2025

| 3,                               | Time   |
|----------------------------------|--|
| Pass<br>.00<br>.07<br>.00<br>.00 | 10:12pm<br>10:13pm<br>10:14pm<br>10:15pm<br>10:15pm<br>10:16pm<br>10:18pm<br>10:19pm |
|                                  | .00<br>.07<br>.00<br>.00   |

Reported AC:

00 g/210L

Signature of Chemical Analyst

Court CVR

M and E Analyst

## PITT COUNTY BAT MOBILE UNIT 12 730

Serial Number: 008698 Test Record Number: 2531 Test Date: 01/03/2025 Test Time: 10:22pm EST

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

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

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 10:24pm |

#### Printer Tests

| Test | Status       | Time    |
|------|--------------|---------|
| PRNT | Pass         | 10:24pm |
|      | CRC Tests    |         |
| Test | Status       | Time    |
| COMP | Pass<br>Pass | 10:24pm |

Preventive Maintenance Status: Pass

Analyst

79 and

## DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County     | Pì++  | Instrument Location BAT mobile Unit 12  |  |
|------------|---|---|--|
| Instrument | Serial No. 608188   | winterville PD  |  |
| The prever | ntive maintenance procedures for<br>as are:   | the Intoximeters, Model Intox EC/IR II to be followed at least once every   |  |
| 1.         | Verify the ethanol gas can<br>34 degrees, plus or minus                               | ister displays pressure, or the alcoholic breath simulator thermometer show<br>2 degree centigrade;   |  |
| 2.         | Verify instrument displays  | time and date;  |  |
| 3.         | Initiate breath test sequence   | e;  |  |
| 4.         | Enter information as prom   | pted;   |  |
| 5.         | Verify instrument accuracy  | r;  |  |
| 6.         | When "PLEASE BLOW"  | When "PLEASE BLOW" appears, collect breath sample;  |  |
| 7.         | When "PLEASE BLOW"  | appears, collect breath sample;   |  |
| 8.         | Print test record;  |   |  |
| 9.         | Verify Diagnostic Program   | i; and  |  |
| 10.        | Verify that the ethanol gas<br>simulator solution is being<br>whichever occurs first. | canister is being changed before expiration date, or the alcoholic breath changed every four months or after 125 Alcoholic Breath Simulator tests,    |  |
| procedures | were performed on the instrumen   | the forgoing preventive maintenance t indicated above, in accordance with current regulations of the N.C. and the instrument is functioning properly. |  |
|            | m a   | Signature of Certifying Official Certificate Number   |  |

PITT COUNTY BAT MOBILE UNIT 12 730

Serial Number: 008788 Test Date: 01/03/2025

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

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

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

Analyst's Name: Anderson, Mark G Permit Number: 0013-1517 Effective: 10/01/2023-10/01/2025

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

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

| Test     | g/210L | Time    |
|----------|--------|---------|
| DIAG     | Pass   | 10:09pm |
| AIR BLK  | .00    | 10:10pm |
| ACCY CHK | .08    | 10:10pm |
| AIR BLK  | .00    | 10:11pm |
| SUB TEST | .00    | 10:12pm |
| AIR BLK  | .00    | 10:13pm |
| SUB TEST | .00    | 10:14pm |
| AIR BLK  | .00    | 10:15pm |

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

In analyst

#### PITT COUNTY BAT MOBILE UNIT 12 730

Serial Number: 008788 Test Record Number: 2343 Test Date: 01/03/2025 Test Time: 10:16pm EST

System Check: Passed

#### Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 10:16pm |
| FLO  | Pass   | 10:16pm |
| FC   | Pass   | 10:16pm |

#### Temperature Tests

| atus Time  |
|--|
| ss 10:16pm   |
| The same of the sa |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 10:17pm |

#### Printer Tests

| Test | Status    | Time    |
|------|-----------|---------|
| PRNT | Pass      | 10:17pm |
|      | CRC Tests |         |

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 10:17pm |
| CAL  | Pass   | 10:17pm |

Preventive Maintenance Status: Pass

20 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 P   | 1K  | Instrument Location_                                    | Palk                          | County                                | Jail  |
|--|---|---|-------------------------------|---------------------------------------|---|
| Instrument Serie   | n No. 008832  | -   | - (                           | alumbus                               | , NC  |
| The preventive<br>serial number 1  | maintenance procedures for t<br>0,000 or higher) to be followe                  | he Intoximeters, Model In<br>d at least once every four | tox EC/IR II<br>months are:   | and Model Intox                       | EC/IR II (Enhanced with                           |
| (1)  | Verify the ethanol gas can<br>breath simulator thermom                          |   |                               |                                       |   |
| (2)  | Verify instrument display   | s time and date;  |                               |                                       |   |
| (3)  | Initiate breath test sequen   | oe;   |                               |                                       |   |
| (4)  | Enter information as pron   | pted;   |                               |                                       |   |
| (5)  | Verify instrument accurac   | y;  |                               |                                       |   |
| (6)  | When "PLEASE BLOW" appears, collect breath sample;                              |   |                               |                                       |   |
| (7)  | When "PLEASE BLOW" appears, collect breath sample;                              |   |                               |                                       |   |
| (8)  | Print test record;  |   |                               |                                       |   |
| (9)  | Run diagnostic program and confirm preventive maintenance status of "Pass"; and |   |                               |                                       |   |
| (10)   | Verify that the ethanol<br>simulator solution is bei<br>whichever occurs first. | gas canister is being changed every four n              | anged before<br>nonths or aft | expiration date,<br>er 125 Alcoholic  | or the alcoholic breath<br>Breath Simulator tests |
| were performed   | the   | above, in/accordance wit                                | 2.5 the form                  | going preventive<br>ulations of the N | maintenance procedure C. Department of Healt      |
| or other Designation of the last of the la | -   | Signature of Certifying (                               | Official                      |                                       | ertificate Number                                 |

POLK COUNTY POLK COUNTY JAIL 740

Serial Number: 008832 Test Date: 01/16/2025

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

Subject'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: AG431001 Exp Date: 11/05/2026

| Test     | g/210L | Time   |
|----------|--------|--------|
| DIAG     | Pass   | 2:50pm |
| AIR BLK  | .00    | 2:50pm |
| ACCY CHK | .07    | 2:51pm |
| AIR BLK  | .00    | 2:52pm |
| SUB TEST | .00    | 2:53pm |
| AIR BLK  | .00    | 2:54pm |
| SUB TEST | .00    | 2:55pm |
| AIR BLK  | .00    | 2:56pm |

Reported AC: .00 g/210L

Signature of Chemidal Analyst

Court CVR

#### POLK COUNTY POLK COUNTY JAIL 740

Serial Number: 008832 Test Record Number: 1909 Test Date: 01/16/2025 Test Time: 2:56pm EST

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 2:57pm |
| FLO  | Pass   | 2:57pm |
| FC   | Pass   | 2:57pm |

#### Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 2:57pm |
| SRC  | Pass   | 2:57pm |
| DET  | Pass   | 2:57pm |
| BAR  | Pass   | 2:57pm |
| BT   | Pass   | 2:57pm |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 2:58pm |

#### Printer Tests

| Test | Status    | Time   |
|------|-----------|--------|
| PRNT | Pass      | 2:58pm |
|      | CRC Tests |        |
| Test | Status    | Time   |
| COMP | Pass      | 2:58pm |

Pass 2:58pm

Preventive Maintenance Status: Pass

CAL

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

Analyst

Rev. 12/2007

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

|                                   | al No.005881 Columbus, NC  |  |
|-----------------------------------|--|--|
| The preventive<br>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<br>simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests,<br>whichever occurs first. |  |
| were performed                    | the  |  |
| Own YES                           | (420 XI) 110   |  |

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

DHHS 4080 (04/20)

POLK COUNTY POLK COUNTY JAIL 740

Serial Number: 008881 Test Date: 01/16/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG431001 Exp Date: 11/05/2026

| Test     | g/210L | Time   |
|----------|--------|--------|
| DIAG     | Pass   | 2:50pm |
| AIR BLK  | .00    | 2:51pm |
| ACCY CHK | .08    | 2:52pm |
| AIR BLK  | .00    | 2:53pm |
| SUB TEST | .00    | 2:53pm |
| AIR BLK  | .00    | 2:54pm |
| SUB TEST | .00    | 2:56pm |
| AIR BLK  | .00    | 2:57pm |

Reported AC: .00 g/21QL

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

#### POLK COUNTY POLK COUNTY JAIL 740

Serial Number: 008881 Test Record Number: 1257
Test Date: 01/16/2025 Test Time: 2:57pm EST

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 2:57pm |
| FLO  | Pass   | 2:57pm |
| FC   | Pass   | 2:57pm |

#### Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 2:58pm |
| SRC  | Pass   | 2:58pm |
| DET  | Pass   | 2:58pm |
| BAR  | Pass   | 2:58pm |
| BT   | Pass   | 2:58pm |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 2:58pm |

