DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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	MANCE Instrument I	ocation Alguste Co Jair	
Instrument Se	rial No. <u>008853</u>	109 5. Haple St Goal	los NC
The preventiv	e maintenance procedures for the Intoximeters, 10,000 or higher) to be followed at least once ev	Model Intox EC/IR II and Model Intox EC/II	R II (Enhanced with
(1)		eact SI nounds not server in the first	ure, or the alcoholic
(2)	Verify instrument displays time and date;	5 Lance 17 - 9 C. V. Sacrata 18 A. Sacrata 1	
(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		
(8)	Print test record;		
(9)	Run diagnostic program and confirm prever	ative maintenance status of "Pass" and	
(10)	Verify that the ethanol gas canister is be	eing changed before expiration date, or the four months or after 125 Alcoholic Brea	e alcoholic breath th Simulator tests,
were performed	the day of on the instrument indicated above, in accordances, and the instrument is functioning properly	, 20 <u>24</u> the forgoing preventive maint nce with current regulations of the N.C. Dep	enance procedures partment of Health
Sam san	Somm 8 tokes	Byones 66	7
	Signature of Cert		to Number

ALAMANCE COUNTY JAIL 000

Serial Number: 008853 Test Date: 06/03/2024

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Barnes, Simon S Permit Number: 0014-6221 Effective: 10/01/2023-10/01/2025

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

Lot Number: AG400301 Exp Date: 01/03/2026

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00 .00	1:26pm 1:26pm 1:27pm 1:28pm 1:29pm 1:30pm 1:31pm
Acceptance of the second secon		1:32pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Sommy Stokes Frances

ALAMANCE COUNTY JAIL 000

Serial Number: 008853 Test Record Number: 460 Test Date: 06/03/2024 Test Time: 1:32pm EDT

Test Record Number: 4603

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	1:33pm
SRC	Pass	1:33pm
DET	Pass	1:33pm
BAR	Pass	1:33pm
BT	Pass	1:33pm

Blank Tests

Test	Status	Time
AIR	Pass	1:34pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:34pm
	CRC Tests	

Test	Status	Time
COMP	Pass	1:34pm
CAL	Pass	1:34pm

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	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

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008913 Test Date: 06/03/2024

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

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

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

Analyst's Name: Barnes, Simon S Permit Number: 0014-6221 Effective: 10/01/2023-10/01/2025

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

Lot Number: AG400301 Exp Date: 01/03/2026

Test	g/210L	Time
DIAG	Pass	1:27pm
AIR BLK	.00	1:27pm
ACCY CHK	.08	1:28pm
AIR BLK	.00	1:29pm
SUB TEST	.00	1:30pm
AIR BLK	.00	1:31pm
SUB TEST	.00	1:32pm
AIR BLK	.00	1:33pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008913 Test Record Number: 5386 Test Date: 06/03/2024 Test Time: 1:33pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:34pm
FLO	Pass	1:34pm
FC	Pass	1:34pm

Temperature Tests

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

Blank Tests

Test	Status	Time
ATR	Dage	1 - 35mm

Printer Tests

Test	Status	Time
PRNT	Pass	1:35pm

CRC Tests

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

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 0,000 or higher) to be followed at least once every four months are:	Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square breath simulator thermometer shows 34 degrees, plus or minus .2 deg	
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of	of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before ex- simulator solution is being changed every four months or after t whichever occurs first.	
	the day of	g preventive maintenance procedures ions of the N.C. Department of Health
	Number -	

BEAUFORT COUNTY BELHAVEN PD 060

Serial Number: 008928 Test Date: 06/24/2024

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

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

Analyst's Name: 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	11:05am
AIR BLK	.00	11:05am
ACCY CHK	.07	11:06am
AIR BLK	.00	11:07am
SUB TEST	.00	11:08am
AIR BLK	.00	11:08am
SUB TEST		11:10am
ATR BLK	.00	11:11am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

BEAUFORT COUNTY BELHAVEN PD 060

Serial Number: 008928 Test Record Number: 554 Test Date: 06/24/2024 Test Time: 11:12am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:13am

Printer Tests

Test	Status	Time
PRNT	Pass	11:13an
	CRC Tests	
Test	Status	Time

COMP Pass 11:13am CAL Pass 11:13am

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	Brunswick	Instrument Location Z	AT Mobile Unit 3 Leland	
Instrument Seri	al No. 008869	_	Leland	
The preventive serial number 1	maintenance procedures for 0,000 or higher) to be followed	or the Intoximeters, Model Intox Ed	VIR II and Model Intox EC/IR II s are:	I (Enhanced with
(1)		canister displays at least 51 pounds ometer shows 34 degrees, plus or n		, or the alcoholic
(2)	Verify instrument disp	lays time and date;		
(3)	Initiate breath test sequ	ience;		
(4)	Enter information as p	rompted;		
(5)	Verify instrument accu	iracy;		
(6)	When "PLEASE BLO	W" appears, collect breath sample;		
(7)	When "PLEASE BLO	W" appears, collect breath sample;		
(8)	Print test record;			
(9)	Run diagnostic progra	m and confirm preventive maintena	nce status of "Pass"; and	
(10)		of gas canister is being changed being changed every four months		
		ted above, in accordance with curr	ne forgoing preventive maintenent regulations of the N.C. Depa	
SUSTAN	6			
SHAME!	12		*	
(S) THE	DE)	111		
		11 1 The	II 67	77

BRUNSWICK COUNTY BAT MOBILE REGION 3 090

> Serial Number: 008869 Test Date: 06/01/2024

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

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

Analyst's Name: Barrier, Dennis J Permit Number: 0014-7953 Effective: 10/01/2023-10/01/2025

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

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

Test	g/210L	Time
DIAG	Pass	5:10pm
AIR BLK	.00	5:11pm
ACCY CHK	.07	5:12pm
AIR BLK	.00	5:13pm
SUB TEST	.00	5:13pm
AIR BLK	.00	5:14pm
SUB TEST	.00	5:16pm
AIR BLK	.00	5:17pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

BRUNSWICK COUNTY BAT MOBILE REGION 3 090

Serial Number: 008869 Test Record Number: 1853 Test Date: 06/01/2024 Test Time: 5:17pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:18pm
FLO	Pass	5:18pm
FC	Pass	5:18pm

Temperature Tests

Status	Time
Pass	5:18pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	5:19pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:19pm
	THE RESIDENCE AND ADDRESS.	

CRC Tests

Test	Status	Time
COMP	Pass	5:19pm
CAL	Pass	5:19pm

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 Seri	al No. 008898	<u></u>	Laland	
		for the Intoximeters, Model Intox owed at least once every four mo		el Intox EC/IR II (Enhanced with
(1)		canister displays at least 51 poun nometer shows 34 degrees, plus or		
(2)	Verify instrument disp	slays time and date;		
(3)	Initiate breath test seq	uence;		
(4)	Enter information as p	orompted;		
(5)	Verify instrument acc	uracy;		
(6)	When "PLEASE BLO	W" appears, collect breath sample	e;	
(7)	When "PLEASE BLO	W" appears, collect breath sample	e;	
(8)	Print test record;			
(9)	Run diagnostic progra	m and confirm preventive mainte	nance status of "Pas	ss"; and
(10)		nol gas canister is being change being changed every four mont	The state of the s	
I certify that on	the /s/ day of	Tune , 20 QY		, ventive maintenance procedures
	d on the instrument indica rvices, and the instrument	sted above, in accordance with cu is functioning properly.	errent regulations o	f the N.C. Department of Health
a STATE o	^			
Cash &				
	T) E	1		
Commercial	15	N- 180.	· 7	1,73
Cam and		Signature of Certifying Office	ial Z	

BRUNSWICK COUNTY BAT MOBILE REGION 3 090

> Serial Number: 008898 Test Date: 06/01/2024

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Barrier, Dennis J Permit Number: 0014-7953 Effective:

10/01/2023-10/01/2025

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

Lot Number: AG225701 Exp Date: 09/14/2024

Test	g/210L	Time
DIAG	Pass	5:08pm
AIR BLK	.00	5:09pm
ACCY CHK	.08	5:09pm
AIR BLK	.00	5:10pm
SUB TEST	.00	5:11pm
AIR BLK	.00	5:12pm
SUB TEST	.00	5:13pm
AIR BLK	-00	5:14pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BRUNSWICK COUNTY BAT MOBILE REGION 3 090

Serial Number: 008898 Test Record Number: 1838
Test Date: 06/01/2024 Test Time: 5:15pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:15pm
FLO	Pass	5:15pm
FC	Pass	5:15pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:15pm
SRC	Pass	5:15pm
DET	Pass	5:15pm
BAR	Pass	5:15pm
BT	Pass	5:15pm

Blank Tests

Test	Status	Time
AIR	Pass	5:16pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:16pm
	CRC Tests	
Test	Status	Time
COMP	Pass	5:16pm

5:16pm

Preventive Maintenance Status: Pass

Pass

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	Brunswick	Instrument Location_	BAT Mobile Lelond	Unit 3
Instrument Seria	al No. <i>O08939</i>		Lelond	
The preventive serial number l	maintenance procedures for 0,000 or higher) to be follow	the Intoximeters, Model In red at least once every four	tox EC/IR II and Model I	Intox EC/IR II (Enhanced with
(1)		nister displays at least 51 p neter shows 34 degrees, plu		si) of pressure, or the alcoholic igrade;
(2)	Verify instrument display	ys time and date;		
(3)	Initiate breath test seques	nce;		
(4)	Enter information as pro-	mpted;		
(5)	Verify instrument accura	cy;		
(6)	When "PLEASE BLOW	appears, collect breath sar	mple;	
(7)	When "PLEASE BLOW	appears, collect breath sai	mple;	
(8)	Print test record;			
(9)	Run diagnostic program	and confirm preventive ma	intenance status of "Pass"	*; and
(10)				date, or the alcoholic breath pholic Breath Simulator tests,
were performe	the day of	d above, in accordance wit	24 the forgoing preve h current regulations of t	ntive maintenance procedures the N.C. Department of Health
	<u></u>	Signature of Certifying (eur I	C 73 Certificate Number

BRUNSWICK COUNTY BAT MOBILE REGION 3

Serial Number: 008939 Test Date: 06/01/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Barrier, Dennis J Permit Number: 0014-7953 Effective:

10/01/2023-10/01/2025

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

Test Type: Breath Test

Lot Number: AG225701 Exp Date: 09/14/2024

Test	g/210L	Time
DIAG	Pass	5:05pm
AIR BLK	.00	5:06pm
ACCY CHK	.07	5:07pm
AIR BLK	.00	5:08pm
SUB TEST	.00	5:08pm
AIR BLK	.00	5:09pm
SUB TEST	.00	5:11pm
AIR BLK	.00	5:12pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BRUNSWICK COUNTY BAT MOBILE REGION 3 090

Serial Number: 008939 Test Record Number: 1698 Test Date: 06/01/2024 Test Time: 5:12pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:13pm
FLO	Pass	5:13pm
FC	Pass	5:13pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:13pm
SRC	Pass	5:13pm
DET	Pass	5:13pm
BAR	Pass	5:13pm
BT	Pass	5:13pm

Blank Tests

Test	Status	Time	
AIR	Pass	5:14pm	

Printer Tests

Test	Status	Time
PRNT	Pass	5:14pm

CRC Tests

Test	Status	Time
COMP	Pass	5:14pm
CAL	Pass	5:14pm

Preventive Maintenance Status: Pass

Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

The preventive serial number 1	maintenance procedures for the Intoximeters, Model In 0,000 or higher) to be followed at least once every four	tox EC/IR II and Model Intox E months are:	C/IR II (Enhanced wit
(1)	Verify the ethanol gas canister displays at least 51 p breath simulator thermometer shows 34 degrees, plu		
(2)	Verify instrument displays time and date;		
(3)	Initiate breath test sequence;		
(4)	Enter information as prompted;		
(5)	Verify instrument accuracy;		
(6)	When "PLEASE BLOW" appears, collect breath san	nple;	
(7)	When "PLEASE BLOW" appears, collect breath san	nple;	
(8)	Print test record;		
(9)	Run diagnostic program and confirm preventive main	ntenance status of "Pass"; and	
(10)	Verify that the ethanol gas canister is being cha simulator solution is being changed every four m whichever occurs first.	nged before expiration date, or onths or after 125 Alcoholic E	the alcoholic breath treath Simulator tests,
were performed	the OH day of JUNE . 20 2 d on the instrument indicated above, in accordance with vices, and the instrument is functioning properly.	the forgoing preventive made current regulations of the N.C.	sintenance procedures Department of Health

BRUNSWICK COUNTY LELAND PD 090

Serial Number: 008946 Test Date: 06/04/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: BARNES, 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: AG400301 Exp Date: 01/03/2026

Test	g/210L	Time
DIAG	Pass	11:57am
AIR BLK	.00	11:57am
ACCY CHK	.08	11:58am
AIR BLK	.00	11:59am
SUB TEST	.00	11:59am
AIR BLK	.00	12:00pm
SUB TEST	.00	12:02pm
AIR BLK	.00	12:03pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BRUNSWICK COUNTY LELAND PD 090

Serial Number: 008946 Test Record Number: 1732 Test Date: 06/04/2024 Test Time: 12:03pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:03pm
FLO	Pass	12:03pm
FC	Pass	12:03pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:04pm
SRC	Pass	12:04pm
DET	Pass	12:04pm
BAR	Pass	12:04pm
BT	Pass	12:04pm

Blank Tests

Test	Status	Time	
AIR	Pass	12:04pm	

Printer Tests

P	inter Tes	ts
Test	Status	Time
PRNT	Pass	12:04pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:04pm
CAL	Pass	12:04pm

Preventive Maintenance Status: Pass

Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

Instrument Seri	al No. 008615 Kannapolis PD
	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 27 day of

CABARRUS COUNTY BAT MOBILE REGION 4 120

> Serial Number: 008615 Test Date: 06/27/2024

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

Driver's License Number: NONE

Analyst's Name: 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	7:53pm
AIR BLK	.00	7:54pm
ACCY CHK	.07	7:54pm
AIR BLK	.00	7:55pm
SUB TEST	.00	7:56pm
AIR BLK	.00	7:57pm
SUB TEST	.00	7:58pm
AIR BLK	.00	7:59pm

Reported AC:, .00 g/210L

Signature of Chemical Analyst

Court CVR

CABARRUS COUNTY BAT MOBILE REGION 4 120

Serial Number: 008615 Test Record Number: 5929
Test Date: 06/27/2024 Test Time: 8:00pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
ATR	Pass	8 · 01 pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:01pm
	CRC Tests	

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

Preventive Maintenance Status: Pass

Analyst

orm is used when performing Preventive Maintenance pro

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL 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.
	the 13ch day of

CABARRUS COUNTY CABARRUS COUNTY SO 120

Serial Number: 008625 Test Date: 06/13/2024

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

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

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

Analyst's Name: 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: AG400303 Exp Date: 01/03/2026

Test	g/210L	Time
DIAG	Pass	10:52am
AIR BLK	.00	10:53am
ACCY CHK	.08	10:53am
AIR BLK	.00	10:54am
SUB TEST	.00	10:55am
AIR BLK	.00	10:56am
SUB TEST	.00	10:57am
AIR BLK	.00	10:58am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

CABARRUS COUNTY CABARRUS COUNTY SO 120

Serial Number: 008625 Test Record Number: 6798 Test Date: 06/13/2024 Test Time: 10:59am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:00am
FLO	Pass Pass	11:00am
FC	rass	11.00dill

Temperature Tests

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

Blank Tests

Test	Status	Time	
AIR		11:00am	
MIR	Pass	III.OUGHI	

Printer Tests

Test	Status	Time
PRNT	Pass	11:01am

CRC Tests

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

Preventive Maintenance Status: Pass

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DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

	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 27 day of 0, 20 24 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.

CABARRUS COUNTY BAT MOBILE REGION 4 120

> Serial Number: 008775 Test Date: 06/27/2024

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

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

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

Analyst's Name: 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	8:02pm
AIR BLK	.00	8:03pm
ACCY CHK	.07	8:03pm
AIR BLK	.00	8:04pm
SUB TEST	.00	8:05pm
AIR BLK	.00	8:05pm
SUB TEST	.00	8:07pm
AIR BLK	.00	8:08pm

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
Department of Health and Human Services
Rev. 12/2007

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CABARRUS COUNTY BAT MOBILE REGION 4 120

Serial Number: 008775 Test Record Number: 2113 Test Date: 06/27/2024 Test Time: 8:09pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:09pm
FLO	Pass	8:09pm
FC	Pass	8:09pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:09pm
SRC	Pass	8:09pm
DET	Pass	8:09pm
BAR	Pass	8:09pm
BT	Pass	8:09pm

Blank Tests

Test	Status	Time	
AIR	Pass	8:10pm	

Printer Tests

Test	Pass	Time	
PRNT		8:10pm	

CRC Tests

Test	Status	Time	
COMP	Pass	8:10pm	
CAL	Pass	8:10pm	

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 p	reventive 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 <u>28</u> day of

CABARRUS COUNTY BAT MOBILE REGION 4 120

> Serial Number: 008775 Test Date: 06/28/2024

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

Reported AC: .00 g/210b

Signature of Chemical Analyst

Court CVR

CABARRUS COUNTY BAT MOBILE REGION 4 120

Serial Number: 008775 Test Record Number: 2115 Test Date: 06/28/2024 Test Time: 9:22pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	9:23pm
SRC	Pass	9:23pm
DET	Pass	9:23pm
BAR	Pass	9:23pm
BT	Pass	9:23pm
		THE RESERVE OF THE PARTY OF THE

Blank Tests

Test	Status	Time	
AIR	Pagg	9 - 24 mm	

Printer Tests

Test	Status	Time
PRNT	Pass	9:24pm
	CRC Tests	
Test	Status	Time

COMP Pass 9:24pm CAL Pass 9:24pm

Preventive Maintenance Status: Pass

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DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

Instrument Ser	ial No. 008929 Kannapolis PD
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 simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the 27 day of, 20 24 the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rvices, and the instrument is functioning properly.

CABARRUS COUNTY BAT MOBILE REGION 4 120

> Serial Number: 008929 Test Date: 06/27/2024

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

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

Analyst's Name: 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	8:11pm
AIR BLK	.00	8:12pm
ACCY CHK	.07	8:13pm
AIR BLK	.00	8:14pm
SUB TEST	.00	8:15pm
AIR BLK	.00	8:16pm
SUB TEST	.00	8:17pm
AIR BLK	.00	8:18pm

Reported AC: 00 g/210L

Signacure of Chemical Analyst

Court CVR

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

Rev. 12/2007

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CABARRUS COUNTY BAT MOBILE REGION 4 120

Serial Number: 008929 Test Record Number: 1406 Test Date: 06/27/2024 Test Time: 8:19pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:20pm
FLO	Pass	8:20pm
FC	Pass	8:20pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:20pm
SRC	Pass	8:20pm
DET	Pass	8:20pm
BAR	Pass	8:20pm
BT	Pass	8:20pm

Blank Tests

Test	Status	Time
AIR	Pass	8:21pm

Printer Tests

Statue Time

	Deacus	TTIME
PRNT	Pass	8:21pm
	CRC Tests	
Took		end

1000	Scacus	TTINE
COMP	Pass	8:21pm
CAL	Pass	8:21pm

Preventive Maintenance Status: Pass

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DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

re, or the alcoholic
e alcoholic breath th Simulator tests,

CABARRUS COUNTY BAT MOBILE REGION 4 120

Serial Number: 008929 Test Date: 06/28/2024

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

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

Analyst's Name: 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	9:41pm
AIR BLK	.00	9:42pm
ACCY CHK	.07	9:43pm
AIR BLK	.00	9:44pm
SUB TEST	.00	9:47pm
AIR BLK	.00	9:48pm
SUB TEST	.00	9:50pm
AIR BLK	.00	9:51pm

Reported AC: 1.09 g/210L

Signature of Chemical Analyst

Court CVR

CABARRUS COUNTY BAT MOBILE REGION 4 120

Serial Number: 008929 Test Record Number: 1408 Test Date: 06/28/2024 Test Time: 9:53pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:54pm
FLO	Pass	9:54pm
FC	Pass	9:54pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:54pm
SRC	Pass	9:54pm
DET	Pass	9:54pm
BAR	Pass	9:54pm
BT	Pass	9:54pm

Blank Tests

Test	Status	Time	
ATR	Pagg	9 - 55nm	

Printer Tests

Test	Status	Time
PRNT	Pass	9:55pm
	CRC Tests	
Test	Status	Time

1000	Deacus	TIME
COMP	Pass	9:55pm
CAL	Pass	9:55pm

Preventive Maintenance Status: Pass

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

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Ca.	terat	Instrument Location BAT m	obile Unit 7
Instrument Serie	al No. +08600	Newro	
The preventive serial number 10	maintenance procedures for the contract of the	he Intoximeters, Model Intox EC/IR II and at least once every four months are:	and Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas can breath simulator thermome	ister displays at least 51 pounds per squ eter shows 34 degrees, plus or minus .2	are inch (psi) of pressure, or the alcoholic degree centigrade;
(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 sample;	
(7)	When "PLEASE BLOW" a	appears, collect breath sample;	
(8)	Print test record;		
(9)	Run diagnostic program an	d confirm preventive maintenance statu	s of "Pass"; and
(10)	Verify that the ethanol ga	as canister is being changed before	expiration date, or the alcoholic breath r 125 Alcoholic Breath Simulator tests,
were beriginen	ices, and the instrument is fun	DOVE. If accordance with current regul	ing preventive maintenance procedures ations of the N.C. Department of Health
The same of the sa	mar	Signature of Certifying Official	Certificate Number

CARTERET COUNTY BAT MOBILE UNIT 7 150

Serial Number: 008600 Test Date: 06/08/2024

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

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

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

Lot Number: AG308004 Exp Date: 03/21/2025

g/210L	Time
Pass	3:54pm
.00	3:55pm
.07	3:55pm
.00	3:56pm
.00	3:57pm
.00	3:58pm
.00	4:00pm
.00	4:01pm
	Pass .00 .07 .00 .00

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

M leck Analyst

CARTERET COUNTY BAT MOBILE UNIT 7 150

Serial Number: 008600 Test Record Number: 2760

System Check: Passed

Baseline Tests

Status	Time
Pass	4:06pm
Pass	4:06pm
Pass	4:06pm
	Pass Pass

Temperature Tests

Test	Status	Time
FC1	Pass	4:06pm
SRC	Pass	4:06pm
DET	Pass	4:06pm
BAR	Pass	4:06pm
BT	Pass	4:06pm
		Salarita Carrier

Blank Tests

Test	Status	Time
AIR	Pass	4:07pm

Printer Tests

rest	Status	Time
PRNT	Pass	4:07pm

CRC Tests

Test	Status	Time
COMP	Pass	4:07pm
CAL	Pass	4:07pm

Preventive Maintenance Status: Pass

mark 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 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,		

CATAWBA COUNTY CATAWBA COUNTY SO 170

Serial Number: 008687 Test Date: 06/04/2024

Citation Number: M0000000-0

Subject's Name:

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

Subject's Sex: Male

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

Analyst's Name: 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: AG302703 Exp Date: 01/27/2025

Test	g/210L	Time
DIAG	Pass	1:40pm
AIR BLK	.00	1:40pm
ACCY CHK	.08	1:41pm
AIR BLK	.00	1:42pm
SUB TEST	.00	1:42pm
AIR BLK	.00	1:43pm
SUB TEST	.00	1:45pm
AIR BLK	.00	1:46pm

Reported AC; .00 g/210L

Signature of Chemical Analyst

Court CVR

CATAWBA COUNTY CATAWBA COUNTY SO 170

Serial Number: 008687 Test Record Number: 3921 Test Date: 06/04/2024 Test Time: 1:47pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:48pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:48pm

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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	Hawba Instrument Location Catawba Caunty 80 No. 008821 No. 1008821		
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 alcoholi breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
(2)	Verify instrument displays time and date;		
(3)	Initiate breath test sequence;		
(4)	Enter information as prompted;		
(5)	Verify instrument accuracy;		
(6)	When "PLEASE BLOW" appears, collect breath sample;		
(7)	When "PLEASE BLOW" appears, collect breath sample;		
(8)	Print test record;		
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and		
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.		
I certify that on were performed and Human Ser	the 4th day of 100, 2004 the forgoing preventive maintenance procedure 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

CATAWBA COUNTY CATAWBA COUNTY SO 170

Serial Number: 008821 Test Date: 06/04/2024

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

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

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

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

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

Lot Number: AG308702 Exp Date: 03/28/2025

Test	g/210L	Time
DIAG	Pass	1:38pm
AIR BLK	.00	1:39pm
ACCY CHK	.07	1:40pm
AIR BLK	.00	1:41pm
SUB TEST	.00	1:41pm
AIR BLK	.00	1:42pm
SUB TEST	.00	1:44pm
AIR BLK	.00	1:44pm

Reported AC; .00 g/210L

Signature of Chemical Analyst

Court CVR

CATAWBA COUNTY CATAWBA COUNTY SO 170

Serial Number: 008821 Test Record Number: 2500 Test Date: 06/04/2024 Test Time: 1:45pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time	
AIR	Pass	1:46pm	

Printer Tests

Test	Status	Time
PRNT	Pass	1:46pm
	CRC Tests	

Status	Time
Pass	1:46pm
Pass	1:46pm
	Pass

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 Co.	tauba Instrument Location Hickory PD Hickory, NCC
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
SUNT OF SUNT OF	

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

Signature

CATAWBA COUNTY HICKORY PD 170

Serial Number: 008841 Test Date: 06/04/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	12:32pm
AIR BLK	.00	12:32pm
ACCY CHK	.08	12:33pm
AIR BLK	.00	12:34pm
SUB TEST	.00	12:35pm
AIR BLK	.00	12:36pm
SUB TEST	.00	12:37pm
ATR BLK	.00	12:38pm

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

CATAWBA COUNTY HICKORY PD 170

Serial Number: 008841 Test Record Number: 2412 Test Date: 06/04/2024 Test Time: 12:38pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:39pm
FLO	Pass	12:39pm
FC	Pass	12:39pm

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	12:40pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:40pm
	CRC Tests	
Test	Status	Time

COMP Pass 12:40pm CAL Pass 12:40pm

Preventive Maintenance Status: Pass

Analites

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL 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	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholi- breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
were perform	on the <u>04</u> day of <u>June</u> , 20 <u>24</u> the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ervices, 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)

COLUMBUS COUNTY DETENTION CENTER 230

Serial Number: 008886 Test Date: 06/04/2024

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

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

Analyst's Name: BARNES, 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: AG400301 Exp Date: 01/03/2026

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

Reported AC: .00 g/210L

Olu Za Ban-Signature of Chemical 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

COLUMBUS COUNTY DETENTION CENTER 230

Serial Number: 008886 Test Date: 06/04/2024 Test Record Number: 1720 Test Time: 1:59pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:00pm
FLO	Pass	2:00pm
FC	Pass	2:00pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	2:00pm

Printer Tests

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

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)

	rial No. 008970 Instrument Location BAT Mobile Unit 2 Columbus County SO
The preventive serial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on were performed and Human Ser	the
	Signature of Certifying Official Certificate Number

COLUMBUS COUNTY BAT MOBILE UNIT 2 230

Serial Number: 008970 Test Date: 06/01/2024

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

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

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

Analyst's Name: Greene, Nathaniel T Permit Number: 0067-5960 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	5:44pm
AIR BLK	.00	5:45pm
ACCY CHK	.08	5:46pm
AIR BLK	.00	5:47pm
SUB TEST	.00	5:48pm
AIR BLK	.00	5:48pm
SUB TEST	.00	5:50pm
AIR BLK	100	/5:51pm

Reported AC / 90 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

COLUMBUS COUNTY BAT MOBILE UNIT 2 230

Serial Number: 008970 Test Record Number: 1112 Test Date: 06/01/2024 Test Time: 5:55pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:56pm
FLO	Pass	5:56pm
FC	Pass	5:56pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:56pm
SRC	Pass	5:56pm
DET	Pass	5:56pm
BAR	Pass	5:56pm
BT	Pass	5:56pm

Blank Tests

Test	Status	Time
AIR	Pass	5:56pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:56pm

CRC Tests

Test	Status	Time
COMP	Pass	5:57pm
CAL	Pass	5:57pm

Preventive Maintenance

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 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.
V	certify that on were performed and Human Ser	the 13th day of Jule , 20 24 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.

COLUMBUS COUNTY BAT MOBILE UNIT 2 230

Serial Number: 008973 Test Date: 06/01/2024

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Greene, Nathaniel T

Driver's License Number: NONE

Permit Number: 0067-5960

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	5:45pm
AIR BLK	.00	5:46pm
ACCY CHK	.08	5:47pm
AIR BLK	.00	5:48pm
SUB TEST	.00	5:48pm
AIR BLK	.00	5:49pm
SUB TEST	.00 1	5:51pm
AIR BLK	.00 //	5:51pm

Reported Ad: //o

.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

COLUMBUS COUNTY BAT MOBILE UNIT 2 230

Serial Number: 008973 Test Record Number: 1166 Test Date: 06/01/2024 Test Time: 5:56pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:56pm
FLO	Pass	5:56pm
FC	Pass	5:56pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:56pm
SRC	Pass	5:56pm
DET	Pass	5:56pm
BAR	Pass	5:56pm
BT	Pass	5:56pm

Blank Tests

Test	Status	Time	
ATD	Dane	F . F 7	
AIR	Pass	5:57pm	

Printer Tests

Test	Status	Time
PRNT	Pass	5:57pm

CRC Tests

Test	Status	Time
COMP	Pass	5:57pm
CAL	Pass	5:57pm

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)

c	ounty Cr	aven	Instrument Location	BAT	Mobile	Unit 6
lu	nstrument Seria	INO. 008584		Craven	County	50
		naintenance procedures for t ,000 or higher) to be followe			d Model Intox EC	C/IR II (Enhanced with
	(1)	Verify the ethanol gas can breath simulator thermom				essure, or the alcoholic
	(2)	Verify instrument display	s time and date;			
	(3)	Initiate breath test sequen	ce;			
	(4)	Enter information as pron	npted;			
à	(5)	Verify instrument accurac	y;			
,	(6)	When "PLEASE BLOW"	appears, collect breath sa	imple;		
	(7)	When "PLEASE BLOW"	appears, collect breath sa	imple;		
	(8)	Print test record;				
	(9)	Run diagnostic program a	nd confirm preventive m	aintenance status	of "Pass"; and	
	(10)	Verify that the ethanol simulator solution is bei whichever occurs first.				
W	ere performed	the 7th day of 5 on the instrument indicated ices, and the instrument is fu	above, in accordance wi	24 the forgointh current regula	ng preventive m tions of the N.C.	aintenance procedures Department of Health
1000				_	(. 84
	- Colombia	-	Signature of Certifying	Official	Cert	ificate Number



CRAVEN COUNTY BAT MOBILE UNIT 6 240

Serial Number: 008584 Test Date: 06/07/2024

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Sharpe Jr., Robert J Permit Number: 1820-8591 Effective: 10/01/2023-10/01/2025

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

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

Test	g/210L	Time
DIAG	Pass	9:05pm
AIR BLK	.00	9:06pm
ACCY CHK	.07	9:07pm
AIR BLK	.00	9:08pm
SUB TEST	.00	9:09pm
AIR BLK	.00	9:10pm
SUB TEST	.00	9:11pm
AIR BLK	.00	9:12pm

Reported AC: / .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CRAVEN COUNTY BAT MOBILE UNIT 6 240

Serial Number: 008584 Test Record Number: 2709 Test Date: 06/07/2024 Test Time: 9:14pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:14pm
FLO	Pass	9:14pm
FC	Pass	9:14pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:15pm
SRC	Pass	9:15pm
DET	Pass	9:15pm
BAR	Pass	9:15pm
BT	Pass	9:15pm
		THE RESERVE OF THE PARTY OF THE

Blank Tests

Test	Status	Time	
AIR	Pass	9:15pm	

Printer Tests

Test	Status	Time
PRNT	Pass	9:15pm

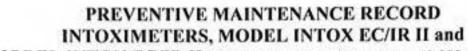
CRC Tests

Test	Status	Time
COMP	Pass	9:15pm
CAL	Pass	9:15pm

Preventive Maintenance Status: Pass

Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH



MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

C	countyC	raven	Instrument Location	BAT M	Tobile Un-	+ 6
1	nstrument Ser	rial No		Craven	County	SO
		e maintenance procedures for the 10,000 or higher) to be follower			Model Intox EC/IR	II (Enhanced with
	(1)	Verify the ethanol gas can breath simulator thermome				e, or the alcoholic
	(2)	Verify instrument displays	time and date;			
	(3)	Initiate breath test sequence	e;			
	(4)	Enter information as prom	pted;			
	(5)	Verify instrument accurac	y;			
	(6)	When "PLEASE BLOW"	appears, collect breath sa	mple;		
	(7)	When "PLEASE BLOW"	appears, collect breath sa	imple;		
	(8)	Print test record;				
	(9)	Run diagnostic program a	nd confirm preventive ma	sintenance status o	f "Pass"; and	
	(10)	Verify that the ethanol a simulator solution is being whichever occurs first.				
V		n the day of June on the instrument indicated ervices, and the instrument is fu	above, in accordance wi	4 the forgoing th current regulati	preventive mainter ons of the N.C. Depo	nance procedures artment of Health
The state of the s			2		684	
1	THE REAL PROPERTY.	-72	Signature of Certifying	Official	The second secon	te Number

CRAVEN COUNTY BAT MOBILE UNIT 6 240

Serial Number: 008637 Test Date: 06/07/2024

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

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

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

Analyst's Name: Sharpe Jr., Robert J Permit Number: 1820-8591 Effective: 10/01/2023-10/01/2025

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

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

Test	g/210L	Time
DIAG	Pass	9:08pm
AIR BLK	.00	9:09pm
ACCY CHK	.08	9:09pm
AIR BLK	.00	9:10pm
SUB TEST	.00	9:11pm
AIR BLK	.00	9:11pm
SUB TEST	.00	9:14pm
AIR BLK	.00	9:14pm

Reported AC: 80 97710L

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 BAT MOBILE UNIT 6 240

Serial Number: 008637 Test Record Number: 3407 Test Date: 06/07/2024 Test Time: 9:15pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:15pm
FLO	Pass	9:15pm
FC	Pass	9:15pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:15pm
SRC	Pass	9:15pm
DET	Pass	9:15pm
BAR	Pass	9:15pm
BT	Pass	9:15pm

Blank Tests

Test	Status	Time
ATR	Dane	0.35
ALK	Pass	9:16pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:16pm
	CRC Tests	
Test	Status	Time

COMP Pass 9:16pm CAL Pass 9:16pm

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)

c	ountyC	raven		Instrument Location_	BAT	Mobile	Unit 6
li	nstrument Seria	INo. OO	8779	_	Craven	Comal	y so
				e Intoximeters, Model In at least once every four		Model Intox EC/I	R II (Enhanced with
	(1)	Verify the e breath simul	thanol gas canis ator thermomet	ster displays at least 51 p ter shows 34 degrees, plu	oounds per square as or minus .2 degr	inch (psi) of press ee centigrade;	sure, or the alcoholic
	(2)	Verify instru	iment displays	time and date;			
	(3)	Initiate brea	th test sequence	3			
	(4)	Enter inform	nation as promp	eted;			
ò	(5)	Verify instru	ament accuracy	:			
ν.	(6)	When "PLE	ASE BLOW" a	ppears, collect breath sa	mple;		
	(7)	When "PLE	ASE BLOW" a	ppears, collect breath sa	mple;		
	(8)	Print test rec	cord;				
	(9)	Run diagnos	stic program and	d confirm preventive ma	intenance status of	"Pass"; and	
	(10)	Verify that simulator so whichever o	olution is being	as canister is being cha g changed every four n	anged before expendently or after 12	iration date, or t 5 Alcoholic Bre	he alcoholic breath ath Simulator tests,
W		on the instrum		bove, in accordance wit			ntenance procedures epartment of Health
1	VID III	2	M	1		6	84
)	Name of the last	_	UP	ngnature of Certifying C	Official		cate Number

CRAVEN COUNTY BAT MOBILE UNIT 6 240

Serial Number: 008779 Test Date: 06/07/2024

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

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

Analyst's Name: Sharpe Jr., Robert J
Permit Number: 1820-8591
Effective:
10/01/2023-10/01/2025