#### Printer Tests

| Test | Status    | Time   |
|------|-----------|--------|
| PRNT | Pass      | 2:58pm |
|      | CRC Tests |        |
| Test | Status    | Time   |
| COMP | Pass      | 2:58pm |

Preventive Maintenance Status: Pass

Pass 2:58pm

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<br>serial number | 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   |

RICHMOND COUNTY MAGISTRATE'S OFFICE 760

Serial Number: 008701 Test Date: 01/03/2025

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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

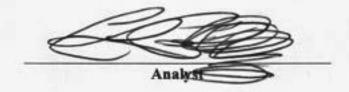
Lot Number: AG431002 Exp Date: 11/05/2026

| Test     | g/210L | Time   |
|----------|--------|--------|
| DIAG     | Pass   | 3:03pm |
| AIR BLK  | .00    | 3:03pm |
| ACCY CHK | .08    | 3:04pm |
| AIR BLK  | .00    | 3:05pm |
| SUB TEST | .00    | 3:06pm |
| AIR BLK  | .00    | 3:07pm |
| SUB TEST | .00    | 3:08pm |
| AIR BLK  | .00    | 3:09pm |

Reported AC: .00 g/210L

Signature of Chambal Analyst

Court CVR



#### RICHMOND COUNTY MAGISTRATE'S OFFICE 760

Serial Number: 008701 Test Record Number: 1489 Test Date: 01/03/2025

Test Time: 3:10pm EST

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 3:11pm |
| FLO  | Pass   | 3:11pm |
| FC   | Pass   | 3:11pm |

#### Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 3:11pm |
| SRC  | Pass   | 3:11pm |
| DET  | Pass   | 3:11pm |
| BAR  | Pass   | 3:11pm |
| BT   | Pass   | 3:11pm |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 3:12pm |

#### Printer Tests

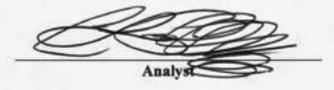
| Test | Status    | Time   |
|------|-----------|--------|
| PRNT | Pass      | 3:12pm |
|      | CRC Tests |        |
| Test | Status    | Time   |
| COMP | Pass      | 3:12pm |

Preventive Maintenance Status: Pass

Pass

3:12pm

CAL



## 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 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.    |
|                                | the B day of JANUARY, 20 She 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. |
|                                | Signature of Certifying Official Certificate Number   |

RICHMOND COUNTY MAGISTRATE'S OFFICE 760

Serial Number: 008840 Test Date: 01/03/2025

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG431002 Exp Date: 11/05/2026

Mont =/2101 mi-

| Test     | g/210L | Time   |
|----------|--------|--------|
| DIAG     | Pass   | 3:14pm |
| AIR BLK  | .00    | 3:15pm |
| ACCY CHK | .07    | 3:15pm |
| AIR BLK  | .00    | 3:17pm |
| SUB TEST | .00    | 3:17pm |
| AIR BLK  | .00    | 3:18pm |
| SUB TEST | .00    | 3:20pm |
| AIR BLK  | .00    | 3:21pm |

Reported AC: 00 g/210L

Signature of Chamical Analyst

Court CVR

Analyst

#### RICHMOND COUNTY MAGISTRATE'S OFFICE 760

Serial Number: 008840 Test Record Number: 3259
Test Date: 01/03/2025 Test Time: 3:21pm EST

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 3:21pm |
| FLO  | Pass   | 3:21pm |
| FC   | Pass   | 3:21pm |

#### Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 3:22pm |
| SRC  | Pass   | 3:22pm |
| DET  | Pass   | 3:22pm |
| BAR  | Pass   | 3:22pm |
| BT   | Pass   | 3:22pm |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 3:22pm |

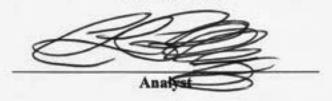
#### Printer Tests

| Test | Status    | Time   |
|------|-----------|--------|
| PRNT | Pass      | 3:22pm |
|      | CRC Tests |        |
| Test | Status    | Time   |
| COMP | Pass      | 3:22pm |

Pass 3:22pm

Preventive Maintenance Status: Pass

CAL



## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County Bobes   | nonnon   | Instrument Location BAT H  | IOBILE UNIT 12  |
|--|--|--|---|
| Instrument Seria   | INO. <u>ØØ8698</u>   | Plobeson SO  |   |
| The preventive in four months are:                         | naintenance procedures fo  | or the Intoximeters, Model Intox EC/IR II to   | be followed at least once every                                       |
| 1.   |  | anister displays pressure, or the alcoholic br<br>us .2 degree centigrade;                                     | eath simulator thermometer shows                                      |
| 2.   | Verify instrument displ  | ays time and date;   |   |
| 3.   | Initiate breath test seque   | ence;  |   |
| 4.   | Enter information as pro   | ompted;  |   |
| 5.   | Verify instrument accuracy;  |  |   |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;                       |  |   |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;                       |  |   |
| 8.   | Print test record;   |  |   |
| 9.   | Verify Diagnostic Prog   | ram; and   |   |
| 10.  | Verify that the ethanol simulator solution is be whichever occurs first. | gas canister is being changed before expirati-<br>ing changed every four months or after 125                   | on date, or the alcoholic breath<br>Alcoholic Breath Simulator tests, |
| I certify that on to<br>procedures were<br>Department of H | performed on the instrum   | January , 2025 the nent indicated above, in accordance with cur es, and the instrument is functioning properly | forgoing preventive maintenance<br>rent regulations of the N.C.<br>y. |
|  | <u>a</u>   | Signature of Certifying Official   | Certificate Number  |

ROBESON COUNTY BAT MOBILE UNIT 12 770

Serial Number: 008698 Test Date: 01/08/2025

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE Subject'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: AG302704 Exp Date: 01/27/2025

| Test     | g/210L | Time   |
|----------|--------|--------|
| DIAG     | Pass   | 3:42pm |
| AIR BLK  | .00    | 3:43pm |
| ACCY CHK | .07    | 3:43pm |
| AIR BLK  | .00    | 3:44pm |
| SUB TEST | .00    | 3:45pm |
| AIR BLK  | .00    | 3:46pm |
| SUB TEST | .00    | 3:48pm |
| AIR BLK  | .00    | 3:49pm |

Reported AC: /.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

1

#### ROBESON COUNTY BAT MOBILE UNIT 12 770

Serial Number: 008698 Test Record Number: 2534 Test Date: 01/08/2025 Test Time: 3:50pm EST

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 3:50pm |
| FLO  | Pass   | 3:50pm |
| FC   | Pass   | 3:50pm |

#### Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 3:50pm |
| SRC  | Pass   | 3:50pm |
| DET  | Pass   | 3:50pm |
| BAR  | Pass   | 3:50pm |
| BT   | Pass   | 3:50pm |
|      |        |        |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 3:51pm |

#### Printer Tests

Test Status Time

|      |      | 10000  |
|------|------|--------|
| PRNT | Pass | 3:51pm |
|      |      |        |

#### CRC Tests

| s Time |
|--------|
| 3:51pm |
| 3:51pm |
|        |

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County Pic                   | obeson.  | Instrument Location BAT MOS  | BILE UNIT 12  |  |
|------------------------------|--|--|---|--|
| Instrument Serial No. ØØ8788 |  | Thobeson 50  |   |  |
| The prevention four months   |  | Intoximeters, Model Intox EC/IR II to b  | e followed at least once every                                |  |
| 1.                           | Verify the ethanol gas caniste<br>34 degrees, plus or minus .2 d | r displays pressure, or the alcoholic brea<br>legree centigrade;                     | th simulator thermometer show                                 |  |
| 2.                           | Verify instrument displays tin                                   | ne and date;   |   |  |
| 3.                           | Initiate breath test sequence;                                   |  |   |  |
| 4.                           | Enter information as prompte                                     | d;   |   |  |
| 5.                           | Verify instrument accuracy;                                      |  |   |  |
| 6.                           | When "PLEASE BLOW" ap  | When "PLEASE BLOW" appears, collect breath sample;                                   |   |  |
| 7.                           | When "PLEASE BLOW" appears, collect breath sample;               |  |   |  |
| 8.                           | Print test record;   |  |   |  |
| 9.                           | Verify Diagnostic Program; a                                     | nd   |   |  |
| 10.                          |  | nister is being changed before expiration<br>anged every four months or after 125 Al |   |  |
| procedures v                 |  | hary , 20 25 the formation of the instrument is functioning properly.                | orgoing preventive maintenance<br>ent regulations of the N.C. |  |
|                              | Sign Sign Sign Sign Sign Sign Sign Sign                          | gnature of Certifying Official   | Certificate Number  |  |

#### ROBESON COUNTY BAT MOBILE UNIT 12 770

Serial Number: 008788 Test Date: 01/08/2025

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

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

Analyst's Name: 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: AG302703 Exp Date: 01/27/2025

| Test     | g/210L | Time   |
|----------|--------|--------|
| DIAG     | Pass   | 3:44pm |
| AIR BLK  | .00    | 3:45pm |
| ACCY CHK | .08    | 3:45pm |
| AIR BLK  | .00    | 3:46pm |
| SUB TEST | .00    | 3:47pm |
| AIR BLK  | .00    | 3:48pm |
| SUB TEST | .00    | 3:49pm |
| AIR BLK  | .00    | 3:50pm |

Reported AC: .00 g/210L

Signature Chemical Analyst

Court CVR

Analyst

#### ROBESON COUNTY BAT MOBILE UNIT 12 770

Serial Number: 008788 Test Record Number: 2345 Test Date: 01/08/2025 Test Time: 3:51pm EST

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 3:51pm |
| FLO  | Pass   | 3:51pm |
| FC   | Pass   | 3:51pm |

#### Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 3:51pm |
| SRC  | Pass   | 3:51pm |
| DET  | Pass   | 3:51pm |
| BAR  | Pass   | 3:51pm |
| BT   | Pass   | 3:51pm |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 3:52pm |

#### Printer Tests

| Test | Status    | Time   |
|------|-----------|--------|
| PRNT | Pass      | 3:52pm |
|      | CRC Tests |        |
| Test | Status    | Time   |
| COMP | Pass      | 3:52pm |
| CAL  | Pass      | 3:52pm |

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 | maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced wi   |
|----------------|---|
| (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 brea<br>simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes<br>whichever occurs first. |
|                | the 2 day of  |

ROBESON COUNTY DETENTION CENTER 770

Serial Number: 008805 Test Date: 01/21/2025

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG417802 Exp Date: 06/26/2026

| Test     | g/210L | Time    |
|----------|--------|---------|
| DIAG     | Pass   | 12:17pm |
| AIR BLK  | .00    | 12:17pm |
| ACCY CHK | .08    | 12:18pm |
| AIR BLK  | .00    | 12:19pm |
| SUB TEST | .00    | 12:19pm |
| AIR BLK  | .00    | 12:20pm |
| SUB TEST | .00    | 12:22pm |
| AIR BLK  | .00    | 12:22pm |

Reported AC: .00 g/210L

Ignature of Chemical Analyst

Court CVR

Analyst

#### ROBESON COUNTY DETENTION CENTER 770

Serial Number: 008805 Test Record Number: 5731 Test Date: 01/21/2025 Test Time: 12:23pm EST

System Check: Passed

#### Baseline Tests

| Test      | Status | Time               |
|-----------|--------|--------------------|
| IR        | Pass   | 12:24pm            |
| FLO<br>FC | Pass   | 12:24pm<br>12:24pm |
|           |        |                    |

#### Temperature Tests

| Test | Status | Time   |
|------|--------|--|
| FC1  | Pass   | 12:24pm  |
| SRC  | Pass   | 12:24pm  |
| DET  | Pass   | 12:24pm  |
| BAR  | Pass   | 12:24pm  |
| BT   | Pass   | 12:24pm  |
|      |        | The state of the s |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 12:24pm |
|      |        |         |

#### Printer Tests

| Test | Status    | Time    |
|------|-----------|---------|
| PRNT | Pass      | 12:24pm |
|      | CRC Tests |         |
| Test | Status    | Time    |
| COMP | Pass      | 12:25pm |
| CAL  | Pass      | 12:25pm |

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<br>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<br>simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests,<br>whichever occurs first. |
| A STATE OF THE PARTY OF THE PAR | the 2 day of   |

#### ROBESON COUNTY DETENTION CENTER 770

Serial Number: 008836 Test Date: 01/21/2025

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE Subject'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: AG417802 Exp Date: 06/26/2026

| Test     | g/210L | Time    |
|----------|--------|---------|
| DIAG     | Pass   | 12:01pm |
| AIR BLK  | .00    | 12:02pm |
| ACCY CHK | .08    | 12:03pm |
| AIR BLK  | .00    | 12:03pm |
| SUB TEST | .00    | 12:04pm |
| AIR BLK  | .00    | 12:05pm |
| SUB TEST | .00    | 12:06pm |
| AIR BLK  | .00    | 12:07pm |

Reported AC: .00 g/210L

Fignature of Chemical Analyst

Court CVR

Analyst

#### ROBESON COUNTY DETENTION CENTER 770

Serial Number: 008836 Test Record Number: 7813 Test Date: 01/21/2025 Test Time: 12:09pm EST

System Check: Passed

#### Baseline Tests

| Status       | Time               |
|--------------|--------------------|
| Pass<br>Pass | 12:09pm<br>12:09pm |
| Pass         | 12:09pm            |
|              | Pass<br>Pass       |

#### Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 12:09pm |
| SRC  | Pass   | 12:09pm |
| DET  | Pass   | 12:09pm |
| BAR  | Pass   | 12:09pm |
| BT   | Pass   | 12:09pm |
|      |        |         |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 12:10pm |
|      |        |         |

#### Printer Tests

| Test | Status       | Time               |
|------|--------------|--------------------|
| PRNT | Pass         | 12:10pm            |
|      | CRC Tests    |                    |
| Test | Status       | Time               |
| COMP | Pass<br>Pass | 12:10pm<br>12:10pm |

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)

| (1)<br>(2)<br>(3) | 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;  Verify instrument displays time and date; | lic |
|-------------------|---|-----|
| 1000              | Verify instrument displays time and date;   |     |
| (3)               |   |     |
|                   | Initiate breath test sequence;  |     |
| (4)               | Enter information as prompted;  |     |
| (5)               | Verify instrument accuracy;   |     |
| (6)               | When "PLEASE BLOW" appears, collect breath sample;  |     |
| (7)               | When "PLEASE BLOW" appears, collect breath sample;  |     |
| (8)               | Print test record;  |     |
| (9)               | Run diagnostic program and confirm preventive maintenance status of "Pass"; and   |     |
| (10)              | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic brea<br>simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes<br>whichever occurs first.         |     |
|                   | n the   |     |

#### ROBESON COUNTY DETENTION CENTER 770

Serial Number: 008846 Test Date: 01/02/2025

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

Subject'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: AG417802 Exp Date: 06/26/2026

| Test     | g/210L | Time    |
|----------|--------|---------|
| DIAG     | Pass   | 11:17am |
| AIR BLK  | .00    | 11:17am |
| ACCY CHK | .08    | 11:18am |
| AIR BLK  | .00    | 11:19am |
| SUB TEST | .00    | 11:20am |
| AIR BLK  | .00    | 11:21am |
| SUB TEST | .00    | 11:22am |
| AIR BLK  | .00    | 11:23am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### ROBESON COUNTY DETENTION CENTER 770

Serial Number: 008846 Test Record Number: 6351 Test Date: 01/02/2025 Test Time: 11:24am EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 11:25am |

#### Printer Tests

| Test | Status    | Time    |
|------|-----------|---------|
| PRNT | Pass      | 11:25am |
|      | CRC Tests |         |
| Test | Status    | Time    |
| COMP | Pass      | 11:25am |
| CAL  | Pass      | 11:25am |

Preventive Maintenance Status: Pass

Analyst

## 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<br>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<br>simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests<br>whichever occurs first. |
|                                   | the 2 day of Tonggory , 20,25 the forgoing preventive maintenance procedure   |

ROBESON COUNTY DETENTION CENTER 770

Serial Number: 008863 Test Date: 01/02/2025

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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: AG417802 Exp Date: 06/26/2026

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

Reported AC: .00 g/210L

ignature of Chemical Analyst

Court CVR

Analyst

#### ROBESON COUNTY DETENTION CENTER 770

Serial Number: 008863 Test Record Number: 1052 Test Date: 01/02/2025 Test Time: 11:22am EST

System Check: Passed

#### Baseline Tests

| Status | Time         |
|--------|--------------|
| Pass   | 11:23am      |
| Pass   | 11:23am      |
| Pass   | 11:23am      |
|        | Pass<br>Pass |

#### Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 11:23am |
| SRC  | Pass   | 11:23am |
| DET  | Pass   | 11:23am |
| BAR  | Pass   | 11:23am |
| BT   | Pass   | 11:23am |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 11:24am |

#### Printer Tests

| Test | Status    | Time    |
|------|-----------|---------|
| PRNT | Pass      | 11:24am |
|      | CRC Tests |         |
| Test | Status    | Time    |
| COMP | Pass      | 11:24am |

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)

| Instrument Seri                   | al No. 008869 Robeson County So  |
|-----------------------------------|--|
| The preventive<br>serial number i | 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 24 day of  |
|                                   | Signature of Certifying Official Certificate Number  |