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

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

Test	g/210L	Time
DIAG	Pass	9:13pm
AIR BLK	.00	9:14pm
ACCY CHK	.07	9:15pm
AIR BLK	.00	9:16pm
	.00	9:17pm
AIR BLK	.00	9:18pm
SUB TEST	.00	9:20pm
AIR BLK	.00	9:20pm

Reported AC; 000 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CRAVEN COUNTY BAT MOBILE UNIT 6 240

Serial Number: 008779 Test Record Number: 4000 Test Date: 06/07/2024 Test Time: 9:21pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pagg	9:21pm
FLO	Pass	9:21pm
FC	Pass	9:22pm

Temperature Tests

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

Blank Tests

rest	Status	Time	
AIR	Pass	9:22pm	

Printer Tests

Test	Status	Time
PRNT	Pass	9:22pm
	CRC Tests	

Test	Status	Time
COMP	Pass	9:23pm
CAL	Pass	9:23pm

Preventive Maintenance Status: Pass

Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL 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 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on were performed and Human Ser	the 24 day of

CURRITUCK COUNTY CURRITUCK SO-MAPLE 260

> Serial Number: 008947 Test Date: 06/24/2024

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

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

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

Analyst's Name: Chappell, Mark A
Permit Number: 0020-6272
Effective:
10/01/2023-10/01/2025

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

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

Test	g/210L	Time
DIAG	Pass	1:47pm
AIR BLK	.00	1:48pm
ACCY CHK	.07	1:48pm
AIR BLK	.00	1:49pm
SUB TEST	.00	1:50pm
AIR BLK	.00	1:51pm
SUB TEST	.00	1:52pm
AIR BLK	.00	1:53pm

Reported AC. . 00 g/2/OL

ignature of Chemical Analyst

Court CVR

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

Department of Health and Human Services Rev. 12/2007

CURRITUCK COUNTY CURRITUCK SO-MAPLE 260

Serial Number: 008947 Test Record Number: 3456 Test Date: 06/24/2024 Test Time: 1:54pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	1:55pm
SRC	Pass	1:55pm
DET	Pass	1:55pm
BAR	Pass	1:55pm
BT	Pass	1:55pm

Blank Tests

Test	Status	Time	
AIR		1:56pm	

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

1:56pm

CAL

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

Rev. 12/2007

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

Th	e preventive ial 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 breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
W		the 24 day of
GENE		

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

CURRITUCK COUNTY SO-COROLLA 260

Serial Number: 008949 Test Date: 06/24/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Chappell, Mark A
Permit Number: 0020-6272
Effective:
10/01/2023-10/01/2025

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

Lot Number: AG308003 Exp Date: 03/21/2025

Test	g/210L	Time
DIAG	Pass	11:01am
AIR BLK	.00	11:02am
ACCY CHK	.08	11:02am
AIR BLK	.00	11:03am
SUB TEST	.00	11:04am
AIR BLK	.00	11:05am
SUB TEST	.00	11:07am
AIR BLK	.00	11:07am

Reported ACT .00 g/2/0L

Signature of Cheffical Analyst

Court CVR

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

Department of Health and Human Services

CURRITUCK COUNTY SO-COROLLA 260

Serial Number: 008949 Test Record Number: 780 Test Date: 06/24/2024 Test Time: 11:10am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	11:11am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time	
AIR	Pass	11:12am	

Printer Tests

Test	Status	Time
PRNT	Pass	11:12am
	CRC Tests	
Test	Status	Time

	0.000	a armo
COMP	Pass	11:12am
CAL	Pass	11:12am

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 Se	rial No. 00 769 8	Dare so
The preventive serial number	e maintenance procedures for the Intoxin 10,000 or higher) to be followed at least	neters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with once every four months are:
(1)	Verify the ethanol gas canister displi- breath simulator thermometer shows	ays at least 51 pounds per square inch (psi) of pressure, or the alcoholic 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and	date;
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, or	ollect breath sample;
(7)	When "PLEASE BLOW" appears, co	De de la Colonia de Calendario
(8)	Print test record;	
(9)	Run diagnostic program and confirm	preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas caniste	r is being changed before expiration date, or the alcoholic breath every four months or after 125 Alcoholic Breath Simulator tests,
were performed	the 25 day of 3000	, 2024 the forgoing preventive maintenance procedures coordance with current regulations of the N.C. Department of Health roperly.

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

DARE COUNTY BAT MOBILE REGION 7 270

Serial Number: 008698 Test Date: 06/25/2024

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

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

Analyst's Name: 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	3:49pm
AIR BLK	.00	3:50pm
ACCY CHK	.07	3:50pm
AIR BLK	.00	3:51pm
SUB TEST	.00	3:52pm
AIR BLK	.00	3:53pm
SUB TEST	.00	3:55pm
AIR BLK	.00	3:56pm

Reported AC:

00 g/210L

Signature of Chemical Analyst

Court CVR

20 and Analyst

DARE COUNTY BAT MOBILE REGION 7 270

Serial Number: 008698 Test Date: 06/25/2024

Test Record Number: 2382 Test Time: 3:58pm EDT

11111

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:59pm 3:59pm
FC	Pass	3:59pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:59pm
SRC	Pass	3:59pm
DET	Pass	3:59pm
BAR	Pass	3:59pm
BT	Pass	3:59pm

Blank Tests

Test	Status	Time
AIR	Pass	3:59pm

Printer Tests

Test	Status	Time

PRNT Pass 3:59pm

CRC Tests

rest	Status	Time
COMP	Pass	4:00pm
CAL	Pass	4:00pm

Preventive Maintenance Status: Pass

Analyst

M and

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

breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; (2) Verify instrument displays time and date; (3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.	Instrument Seri	al No. 008844 102 Town Hall Rd. Kill Devil Hills, NC
breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; (2) Verify instrument displays time and date; (3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before 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 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:
(3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.	(1)	Verify the ethanol gas canister displays at 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.	(2)	Verify instrument displays time and date;
(6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.	(3)	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.	(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.	(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.	(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.	(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.	(8)	Print test record;
simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
I certify that on the 44 day of June .2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
and Human Services, and the instrument is functioning properly.	I certify that on were performed and Human Ser	the 4 ⁴⁴ day of June, 20 <u>24</u> the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.

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

Signature of Certifying Official

Certificate Number

DARE COUNTY KILL DEVIL HILLS 270

Serial Number: 008844 Test Date: 06/04/2024

Citation Number: M0000000-0 Subject's Name:

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

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

Analyst's Name: Chappell, Mark A Permit Number: 0020-6272 Effective: 10/01/2023-10/01/2025

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

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

Test	g/210L	Time
DIAG	Pass	11:39am
AIR BLK	.00	11:40am
ACCY CHK	.08	11:40am
AIR BLK	.00	11:41am
SUB TEST	.00	11:42am
AIR BLK	.00	11:43am
SUB TEST	.00	11:44am
AIR BLK	.00	11:45am

Reported Ac:

gnature of Cherical Analyst

Court CVR

Analyst This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch Department of Health and Human Services

DARE COUNTY KILL DEVIL HILLS 270

Serial Number: 008844 Test Record Number: 3124
Test Date: 06/04/2024 Test Time: 11:47am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:47am
SRC	Pass	11:47am
DET	Pass	11:47am
BAR	Pass	11:47am
BT	Pass	11:47am

Blank Tests

Test	Status	Time
AIR	Pass	11:48am

Printer Tests

Test	Status	Time
PRNT	Pass	11:48am
	CRC Tests	

Test	Status	Time
COMP	Pass	11:48am
CAL	Pass	11:48am

Preventive Maintenance Status: Pass

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)

Instrument Seri	al No. 008845 LEXINGTON, NC
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the

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

DHHS 4080 (04/20)

DAVIDSON COUNTY DAVIDSON COUNTY JAIL 280

> Serial Number: 008845 Test Date: 06/06/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Oligmueller, Leo A Permit Number: 0035-3799 Effective: 10/01/2023-10/01/2025

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

> > Lot Number: AG308702 Exp Date: 03/28/2025

Test	g/210L	Time
DIAG	Pass	11:20am
AIR BLK	.00	11:21am
ACCY CHK	.08	11:22am
AIR BLK	.00	11:23am
SUB TEST	.00	11:24am
AIR BLK	.00	11:24am
SUB TEST	.00	11:26am
AIR BLK	.00	11:27am

Reported AC: .00 g/210L

ingnature of Chemical Analyst

Court CVR

DAVIDSON COUNTY DAVIDSON COUNTY JAIL 280

Serial Number: 008845 Test Record Number: 4269 Test Date: 06/06/2024 Test Time: 11:29am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:30am

Printer Tests

Test	Status	Time
PRNT	Pass	11:30am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:31am
CAL	Pass	11:31am

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	I 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 6 day of 500E , 2024 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.

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

DHHS 4080 (04/20)

DAVIDSON COUNTY THOMASVILLE PD 280

Serial Number: 008872 Test Date: 06/06/2024

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

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

Analyst's Name: Oligmueller, Leo A Permit Number: 0035-3799 Effective: 10/01/2023-10/01/2025

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

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

Test	g/210L	Time
DIAG	Pass	1:25pm
AIR BLK	.00	1:26pm
ACCY CHK	.08	1:27pm
AIR BLK	.00	1:28pm
SUB TEST	.00	1:29pm
AIR BLK	.00	1:30pm
SUB TEST	.00	1:31pm
AIR BLK	.00	1:32pm

Reported AC: .00 g/210L

Court CVR

DAVIDSON COUNTY THOMASVILLE PD 280

Serial Number: 008872 Test Record Number: 1805 Test Date: 06/06/2024 Test Time: 1:35pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:35pm
FLO	Pass	1:36pm
FC	Pass	1:36pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:36pm
SRC	Pass	1:36pm
DET	Pass	1:36pm
BAR	Pass	1:36pm
BT	Pass	1:36pm

Blank Tests

Test	Status	Time	
AIR	Pass	1:36pm	

Printer Tests

P	inter Tes	LB
Test	Status	Time
PRNT	Pass	1:36pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:37pm

Preventive Maintenance Status: Pass

Pass

1:37pm

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

DAVIDSON COUNTY LEXINGTON PD 280

Serial Number: 008883 Test Date: 06/06/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Oligmueller, Leo A

Permit Number: 0035-3799

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	11:54am
AIR BLK	.00	11:55am
ACCY CHK	.08	11:55am
AIR BLK	.00	11:56am
SUB TEST	.00	11:57am
AIR BLK	.00	11:58am
SUB TEST		12:00pm
AIR BLK	.00	12:00pm

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

DAVIDSON COUNTY LEXINGTON PD 280

Serial Number: 008883 Test Record Number: 2834 Test Date: 06/06/2024 Test Time: 12:02pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:02pm
FLO	Pass	12:02pm
FC	Pass	12:02pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:02pm
SRC	Pass	12:02pm
DET	Pass	12:02pm
BAR	Pass	12:02pm
BT	Pass	12:02pm

Blank Tests

Test	Status	Time
AIR	Pass	12:03pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:03pm

CRC Tests

Test	Status	Time
COMP	Pass	12:03pm
CAL	Pass	12:03pm

Preventive Maintenance Status: Pass

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

(1)	breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	North Samuel Rolling Samuel Ann
77.000	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When *PLEASE BLOW* appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program 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.
were perfo	t on the 12 day of JUNE, 2024 the forgoing preventive maintenance procedure med on the instrument indicated above, in accordance with current regulations of the N.C. Department of Healt Services, and the instrument is functioning properly.

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

DAVIE COUNTY DAVIE COUNTY JAIL 290

Serial Number: 008905 Test Date: 06/12/2024

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

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

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

Analyst's Name: Oligmueller, Leo A Permit Number: 0035-3799 Effective: 10/01/2023-10/01/2025

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

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

Test	g/210L	Time
DIAG	Pass	9:18am
AIR BLK	.00	9:19am
ACCY CHK	.08	9:19am
AIR BLK	.00	9:20am
SUB TEST	.00	9:21am
AIR BLK	.00	9:22am
SUB TEST	.00	9:23am
AIR BLK	.00	9:24am

.00 g/210L Reported AC:

> Analyst Chemical

Court CVR

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

Department of Health and Human Services

DAVIE COUNTY DAVIE COUNTY JAIL 290

Serial Number: 008905 Test Record Number: 3029 Test Date: 06/12/2024 Test Time: 9:25am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:25am
FLO	Pass	9:25am
FC	Pass	9:25am

Temperature Tests

Test	Status	Time
FC1	Pass	9:25am
SRC	Pass	9:25am
DET	Pass	9:25am
BAR	Pass	9:25am
BT	Pass	9:25am

Blank Tests

Test	Status	Time
AIR	Pass	9:26am

Printer Tests

Test	Status	Time
PRNT	Pass	9:26am
	CRC Tests	

Test	Status	Time
COMP	Pass	9:26an
CAL	Pass	9:26an

Preventive Maintenance Status: Pass

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

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

т	COUNTY TO COUNTY OF THE PROPERTY OF THE PROPER	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:	ch
St	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcohol	ic
		breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;	
	(2)	Verify instrument displays time and date;	
	(3)	Initiate breath test sequence;	
	(4)	Enter information as prompted;	
	(5)	Verify instrument accuracy;	
	(6)	When "PLEASE BLOW" appears, collect breath sample;	
	(7)	When "PLEASE BLOW" appears, collect breath sample;	
	(8)	Print test record;	
	(9)	Run diagnostic program 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 simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.	
V		17th -1	
		Signature of Certifying Official Certificate Number	

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

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

> Serial Number: 008603 Test Date: 06/17/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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	12:28pm
AIR BLK	.00	12:29pm
ACCY CHK	.07	12:29pm
AIR BLK	.00	12:30pm
SUB TEST	.00	12:31pm
AIR BLK	.00	12:32pm
SUB TEST	.00	12:34pm
AIR BLK	.00	12:35pm

Reported AC: .00 g/210L

Signature of Cherical 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

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008603 Test Record Number: 2441 Test Date: 06/17/2024 Test Time: 12:37pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:37pm
FLO	Pass	12:37pm
FC	Pass	12:37pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:37pm
SRC	Pass	12:37pm
DET	Pass	12:37pm
BAR	Pass	12:37pm
BT	Pass	12:37pm

Blank Tests

Test	Status	Time
AIR	Pass	12:38pm

Printer Tests

T	est	St	atus	Time
P	RNT	Pa	ss	12:38pm
		CRC	Tests	
T	est	st	atus	Time
C	OMP	Pa	iss	12:38pm

Pass

12:38pm

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 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 Seri	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with
serial number 1	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 17 day of
and Human Ser	Signature of Certifying Official Certificate Number

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

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

> Serial Number: 008663 Test Date: 06/17/2024

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

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

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

Analyst's Name: Chappell, Mark A
Permit Number: 0020-6272
Effective:
10/01/2023-10/01/2025

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

Lot Number: AG308004 Exp Date: 03/21/2025

Test	g/210L	Time
DIAG	Pass	12:18pm
AIR BLK	.00	12:19pm
ACCY CHK	.08	12:20pm
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/2/0L

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

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008663 Test Record Number: 3703 Test Date: 06/17/2024 Test Time: 12:26pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:26pm 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
AIR	Pass	12:27pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:27pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:27pm

Preventive Maintenance Status: Pass

Pass

12:27pm

CAL

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

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

In	strument Seri	al No. 008650 DEPARTMENT
Ti	he preventive rial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	(2)	Verify instrument displays time and date;
	(3)	Initiate breath test sequence;
	(4)	Enter information as prompted;
	(5)	Verify instrument accuracy;
	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
WC	ertify that on re performed d Human Serv	the 27 th day of
CENTRAL		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)

FORSYTH COUNTY KERNERSVILLE PD 330

Serial Number: 008650 Test Date: 06/27/2024

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

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

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

Analyst's Name: Oligmueller, Leo A Permit Number: 0035-3799 Effective: 10/01/2023-10/01/2025

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

> > Lot Number: AG308702 Exp Date: 03/28/2025

Test	g/210L	Time
DIAG	Pass	10:11am
AIR BLK	.00	10:12am
ACCY CHK	.08	10:12am
AIR BLK	.00	10:13am
SUB TEST	.00	10:14am
AIR BLK	.00	10:15am
SUB TEST	-00	10:18am
AIR BLK	.00	10:19am

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

Rev. 12/2007

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FORSYTH COUNTY KERNERSVILLE PD 330

Serial Number: 008650 Test Record Number: 2286 Test Date: 06/27/2024 Test Time: 10:20am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:20am
FLO	Pass	10:20am
FC	Pass	10:20am

Temperature Tests

Test	Status	Time
FC1	Pass	10:20am
SRC	Pass	10:20am
DET	Pass	10:20am
BAR	Pass	10:20am
BT	Pass	10:20am

Blank Tests

Test	Status Pass	Time	
AIR		10:21ar	

Printer Tests

Test	Status	Time
PRNT	Pass	10:21am
	CRC Tests	

Test	Status	Time
COMP	Pass	10:21am
CAL	Pass	10:21am

Preventive Maintenance Status: Pass

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

Analyst

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

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

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

FORSYTH COUNTY BAT MOBILE REGION 4 330

Serial Number: 008736 Test Date: 06/09/2024

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

Analyst's Name: 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	3:40pm
AIR BLK	.00	3:41pm
ACCY CHK	.08	3:41pm
AIR BLK	.00	3:42pm
SUB TEST	.00	3:43pm
AIR BLK	.00	3:44pm
SUB TEST	.00	3:45pm
AIR BLK	.00	3:46pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst Analyst

FORSYTH COUNTY BAT MOBILE REGION 4 330

Serial Number: 008736 Test Record Number: 1250 Test Date: 06/09/2024 Test Time: 3:49pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO FC	Pass Pass	3:50pm 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
PRNT	Pass	3:51pm
	CRC Tests	

Test	Status	Time
COMP	Pass	3:51pm
CAL	Pass	3:51pm

Preventive Maintenance Status: Pass

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

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;
	Verify instrument accuracy;
(5)	
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the 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 9 day of 0000, 3000 day of 0000 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.