#### ROBESON COUNTY BAT MOBILE UNIT 13 770

Serial Number: 008869 Test Date: 01/24/2025

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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: AG302704 Exp Date: 01/27/2025

| Test     | g/210L | Time   |
|----------|--------|--------|
| DIAG     | Pass   | 9:01pm |
| AIR BLK  | .00    | 9:02pm |
| ACCY CHK | .07    | 9:03pm |
| AIR BLK  | .00    | 9:04pm |
| SUB TEST | .00    | 9:04pm |
| AIR BLK  | .00    | 9:05pm |
| SUB TEST | .00    | 9:07pm |
| AIR BLK  | .00    | 9:08pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### ROBESON COUNTY BAT MOBILE UNIT 13 770

Serial Number: 008869 Test Record Number: 1939 Test Date: 01/24/2025 Test Time: 9:09pm EST

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 9:10pm |
| FLO  | Pass   | 9:10pm |
| FC   | Pass   | 9:10pm |

#### Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 9:10pm |
| SRC  | Pass   | 9:10pm |
| DET  | Pass   | 9:10pm |
| BAR  | Pass   | 9:10pm |
| BT   | Pass   | 9:10pm |
|      |        |        |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 9:10pm |

#### Printer Tests

| rest | Status    | Time   |
|------|-----------|--------|
| PRNT | Pass      | 9:11pm |
|      | CRC Tests |        |
| Test | Status    | Time   |
| COMP | Pass      | 9:11pm |

Preventive Maintenance Status: Pass

Pass

9:11pm

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. 00 8898 Robeson County So   |
|-----------------|--|
|                 | 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 24 day of  |
| V. Canada       | 684  |

#### ROBESON COUNTY BAT MOBILE UNIT 13 770

Serial Number: 008898 Test Date: 01/24/2025

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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   | 8:24pm |
| AIR BLK  | .00    | 8:25pm |
| ACCY CHK | .07    | 8:25pm |
| AIR BLK  | .00    | 8:26pm |
| SUB TEST | .00    | 8:27pm |
| AIR BLK  | .00    | 8:28pm |
| SUB TEST | .00    | 8:30pm |
| AIR BLK  | .00    | 8:30pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analysi

### ROBESON COUNTY BAT MOBILE UNIT 13 770

Serial Number: 008898 Test Record Number: 1924 Test Date: 01/24/2025 Test Time: 8:31pm EST

System Check: Passed

#### Baseline Tests

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

### Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 8:32pm |
| SRC  | Pass   | 8:32pm |
| DET  | Pass   | 8:32pm |
| BAR  | Pass   | 8:32pm |
| BT   | Pass   | 8:32pm |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 8:32pm |

#### Printer Tests

| Test | Status    | Time   |
|------|-----------|--------|
| PRNT | Pass      | 8:32pm |
|      | CRC Tests |        |
| Test | Status    | Time   |
| COMP | Pass      | 8:32pm |
| CAL  | Pass      | 8:32pm |

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)

| County          | Loseson   | Instrument Location_        | BAT MO              | bile Unit 13  |
|-----------------|---|-----------------------------|---------------------|---|
| Instrument Seri | ial No. 00 8939   |                             | Robeson             | County SO   |
|                 | maintenance procedures for t<br>0,000 or higher) to be follower |                             |                     | fodel Intox EC/IR II (Enhanced w                                      |
| (1)             | Verify the ethanol gas can<br>breath simulator thermom          |                             |                     | nch (psi) of pressure, or the alcoho<br>e centigrade;                 |
| (2)             | Verify instrument displays                                      | s time and date;            |                     |   |
| (3)             | Initiate breath test sequence                                   | se;                         |                     |   |
| (4)             | Enter information as prom                                       | pted;                       |                     |   |
| (5)             | Verify instrument accurac                                       | Verify instrument accuracy; |                     |   |
| (6)             | When "PLEASE BLOW" appears, collect breath sample;              |                             |                     |   |
| (7)             | When "PLEASE BLOW" appears, collect breath sample;              |                             |                     |   |
| (8)             | Print test record;  |                             |                     |   |
| (9)             | Run diagnostic program a  | nd confirm preventive ma    | intenance status of | "Pass"; and   |
| (10)            |   |                             |                     | ation date, or the alcoholic brea<br>5 Alcoholic Breath Simulator tes |
| were performe   |   | above, in accordance wi     |                     | preventive maintenance procedures of the N.C. Department of Hea       |
| To and the      | 0)  |                             |                     | 684   |
|                 | 100   | Signature of Certifying     | Official            | Certificate Number  |

#### ROBESON COUNTY BAT MOBILE UNIT 13 770

Serial Number: 008939 Test Date: 01/24/2025

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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   | 8:26pm |
| AIR BLK  | .00    | 8:27pm |
| ACCY CHK | .08    | 8:27pm |
| AIR BLK  | .00    | 8:28pm |
| SUB TEST | -00    | 8:29pm |
| AIR BLK  | .00    | 8:30pm |
| SUB TEST | .00    | 8:31pm |
| AIR BLK  | .00    | 8:32pm |
|          |        |        |

Reported AC: .00 g/210L

Signatural Chemical Analyst

Court CVR

Analyst

#### ROBESON COUNTY BAT MOBILE UNIT 13 770

Serial Number: 008939 Test Record Number: 1796 Test Date: 01/24/2025 Test Time: 8:34pm EST

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 8:34pm |
| FLO  | Pass   | 8:34pm |
| FC   | Pass   | 8:34pm |

#### Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 8:34pm |
| SRC  | Pass   | 8:34pm |
| DET  | Pass   | 8:34pm |
| BAR  | Pass   | 8:34pm |
| BT   | Pass   | 8:34pm |
|      |        |        |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 8:35pm |

#### Printer Tests

| Test | Status    | Time   |
|------|-----------|--------|
| PRNT | Pass      | 8:35pm |
|      | CRC Tests |        |
| Test | Status    | Time   |
|      |           |        |

Preventive Maintenance Status: Pass

Pass

Pass

8:35pm 8:35pm

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<br>serial number 1 | maintenance procedures for the Intoximeters, Model Intox EC/IR II and N<br>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 is<br>breath simulator thermometer shows 34 degrees, plus or minus .2 degrees                    | nch (psi) of pressure, or the alcoholic<br>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 expi<br>simulator solution is being changed every four months or after 12<br>whichever occurs first.       | iration date, or the alcoholic breath<br>25 Alcoholic Breath Simulator tests, |
| were performed                    | the day of Tank Gry , 20 25 the forgoing on the instrument indicated above, in accordance with current regulation receives, and the instrument is functioning properly. | preventive maintenance procedures<br>ons of the N.C. Department of Health     |
| SAN SAN                           |   | 1.9   |
| 3 1                               |   | *   |
| l'is and                          | 4 Andl  | 660   |
| E PARTIE S                        | Signature of Certifying Official  | Certificate Number  |

TRANSYLVANIA COUNTY TRANSYLVANIA COUNTY JAIL 870

> Serial Number: 008609 Test Date: 01/16/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG417803 Exp Date: 06/26/2026

| Test     | g/210L | Time    |
|----------|--------|---------|
| DIAG     | Pass   | 10:47am |
| AIR BLK  | .00    | 10:48am |
| ACCY CHK | .07    | 10:49am |
| AIR BLK  | .00    | 10:50am |
| SUB TEST | .00    | 10:50am |
| AIR BLK  | .00    | 10:51am |
| SUB TEST | .00    | 10:53am |
| AIR BLK  | .00    | 10:54am |
|          |        |         |

Reported AC: \_.00 g/2/10L

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

Analyst

Rev. 12/2007

#### TRANSYLVANIA COUNTY TRANSYLVANIA COUNTY JAIL 870

Serial Number: 008609 Test Record Number: 1298 Test Date: 01/16/2025 Test Time: 10:54am EST

System Check: Passed

#### Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 10:55am |
| FLO  | Pass   | 10:55am |
| FC   | Pass   | 10:55am |

#### Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 10:55am |
| SRC  | Pass   | 10:55am |
| DET  | Pass   | 10:55am |
| BAR  | Pass   | 10:55am |
| BT   | Pass   | 10:55am |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 10:56am |

#### Printer Tests

| Test | Status    | Time    |
|------|-----------|---------|
| PRNT | Pass      | 10:56am |
|      | CRC Tests |         |
| Test | Status    | Time    |
| COMP | Pass      | 10:56am |

Pass 10:56am

Preventive Maintenance Status: Pass

CAL

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

Analyst

Rev. 12/2007

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

|                | ial No.008820 Brevord, NC  |
|----------------|--|
|                | maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced wit<br>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 brea<br>simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes<br>whichever occurs first.    |
| were performed | the 16 day of 3000 and 2025 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. |

TRANSYLVANIA COUNTY TRANSYLVANIA COUNTY JAIL 870

> Serial Number: 008820 Test Date: 01/16/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG417803 Exp Date: 06/26/2026

| g/210L | Time                             |
|--------|----------------------------------|
| Pass   | 10:52am                          |
| .00    | 10:53am                          |
| .08    | 10:54am                          |
|        | 10:55am                          |
| .00    | 10:55am                          |
| .00    | 10:56am                          |
| .00    | 10:57am                          |
| .00    | 10:58am                          |
|        | Pass<br>.00<br>.08<br>.00<br>.00 |

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

#### TRANSYLVANIA COUNTY TRANSYLVANIA COUNTY JAIL 870

Serial Number: 008820 Test Record Number: 1750 Test Date: 01/16/2025 Test Time: 10:59am EST

System Check: Passed

#### Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 10:59am |
| FLO  | Pass   | 10:59am |
| FC   | Pass   | 10:59am |

#### Temperature Tests

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

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 11:00am |

#### Printer Tests

Status Mine

Mont

| Test | Status    | Time       |
|------|-----------|------------|
| PRNT | Pass      | 11:00am    |
|      | CRC Tests |            |
| Test | Status    | Time       |
| COMP | Pass      | 11:00am    |
| CAL  | Dage      | 11 . 00 am |

Preventive Maintenance Status: Pass

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

Analyst

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)

| BR SUM DI                         | Low   | Instrument Location_   | STALLARS   | - 123   |
|-----------------------------------|---|--|--|---|
| Instrument Seri                   | al No. 008927   |  | FALLICE.   | LC  |
| The preventive<br>serial number 1 | maintenance procedures for<br>0,000 or higher) to be follow                 | the Intoximeters, Model In<br>red at least once every four   | tox EC/IR II and Model Ir<br>months are:                   | tox EC/IR II (Enhanced with                                   |
| (1)                               | Verify the ethanol gas ca<br>breath simulator thermon                       | nister displays at least 51 p<br>neter shows 34 degrees, plu | ounds per square inch (psi<br>is or minus .2 degree centig | ) of pressure, or the alcoholic<br>grade;                     |
| (2)                               | Verify instrument display   | ys time and date;  |  |   |
| (3)                               | Initiate breath test sequer   | nce;   |  |   |
| (4)                               | Enter information as pro  | mpted;   |  |   |
| (5)                               | Verify instrument accura  | cy;  |  |   |
| (6)                               | When "PLEASE BLOW" appears, collect breath sample;                          |  |  |   |
| (7)                               | When *PLEASE BLOW   | appears, collect breath sar                                  | nple;  |   |
| (8)                               | Print test record;  |  |  |   |
| (9)                               | Run diagnostic program  | and confirm preventive mai                                   | intenance status of "Pass";                                | and   |
| (10)                              |   |  |  | ate, or the alcoholic breath<br>nolic Breath Simulator tests, |
| were performed                    | the 30 day of of on the instrument indicated vices, and the instrument is f | above, in accordance with                                    |  | ive maintenance procedures<br>e N.C. Department of Health     |
| STATE OF                          | 9   |  |  |   |
| STAMPS)                           | PIS I   |  |  |   |
|                                   | (E)   | Q.40.  |  | CAL   |

UNION COUNTY STALLINGS PD 890

Serial Number: 008927 Test Date: 01/30/2025

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject'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:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS Test Type: Breath Test

Lot Number: AG431001 Exp Date: 11/05/2026

| Test     | g/210L | Time   |
|----------|--------|--------|
| DIAG     | Pass   | 2:43pm |
| AIR BLK  | .00    | 2:44pm |
| ACCY CHK | .07    | 2:45pm |
| AIR BLK  | .00    | 2:46pm |
| SUB TEST | .00    | 2:46pm |
| AIR BLK  | .00    | 2:47pm |
| SUB TEST | .00    | 2:49pm |
| AIR BLK  | .00    | 2:50pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### UNION COUNTY STALLINGS PD 890

Serial Number: 008927 Test Record Number: 1242

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 2:51pm |
| FLO  | Pass   | 2:51pm |
| FC   | Pass   | 2:51pm |

#### Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 2:51pm |
| SRC  | Pass   | 2:51pm |
| DET  | Pass   | 2:51pm |
| BAR  | Pass   | 2:51pm |
| BT   | Pass   | 2:51pm |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 2:52pm |

#### Printer Tests

| Test | Status    | Time   |
|------|-----------|--------|
| PRNT | Pass      | 2:52pm |
|      | CRC Tests |        |
| Test | Statue    | Mimo   |

|      | - cacao | 1 X 111G |
|------|---------|----------|
| COMP | Pass    | 2:52pm   |
| CAL  | Pass    | 2:52pm   |

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                                       | VALLE Instrument Location WALO County Delevition C/2   |
|--|--|
| Instrument Se                                  | rial No. 008+77 3301 Hanning Ro Paleigh, we  |
| The preventive serial number                   | e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced wi 10,000 or higher) to be followed at least 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 were performed and Human Ser | the day of   |
|  | Signature of Certifying Official Certificate Number  |

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008577 Test Date: 01/03/2025

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE Subject'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: AG431003 Exp Date: 11/05/2026

| Test   | g/210L                                  | Time   |
|--|---|--|
| DIAG<br>AIR BLK<br>ACCY CHK<br>AIR BLK<br>SUB TEST<br>AIR BLK<br>SUB TEST<br>AIR BLK | Pass<br>.00<br>.08<br>.00<br>.00<br>.00 | 2:44pm<br>2:45pm<br>2:46pm<br>2:47pm<br>2:48pm<br>2:49pm<br>2:51pm<br>2:51pm |
|  |   | THE R. LEWIS CO., LANSING  |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Sum Ales Bares

### WAKE COUNTY DETENTION CENTER 910

Serial Number: 008577 Test Record Number: 8346 Test Date: 01/03/2025 Test Time: 2:52pm EST

Test Time: 2:52pm EST

System Check: Passed

#### Baseline Tests

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

### Temperature Tests

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

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 2:53pm |

#### Printer Tests

| Test | Status    | Time   |
|------|-----------|--------|
| PRNT | Pass      | 2:54pm |
|      | CRC Tests |        |
| Test | Status    | Time   |

| COMP | Pass | 2:54pm |
|------|------|--------|
| CAL  | Pass | 2:54pm |

Preventive Maintenance Status: Pass

Som Alles Baces

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

|                                   | IN 000121  |  |  |
|-----------------------------------|--|--|--|
| msaument Sen                      | al No. 008621  | 1615 6.  | Williams ST  |
|                                   |  | Apres N  | ic .   |
| The preventive<br>serial number 1 | maintenance procedures for the Intoximete<br>0,000 or higher) to be followed at least one              | ers, Model Intox EC/IR II an<br>ce every four months are:    | d Model Intox EC/IR II (Enhanced with  |
| (1)                               | Verify the ethanol gas canister displays<br>breath simulator thermometer shows 34                      | at least 51 pounds per squar<br>degrees, plus or minus .2 de | re inch (psi) of pressure, or the alcoholic<br>egree centigrade;                 |
| (2)                               | Verify instrument displays time and da   | te;  |  |
| (3)                               | Initiate breath test sequence;   |  |  |
| (4)                               | Enter information as prompted;   |  |  |
| (5)                               | Verify instrument accuracy;  |  |  |
| (6)                               | When "PLEASE BLOW" appears, coll   | ect breath sample;   |  |
| (7)                               | When "PLEASE BLOW" appears, coll   | ect breath sample;   |  |
| (8)                               | Print test record;   |  |  |
| (9)                               | Run diagnostic program and confirm p   | reventive maintenance status                                 | of "Pass"; and   |
| (10)                              | Verify that the ethanol gas canister<br>simulator solution is being changed<br>whichever occurs first. | is being changed before en<br>every four months or after     | spiration date, or the alcoholic breath<br>125 Alcoholic Breath Simulator tests, |
| were performed                    | the  | cordance with current regula                                 | tions of the N.C. Department of Health   |
| GR GOW AREA                       | Drum 8 toll  | es DARIES  | 642  |

WAKE COUNTY APEX PD

Serial Number: 008621 Test Date: 01/13/2025

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

Subject'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: AG431003 Exp Date: 11/05/2026

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

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

Somm Stokes Breeze

Rev. 12/2007

#### WAKE COUNTY APEX PD

Serial Number: 008621 Test Record Number: 3652 Test Date: 01/13/2025 Test Time: 9:27am EST

System Check: Passed

#### Baseline Tests

| Test      | Status | Time   |
|-----------|--------|--------|
| IR<br>FLO | Pass   | 9:28am |
| 10.30.00  | Pass   | 9:28am |
| FC        | Pass   | 9:28am |