FORSYTH COUNTY BAT MOBILE REGION 4 330

Serial Number: 008775 Test Date: 06/09/2024

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

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	3:35pm
AIR BLK	.00	3:36pm
ACCY CHK	.07	3:37pm
AIR BLK	.00	3:38pm
SUB TEST	.00	3:38pm
AIR BLK	.00	3:39pm
SUB TEST	.00	3:41pm
AIR BLK	.00	3:41pm
		CONTRACTOR SECURIOR S

Reported AC: ,00 g/210L

Signature of Chemical Analyst

Court CVR

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

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FORSYTH COUNTY BAT MOBILE REGION 4 330

Serial Number: 008775 Test Record Number: 2098 Test Date: 06/09/2024 Test Time: 3:44pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:44pm 3:44pm
FC	Pass	3:45pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:45pm
SRC	Pass	3:45pm
DET	Pass	3:45pm
BAR	Pass	3:45pm
BT	Pass	3:45pm

Blank Tests

Test	Status	Time
AIR	Pass	3:45pm

Printer Tests

rest	Status	Time
PRNT	Pass	3:45pm

CRC Tests

Test	Status	Time
COMP	Pass	3:46pm
CAL	Pass	3:46pm

Preventive Maintenance Status: Pass

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

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

FORSYTH COUNTY BAT MOBILE REGION 4 330

Serial Number: 008816 Test Date: 06/09/2024

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

Analyst's Name: 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	3:19pm
AIR BLK	.00	3:20pm
ACCY CHK	.08	3:20pm
AIR BLK	.00	3:21pm
SUB TEST	.00	3:22pm
AIR BLK	.00	3:23pm
SUB TEST	.00	3:24pm
AIR BLK	.00	3:25pm

Reported AC:

00 g/210L

Signature of Chemical Analyst

Court CVR

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FORSYTH COUNTY BAT MOBILE REGION 4 330

Serial Number: 008816 Test Record Number: 7707

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:27pm 3:27pm
FC	Pass	3:27pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	3:28pm

Printer Tests

Test Status mi-

Test	Status	Time
PRNT	Pass	3:28pm
	CRC Tests	

Test	Status	Time
COMP	Pass	3:28pm
CAL	Pass	3:28pm

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 C	aston Instrument Location Gaston County Jointon County Joint County Jointon County Joint County Jointon County
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.
were performed	the 24th day of

Signature of Certifying Official Certificate Number

GASTON COUNTY GASTON COUNTY SO 350

Serial Number: 008684 Test Date: 06/24/2024

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

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

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

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

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

Lot Number: AG308003 Exp Date: 03/21/2025

Test	g/210L	Time
DIAG	Pass	11:31am
AIR BLK	.00	11:32am
ACCY CHK	.07	11:32am
AIR BLK	.00	11:34am
SUB TEST	.00	11:34am
AIR BLK	.00	11:35am
SUB TEST	.00	11:37am
AIR BLK	.00	11:38am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

GASTON COUNTY GASTON COUNTY SO 350

Serial Number: 008684 Test Record Number: 6287
Test Date: 06/24/2024 Test Time: 11:38am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:38am
FLO	Pass	11:38am
FC	Pass	11:38am

Temperature Tests

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

Blank Tests

Test	Status	Time	
ATD	Page	11:39am	

Printer Tests

Test	Status	Time
DDM	Dage	11:39am
PRNT	Pass	11.374111

	CRC Tests	
Test	Status	Time
COMP	Pass Pass	11:39am 11:39am

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.
were performed	the 26 day of 10 ne, 2024 the forgoing preventive maintenance procedures don the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rvices, and the instrument is functioning properly.
	8 Pol R Cuth 635
	Signature of Certifying Official Certificate Number

GRAHAM COUNTY GRAHAM COUNTY SD 370

Serial Number: 008915 Test Date: 06/26/2024

Citation Number: M0000000-0 Subject's Name:

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

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

Analyst's Name: Cutler, Daniel R
Permit Number: 0084-3310
Effective:
10/01/2023-10/01/2025

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

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

Test	g/210L	Time
DIAG	Pass	11:58am
AIR BLK	.00	11:59am
ACCY CHK	.08	11:59am
AIR BLK	.00	12:00pm
SUB TEST	.00	12:01pm
AIR BLK	.00	12:02pm
SUB TEST	.00	12:03pm
AIR BLK	.00	12:04pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

GRAHAM COUNTY GRAHAM COUNTY SD 370

Serial Number: 008915 Test Record Number: 955 Test Date: 06/26/2024 Test Time: 12:05pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	12:06pm
SRC	Pass	12:06pm
DET	Pass	12:06pm
BAR	Pass	12:06pm
BT	Pass	12:06pm

Blank Tests

Test	Status	Time
AIR	Pass	12:06pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:07pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:07pm

Pass 12:07pm

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 Seri	ial No. 008601 Instrument Location BAT Mobile Region 4 Greensboro PD
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the 20 day of, 2024 the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rvices, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

GUILFORD COUNTY BAT MOBILE REGION 4 400

> Serial Number: 008601 Test Date: 06/20/2024

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

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

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

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

Test	g/210L	Time
DIAG	Pass	10:23pm
AIR BLK	.00	10:24pm
ACCY CHK	.08	10:25pm
AIR BLK	.00	10:26pm
SUB TEST	.00	10:26pm
AIR BLK	.00	10:27pm
SUB TEST	.00	10:30pm
AIR BLK	.00	10:31pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

GUILFORD COUNTY BAT MOBILE REGION 4 400

Serial Number: 008601 Test Record Number: 1591 Test Date: 06/20/2024 Test Time: 10:32pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	10:33pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time	
AIR	Pass	10:34pm	

Printer Tests

Test

CAL

PRNT	Pass	10:34pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:34pm

Status Time

10:34pm

Preventive Maintenance Status: Pass

Pass

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

Department of Health and Human Services Rev. 12/2007

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 performe	the 24 TH day of JUNE

GUILFORD COUNTY HIGH POINT JAIL 400

Serial Number: 008655 Test Date: 06/24/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Oligmueller, Leo A
Permit Number: 0035-3799
Effective:
10/01/2023-10/01/2025

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

> Lot Number: AG303001 Exp Date: 01/30/2025

Test	g/210L	Time
DIAG	Pass	12:14pm
AIR BLK	.00	12:15pm
ACCY CHK	.08	12:16pm
AIR BLK	.00	12:17pm
SUB TEST	and the second	12:18pm
AIR BLK	.00	12:19pm
SUB TEST		12:20pm
ATR BLK	.00	12:21pm

Reported AC: .00 g/210L

Chemical Analyst

Court CVR

GUILFORD COUNTY HIGH POINT JAIL 400

Serial Number: 008655 Test Record Number: 4024 Test Date: 06/24/2024 Test Time: 12:22pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:23pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:23pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:23pm 12:23pm

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)

d number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced w 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoho- breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program 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.
performed	the 20_day of

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

DHHS 4080 (04/20)

GUILFORD COUNTY BAT MOBILE REGION 4

Serial Number: 008736 Test Date: 06/20/2024

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

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

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

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

Test	g/210L	Time
DIAG	Pass	10:30pm
AIR BLK	.00	10:31pm
ACCY CHK	.08	10:31pm
AIR BLK	.00	10:32pm
SUB TEST	.00	10:33pm
AIR BLK	.00	10:34pm
SUB TEST	.00	10:35pm
AIR BLK	.00	10:36pm

Reported AC: .00 g/210L

Court CVR

Jan School

GUILFORD COUNTY BAT MOBILE REGION 4 400

Serial Number: 008736 Test Record Number: 1252 Test Date: 06/20/2024 Test Time: 10:38pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO FC	Pass Pass Pass	10:38pm 10:38pm
* ~	rass	10:39pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:39pm
SRC	Pass	10:39pm
DET	Pass	10:39pm
BAR	Pass	10:39pm
BT	Pass	10:39pm
		The second secon

Blank Tests

Test	Status	Time
AIR	Pass	10:39pm
	982 W. GREET VE	

Printer Tests

Test	Status	Time
PRNT	Pass	10:39pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:40pm
CAL	Pass	10:40pm

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)

preventive I 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.
fy that on performed uman Ser	the

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

Signature of Certifying Official

GUILFORD COUNTY BAT MOBILE REGION 4

Serial Number: 008775 Test Date: 06/07/2024

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

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

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

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

Test	g/210L	Time
DIAG	Pass	8:20am
AIR BLK	.00	8:21am
ACCY CHK	.07	8:21am
AIR BLK	.00	8:22am
SUB TEST	.00	8:23am
AIR BLK	.00	8:24am
SUB TEST	.00	8:25am
AIR BLK	.00	8:26am

Reported AC: .00 g/210L

Court CVR

GUILFORD COUNTY BAT MOBILE REGION 4 400

Serial Number: 008775 Test Record Number: 2089
Test Date: 06/07/2024 Test Time: 8:30am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	8:30am 8:30am
FC	Pass	8:30am

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	8:30am 8:30am
DET	Pass	8:30am
BT	Pass	8:30am 8:30am

Blank Tests

Test	Status	Time
AIR	Pass	8:31am

Printer Tests

Test	Status	Time
PRNT	Pass	8:31am
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	8:31am 8:31am

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)

Instrument Ser	ial No. 008775 Instrument Location BAT Mobile Region 4 Greensboro PD
The preventive	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with
(1)	10,000 or higher) to be followed at least once every four months are: Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic
	breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the 20 day of, 2024 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

GUILFORD COUNTY BAT MOBILE REGION 4 400

> Serial Number: 008775 Test Date: 06/20/2024

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

Driver's License Number: NONE

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

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

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

Test	g/210L	Time
DIAG	Pass	10:36pm
AIR BLK	.00	10:37pm
ACCY CHK	.07	10:37pm
AIR BLK	.00	10:38pm
SUB TEST	.00	10:41pm
AIR BLK	.00	10:42pm
SUB TEST	.00	10:43pm
AIR BLK	.00	10:44pm

Reported AC: .00 g/210L

Court CVR

- Suy Dollargeer D

GUILFORD COUNTY BAT MOBILE REGION 4 400

Serial Number: 008775 Test Record Number: 2105 Test Date: 06/20/2024 Test Time: 10:45pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:46pm
FC	Pass	10:46pm 10:46pm

Temperature Tests

Status	Time
Pass	10:46pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	10:47pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:47pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:47pm
CAL	Pass	10.47nm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with soviel

	rial No. 003816 Instrument Location BAT Mobile Region 4 Gibsonville PD
preventive al number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced wit 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholi breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
performed	the

Certificate Number

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

DHHS 4080 (04/20)

GUILFORD COUNTY BAT MOBILE REGION 4

Serial Number: 008816 Test Date: 06/07/2024

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

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

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

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

Test	g/210L	Time
DIAG	Pass	8:19am
AIR BLK	.00	8:20am
ACCY CHK	.08	8:21am
AIR BLK	.00	8:22am
SUB TEST	.00	8:23am
AIR BLK	.00	8:23am
SUB TEST	.00	8:25am
AIR BLK	.00	8:26am

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

GUILFORD COUNTY BAT MOBILE REGION 4 400

Serial Number: 008816 Test Record Number: 7705

System Check: Passed

Baseline Tests

Status	Time
Pass Pass Pass	8:27am 8:27am 8:27am
	Pass Pass

Temperature Tests

Test	Status	Time
FC1	Pass	8:27am
SRC	Pass	8:27am
DET	Pass	8:27am
BAR	Pass	8:27am
BT	Pass	8:27am

Blank Tests

Test	Status	Time
AIR	Pass	8:27am

Printer Tests

Test	Status	Time
PRNT	Pass	8:28am
	CRC Tests	
Took	ar in	12220000

1000000	Scacus	Time
COMP	Pass Pass	8:28am 8:28am
	- 4400	0.204111

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)

	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 othanol gas canister is being changed before 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 Twe . 20 24 the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.

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

DHHS 4080 (04/20)

GUILFORD COUNTY HIGH POINT PD 401

Serial Number: 008828 Test Date: 06/24/2024

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

Analyst's Name: Oligmueller, Leo A
Permit Number: 0035-3799
Effective:
10/01/2023-10/01/2025

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

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

Test		g/210L	Time
DIAG	;	Pass	2:02pm
AIR	BLK	.00	2:03pm
ACCY	CHK	.08	2:04pm
AIR	BLK	.00	2:05pm
SUB	TEST	.00	2:06pm
AIR	BLK	.00	2:06pm
SUB	TEST	.00	2:08pm
AIR	BLK	.00	2:09pm

Reported AC: .00 g/210L

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

GUILFORD COUNTY HIGH POINT PD 401

Serial Number: 008828 Test Record Number: 4546 Test Date: 06/24/2024 Test Time: 2:10pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time	
AIR		2:11pm	
ALK	Pass	2:110	

Printer Tests

Test	Status	Time
PRNT	Pass	2:11pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:11pm
CAT	Dage	2 . 1 1 mm

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_H	enderson Instrument Location Henderson County Detendier
Instrument Se	erial No.008806 Hendersonville, NC
The preventive serial number	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced wit 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholi breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on were performed and Human Ser	the 3 day of
	Signature of Certifying Official Certificate Number

HENDERSON COUNTY HENDERSON COUNTY DETENTION 440

> Serial Number: 008806 Test Date: 06/03/2024

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	11:50am
AIR BLK	.00	11:50am
ACCY CHK	.08	11:51am
AIR BLK	.00	11:52am
SUB TEST	.00	11:53am
AIR BLK	.00	11:54am
SUB TEST	.00	11:55am
AIR BLK	.00	11:56am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

HENDERSON COUNTY HENDERSON COUNTY DETENTION 440

Serial Number: 008806 Test Record Number: 3647 Test Date: 06/03/2024 Test Time: 11:57am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time	
AIR	Pass	11:58am	

Printer Tests

Test	Status	Time
PRNT	Pass	11:58am
	CRC Tests	

Test	Status	Time
COMP	Pass Pass	11:58am 11:58am

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.009822 Henderson ville, 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 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 3 day of 7,20 1 the forgoing preventive maintenance procedures ton 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: 06/03/2024

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Loftis, Benjamin C Permit Number: 0024-4987 Effective:

10/01/2023-10/01/2025

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

Test Type: Breath Test

Lot Number: AG308004 Exp Date: 03/21/2025

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

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

HENDERSON COUNTY HENDERSON COUNTY DETENTION 440

Serial Number: 008822 Test Record Number: 3406 Test Date: 06/03/2024 Test Time: 11:56am EDT

System Check: Passed

Baseline Tests

Status	Time
Pass	11:56am
Pass	11:56am
Pass	11:56am
	Pass Pass

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	11:57am	

Printer Tests

Test	Status	Time
PRNT	Pass	11:57am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:57am
CAL	Pass	11:57am

Preventive Maintenance Status: Pass

Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL 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 serial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the 13 day of 2000, 2000 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.

IREDELL COUNTY BAT MOBILE REGION 4 480

Serial Number: 008775 Test Date: 06/13/2024

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

Analyst's Name: 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	9:12pm
AIR BLK	.00	9:13pm
ACCY CHK	.07	9:13pm
AIR BLK	.00	9:14pm
SUB TEST	.00	9:15pm
AIR BLK	.00	9:16pm
SUB TEST	.00	9:17pm
AIR BLK	.00	9:18pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Elstone

IREDELL COUNTY BAT MOBILE REGION 4 480

Serial Number: 008775 Test Record Number: 2100 Test Date: 06/13/2024 Test Time: 9:20pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:20pm
FLO	Pass	9:20pm
FC	Pass	9:20pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:20pm
SRC	Pass	9:20pm
DET	Pass	9:20pm
BAR	Pass	9:20pm
BT	Pass	9:20pm
		EPOCHONINGCO PRO INC.

Blank Tests

Test	Status	Time
AIR	Pass	9.21 mm

Printer Tests

Test	Status	Time
PRNT	Pass	9:21pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:21pm 9:21pm

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 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
were performe	the 13 day of June. 2024 the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rvices, and the instrument is functioning properly.

IREDELL COUNTY BAT MOBILE REGION 4 480

Serial Number: 008929 Test Date: 06/13/2024

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

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

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

Analyst's Name: 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	9:10pm
AIR BLK	.00	9:11pm
ACCY CHK	.07	9:12pm
AIR BLK	.00	9:13pm
SUB TEST	.00	9:14pm
AIR BLK	.00	9:15pm
SUB TEST	.00	9:16pm
AIR BLK	.00	9:17pm

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
Department of Health and Human Services

Rev. 12/2007

IREDELL COUNTY BAT MOBILE REGION 4 480

Serial Number: 008929 Test Record Number: 1402 Test Date: 06/13/2024 Test Time: 9:20pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:21pm
FLO	Pass	9:21pm
FC	Pass	9:21pm

Temperature Tests

Status	Time
Pass	9:21pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	9:22pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:22pm
	CRC Tests	
Test	Status	Time
COMP	Pass	9:22pm

Preventive Maintenance Status: Pass

Pass

9:22pm

CAL

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DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Ja	al No. 008708 Instrument Location Jackson County Jail
Instrument Seri	1 No. 008708 5xlva, NC
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the Z // day of J/ne, 20 2 // 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

JACKSON COUNTY JAIL 490

Serial Number: 008708 Test Date: 06/24/2024

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

Analyst's Name: Cutler, Daniel R
Permit Number: 0084-3310
Effective:
10/01/2023-10/01/2025

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

Lot Number: AG303101 Exp Date: 01/31/2025

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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JACKSON COUNTY JAIL 490

Serial Number: 008708 Test Record Number: 1942 Test Date: 06/24/2024 Test Time: 1:10pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:11pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:11pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:11pm

Preventive Maintenance Status: Pass

Pass

1:11pm

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)

	maintenance procedures for the Intoximeters, Model Intox EC/IR II and M 0,000 or higher) to be followed at least once every four months are:	fodel Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square in breath simulator thermometer shows 34 degrees, plus or minus .2 degre	och (psi) of pressure, or the alcoholic e centigrade;
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of	"Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expir simulator solution is being changed every four months or after 125 whichever occurs first.	
I certify that on were performed and Human Ser	the <u>Z</u> <u>Y</u> day of <u>Tane</u> , 20 <u>Z</u> <u>Y</u> the forgoing on the instrument indicated above, in accordance with current regulation vices, and the instrument is functioning properly.	preventive maintenance procedures as of the N.C. Department of Health
10 mm		

JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008722 Test Date: 06/24/2024

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

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

Analyst's Name: Cutler, Daniel R
Permit Number: 0084-3310
Effective:
10/01/2023-10/01/2025

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

Lot Number: AG303101 Exp Date: 01/31/2025

Test	g/210L	Time
DIAG	Pass	12:57pm
AIR BLK	.00	12:58pm
ACCY CHK	.07	12:59pm
AIR BLK	.00	1:00pm
SUB TEST	.00	1:00pm
AIR BLK	.00	1:01pm
SUB TEST	.00	1:03pm
ATR BLK	.00	1:04pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Dif R. att

JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008722 Test Record Number: 1530 Test Date: 06/24/2024 Test Time: 1:06pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:06pm
FLO	Pass	1:06pm
FC	Pass	1:06pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:07pm
SRC	Pass	1:07pm
DET	Pass	1:07pm
BAR	Pass	1:07pm
BT	Pass	1:07pm

Blank Tests

Test	Status	Time
AIR	Pass	1:07pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:07pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:07pm
CAL	Pass	1:07pm

Preventive Maintenance Status: Pass

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DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

Instrument Seri	al No 00872 Detention Center
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
	the 13 day of 2000, 2004 the forgoing preventive maintenance procedure 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

JOHNSTON COUNTY DETENTION CENTER 500

Serial Number: 008721 Test Date: 06/13/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Garner, Joel K

Permit Number: 0036-5156

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS Test Type: Breath Test

Lot Number: AG308703 Exp Date: 03/28/2025

Test	g/210L	Time
DIAG	Pass	9:17am
AIR BLK	.00	9:17am
ACCY CHK	.07	9:18am
AIR BLK	.00	9:19am
SUB TEST	.00	9:19am
AIR BLK	.00	9:20am
SUB TEST	.00	9:22am
ATR BLK	.00	9.23am

Reported AC: .00 g/210L

ignature of Chemical Analyst

Court CVR

Analyst

JOHNSTON COUNTY DETENTION CENTER 500

Serial Number: 008721 Test Record Number: 1761 Test Date: 06/13/2024 Test Time: 9:23am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:24am
FLO	Pass	9:24am
FC	Pass	9:24am

Temperature Tests

Test	Status	Time
FC1	Pass	9:24am
SRC	Pass	9:24am
DET	Pass	9:24am
BAR	Pass	9:24am
BT	Pass	9:24am

Blank Tests

Test	Status	Time
AIR	Pass	9:25ar

Printer Tests

Test	Status	Time
PRNT	Pass	9:25am
	CRC Tests	
Test	Status	Time
COMP	Pass	9:25am
CAL	Pass	9:25am

Preventive Maintenance Status: Pass

Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

CountyInstrument Ser	ial No. 008870 Instrument Location Johnston Country Detention Center
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on were performed and Human Ser	the day of day o
No. of Concession, Name of Street, or other Persons, Name of Street, or ot	Signature of Certifying Official Certificate Number

JOHNSTON COUNTY DETENTION CENTER 500

Serial Number: 008810 Test Date: 06/13/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Garner, Joel K Permit Number: 0036-5156 Effective: 10/01/2023-10/01/2025

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

Lot Number: AG308703 Exp Date: 03/28/2025

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

Analyst

JOHNSTON COUNTY DETENTION CENTER 500

Serial Number: 008810 Test Record Number: 5904 Test Date: 06/13/2024 Test Time: 9:28am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:28am
FLO	Pass	9:28am
FC	Pass	9:29am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	9:29am

Printer Tests

Test	Status	Time
PRNT	Pass	9:29am
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	9:29am

Preventive Maintenance Status: Pass

Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

seria	l number 10	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced v 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;
	(2)	Verify instrument displays time and date;
	(3)	Initiate breath test sequence;
	(4)	Enter information as prompted;
	(5)	Verify instrument accuracy;
	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic bre simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator te- whichever occurs first.
were	tify that on performed Human Ser	the 19 day of 1474 269 the forgoing preventive maintenance procedule on the instrument indicated above, in accordance with current regulations of the N.C. Department of Hervices, and the instrument is functioning properly.

LENOIR COUNTY KINSTON PD 530

Serial Number: 008624 Test Date: 06/14/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	1:15pm
AIR BLK	.00	1:16pm
ACCY CHK	.07	1:17pm
AIR BLK	.00	1:18pm
SUB TEST		1:19pm
AIR BLK	.00	1:20pm
SUB TEST	.00	1:21pm
AIR BLK	.00	1:22pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

LENGIR COUNTY KINSTON PD 530

Serial Number: 008624 Test Record Number: 2270 Test Date: 06/14/2024 Test Time: 1:23pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:23pm 1:23pm
FC	Pass	1:23pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:23pm
SRC	Pass	1:23pm
DET	Pass	1:23pm
BAR	Pass	1:23pm
BT	Pass	1:23pm

Blank Tests

Test	Status	Time
	Deser	1.24-

Printer Tests

P.1	THICAL 162	Ca
Test	Status	Time
PRNT	Pass	1:24pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	1:24pm 1:24pm

Preventive Maintenance Status: Pass

Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; (2) Verify instrument displays time and date; (3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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) (3) (4) (5) (6) (7) (8) (9) (10)	Verify instrument displays time and date; Initiate breath test sequence; Enter information as prompted; Verify instrument accuracy;
(3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.	(3) (4) (5) (6) (7) (8) (9) (10)	Initiate breath test sequence; Enter information as prompted; Verify instrument accuracy;
(4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. 1 certify that on the	(4) (5) (6) (7) (8) (9) (10)	Enter information as prompted; Verify instrument accuracy;
(5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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) (6) (7) (8) (9) (10)	Verify instrument accuracy;
(6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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) (7) (8) (9) (10) I certify that on the were performed or	
(8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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) (8) (9) (10) I certify that on the were performed or	When "PLEASE BLOW" appears, collect breath sample;
(8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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) (9) (10) Lecrtify that on the were performed or	
(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. Leertify that on the	(9) (10) I certify that on the were performed or	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	(10) I certify that on the were performed or	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	I certify that on the	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health	were performed or	simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests,
and Human Services, and the instrument is functioning properly.	-	the instrument indicated above, in accordance with current regulations of the N.C. Department of Health
		Kun a lan 643

LENGIR COUNTY LENGIR CO SO 530

Serial Number: 008639 Test Date: 06/14/2024

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	.00	12:38pm 12:39pm 12:39pm 12:40pm 12:41pm
AIR BLK SUB TEST	.00	12:42pm 12:43pm 12:44pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

LENGIR COUNTY LENGIR CO SO 530

Serial Number: 008639 Test Record Number: 4011 Test Date: 06/14/2024 Test Time: 12:45pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:45pm 12:45pm
FC	Pagg	12:46pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:46pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:46pm
	CRC Tests	

Test	Status	Time
COMP	Pass Pass	12:46pm 12:46pm

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 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.
were performed	the 22 day of

LINCOLN COUNTY BAT MOBILE REGION 4 540

Serial Number: 008615 Test Date: 06/22/2024

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

Driver's License 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	5:05pm
AIR BLK	.00	5:06pm
ACCY CHK	.07	5:06pm
AIR BLK	.00	5:07pm
SUB TEST	.00	5:08pm
AIR BLK	.00	5:09pm
SUB TEST	.00	5:11pm
AIR BLK	.00	5:11pm

Reported AC: .00 g/216L

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

Blooms

LINCOLN COUNTY BAT MOBILE REGION 4 540

Serial Number: 008615 Test Record Number: 5926 Test Date: 06/22/2024 Test Time: 5:12pm EDT

System Check: Passed

Baseline Tests

Status	Time
Pass	5:13pm
Pass	5:13pm
Pass	5:13pm
	Pass Pass

Temperature Tests

Test	Status	Time
FC1	Pass	5:13pm
SRC	Pass	5:13pm
DET	Pass	5:13pm
BAR	Pass	5:13pm
BT	Pass	5:13pm
		The second secon

Blank Tests

Test	Status	Time
AIR	Pass	5:13pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:13pm
	CPC Tests	

Test	Status	Time
COMP	Pass	5:14pm
CAL	Pass	5:14pm

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 preventiv	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with
serial number	10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before 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 dad day of, 20 day of
The same	Su Della Con

LINCOLN COUNTY BAT MOBILE REGION 4 540

Serial Number: 008816 Test Date: 06/22/2024

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

Analyst's Name: 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	5:07pm
AIR BLK	.00	5:08pm
ACCY CHK	.07	5:09pm
AIR BLK	.00	5:10pm
SUB TEST	.00	5:11pm
AIR BLK	.00	5:12pm
SUB TEST	.00	5:13pm
AIR BLK	.00	5:14pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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LINCOLN COUNTY BAT MOBILE REGION 4 540

Serial Number: 008816 Test Record Number: 7713

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	5:15pm 5:15pm
FC	Pass	5:15pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:15pm
SRC	Pass	5:15pm
DET	Pass	5:15pm
BAR	Pass	5:15pm
BT	Pass	5:15pm

Blank Tests

Test	Status	Time
AIR	Pass	5:15pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:15pm

CRC Tests

Test	Status	Time
COMP	Pass	5:16pm
CAL	Pass	5:16pm

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)

Instrument Seria	1 No. 008912 305 E. / Williams	
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Mo 0,000 or higher) to be followed at least once every four months are:	odel Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square incorporath simulator thermometer shows 34 degrees, plus or minus .2 degree	
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of "	Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expira simulator solution is being changed every four months or after 125 whichever occurs first.	tion date, or the alcoholic breath Alcoholic Breath Simulator tests,
I certify that on were performed and Human Ser	the 17 day of June, 2024 the forgoing plant on the instrument indicated above, in accordance with current regulations vices, and the instrument is functioning properly.	reventive maintenance procedures s of the N.C. Department of Health
SUATE		101

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008912 Test Date: 06/17/2024

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

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

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

Analyst's Name: Chappell, Mark A
Permit Number: 0020-6272
Effective:
10/01/2023-10/01/2025

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

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

Test	g/210L	Time
DIAG	Pass	10:43am
AIR BLK	.00	10:43am
ACCY CHK	.08	10:44am
AIR BLK	.00	10:45am
SUB TEST	.00	10:46am
AIR BLK	.00	10:47am
SUB TEST	.00	10:49am
AIR BLK	.00	10:50am

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

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008912 Test Record Number: 2149
Test Date: 06/17/2024 Test Time: 10:51am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:51am
FLO	Pass	10:51am
FC	Pass	10:51am

Temperature Tests

Test	Status	Time
FC1	Pass	10:51am
SRC	Pass	10:51am
DET	Pass	10:51am
BAR	Pass	10:51am
BT	Pass	10:51am

Blank Tests

Test	Status	Time
AIR	Pass	10:52am

Printer Tests

Test	Status	Time
PRNT	Pass	10:52am
	CRC Tests	
	W. T	-

Status	Time
Pass	10:52am
Pass	10:52am
	Pass

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)

e preventive ial 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 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.

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

Signature of Certifying Official

MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008702 | Test Date: 06/03/2024

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

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

Test Type: Breath Test

Lot Number: AG308702 Exp Date: 03/28/2025

Test	g/210L	Time
DIAG	Pass	12:26pm
AIR BLK	.00	12:27pm
ACCY CHK	.07	12:27pm
AIR BLK	.00	12:28pm
SUB TEST	.00	12:29pm
AIR BLK	.00	12:30pm
SUB TEST	.00	12:31pm
AIR BLK	.00	12:32pm

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 CMPD LEC 590

Serial Number: 008702 Test Record Number: 2079
Test Date: 06/03/2024 Test Time: 12:33pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
ATD	Dage	12.34nm

Printer Tests

Test	Status	Time
PRNT	Pass	12:34pm
	CRC Tests	

Test	Status	Time	
COMP	Pass	12:34pm	
CAL	Pass	12:34pm	

Preventive Maintenance Status: Pass

Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL 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 Serial No. CCSEST3 CECLULIS IS. The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least 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 33 day of 2024 the forgoing preventive maintenance procedure were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Heal and Human Services, and the instrument is functioning properly. Signature of Certifying Official Certificate Number	County ME	EVIE IRSOC Instr	rument Location Copyline	108.1D
(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 35 day of 30 days in accordance with current regulations of the N.C. Department of Heal and Human Services, and the instrument is functioning properly.	Instrument Ser	ial No. <u>COSST3</u>	Cearles	108 ME.
breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; (2) Verify instrument displays time and date; (3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program 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 33 day of 2024 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.	The preventive serial number	maintenance procedures for the Intoxi 10,000 or higher) to be followed at leas	meters, Model Intox EC/IR II at t once every four months are:	nd 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 3 day of 2024 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.	(1)	Verify the ethanol gas canister disp breath simulator thermometer show	plays at least 51 pounds per squa ws 34 degrees, plus or minus .2 d	are inch (psi) of pressure, or the alcoholic legree 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 Agy day of Agy of A	(2)	Verify instrument displays time an	d 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 day of 3 224 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.	(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 breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first. I certify that on the day of da	(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 breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first. I certify that on the 32 day of 324 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.	(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 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 3 day of 200 , 2024 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.	(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 3 day of 2 24 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.	(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 confir	m preventive maintenance status	s 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.	(10)	simulator solution is being chang		
	were performed	on the instrument indicated above, in	n accordance with current regul	ations of the N.C. Department of Health
	- Que to	Signatur	re of Certifying Official	Certificate Number

MECKLENBURG COUNTY CORNELIUS PD 590

Serial Number: 008573 Test Date: 06/03/2024

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Fleming, Tina S

Permit Number: 0027-4970

Effective:

07/01/2022-07/01/2024

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG225701 Exp Date: 09/14/2024

Test	g/210L	Time
DIAG	Pass	9:22am
AIR BLK	.00	9:23am
ACCY CHK		
AIR BLK	.00	9:24am
SUB TEST	.00	9:25am
AIR BLK	.00	9:26am
SUB TEST	.00	
ATR BLK	.00	9 - 28 am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG COUNTY CORNELIUS PD 590

Serial Number: 008573 Test Record Number: 5594 Test Date: 06/03/2024 Test Time: 9:29am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	9:30am

Printer Tests

Status	Time
Pass	9:30am
	Status

CRC Tests

Test	Status	Time
COMP	Pass	9:30am
CAL	Pass	9:30am

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 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 simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the 3rd day of 400, 2024 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.

Signature of Certifying Official Certificate Number

MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008594 Test Date: 06/03/2024

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

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: AG400303 Exp Date: 01/03/2026

Test	g/210L	Time
DIAG	Pass	12:37pm
AIR BLK	.00	12:37pm
ACCY CHK	.07	12:38pm
AIR BLK	.00	12:39pm
SUB TEST	.00	12:39pm
AIR BLK	.00	12:40pm
SUB TEST	.00	12:42pm
AIR BLK	.00	12:43pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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 CMPD LEC 590

Serial Number: 008594 Test Record Number: 5952 Test Date: 06/03/2024 Test Time: 12:46pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:47pm
FLO	Pass	12:47pm
FC	Pass	12:47pm

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	12:48pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:48pm
	CRC Tests	

Test	Status	Time
COMP	Pass	12:48pm
CAL	Pass	12:48pm

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 1	ecklenburg Instrument Location Mecklenburg County 80 Charlotte, 100
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 3rd day of 400 , 20 24 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.

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

Certificate Number

MECKLENBURG COUNTY SHERIFFS OFFICE 590

Serial Number: 008665 Test Date: 06/03/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	11:45am
AIR BLK	.00	11:46am
ACCY CHK	.08	11:46am
AIR BLK	.00	11:47am
SUB TEST	.00	11:48am
AIR BLK	.00	11:49am
SUB TEST	.00	11:50am
AIR BLK	.00	11:51am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

MECKLENBURG COUNTY SHERIFFS OFFICE 590

Serial Number: 008665 Test Date: 06/03/2024

Test Record Number: 5567 Test Time: 11:52am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:53am

Printer Tests

Test	Status	Time
PRNT	Pass	11:53am
	CRC Tests	

....