#### Temperature Tests

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

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 9:28am |

#### Printer Tests

| rest | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 9:29am |

#### CRC Tests

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

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 WA                         |  |   |
|-----------------------------------|--|---|
| Instrument Seri                   | al No. 008757 750 Holly  | Spange RD   |
|                                   | Holly Spa  | ines, NC  |
| The preventive<br>serial number I | 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:                       | I Model Intox EC/IR II (Enhanced with   |
| (1)                               | Verify the ethanol gas canister displays at least 51 pounds per square<br>breath simulator thermometer shows 34 degrees, plus or minus .2 degrees.               | e inch (psi) of pressure, or the alcoholic<br>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 "Pass"; and  |
| (10)                              | Verify that the ethanol gas canister is being changed before ex<br>simulator solution is being changed every four months or after<br>whichever occurs first.     |   |
| were performe                     | the 13 day of January . 202 the forgoin on the instrument indicated above, in accordance with current regulativices, and the instrument is functioning properly. | ng preventive maintenance procedures<br>ions of the N.C. Department of Health |
|                                   | Some Asker Basin   | 662   |
| Name of Street, or other Persons  | Signature of Certifying Official   | Certificate Number  |

WAKE COUNTY HOLLY SPRINGS PD 910

Serial Number: 008757 Test Date: 01/13/2025

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

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

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

Analyst's Name: Barnes, Simon S Permit Number: 0014-6221 Effective: 10/01/2023-10/01/2025

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

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

| Test     | g/210L | Time    |
|----------|--------|---------|
| DIAG     | Pass   | 12:53pm |
| AIR BLK  | .00    | 12:54pm |
| ACCY CHK | .08    | 12:54pm |
| AIR BLK  | .00    | 12:56pm |
| SUB TEST | .00    | 12:56pm |
| AIR BLK  | .00    | 12:57pm |
| SUB TEST | .00    | 12:59pm |
| AIR BLK  | .00    | 12:59pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### WAKE COUNTY HOLLY SPRINGS PD 910

Serial Number: 008757 Test Record Number: 2885 Test Date: 01/13/2025 Test Time: 1:03pm EST

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 1:04pm |
| FLO  | Pass   | 1:04pm |
| FC   | Pass   | 1:04pm |

#### Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 1:04pm |
| SRC  | Pass   | 1:04pm |
| DET  | Pass   | 1:04pm |
| BAR  | Pass   | 1:04pm |
| BT   | Pass   | 1:04pm |

#### Blank Tests

| AIR Pass | 1:05pm |
|----------|--------|

#### Printer Tests

| Test | Status    | Time   |
|------|-----------|--------|
| PRNT | Pass      | 1:05pm |
|      | CRC Tests |        |
| Test | Status    | Time   |

| COMP | Pass | 1:05pm |
|------|------|--------|
| CAL  | Pass | 1:05pm |

Preventive Maintenance Status: Pass

Analyst

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

|                                   |  | RALEICH .  | umpiono Bo  |
|-----------------------------------|--|--|---|
| The preventive<br>serial number 1 | naintenance procedures for the Intoxime<br>,000 or higher) to be followed at least on                  | ters. Model Intox EC/IR II and                                     |   |
| (1)                               | Verify the ethanol gas canister display<br>breath simulator thermometer shows 3                        | s at least 51 pounds per square<br>4 degrees, plus or minus .2 deg | inch (psi) of pressure, or the alcoholic<br>ree centigrade;                   |
| (2)                               | Verify instrument displays time and de   | ste;   |   |
| (3)                               | Initiate breath test sequence;   |  |   |
| (4)                               | Enter information as prompted;   |  |   |
| (5)                               | Verify instrument accuracy;  |  |   |
| (6)                               | When "PLEASE BLOW" appears, col  | lect breath sample;  |   |
| (7)                               | When "PLEASE BLOW" appears, col  | lect breath sample;  |   |
| (8)                               | Print test record;   |  |   |
| (9)                               | Run diagnostic program and confirm p   | reventive maintenance status o                                     | f "Pass"; and   |
| (10)                              | Verify that the ethanol gas canister<br>simulator solution is being changed<br>whichever occurs first. | is being changed before exp<br>every four months or after 1        | iration date, or the alcoholic breath<br>25 Alcoholic Breath Simulator tests, |
| were persormed                    | he day of  | cordance with current regulation                                   | preventive maintenance procedures<br>ons of the N.C. Department of Health     |
| OF STAN ING                       | Drawn 8 foles.   | f Certifying Official  | 662   |

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008760 Test Date: 01/03/2025

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG431003 Exp Date: 11/05/2026

| Test     | g/210L | Time   |
|----------|--------|--------|
| DIAG     | Pass   | 2:45pm |
| AIR BLK  | .00    | 2:46pm |
| ACCY CHK | .08    | 2:46pm |
| AIR BLK  | .00    | 2:48pm |
| SUB TEST | .00    | 2:48pm |
| AIR BLK  | .00    | 2:49pm |
| SUB TEST | .00    | 2:51pm |
| AIR BLK  | .00    | 2:52pm |

Reported AC: \_.00 g/210L

Signature of Chemical Analyst

Court CVR

Sman Ales Bacres Analyst

#### WAKE COUNTY DETENTION CENTER 910

Serial Number: 008760 Test Record Number: 7155 Test Date: 01/03/2025 Test Time: 2:52pm EST

System Check: Passed

#### Baseline Tests

| Test      | Status       | Time             |
|-----------|--------------|------------------|
| IR<br>FLO | Pass<br>Pass | 2:53pm           |
| FC        | Pass         | 2:53pm<br>2:53pm |

### Temperature Tests

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

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 2:54pm |

#### Printer Tests

| Test        | Status       | Time             |
|-------------|--------------|------------------|
| PRNT        | Pass         | 2:54pm           |
|             | CRC Tests    |                  |
| Test        | Status       | Time             |
| COMP<br>CAL | Pass<br>Pass | 2:54pm<br>2:54pm |

Preventive Maintenance Status: Pass

Simme States Esses

### 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   | ske  | Instrument Location Wake G   | under Defection Con   |
|--|--|--|---|
| Instrument Se  | rial NoQU8778  | 3301 HA  | www.p 120   |
| _  |  | Palagh   | NC  |
| The preventive serial number   | e maintenance procedures for the<br>10,000 or higher) to be followed a | Intoximeters, Model Intox EC/IR II t least once every four months are: | and Model Intox EC/IR II (Enhanced with   |
| (1)  | Verify the ethanol gas caniste   |  | are inch (psi) of pressure, or the alcoholic degree centigrade;                     |
| (2)  | Verify instrument displays tin   |  |   |
| (3)  | Initiate breath test sequence;   |  |   |
| (4)  | Enter information as prompted  | d;   |   |
| (5)  | Verify instrument accuracy;  |  |   |
| (6)  | When "PLEASE BLOW" app   | ears, collect breath sample;   |   |
| (7)  | When "PLEASE BLOW" app   |  |   |
| (8)  | Print test record;   |  |   |
| (9)  | Run diagnostic program and c   | onfirm preventive maintenance statu                                    | s of "Pass"; and  |
| (10)   | Verify that the ethanol gas  | canister is being changed before                                       | expiration date, or the alcoholic breath<br>r 125 Alcoholic Breath Simulator tests, |
| Control of the contro | the day of   | ve. Ill accordance with current record                                 | ing preventive maintenance procedures ations of the N.C. Department of Health       |
|  | Spring Store   | Sacra Official   | 642   |
|  | Sign   | nature of Certifying Official  | Certificate Number  |

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008778 Test Date: 01/03/2025

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG431003 Exp Date: 11/05/2026

| Test     | g/210L | Time   |
|----------|--------|--------|
| DIAG     | Pass   | 2:44pm |
| AIR BLK  | .00    | 2:44pm |
| ACCY CHK | .07    | 2:45pm |
| AIR BLK  | .00    | 2:46pm |
| SUB TEST | .00    | 2:48pm |
| AIR BLK  | .00    | 2:48pm |
| SUB TEST | .00    | 2:51pm |
| AIR BLK  | .00    | 2:51pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Somm Alles Brus

### WAKE COUNTY DETENTION CENTER 910

Serial Number: 008778 Test Record Number: 8540 Test Date: 01/03/2025 Test Time: 2:52pm EST

System Check: Passed

#### Baseline Tests

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

### Temperature Tests

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

#### Blank Tests

| Test | Status | Time   |  |
|------|--------|--------|--|
| AIR  | Pass   | 2:53pm |  |

#### Printer Tests

| Test | Status    | Time   |
|------|-----------|--------|
| PRNT | Pass      | 2:53pm |
|      | CRC Tests |        |
| Test | Status    | Time   |
|      |           |        |