Test	Status	Time
1600	Scacus	TIME

COMP Pass 11:53am CAL Pass 11:53am

Preventive Maintenance Status: Pass

1/

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 Mc	al No. 008090 Instrument Location Mecklenburg County & Chov lotte, NOC
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

Signature of Certifying Official

MECKLENBURG COUNTY SHERIFFS OFFICE 590

Serial Number: 008690 Test Date: 06/03/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

Lot Number: AG308702 Exp Date: 03/28/2025

Test	g/210L	Time
DIAG	Pass	11:42am
AIR BLK		11:43am
ACCY CHK	.08	11:43am
AIR BLK	.00	11:44am
SUB TEST	.00	11:45am
AIR BLK	.00	11:46am
SUB TEST	.00	11:47am
ATR BLK		11:48am

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 SHERIFFS OFFICE 590

Serial Number: 008690 Test Record Number: 7396 Test Date: 06/03/2024 Test Time: 11:49am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:49am
FLO	Pass	11:49am
FC	Pass	11:49am

Temperature Tests

Test	Status	Time
FC1	Pass	11:49am
SRC	Pass	11:49am
DET	Pass	11:49am
BAR	Pass	11:49am
BT	Pass	11:49am

Blank Tests

Test	Status	Time
ATR	Pass	11:50am

Printer Tests

Test	Status	Time
PRNT	Pass	11:50am
	CRC Tests	
Test	Status	Time

COMP	Pass	11:50am	
CAL	Pass	11:50am	

Preventive Maintenance Status: Pass

Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

County M	ecklenburg Instrument Location Machines PD Machines, 100
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 alcoholi breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify that on	the 25 day of June . 20 24 the forgoing preventive maintenance procedure

were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



MECKLENBURG COUNTY MATTHEWS PD 590

Serial Number: 008699 Test Date: 06/25/2024

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

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

Lot Number: AG308003 Exp Date: 03/21/2025

Test	g/210L	Time
DIAG	Pass	11:54am
AIR BLK	.00	11:55am
ACCY CHK	.08	11:55am
AIR BLK	.00	11:57am
SUB TEST	.00	11:57am
AIR BLK	.00	11:58am
SUB TEST	.00	12:00pm
AIR BLK	.00	12:01pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

MECKLENBURG COUNTY MATTHEWS PD 590

Serial Number: 008699 Test Record Number: 3282 Test Date: 06/25/2024 Test Time: 12:01pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:01pm
FLO	Pass	12:01pm
FC	Pass	12:01pm

Temperature Tests

Test Status		Time	
FC1	Pass	12:01pm	
SRC	Pass	12:01pm	
DET	Pass	12:01pm	
BAR	Pass	12:01pm	
BT	Pass	12:01pm	

Blank Tests

Test	Status	Time
AIR	Pass	12:02pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:02pm
	CRC Tests	

Test	Status	Time	
COMP	Pass	12:02pm	
CAL	Pass	12:02pm	

Preventive Maintenance Status: Pass

Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

7	KIE BURG		HUNDTERSVIL	
Instrument Sena	IN 008747	_	HULTRESSAL	ie de
		or the Intoximeters, Model		Intox EC/IR II (Enhanced with
(1)		canister displays at least 51 ometer shows 34 degrees, p		pst) of pressure, or the alcoholic stigrade;
(2)	Verify instrument displ	lays time and date,		
(3)	Instrate breath test sequ	ience;		
(4)	Enter information as pr	rompted;		
(5)	Verify instrument accur	racy:		
(6)	When *PLEASE BLOV	W" appears, collect breath s	ample;	
(7)	When *PLEASE BLOV	W" appears, collect breath s	ample;	
(8)	Print test record;			
(9)	Run diagnostic program	n and confirm preventive m	aintenance status of "Pass	s"; and
(10)				date, or the alcoholic breath coholic Breath Simulator tests,
were performed	ne _CBday of on the instrument indicat ices, and the instrument is	ed above, in accordance w		entive maintenance procedures the NC. Department of Health
		a comme		416

MECKLENBURG HUNTERSVILLE PD 590

Serial Number: 008747 Test Date: 06/03/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Fleming, Tina S
Permit Number: 0027-4970
Effective:
07/01/2022-07/01/2024

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

Lot Number: AG400301 Exp Date: 01/03/2026

Test	g/210L	Time
DIAG	Pass	11:19am
AIR BLK	.00	11:20am
ACCY CHK	.08	11:20am
AIR BLK	.00	11:21am
SUB TEST	.00	11:22am
AIR BLK	.00	11:22am
SUB TEST	.00	11:24am
AIR BLK	.00	11:25am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG HUNTERSVILLE PD 590

Serial Number: 008747 Test Record Number: 3281 Test Date: 06/03/2024 Test Time: 11:26am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
ATR	Dage	11-27-0

Printer Tests

Test	Status	Time
PRNT	Pass	11:27am
	CRC Tests	
- mile		

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

Preventive Maintenance Status: Pass

Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

Instrument Seri	al No. 008775 Instrument Location BAT Mobile Region 4 Mint Hill PD
The preventive 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 performed	the 25 day of



Signature of Certifying Official Certificate

MECKLENBURG COUNTY BAT MOBILE REGION 4 590

> Serial Number: 008775 Test Date: 06/25/2024

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

Analyst's Name: 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

g/210L	Time
Pass	8:31pm
.00	8:32pm
.07	8:33pm
.00	8:34pm
.00	8:35pm
.00	8:36pm
.00	8:38pm
.00	8:39pm
	Pass .00 .07 .00 .00

Reported AG: .. 00 g/210b

Signature of Chemical Analyst

Court CVR

MECKLENBURG COUNTY BAT MOBILE REGION 4 590

Serial Number: 008775 Test Record Number: 2110 Test Date: 06/25/2024 Test Time: 8:39pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	8:41pm

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

8:41pm

CAL

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DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

Instrument Ser	rial No. 008316 Instrument Location BAT Mobile Region 4 Mint Hill PD
The preventive serial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the 25 day of, 2024 the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rvices, and the instrument is functioning properly.

MECKLENBURG COUNTY BAT MOBILE REGION 4 590

> Serial Number: 008816 Test Date: 06/25/2024

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

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

Analyst's Name: 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

g/210L	Time
Pass	8:36pm
.00	8:37pm
.07	8:38pm
.00	8:39pm
.00	8:40pm
.00	8:40pm
.00	8:42pm
.00	8:43pm
	Pass .00 .07 .00 .00

Reported AC: , .09 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures

MECKLENBURG COUNTY BAT MOBILE REGION 4 590

Serial Number: 008816 Test Record Number: 7718
Test Date: 06/25/2024 Test Time: 8:43pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:43pm
FLO	Pass	8:44pm
FC	Pass	8:44pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	8:44pm

Printer Tests

resc	Status	Time
PRNT	Pass	8:44pm
	CRC Tests	

Ctatue Time

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

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 with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
were performed	the <u>25</u> day of <u>June</u> , 20 <u>24</u> the forgoing preventive maintenance procedured on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rvices, and the instrument is functioning properly.

MECKLENBURG COUNTY BAT MOBILE REGION 4
590

Serial Number: 008929 Test Date: 06/25/2024

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

Analyst's Name: 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

g/210L	Time
Pass	8:48pm
.00	8:49pm
.07	8:50pm
.00	8:51pm
.00	8:52pm
.00	8:53pm
.00	8:54pm
.00	8:55pm
	Pass .00 .07 .00 .00

Reported AC: ,.00 g/210L

Signature of Chemical Analyst

Court CVR

MECKLENBURG COUNTY BAT MOBILE REGION 4 590

Serial Number: 008929 Test Record Number: 1404

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	8:57pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:57pm
	CRC Tests	
Test	Status	Time
COMP	Pass	8:57pm

8:57pm

8:57pm

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)

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

MONTGOMERY COUNTY DETENTION CENTER 610

Serial Number: 008657 Test Date: 06/17/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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: AG303001 Exp Date: 01/30/2025

Test	g/210L	Time
DIAG	Pass	1:03pm
AIR BLK	.00	1:03pm
ACCY CHK	.08	1:04pm
AIR BLK	.00	1:05pm
SUB TEST	.00	1:07pm
AIR BLK	.00	1:08pm
SUB TEST	.00	1:10pm
AIR BLK	.00	1:11pm

Reported AC: 00 g/210L

Court CVR

Analyst

MONTGOMERY COUNTY DETENTION CENTER 610

Serial Number: 008657 Test Record Number: 2155 Test Date: 06/17/2024 Test Time: 1:14pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:14pm
FLO	Pass	1:14pm
FC	Pass	1:14pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:14pm
SRC	Pass	1:14pm
DET	Pass	1:14pm
BAR	Pass	1:14pm
BT	Pass	1:14pm

Blank Tests

Test	Status	Time
AIR	Pass	1:15pm

Printer Tests

1:15pm
Time
1:15pm 1:15pm

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)

Ti	he preventive rial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	(2)	Verify instrument displays time and date;
	(3)	Initiate breath test sequence;
	(4)	Enter information as prompted;
	(5)	Verify instrument accuracy;
6	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before 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	A DESCRIPTION OF THE PROPERTY	the
100	O'M STATE O	
12	BALLS	
13		
1	0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	9 667
		Signature of Certifying Official Certificate Number

MONTGOMERY COUNTY DETENTION CENTER 610

Serial Number: 008709 Test Date: 06/17/2024

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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: AG303001 Exp Date: 01/30/2025

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

Reported Ac: .00 g/210L

Court CVR



MONTGOMERY COUNTY DETENTION CENTER 610

Serial Number: 008709 Test Record Number: 1490 Test Date: 06/17/2024 Test Time: 1:14pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:14pm 1:14pm
FC	Pass	1:14pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:14pm
SRC	Pass	1:14pm
DET	Pass	1:14pm
BAR	Pass	1:14pm
BT	Pass	1:14pm

Blank Tests

Test	Status	Time
AIR	Pass	1:15p

Printer Tests

Test Status Time

PRNT	Pass	1:15pm

CRC Tests

Test	Status	Time
COMP	Pass	1:15pm
CAL	Pass	1:15pm

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)

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

MOORE COUNTY PINEHURST PD 620

Serial Number: 008710 Test Date: 06/05/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: Galloway, Charles L

Permit Number: 0023-9771

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG308003 Exp Date: 03/21/2025

Test	g/210L	Time
DIAG	Pass	1:14pm
AIR BLK	.00	1:15pm
ACCY CHK	.07	1:15pm
AIR BLK	.00	1:16pm
SUB TEST	.00	1:17pm
AIR BLK	.00	1:18pm
SUB TEST	.00	1:19pm
ATR BLK	-00	1:20mm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MOORE COUNTY PINEHURST PD 620

Serial Number: 008710 Test Record Number: 2154 Test Date: 06/05/2024 Test Time: 1:21pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:22pm

Printer Tests

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

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

Preventive Maintenance Status: Pass



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

C	County_/	100RE Instrument Location SOUTHERN	PINES
I	nstrument Seri	al No. 008 120 FOLICE L	DEVAKTMENT
		maintenance procedures for the Intoximeters, Model Intox EC/IR II and Mo 0,000 or higher) to be followed at least once every four months are:	del Intox EC/IR II (Enhanced with
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inclubreath simulator thermometer shows 34 degrees, plus or minus .2 degree	
	(2)	Verify instrument displays time and date;	
	(3)	Initiate breath test sequence;	
	(4)	Enter information as prompted;	
1	(5)	Verify instrument accuracy;	
P.	(6)	When "PLEASE BLOW" appears, collect breath sample;	
	(7)	When "PLEASE BLOW" appears, collect breath sample;	
	(8)	Print test record;	
	(9)	Run diagnostic program and confirm preventive maintenance status of "P	ass"; and
	(10)	Verify that the ethanol gas canister is being changed before expirat simulator solution is being changed every four months or after 125 whichever occurs first.	
v		the	reventive maintenance procedures of the N.C. Department of Health
	a STATE .		
1	SAL S		
-			117
	S COM VO		1001
		Signature of Certifying Official	Certificate Number

MOORE COUNTY SOUTHERN PINES PD 620

Serial Number: 008720 Test Date: 06/05/2024

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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

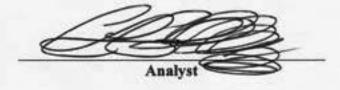
Test Type: Breath Test

Lot Number: AG400301 Exp Date: 01/03/2026

Test	g/210L	Time
DIAG	Pass	11:25am
AIR BLK	.00	11:25am
ACCY CHK	.07	11:26am
AIR BLK	.00	11:27am
SUB TEST	.00	11:27am
AIR BLK	.00	11:28am
SUB TEST	.00	11:30am
AIR BLK	.00	11:31am

Reported AC: .00 g/210L

Court CVR



MOORE COUNTY SOUTHERN PINES PD 620

Serial Number: 008720 Test Record Number: 1471 Test Date: 06/05/2024 Test Time: 11:32am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

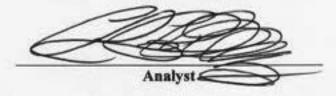
Test	Status	Time
AIR	Pass	11:33am

Printer Tests

Test	Status	Time
PRNT	Pass	11:33am
	CRC Tests	

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

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	MOORE Instrument Location MOORE COUNTY
Instrument Se	Instrument Location MOORE COUNTY erial No. 008735 DETENTION CENTER
The preventiv	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced wit 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholi breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the
	Signature of Certifying Official Certificate Number

MOORE COUNTY DETENTION CENTER 620

Serial Number: 008735 Test Date: 06/05/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

Lot Number: AG308003 Exp Date: 03/21/2025

Test	g/210L	Time
DIAG	Pass	2:28pm
AIR BLK	.00	2:28pm
ACCY CHK	.07	2:29pm
AIR BLK	.00	2:30pm
SUB TEST	.00	2:31pm
AIR BLK	.00	2:32pm
SUB TEST	.00	2:33pm
AIR BLK	.00	2:34pm

Reported AC: .00 g/210L

Court CVR

Analysi

MOORE COUNTY DETENTION CENTER 620

Serial Number: 008735

Test Record Number: 3290 Test Date: 06/05/2024 Test Time: 2:36pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO FC	Pass Pass	2:36pm 2:36pm
At her	Pass	2:36pm

Temperature Tests

Status	Time
Pass	2:36pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	2:37pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:37pm

CRC Tests

Test	Status	Time
COMP	Pass	2:37pm
CAL	Pass	2:37pm

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 NA	Instrument Location Rocky Mount PD
Instrument Ser	Tal No. 008738 330 S. Church ST Rucky Mount, NC
The preventive serial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify that or were performed and Human Ser	the 24 day of 3 www. 20 24the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health revices, and the instrument is functioning properly.
STATE OF	5-6-10 MARKET 10 1 MARKET 10 1 MARKET 10 10 10 10 10 10 10 10 10 10 10 10 10
	EABNA 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)

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008738 Test Date: 06/24/2024

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

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

Analyst's Name: 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: AG400302 Exp Date: 01/03/2026

Test	g/210L	Time
DIAG	Pass	8:40am
AIR BLK	.00	8:41am
ACCY CHK	.07	8:41am
AIR BLK	.00	8:42am
SUB TEST	-00	8:43am
AIR BLK	.00	8:44am
SUB TEST	.00	8:45am
AIR BLK	.00	8:46am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008738 Test Record Number: 1355 Test Date: 06/24/2024 Test Time: 8:47am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

8am
8am
8am
8am
8am

Blank Tests

Test	Status	Time
AIR	Pass	8:49am

Printer Tests

Test	Status	Time
PRNT	Pass	8:49am
	CRC Tests	
Test	Status	Time
COMP	Pass	8:49am
CAL	Pass	8:49am

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 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.
certify that on were performed and Human Ser	the

NEW HANOVER COUNTY BAT MOBILE REGION 4 640

> Serial Number: 008615 Test Date: 06/01/2024

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

Driver's License 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	5:44pm
AIR BLK	.00	5:45pm
ACCY CHK	.07	5:46pm
AIR BLK	.00	5:47pm
SUB TEST	.00	5:48pm
AIR BLK	.00	5:49pm
SUB TEST	.00	5:51pm
AIR BLK	.00	5:52pm

Reported AC: .00 g/210L

Chémical 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

NEW HANOVER COUNTY BAT MOBILE REGION 4 640

Serial Number: 008615 Test Record Number: 5920 Test Date: 06/01/2024 Test Time: 5:52pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	5:53pm
SRC	Pass	5:53pm
DET	Pass	5:53pm
BAR	Pass	5:53pm
BT	Pass	5:53pm

Blank Tests

Test	Status	Time
AIR	Pass	5:54pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:54pm
	CRC Tests	
Test	Status	Time
COMP	Pass	5.54mm

Pass 5:54pm

Preventive Maintenance Status: Pass

CAL

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

The preventive erial 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 performed	the 5 day of JUNE 2024 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.

NEW HANOVER COUNTY DETENTION CENTER 640

> Serial Number: 008617 Test Date: 06/05/2024

Citation Number: M0000000-0
Subject's Name:

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

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

Analyst's Name: GILLESPIE, PENTTI W Permit Number: 9523-2149 Effective: 01/01/2024-01/01/2026

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

> > Lot Number: AG308703 Exp Date: 03/28/2025

Test	g/210L	Time
DIAG	Pass	11:20am
AIR BLK	.00	11:20am
ACCY CHK	.08	11:21am
AIR BLK	.00	11:22am
SUB TEST	.00	11:23am
AIR BLK		11:24am
SUB TEST		11:25am
ATD BLK		11:26am

Reported AC: .0

.00 a/210L

Signature of Chemical Analyst

Court CVR

Analyst

NEW HANOVER COUNTY DETENTION CENTER 640

Serial Number: 008617 Test Record Number: 4923 Test Date: 06/05/2024 Test Time: 11:27am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:28am

Printer Tests

Test	Status	Time
PRNT	Pass	11:28am
	CRC Tests	
Test	Status	Time

COMP Pass 11:29am CAL Pass 11:29am

Preventive Maintenance Status: Pass

Analyst

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

(2) V (3) In (4) Ei (5) V (6) W (7) W (8) Pr (9) Ro	erify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic eath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; erify instrument displays time and date; itiate breath test sequence; inter information as prompted; erify instrument accuracy; Then "PLEASE BLOW" appears, collect breath sample; Then "PLEASE BLOW" appears, collect breath sample; fint test record;
(3) In (4) Ei (5) V (6) W (7) W (8) Pr (9) Ro (10) V	itiate breath test sequence; nter information as prompted; erify instrument accuracy; Then "PLEASE BLOW" appears, collect breath sample; Then "PLEASE BLOW" appears, collect breath sample; Then "PLEASE BLOW" appears, collect breath sample;
(4) Ea (5) V (6) W (7) W (8) Pr (9) Ro (10) V	nter information as prompted; erify instrument accuracy; /hen "PLEASE BLOW" appears, collect breath sample; /hen "PLEASE BLOW" appears, collect breath sample; rint test record;
(5) V (6) W (7) W (8) Pr (9) Ro (10) V	rify instrument accuracy; Then "PLEASE BLOW" appears, collect breath sample; Then "PLEASE BLOW" appears, collect breath sample; Thint test record;
(6) W (7) W (8) Pr (9) Rs (10) V	Then "PLEASE BLOW" appears, collect breath sample; Then "PLEASE BLOW" appears, collect breath sample; That test record;
(7) W (8) Pr (9) Rs (10) V	hen "PLEASE BLOW" appears, collect breath sample; fint test record;
(8) Pr (9) Rs (10) V	rint test record;
(9) R	
(10) V	NAME AND ADMINISTRATION OF THE PROPERTY OF A STATE OF THE PROPERTY OF THE PROP
(10) V	un diagnostic program and confirm preventive maintenance status of "Pass"; and
w	erify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath mulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, hichever occurs first.
were performed on ti	day of JUNE, 2024 the forgoing preventive maintenance procedures the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and the instrument is functioning properly.
and Human Services,	and the instrument is functioning properly.
Cal a	
引到一方面	N/

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

DHHS 4080 (04/20)

NEW HANOVER COUNTY DETENTION CENTER 640

> Serial Number: 008626 Test Date: 06/05/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: GILLESPIE, PENTTI W Permit Number: 9523-2149 Effective: 01/01/2024-01/01/2026

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

> > Lot Number: AG308703 Exp Date: 03/28/2025

Test	g/210L	Time
DIAG	Pass	11:21am
AIR BLK	.00	11:22am
ACCY CHK	.08	11:23am
AIR BLK	.00	11:24am
SUB TEST	.00	11:24am
AIR BLK	.00	11:25am
SUB TEST	.00	11:27am
AIR BLK	.00	11:28am

Reported AC:

00 g/210L

Signature of Chemical 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

NEW HANOVER COUNTY DETENTION CENTER 640

Serial Number: 008626 Test Record Number: 8614 Test Date: 06/05/2024 Test Time: 11:28am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:29am

Printer Tests

Test	Status	Time
PRNT	Pass	11:29am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:29am
CAL	Pass	11:29am

Preventive Maintenance Status: Pass

Analyst

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 witl 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	the 3rd day of June 2024 the forgoing preventive maintenance procedures of the instrument indicated above, in accordance with current regulations of the N.C. Department of Health roices, and the instrument is functioning properly.