Preventive Maintenance Status: Pass

Pass

Pass

2:54pm

2:54pm

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 (1)   | oke  | Instrument Location KNKHT   | DALE BO   |
|--|--|---|---|
| Instrument Se                                      | rial No. <u>(208838</u>  | 879 ST  | EEPLE STUBRE CT.  |
| The preventiv<br>serial number                     | e maintenance procedures for the<br>10,000 or higher) to be followed | e Intoximeters, Model Intox EC/IR II as<br>at least once every four months are:     | nd Model Intox EC/IR II (Enhanced with  |
| (1)  | Verify the ethanol gas canis<br>breath simulator thermomet           | ter displays at least 51 pounds per squa<br>er shows 34 degrees, plus or minus .2 d | re inch (psi) of pressure, or the alcoholic<br>egree centigrade;                |
| (2)  | Verify instrument displays t   |   |   |
| (3)  | Initiate breath test sequence  |   |   |
| (4)  | Enter information as prompt  | ted;  |   |
| (5)  | Verify instrument accuracy;  |   |   |
| (6)  | When "PLEASE BLOW" ag  | pears, collect breath sample;   |   |
| (7)  | When "PLEASE BLOW" ap  | pears, collect breath sample;   |   |
| (8)  | Print test record;   |   |   |
| (9)  | Run diagnostic program and   | confirm preventive maintenance status   | of "Pass"; and  |
| (10)   | Verify that the ethanol gas  | canister is being should become   | piration date, or the alcoholic breath<br>125 Alcoholic Breath Simulator tests, |
| certify that on<br>were performed<br>and Human Ser | vices, and the instrument is func-                                   | 20 the forgoing ove, in accordance with current regular tioning properly.           | ng preventive maintenance procedures ions of the N.C. Department of Health      |
| SALTITUDE OF                                       | SAS  | Tett)   | 671   |
|  | 34   | gnature 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 KNIGHTDALE PD 910

Serial Number: 008838 Test Date: 01/03/2025

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG417803 Exp Date: 06/26/2026

| Test     | g/210L | Time   |
|----------|--------|--------|
| DIAG     | Pass   | 1:12pm |
| AIR BLK  | .00    | 1:13pm |
| ACCY CHK | .07    | 1:13pm |
| AIR BLK  | .00    | 1:15pm |
| 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

#### WAKE COUNTY KNIGHTDALE PD 910

Serial Number: 008838

Test Record Number: 2927 Test Date: 01/03/2025 Test Time: 1:19pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 1:20pm |
| FLO  | Pass   | 1:20pm |
| FC   | Pass   | 1:20pm |

#### Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 1:20pm |
| SRC  | Pass   | 1:20pm |
| DET  | Pass   | 1:20pm |
| BAR  | Pass   | 1:20pm |
| BT   | Pass   | 1:20pm |
|      |        |        |

#### Blank Tests

| Test                                    | Status | Time      |
|---|--------|-----------|
| 200000000000000000000000000000000000000 |        |           |
| AIR                                     | Pass   | 1 - 21 mm |

#### Printer Tests

| Test    | Status       | Time             |
|---------|--------------|------------------|
| PRNT    | Pass         | 1:21pm           |
|         | CRC Tests    |                  |
| Test    | Status       | Time             |
| COMP    | Pass<br>Pass | 1:21pm<br>1:21pm |
| 744 544 | 4 440 0      | 1 - 2 i pm       |

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 WA                       | REN  | Instrument Location_WARPE   |   |
|---------------------------------|--|---|---|
| Instrument Ser                  | rial No. <u>008793</u>   | 128 RA  | TERS LANE   |
|                                 |  | WAREEN  | DN, MC  |
| The preventive<br>serial number | e maintenance procedures for the I<br>10,000 or higher) to be followed a                 | intoximeters, Model Intox EC/IR II as<br>t least once every four months are:    | nd Model Intox EC/IR II (Enhanced with  |
| (1)                             | Verify the ethanol gas caniste<br>breath simulator thermometer                           | er displays at least 51 pounds per squa<br>shows 34 degrees, plus or minus .2 d | are inch (psi) of pressure, or the alcoholic<br>legree centigrade;                |
| (2)                             | Verify instrument displays tin   | ne and date;  |   |
| (3)                             | Initiate breath test sequence;   |   |   |
| (4)                             | Enter information as prompte   | d;  |   |
| (5)                             | Verify instrument accuracy;  |   |   |
| (6)                             | When "PLEASE BLOW" app   | pears, collect breath sample;   |   |
| (7)                             | When "PLEASE BLOW" app   | cars, collect breath sample;  |   |
| (8)                             | Print test record;   |   |   |
| (9)                             | Run diagnostic program and c   | confirm preventive maintenance status   | s of "Pass"; and  |
| (10)                            | Verify that the ethanol gas<br>simulator solution is being of<br>whichever occurs first. | canister is being changed before e<br>changed every four months or after        | expiration date, or the alcoholic breath<br>125 Alcoholic Breath Simulator tests, |
| were performe                   | d on the instrument indicated abo<br>rvices, and the instrument is functi                | we, in accordance with current regula   | ing preventive maintenance procedures ations of the N.C. Department of Health     |
|                                 |  |   | 671   |
|                                 | Sig  | mature 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)

WARREN COUNTY WARREN COUNTY JAIL 920

Serial Number: 008793 Test Date: 01/27/2025

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

Subject'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: AG501307 Exp Date: 01/13/2027

| 1690     | 9/2101 | Time    |
|----------|--------|---------|
| DIAG     | Pass   | 11:03am |
| AIR BLK  | .00    | 11:04am |
| ACCY CHK | .07    | 11:05am |
| AIR BLK  | .00    | 11:06am |
| SUB TEST | .00    | 11:06am |
| AIR BLK  | .00    | 11:07am |
| SUB TEST | .00    | 11:09am |
| AIR BLK  | .00    | 11:10am |

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

Rev. 12/2007

#### WARREN COUNTY WARREN COUNTY JAIL 920

Serial Number: 008793 Test Record Number: 2220 Test Date: 01/27/2025 Test Time: 11:10am EST

System Check: Passed

Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 11:10am |
| FLO  | Pass   | 11:10am |
| FC   | Pass   | 11:11am |

#### Temperature Tests

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

#### Blank Tests

| Test | Status | Time |
|------|--------|------|
|      |        |      |

AIR Pass 11:11am

#### Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 11:11am |

CRC Tests

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 11:12am |
| CAL  | Pass   | 11:12am |

Preventive Maintenance Status: Pass

Apalyst

### 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. 008829 Instrument Location Washington (o. S.O.  120 Adams St., Plymonth, M  |
|--|--|
| The preventive<br>serial number I                  | 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<br>were performe<br>and Human Se | the day of I Gruce 1, 2025 the forgoing preventive maintenance procedures of 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

WASHINGTON COUNTY SHERIFF'S OFFICE 930

Serial Number: 008829 Test Date: 01/09/2025

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

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

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

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

They 12.

#### WASHINGTON COUNTY SHERIFF'S OFFICE 930

Serial Number: 008829 Test Date: 01/09/2025

Test Record Number: 1248 Test Time: 10:18am EST

System Check: Passed

#### Baseline Tests

| Test      | Status | Time    |
|-----------|--------|---------|
| IR<br>FLO | Pass   | 10:18am |
| FC        | Pass   | 10:18am |

#### Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 10:18am |
| SRC  | Pass   | 10:18am |
| DET  | Pass   | 10:18am |
| BAR  | Pass   | 10:18am |
| BT   | Pass   | 10:18am |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 10:19am |

#### Printer Tests

| Test | Status       | Time               |
|------|--------------|--------------------|
| PRNT | Pass         | 10:19am            |
|      | CRC Tests    |                    |
| Test | Status       | Time               |
| COMP | Pass<br>Pass | 10:19am<br>10:19am |

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)

|                | 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<br>simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests,<br>whichever occurs first. |
| were performed | the 2 day of JANUARY 2025 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rvices, and the instrument is functioning properly.  |

WATAUGA COUNTY BOONE PD 940

Serial Number: 008716 Test Date: 01/02/2025

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

Subject'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: AG405102 Exp Date: 02/20/2026

| Test     | g/210L | Time    |
|----------|--------|---------|
| DIAG     | Pass   | 12:17pm |
| AIR BLK  | .00    | 12:18pm |
| ACCY CHK | .07    | 12:19pm |
| AIR BLK  | .00    | 12:20pm |
| SUB TEST | .00    | 12:21pm |
| AIR BLK  | .00    | 12:22pm |
| SUB TEST | .00    | 12:23pm |
| AIR BLK  | .00    | 12:24pm |

Reported AC: 00 g/210L

Signatur of chamical Analysis

Court evR

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

Analyst

Department of Health and Human Services Rev. 12/2007

#### WATAUGA COUNTY BOONE PD 940

Serial Number: 008716 Test Record Number: 3252 Test Date: 01/02/2025 Test Time: 12:25pm EST

System Check: Passed

#### Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| TR   | Pass   | 12:26pm |
| FLO  | Pass   | 12:26pm |
| FC   | Pass   | 12:26pm |

#### 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    |
|------|--------|---------|
| ATR  | Pass   | 12:27pm |

#### Printer Tests

Test

| PRNT | Pass         | 12:27pm            |
|------|--------------|--------------------|
|      | CRC Tests    |                    |
| Test | Status       | Time               |
| COMP | Pass<br>Pass | 12:27pm<br>12:27pm |