NEW HANOVER COUNTY WILMINGTON PD 640

Serial Number: 008628 Test Date: 06/03/2024

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

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

Analyst's Name: Ryan, Robert F
Permit Number: 0084-5023
Effective:
10/01/2023-10/01/2025

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

> Lot Number: AG308702 Exp Date: 03/28/2025

Test	g/210L	Time
DIAG	Pass	6:58pm
AIR BLK	.00	6:58pm
ACCY CHK	.07	6:59pm
AIR BLK	.00	7:00pm
SUB TEST	.00	7:01pm
AIR BLK	.00	7:02pm
SUB TEST	.00	77:03pm
AIR BLK	.00 /	/7:04pm
/ /	, /	/

Reported ACA /.90 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

NEW HANOVER COUNTY WILMINGTON PD 640

Serial Number: 008628 Test Record Number: 6779
Test Date: 06/03/2024 Test Time: 7:07pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	7:07pm
FLO	Pass	7:07pm
FC	Pass	7:07pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:07pm
SRC	Pass	7:07pm
DET	Pass	7:07pm
BAR	Pass	7:07pm
BT	Pass	7:07pm

Blank Tests

Test	Status	Time
AIR	Pass	7:08pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:08pm
	CRC Tests	
Test	Status	Time

lest	Status	TIME
COMP	Pass	7:08pm
CAL	Pass	7:08pm

Preventive Maintenance

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

The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced wide),000 or higher) to be followed at least 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 or were performe and Human Ser	the 6 day of JUNE, 2024 the forgoing preventive maintenance procedures of 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)

NEW HANOVER COUNTY CAROLINA BEACH PD 640

> Serial Number: 008661 Test Date: 06/06/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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: AG400301 Exp Date: 01/03/2026

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	3:06pm
SUB TEST		3:08pm
AIR BLK	.00	3:09pm

Reported 2.00 g/210L

Signature of Chemical 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

NEW HANOVER COUNTY CAROLINA BEACH PD 640

Serial Number: 008661 Test Record Number: 3244
Test Date: 06/06/2024 Test Time: 3:09pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:09pm
FLO	Pass	3:09pm
FC	Pass	3:10pm

Temperature Tests

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

Blank Tests

Test	Status	Time	
AIR	Pass	3:10pm	

Printer Tests

Test	Status	Time
PRNT	Pass	3:10pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:10pm
CAT	Dogwood	2 - 10

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

NEW HANOVER COUNTY BAT MOBILE REGION 4 640

> Serial Number: 008775 Test Date: 06/01/2024

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

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

Analyst's Name: 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	5:46pm
AIR BLK	.00	5:47pm
ACCY CHK	.07	5:47pm
AIR BLK	.00	5:48pm
SUB TEST	.00	5:49pm
AIR BLK	.00	5:50pm
SUB TEST	.00	5:51pm
AIR BLK	.00	5:52pm

Reported AC: .90 g/210L

Signature of Chemical Analyst

Court CVR

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

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NEW HANOVER COUNTY BAT MOBILE REGION 4 640

Serial Number: 008775 Test Record Number: 2086 Test Date: 06/01/2024 Test Time: 5:53pm EDT

System Check: Passed

Baseline Tests

Status	Time
Pass	5:53pm
Pass	5:53pm
Pass	5:53pm
	Pass Pass

Temperature Tests

Test	Status	Time
FC1	Pass	5:53pm
SRC	Pass	5:53pm
DET	Pass	5:53pm
BAR	Pass	5:53pm
BT	Pass	5:53pm

Blank Tests

Test	Status	Time
AIR	Pass	5:54pm

Printer Tests

Test	Status	Time
PRNT	Pass 5:	5:54pm

CRC Tests

Test	Status	Time
COMP	Pass	5:54pm
CAL	Pass	5:54pm

Preventive Maintenance Status: Pass

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

mstrument ser	ial No. 0 0 8788	New Hanove	Lr 50
The preventive serial number	maintenance procedures for the Intoximeters, M 0,000 or higher) to be followed at least once even	lodel Intox EC/IR II and Model ry four months are:	Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at le breath simulator thermometer shows 34 degr	ast 51 pounds per square inch (pees, plus or minus .2 degree cer	osi) of pressure, or the alcoholic stigrade;
(2)	Verify instrument displays time and date;		
(3)	Initiate breath test sequence;		
(4)	Enter information as prompted;		
(5)	Verify instrument accuracy;		
(6)	When "PLEASE BLOW" appears, collect be	eath sample;	
(7)	When "PLEASE BLOW" appears, collect br	eath sample;	
(8)	Print test record;		
(9)	Run diagnostic program and confirm preven	ive maintenance status of "Pass	"; and
(10)	Verify that the ethanol gas canister is be simulator solution is being changed every whichever occurs first.	ing changed before expiration four months or after 125 Alc	date, or the alcoholic breath coholic Breath Simulator tests,
were performed	the day of in accordance on the instrument indicated above, in accordance vices, and the instrument is functioning properly	ice with current regulations of	entive maintenance procedures the N.C. Department of Health
COM SEC.	m ank		665
	Signature of Certi	fying Official	Certificate Number

NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

> Serial Number: 008788 Test Date: 06/01/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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

g/210L	Time
Pass	7:26pm
.00	7:27pm
.08	7:28pm
.00	7:29pm
.00	7:29pm
.00	7:30pm
.00	7:32pm
.00	7:32pm
	Pass .00 .08 .00 .00

Reported Acr .00 g/210L

Signature of Chemical Analyst

Court CVR

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NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008788 Test Record Number: 2218

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	7:34pm
FLO	Pass	7:34pm
FC	Pass	7:34pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:34pm
SRC	Pass	7:34pm
DET	Pass	7:34pm
BAR	Pass	7:34pm
BT	Pass	7:34pm

Blank Tests

Test Status Time

AIR Pass 7:35pm

Printer Tests

Test Status Time

PRNT Pass 7:35pm

CRC Tests

Test Status Time

COMP Pass 7:35pm CAL Pass 7:35pm

Preventive Maintenance Status: Pass

Marks Analyst

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

The preventive serial number 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

Signature of Certifying Official

NEW HANOVER COUNTY BAT MOBILE REGION 4 640

> Serial Number: 008929 Test Date: 06/01/2024

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

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

Analyst's Name: 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	5:47pm
AIR BLK	.00	5:49pm
ACCY CHK	.08	5:49pm
AIR BLK	.00	5:51pm
SUB TEST	.00	5:51pm
AIR BLK	.00	5:52pm
SUB TEST	.00	5:54pm
AIR BLK	.00	5:55pm

Reported AC: 1.00 g/210L

Signature of Chemical Analyst

Court CVR

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

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NEW HANOVER COUNTY BAT MOBILE REGION 4 640

Serial Number: 008929 Test Record Number: 1394 Test Date: 06/01/2024 Test Time: 6:00pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	6:00pm
FLO	Pass	6:00pm
FC	Pass	6:00pm
	20.70	

Temperature Tests

Test	Status	Time
FC1	Pass	6:01pm
SRC	Pass	6:01pm
DET	Pass	6:01pm
BAR	Pass	6:01pm
BT	Pass	6:01pm
		Section 1917 - No. 1997

Blank Tests

Test	Status	Time
AIR	Pass	6:01pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:02pm
	CRC Tests	
Test	Status	Time
COMP	Pass	6:02pm

Preventive Maintenance Status: Pass

Pass

6:02pm

CAL

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

Rev. 12/2007

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

	rial No. 008698 Instrument Location BAT mobile Region 7
The preventive serial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced w 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program 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 simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes whichever occurs first.
were performed	the 28 day of 5

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

Signature of Certifying Official

Certificate Number

ONSLOW COUNTY BAT MOBILE REGION 7 660

Serial Number: 008698 Test Date: 06/28/2024

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

Analyst's Name: 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	10:16pm
AIR BLK	.00	10:17pm
ACCY CHK	.07	10:18pm
AIR BLK	.00	10:19pm
SUB TEST	.00	10:19pm
AIR BLK	.00	10:20pm
SUB TEST	.00	10:22pm
AIR BLK	.00	10:23pm

Signature of Chemical Analyst

Court CVR

Analyst

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ONSLOW COUNTY BAT MOBILE REGION 7 660

Serial Number: 008698 Test Record Number: 2385 Test Date: 06/28/2024 Test Time: 10:24pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:26pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:26pm
	CRC Tests	

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

Preventive Maintenance Status: Pass

Analyst

March

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

County on	law	Instrument Location BAT rob	le Ray con 7
Instrument Ser	ial No. 008788	surf city 10	
The preventive serial number	maintenance procedures for the transfer of the maintenance procedures for the maintenance procedure fo	ne Intoximeters, Model Intox EC/IR II and d at least once every four months are:	Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas can breath simulator thermome	ister displays at least 51 pounds per square eter shows 34 degrees, plus or minus .2 degr	inch (psi) of pressure, or the alcoholic ree centigrade;
(2)	Verify instrument displays	time and date;	
(3)	Initiate breath test sequence	e;	
(4)	Enter information as prom	pted;	
(5)	Verify instrument accuracy	G	
(6)	When "PLEASE BLOW"	appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;		
(8)	Print test record;		
(9)	Run diagnostic program an	d confirm preventive maintenance status of	f "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before 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	d on the instrument indicated a rvices, and the instrument is fur	above, in accordance with current regulation	preventive maintenance procedures ons of the N.C. Department of Health
STAN VEEN	ma	ALCOHOL STATE OF THE STATE OF T	665
		Signature of Certifying Official	Certificate Number

Certificate Number

ONSLOW COUNTY BAT MOBILE REGION 7 660

Serial Number: 008788 Test Date: 06/28/2024

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

Analyst's Name: 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	11:03pm
AIR BLK	.00	11:04pm
ACCY CHK	.08	11:04pm
AIR BLK	.00	11:05pm
SUB TEST	.00	11:06pm
AIR BLK	.00	11:07pm
SUB TEST	.00	11:08pm
AIR BLK	.00	11:09pm
		The second secon

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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Analyst

ONSLOW COUNTY BAT MOBILE REGION 7 660

Serial Number: 008788 Test Record Number: 2233 Test Date: 06/28/2024 Test Time: 11:09pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:10pm
FLO	Pass	11:10pm
FC	Pass	11:10pm

Temperature Tests

Status	Time
Pass	11:10pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
ATR	Page	11 - 11 rsm

Printer Tests

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

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

Preventive Maintenance Status: Pass

Analyst

Mari

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

he preventive erial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:		
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
(2)	Verify instrument displays time and date;		
(3)	Initiate breath test sequence;		
(4)	Enter information as prompted;		
(5)	Verify instrument accuracy;		
(6)	When "PLEASE BLOW" appears, collect breath sample;		
(7)	When "PLEASE BLOW" appears, collect breath sample;		
(8)	Print test record;		
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and		
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.		
vere performed	the 10 day of JONE , 2021 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.		
1	The AA		

ONSLOW COUNTY SNEADS FERRY SUB 660

Serial Number: 008578 Test Date: 06/10/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: GILLESPIE, PENTTI W
Permit Number: 9523-2149
Effective:
01/01/2024-01/01/2026

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

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

Test	g/210L	Time
DIAG	Pass	8:55am
AIR BLK	.00	8:55am
ACCY CHK	.08	8:56am
AIR BLK	.00	8:57am
SUB TEST	.00	8:58am
AIR BLK	.00	8:58am
SUB TEST	.00	9:00am
ATD DIK		9 - 01 am

Reported No: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

ONSLOW COUNTY SNEADS FERRY SUB 660

Serial Number: 008578 Test Record Number: 3555 Test Date: 06/10/2024 Test Time: 9:01am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:02am
FLO	Pass	9:02am
FC	Pass	9:02am

Temperature Tests

Test	Status	Time
FC1	Pass	9:02am
SRC	Pass	9:02am
DET	Pass	9:02am
BAR	Pass	9:02am
BT	Pass	9:02am

Blank Tests

Test	Status	Time
AIR	Pass	9:02am

Printer Tests

Test	Status	Time
PRNT	Pass	9:02am
	CRC Tests	

Test	Status	Time
COMP	Pass	9:03am
CAL	Pass	9:03am

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 O A J	low	Instrument Location BAT Mo Lila Region 7
Instrument Ser	rial No. 005 600	onslow so
The preventive serial number	maintenance procedures for th 10,000 or higher) to be followed	e Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with at least once every four months are:
(1)	Verify the ethanol gas cani- breath simulator thermome	ster displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic ter shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays	time and date;
(3)	Initiate breath test sequence	
(4)	Enter information as promp	ted;
(5)	Verify instrument accuracy	
(6)	When "PLEASE BLOW" a	ppears, collect breath sample;
(7)	When "PLEASE BLOW" a	ppears, collect breath sample;
(8)	Print test record;	
(9)	Run diagnostic program and	confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol ga simulator solution is being whichever occurs first.	s canister is being changed before expiration date, or the alcoholic breath changed every four months or after 125 Alcoholic Breath Simulator tests,
certify that on were performed and Human Ser	the 23 day of 3 day o	ove, in accordance with current regulations of the N.C. Department of the M.
COUNTY AND	200	ignature of Certifying Official Certificate Number

ONSLOW COUNTY BAT MOBILE REGION 7 660

Serial Number: 008600 Test Date: 06/23/2024

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

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

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

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

Lot Number: AG308004 Exp Date: 03/21/2025

Test	g/210L	Time
DIAG	Pass	2:23am
AIR BLK	.00	2:24am
ACCY CHK		2:24am
AIR BLK	.00	2:25am
SUB TEST	.00	2:26am
AIR BLK	.00	2:26am
SUB TEST	.00	2:28am
AIR BLK	.00	2:29am

Reported AC:

g/210L

Signature of Chemical Analyst

Court CVR

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ONSLOW COUNTY BAT MOBILE REGION 7 660

Serial Number: 008600 Test Record Number: 2776 Test Date: 06/23/2024 Test Time: 2:29am EDT

System Check: Passed

Baseline Tests

Status	Time
Pass Pass Pass	2:29am 2:29am 2:30am
	Pass

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	2:30am

Printer Tests

Test	Status	Time
PRNT	Pass	2:30am
	CRC Tests	
Test	Status	Time

COMP	Pass	2:31am
CAL	Pass	2:31am

Preventive Maintenance Status: Pass

Analyst

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

County ohs	low	Instrument Location BAT n. L	le Region 7
Instrument Serie	al No. 00 8698	onelow	50
The preventive serial number 10	maintenance procedures for th 0,000 or higher) to be followed	ne Intoximeters, Model Intox EC/IR II and d 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 ter shows 34 degrees, plus or minus .2 de	e inch (psi) of pressure, or the alcoholic gree centigrade;
(2)	Verify instrument displays		2000 Annua
(3)	Initiate breath test sequence	e;	
(4)	Enter information as promp	oted;	
(5)	Verify instrument accuracy	,	
(6)	When "PLEASE BLOW" a	ppears, collect breath sample;	
(7)		ppears, collect breath sample;	
(8)	Print test record;		
(9)	Run diagnostic program and	d confirm preventive maintenance status of	of "Pass"; and
(10)	Verify that the ethanol ga	is canister is being changed before ex- changed every four months or after I	and the second
were performed of		bove, in accordance with current regulationing properly.	g preventive maintenance procedures ons of the N.C. Department of Health
QUAL VERY	74 as		
	S	ignature of Certifying Official	Certificate Number

Certificate Number

ONSLOW COUNTY BAT MOBILE REGION 7 660

Serial Number: 008698 Test Date: 06/23/2024

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

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

Analyst's Name: 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	1:06am
AIR BLK	.00	1:07am
ACCY CHK	.07	1:08am
AIR BLK	.00	1:09am
SUB TEST	.00	1:09am
AIR BLK	.00	1:10am
SUB TEST	.00	1:12am
AIR BLK	.00	1:13am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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ONSLOW COUNTY BAT MOBILE REGION 7 660

Serial Number: 008698 Test Record Number: 2373 Test Date: 06/23/2024

Test Time: 1:13am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:14am 1:14am
FC	Pass	1:14am

Temperature Tests

Test	Status	Time
FC1	Pass	1:14am
SRC	Pass	1:14am
DET	Pass	1:14am
BAR	Pass	1:14am
BT	Pass	1:14am
		THE PARTY OF THE P

Blank Tests

Test	Status	Time
AIR	Pass	1:15am

Printer Tests

Test	Status Ti	Time
PRNT	Pass	1:15am

CRC Tests

Test	Status	Time
COMP	Pass	1:15am
CAL	Pass	1:15am

Preventive Maintenance Status: Pass

maco Analyst

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

The preventive serial number	e maintenance procedures for the Intoximet 10,000 or higher) to be followed at least on	ers, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with ce every four months are:
(1)	Verify the ethanol gas canister display- breath simulator thermometer shows 3-	s at least 51 pounds per square inch (psi) of pressure, or the alcoholic 4 degrees, plus or minus .2 degree 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 pr	reventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister simulator solution is being changed of whichever occurs first.	is being changed before expiration date, or the alcoholic breath every four months or after 125 Alcoholic Breath Simulator tests,
vere performed	the 23 day of 500 day of 500 do not the instrument indicated above, in according provides, and the instrument is functioning provided the instrument indicated above, in according to the instrument indicated	2024 the forgoing preventive maintenance procedures ordance with current regulations of the N.C. Department of Health sperly.