Status Time

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)

| simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.   | The preventive                                     | maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with  |
|--|--|--|
| breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;  (2) Verify instrument displays time and date;  (3) Initiate breath test sequence;  (4) Enter information as prompted;  (5) Verify instrument accuracy;  (6) When "PLEASE BLOW" appears, collect breath sample;  (7) When "PLEASE BLOW" appears, collect breath sample;  (8) Print test record;  (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and  (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 TANUARY, 20 25 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health | serial number                                      |  |
| (3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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)  | 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 breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  I certify that on the  | (3)  | 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 breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  I certify that on the  | (4)  | 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 breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  I certify that on the  | (5)  | 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 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)  | 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 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)  | When "PLEASE BLOW" appears, collect breath sample;   |
| (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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)  | Print test record;   |
| 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  |
| I certify that on theday of  | (10)   | Verify that the ethanol gas canister is being changed before expiration date, or 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<br>were performe<br>and Human Se | theday of  |

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

DHHS 4080 (04/20)

WATAUGA COUNTY WATAUGA JAIL 940

Serial Number: 008896 Test Date: 01/02/2025

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject'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

-/2107 ---

| Test     | g/210L | Time   |
|----------|--------|--------|
| DIAG     | Pass   | 1:32pm |
| AIR BLK  | .00    | 1:33pm |
| ACCY CHK | .08    | 1:33pm |
| AIR BLK  | .00    | 1:35pm |
| SUB TEST | .00    | 1:35pm |
| AIR BLK  | .00    | 1:36pm |
| SUB TEST | .00    | 1:38pm |
| AIR BLK  | .00    | 1:39pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### WATAUGA COUNTY WATAUGA JAIL 940

Serial Number: 008896 Test Record Number: 1748
Test Date: 01/02/2025 Test Time: 1:40pm EST

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 1:40pm |
| FLO  | Pass   | 1:40pm |
| FC   | Pass   | 1:40pm |

#### Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 1:40pm |
| SRC  | Pass   | 1:40pm |
| DET  | Pass   | 1:40pm |
| BAR  | Pass   | 1:40pm |
| BT   | Pass   | 1:40pm |

#### Blank Tests

| Test | Status | Time      |
|------|--------|-----------|
| ATD  | Dage   | 1 - 41 mm |

#### Printer Tests

| Test | Status    | Time   |
|------|-----------|--------|
| PRNT | Pass      | 1:41pm |
|      | CRC Tests |        |
| Test | Status    | Time   |
|      |           |        |

| COMP | Pass | 1:41pm |
|------|------|--------|
| CAL  | Pass | 1:41pm |
|      |      |        |

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Preventive Maintenance Status: Pass

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

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Department of Health and Human Services 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)

| The assessment in  |   | Chestrut Sty Coldso  |
|--|---|--|
|  | maintenance procedures for the Intoximeters, Model Intox EC/IR II a<br>0,000 or higher) to be followed at least once every four months are:                 | and Model linox Extile II (Eminisced With  |
| (1)  | Verify the ethanol gas canister displays at least 51 pounds per squ<br>breath simulator thermometer shows 34 degrees, plus or minus .2 of                   |  |
| (2)  | Verify instrument displays time and date;   |  |
| (3)  | Initiate breath test sequence;  |  |
| (4)  | Enter information as prompted;  |  |
| (5)  | Verify instrument accuracy;   |  |
| (6)  | When "PLEASE BLOW" appears, collect breath sample;  |  |
| (7)  | When "PLEASE BLOW" appears, collect breath sample;  |  |
| (8)  | Print test record;  |  |
| (9)  | Run diagnostic program and confirm preventive maintenance statu   | us of "Pass"; and  |
| (10)   | Verify that the ethanol gas canister is being changed before<br>simulator solution is being changed every four months or after<br>whichever occurs first.   |  |
| were performed   | the Of day of Jenusy 2025 the forgot on the instrument indicated above, in accordance with current regulations, and the instrument is functioning properly. | oing preventive maintenance procedures<br>lations of the N.C. Department of Health |
| STATE OF   | Al A  |  |
| CASA   |   |  |
| 3 1  |   |  |
| O am de  | The Der   | 643  |
| The state of the s | Signature of Certifying Official  | Certificate Number   |

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008649 Test Date: 01/24/2025

Citation Number: M0000000-0 Subject's Name: PREVENTIVE; MAINTENANCE \* Subject'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:

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

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

| Test     | g/210L | Time .  |
|----------|--------|---------|
| DIAG     | Pass   | 12:34pm |
| AIR BLK  | .00    | 12:34pm |
| ACCY CHK | .08    | 12:35pm |
| AIR BLK  | .00    | 12:36pm |
| SUB TEST | .00    | 12:37pm |
| AIR BLK  | .00    | 12:38pm |
| SUB TEST | .00    | 12:39pm |
| AIR BLK  | .00    | 12:40pm |
|          |        |         |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008649 Test Record Number: 6118 Test Date: 01/24/2025 Test Time: 12:43pm EST

System Check: Passed ...

#### Baseline Tests

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

#### Temperature Tests

| Test  | Status | Time    |
|-------|--------|---------|
| FC1   | Pass   | 12:44pm |
| SRC   | Pass   | 12:44pm |
| DET - | Pass   | 12:44pm |
| BAR   | Pass   | 12:44pm |
| BT    | Pass . | 12:44pm |
|       |        |         |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| ATD  | Dagg   | 12.44pm |

#### Printer Tests

| Test | Status    | Time    |
|------|-----------|---------|
| PRNT | Pass      | 12:44pm |
|      | CRC Tests |         |

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

Preventive Maintenance Status: Pass

Analyst

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

| County US  | yne Instrument Location Scymour Johnson AFB  |
|--|--|
| Instrument Seri  | al No. 008786 Instrument Location Seymony Johnson AFB  |
| The preventive<br>serial number I  | 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<br>were performed<br>and Human Ser   | the 24 day of January .20 25 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. |
| A STATE OF THE STA |  |

WAYNE COUNTY SEYMOUR JOHNSON AFB 950

Serial Number: 008786 Test Date: 01/24/2025

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

Subject'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: AG308004 Exp Date: 03/21/2025

| Test     | g/210L | Time    |
|----------|--------|---------|
| DIAG     | Pass   | 11:39am |
| AIR BLK  | .00    | 11:40am |
| ACCY CHK | .08    | 11:40am |
| AIR BLK  | .00    | 11:42am |
| SUB TEST | .00    | 11:42am |
| AIR BLK  | .00    | 11:43am |
| SUB TEST | .00    | 11:47am |
| AIR BLK  | .00    | 11:47am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Her O. L.

# WAYNE COUNTY SEYMOUR JOHNSON AFB 950

Serial Number: 008786 Test Record Number: 488
Test Date: 01/24/2025 Test Time: 11:49am EST

System Check: Passed

#### Baseline Tests

| Test | Status |         |
|------|--------|---------|
| IR   | Pass   | 11:49am |
| FLO  | Pass   | 11:49am |
| FC   | Pass   | 11:49am |

#### Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 11:49am |
| SRC  | Pass   | 11:49am |
| DET  | Pass   | 11:49am |
| BAR  | Pass   | 11:49am |
| BT   | Pass   | 11:49am |
|      |        |         |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 11:50am |

#### Printer Tests

| Test | Status    | Time    |
|------|-----------|---------|
| PRNT | Pass      | 11:50am |
|      | CRC Tests |         |
| Test | Status    | Time    |
| COMP | Pass      | 11:50am |

Pass 11:50am

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)

|      | maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced w<br>10,000 or higher) to be followed at least once every four months are:   | rith         |
|------|---|--------------|
| (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;                                   | 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 bre<br>simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator te<br>whichever occurs first. |              |
|      | the 24 day of 16000 don the instrument indicated above, in accordance with current regulations of the N.C. Department of Hervices, and the instrument is functioning properly.  | ires<br>alth |
|      | Zer Ortifying Official Certificate Number   |              |

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008879 Test Date: 01/24/2025

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG405101 Exp Date: 02/20/2026

| Test     | g/210L | Time    |
|----------|--------|---------|
| DIAG     | Pass   | 12:36pm |
| AIR BLK  | .00    | 12:36pm |
| ACCY CHK | .08    | 12:37pm |
| AIR BLK  | .00    | 12:39pm |
| SUB TEST | .00    | 12:40pm |
| AIR BLK  | .00    | 12:40pm |
| SUB TEST | .00    | 12:42pm |
| AIR BLK  | .00    | 12:43pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008879 Test Record Number: 2695 Test Date: 01/24/2025 Test Time: 12:46pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 12:47pm |

#### Printer Tests

| Test | Status    | Time    |
|------|-----------|---------|
| PRNT | Pass      | 12:47pm |
|      | CRC Tests |         |
| Test | Status    | Time    |
| COMP | Pass      | 12:47pm |
| CAL  | Pass      | 12:47pm |

Preventive Maintenance Status: Pass

Analyst