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

Signature of Certifying Official

Certificate Number

ONSLOW COUNTY BAT MOBILE REGION 7 660

Serial Number: 008788 Test Date: 06/23/2024

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

Analyst's Name: 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	1:08am
AIR BLK	.00	1:09am
ACCY CHK	.08	1:10am
AIR BLK	.00	1:11am
SUB TEST	.00	1:11am
AIR BLK	.00	1:12am
SUB TEST	.00	1:14am
AIR BLK	.00	1:15am

Reported AC: .0

9/210L

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Signature of Chemical Analyst

Court CVR

Analyst

ONSLOW COUNTY BAT MOBILE REGION 7 660

Serial Number: 008788 Test Record Number: 2227

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:20am
FLO	Pass	1:20am
FC	Pass	1:20am

Temperature Tests

Test	Status	Time
FC1	Pass	1:21am
SRC	Pass	1:21am
DET	Pass	1:21am
BAR	Pass	1:21am
BT	Pass	1:21am

Blank Tests

Status	Time
Pass	1:21am

Printer Tests

Test	Status	Time
PRNT	Pass	1:21am
	CRC Tests	
Test	Status	Time
COMP	Pass	1 · 21am

Pass

Pass

1:21am

1:21am

Preventive Maintenance Status: Pass

CAL

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Analyst

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

serial numbe	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced ver 10,000 or higher) to be followed at least once every four months are: Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the 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 be simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to whichever occurs first.
were perform	on the 10 day of JUNE , 2024 the forgoing preventive maintenance proceded on the instrument indicated above, in accordance with current regulations of the N.C. Department of Hervices, and the instrument is functioning properly.

ONSLOW COUNTY MCAS NEW RIVER 660

Serial Number: 008919 Test Date: 06/10/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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: AG308704 Exp Date: 03/28/2025

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ONSLOW COUNTY MCAS NEW RIVER 660

Serial Number: 008919 Test Record Number: 901

Test Time: 1:57pm EDT Test Date: 06/10/2024

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	1:58pm
SRC	Pass	1:58pm
DET	Pass	1:58pm
BAR	Pass	1:58pm
BT	Pagg	1:58pm

Blank Tests

Test	Status	Time
72/21/	423555	
AIR	Pass	1:58pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:58pm

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County C	NSLOW	_ Instrument Location	CAMP	LEJEUNE
Instrument Se	rial No. 00 8920	-	PN	10
The preventive serial number	e maintenance procedures for t 10,000 or higher) to be followe	he Intoximeters, Model Into d at least once every four n	ox EC/IR II and I	dodel Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas can breath simulator thermom	ister displays at least 51 po eter shows 34 degrees, plus	unds per square i or minus .2 degre	nch (psi) of pressure, or the alcoholic re centigrade;
(2)	Verify instrument displays	s time and date;		
(3)	Initiate breath test sequence	oe;		
(4)	Enter information as prom	pted;		
(5)	Verify instrument accuracy	y ,		
(6)	When "PLEASE BLOW"	appears, collect breath samp	ple;	
(7)	When "PLEASE BLOW"	appears, collect breath samp	ple;	
(8)	Print test record;			
(9)	Run diagnostic program an	d confirm preventive main	tenance status of	"Pass"; and
(10)	Verify that the ethanol g simulator solution is bein whichever occurs first.	as canister is being chang g changed every four mo	ged before expi nths or after 12	ration date, or the alcoholic breath 5 Alcoholic Breath Simulator tests,
I certify that on were performed and Human Serv	the 10 day of July on the instrument indicated a cices, and the instrument is fun	bove, in accordance with	the forgoing current regulation	preventive maintenance procedures ns of the N.C. Department of Health
Car .				
		AN C		
0		signature of Certifying Off		Certificate Number

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

DHHS 4080 (04/20)

ONSLOW COUNTY CAMP LEJEUNE PMO 660

Serial Number: 008920 Test Date: 06/10/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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: AG400301 Exp Date: 01/03/2026

Test	g/210L	Time
DIAG	Pass	10:08am
AIR BLK	.00	10:09am
ACCY CHK	.08	10:09am
AIR BLK	.00	10:11am
SUB TEST	.00	10:11am
AIR BLK	.00	10:12am
SUB TEST	.00	10:13am
AIR BLK	.00	10:14am

Reported ACH .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ONSLOW COUNTY CAMP LEJEUNE PMO 660

Serial Number: 008920 Test Record Number: 2225 Test Date: 06/10/2024 Test Time: 10:15am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
ATR	Page	10.16am

Printer Tests

resc	Status	Time
PRNT	Pass	10:16am
	CRC Tests	

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

Preventive Maintenance Status: Pass

Analyst

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

Rev. 12/2007

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

County_O	NSLOW	Instrument Location_	JACK:	SONVILLE
Instrument Seri	al No. 00 8930	-	POLICE	DEPT
	maintenance procedures for th 0,000 or higher) to be followed			fodel Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canii breath simulator thermome			nch (psi) of pressure, or the alcoholic se centigrade;
(2)	Verify instrument displays	time and date;		
(3)	Initiate breath test sequence			
(4)	Enter information as promp	sted;		
(5)	Verify instrument accuracy	Verify instrument accuracy;		
(6)	When "PLEASE BLOW" appears, collect breath sample;			
(7)	When "PLEASE BLOW" appears, collect breath sample;			
(8)	Print test record;	Print test record;		
(9)	Run diagnostic program an	d confirm preventive ma	intenance status of	"Pass"; and
(10)				ration date, or the alcoholic breath 5 Alcoholic Breath Simulator tests.
were performed	the 10 day of 10	bove, in accordance wit	the forgoing h current regulation	preventive maintenance procedures ns of the N.C. Department of Health
	A	/	1	
	XX	- a		685
,,		Signature of Certifying C	Official	Certificate Number

ONSLOW COUNTY JACKSONVILLE PD 660

Serial Number: 008930 Test Date: 06/10/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Driver's License 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: AG405102 Exp Date: 02/20/2026

Test	g/210L	Time
DIAG	Pass	12:23pm
AIR BLK	.00	12:24pm
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

Analyst

ONSLOW COUNTY JACKSONVILLE PD 660

Serial Number: 008930 Test Record Number: 2295 Test Date: 06/10/2024 Test Time: 12:29pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time	
	Pass	12:30pm	

Printer Tests

Test	Status	Time
PRNT	Pass	12:30pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:31pm
CAL	Pass	12:31pm

Preventive Maintenance Status: Pass

Analyst

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

County O	USLOW Instrument Location ONSLOW COUNTY		
Instrument Seri	DETENTION CENTER		
The preventive 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 performed	the 10 day of JUNE, 2024 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.		
SAR	SA .		
CHILL	185		

ONSLOW COUNTY DETENTION CENTER 660

Serial Number: 008931 Test Date: 06/10/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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: AG400301 Exp Date: 01/03/2026

Test	g/210L	Time
DIAG	Pass	11:23am
AIR BLK	.00	11:24am
ACCY CHK	.07	11:24am
AIR BLK	.00	11:26am
SUB TEST	.00	11:26am
AIR BLK	.00	11:27am
SUB TEST	.00	11:29am
	.00	11:30am

Reported AC: /00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ONSLOW COUNTY DETENTION CENTER 660

Serial Number: 008931 Test Record Number: 4786 Test Date: 06/10/2024 Test Time: 11:30am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:31am

Printer Tests

Test	Status	Time
PRNT	Pass	11:31am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:31am

11:31am

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

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

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

ONSLOW COUNTY DETENTION CENTER 660

Serial Number: 008932 Test Date: 06/10/2024

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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: AG400301 Exp Date: 01/03/2026

Test	g/210L	Time
DIAG	Pass	11:27am
AIR BLK		11:28am
ACCY CHK	.08	11:28am
AIR BLK	.00	11:29am
SUB TEST	.00	11:30am
AIR BLK	-00	11:31am
SUB TEST	.00	
AIR BLK	.00	11:33am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

Analyst

ONSLOW COUNTY DETENTION CENTER 660

Serial Number: 008932 Test Record Number: 7377 Test Date: 06/10/2024 Test Time: 11:34am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status		Time
AIR	Pass	ĸ.	11:36am

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

	rial No. 0089 15	
	CALIBORO, NC	
ne preventive rial number	re maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced w 10,000 or higher) to be followed at least once every four months are:	ith
(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;	lic
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program 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 simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes whichever occurs first.	th ts,
re performe	n the	es

ORANGE COUNTY CARRBORO PD 670

Serial Number: 008945 Test Date: 06/03/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Barnes, Simon S Permit Number: 0014-6221 Effective: 10/01/2023-10/01/2025

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

Lot Number: AG308004 Exp Date: 03/21/2025

Test	g/210L	Time
DIAG	Pass	3:19pm
AIR BLK	.00	3:19pm
ACCY CHK	.08	3:20pm
AIR BLK	.00	3:21pm
SUB TEST	.00	3:23pm
AIR BLK	.00	3:24pm
SUB TEST	.00	3:25pm
AIR BLK	.00	3:26pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Simus Stokes 5

ORANGE COUNTY CARRBORO PD 670

Serial Number: 008945 Test Record Number: 779
Test Date: 06/03/2024 Test Time: 3:27pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:28pm 3:28pm
FC	Pass	3:28pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:28pm
SRC	Pass	3:28pm
DET	Pass	3:28pm
BAR	Pass	3:28pm
BT	Pass	3:28pm

Blank Tests

Test	Status	Time	
AIR	Pass	3:28pm	

Printer Tests

Test	Status	Time
PRNT	Pass	3:29pm
	CRC Tests	
Test	Status	Time

COMP Pass 3:29pm CAL Pass 3:29pm

Preventive Maintenance Status: Pass

Sum Steles Brees

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	Pend	ود	Instrument Location_	BAT	Mobile	4:4	6
Instrun	nent Seria	l No	00 8580	<u></u>	Pender	County	SO	
				Intoximeters, Model In at least once every four		Model Intox EC/I	R II (Enhance	ed with
	(1)			ter displays at least 51 p er shows 34 degrees, plu			sure, or the ale	coholic
	(2)	Verify	instrument displays t	ime and date;				
	(3)	Initiate	breath test sequence	•				
	(4)	Enter i	nformation as promp	ted;				
	(5)	Verify	instrument accuracy;					
	(6)	When	"PLEASE BLOW" a	ppears, collect breath sar	mple;			
	(7)	When "PLEASE BLOW" appears, collect breath sample;						
	(8)	Print to	est record;					
	(9)	Run di	agnostic program and	d confirm preventive ma	intenance status o	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.						
were p		on the in	ay of Sustrument indicated all the instrument is fun	bove, in accordance wit	the forgoing the current regulation	g preventive mair ons of the N.C. D	epartment of	cedures Health
Salar Salar	CELLA VICE	600		ignature of Certifying C	Minint		cate Number	

PENDER COUNTY BAT MOBILE UNIT 6 700

Serial Number: 008580 Test Date: 06/01/2024

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

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

Analyst's Name: 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: AG400303 Exp Date: 01/03/2026

Test	g/210L	Time
DIAG	Pass	5:56pm
AIR BLK	.00	5:57pm
ACCY CHK	.07	5:58pm
AIR BLK	.00	5:59pm
SUB TEST	.00	5:59pm
AIR BLK	.00	6:00pm
SUB TEST	.00	6:01pm
AIR BLK	.00	6:02pm

Reported AC: .00 g/210L

Signature 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

PENDER COUNTY BAT MOBILE UNIT 6 700

Serial Number: 008580 Test Record Number: 2943 Test Date: 06/01/2024 Test Time: 6:03pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	6:04pm
FLO	Pass	6:04pm
FC	Pass	6:04pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:04pm
SRC	Pass	6:04pm
DET	Pass	6:04pm
BAR	Pass	6:04pm
BT	Pass	6:04pm

Blank Tests

Test	Status	Time
ATR	Pass	6:05pm
M.I.R.	rass	o : O S pini

Printer Tests

Test	Status	Time
PRNT	Pass	6:05pm
	CRC Tests	
Test	Status	Time
COMP	Pass	6:05pm

Preventive Maintenance Status: Pass

Pass

6:05pm

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)

c	ountyF	Pender	Instrument Location_	BAT	Mobile		6
li	nstrument Seri	al No	- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1-	Pender	County	८०	_
		maintenance procedures for the total of the			Model Intox EC/II	R II (Enhance	ed with
	(1)	Verify the ethanol gas can breath simulator thermome				ure, or the al	coholic
	(2)	Verify instrument displays	time and date;				
	(3)	Initiate breath test sequence	e;				
	(4)	Enter information as prom	pted;				
à	(5)	Verify instrument accurac	y;				
,	(6)	When "PLEASE BLOW"	appears, collect breath san	nple;			
	(7)	When "PLEASE BLOW"	appears, collect breath san	nple;			
	(8)	Print test record;					
	(9)	Run diagnostic program a	nd confirm preventive main	ntenance status of	"Pass"; and		
	(10)	Verify that the ethanol g simulator solution is being whichever occurs first.					
W		the 1st day of 50, day of the instrument indicated vices, and the instrument is fu	above, in accordance with	the forgoing current regulation	preventive main	tenance pro-	cedures Health
	ON STATE OF	B	20107 20				
155		2		_			
1					2		
	Own 150		Signature of Certifying O	Official	68	ate Number	

PENDER COUNTY BAT MOBILE UNIT 6 700

Serial Number: 008686 Test Date: 06/01/2024

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

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

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

Analyst's Name: 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: AG302702 Exp Date: 01/27/2025

Test	g/210L	Time
DIAG	Pass	5:56pm
AIR BLK	.00	5:57pm
ACCY CHK	.08	5:57pm
AIR BLK	.00	5:58pm
SUB TEST	.00	5:59pm
AIR BLK	.00	6:00pm
SUB TEST	.00	6:01pm
AIR BLK	.00	6:02pm

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PENDER COUNTY BAT MOBILE UNIT 6 700

Serial Number: 008686 Test Record Number: 7062 Test Date: 06/01/2024 Test Time: 6:02pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	6:03pm
FLO	Pass	6:03pm
FC	Pass	6:03pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:03pm
SRC	Pass	6:03pm
DET	Pass	6:03pm
BAR	Pass	6:03pm
BT	Pass	6:03pm

Blank Tests

Test	Status	Time
AIR	Pass	6:03pm

Printer Tests

lest	Status	rime
PRNT	Pass	6:03pm

CRC Tests

Test	Status	Time
COMP	Pass	6:04pm
CAL	Pass	6:04pm

Preventive Maintenance Status: Pass

Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

C	ounty	Pender	Instrument Location_	BAT	Mosile		6
h	nstrument Seria	al No. 00 877 C	9 9 5	Pender	County	১০	_
		maintenance procedures for the 0,000 or higher) to be followed			odel Intox EC/IR I	I (Enhanced	with
	(1)	Verify the ethanol gas canis breath simulator thermomet				, or the alcol	holic
	(2)	Verify instrument displays	time and date;				
	(3)	Initiate breath test sequence	;				
	(4)	Enter information as promp	ted;				
à	(5)	Verify instrument accuracy					
7.	(6)	When "PLEASE BLOW" a	ppears, collect breath san	nple;			
	(7)	When "PLEASE BLOW" a	ppears, collect breath san	nple;			
	(8)	Print test record;					
	(9)	Run diagnostic program and	d confirm preventive mai	ntenance status of	'Pass"; and		
	(10)	Verify that the ethanol gas simulator solution is being whichever occurs first.					
14		the 1st day of 3c	bove, in accordance with	24the forgoing current regulation	preventive mainter is of the N.C. Depa	ance procedurtment of H	dures lealth
/	STATE OF	18	102100000000000000000000000000000000000				
100				_			
6	Com see				684	1	
	12.700	5	Ignature of Certifying O	Micial	Certificate	e Number	

PENDER COUNTY BAT MOBILE UNIT 6 700

Serial Number: 008776 Test Date: 06/01/2024

Citation Number: M0000000-0 Subject's Name:

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

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

Analyst's Name: 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: AG225701 Exp Date: 09/14/2024

Test	g/210L	Time
DIAG	Pass	5:57pm
AIR BLK	.00	5:58pm
ACCY CHK	.08	5:59pm
AIR BLK	.00	6:00pm
SUB TEST	.00	6:01pm
AIR BLK	.00	6:01pm
SUB TEST	.00	6:03pm
AIR BLK	.00	6:04pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PENDER COUNTY BAT MOBILE UNIT 6 700

Serial Number: 008776 Test Record Number: 4010 Test Date: 06/01/2024 Test Time: 6:05pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	6:05pm
FLO	Pass	6:05pm
FC	Pass	6:05pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:05pm
SRC	Pass	6:05pm
DET	Pass	6:05pm
BAR	Pass	6:05pm
BT	Pass	6:05pm

Blank Tests

atus Time
ss 6:06pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:06pm

CRC Tests

Test	Status	Time
COMP	Pass	6:06pm
CAL	Pass	6:06pm

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)

1.000100	Instrument I.	ACTOR MANAGEMENT OF THE PROPERTY OF THE PROPER	COUNTY ON (ENTER
	maintenance procedures for the Intoximeters, 0,000 or higher) to be followed at least once e		I Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at breath simulator thermometer shows 34 de		
(2)	Verify instrument displays time and date;		
(3)	Initiate breath test sequence;		
(4)	Enter information as prompted;		
(5)	Verify instrument accuracy;		
(6)	When "PLEASE BLOW" appears, collect	breath sample;	
(7)	When "PLEASE BLOW" appears, collect	breath sample;	
(8)	Print test record;		
(9)	Run diagnostic program and confirm preve	ntive maintenance status of "Pass	s"; and
(10)	Verify that the ethanol gas canister is be simulator solution is being changed ever whichever occurs first.		
	he day of JUNE on the instrument indicated above, in accordices, and the instrument is functioning proper	lance with current regulations of	entive maintenance procedure the N.C. Department of Healt
	Signature of Ce	A Company Company	685

PENDER COUNTY DETENTION CENTER 700

Serial Number: 008935 Test Date: 06/05/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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: AG400301 Exp Date: 01/03/2026

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

Reported ACA .00 g/210L

Signature of Chemical 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

PENDER COUNTY DETENTION CENTER 700

Serial Number: 008935 Test Record Number: 3478 Test Date: 06/05/2024 Test Time: 10:08am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:09am

Printer Tests

Test	Status	Time
PRNT	Pass	10:09ar
	CRC Tests	
Test	Status	Time

COMP	Pass Pass	10:09am 10:09am
COL	1000	.v.vaam

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

PERQUIMANS COUNTY PERQUIMANS CO SO 710

Serial Number: 008921 Test Date: 06/06/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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: AG302702 Exp Date: 01/27/2025

Test	g/210L	Time
DIAG	Pass	9:53am
AIR BLK	.00	9:53am
ACCY CHK	.07	9:54am
AIR BLK	.00	9:55am
SUB TEST	.00	9:56am
AIR BLK	.00	9:56am
SUB TEST	.00	9:58am
AIR BLK	.00	9:59am

Reported AC: 1.00 g/210L

Signature of Chemical Analys

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

PERQUIMANS COUNTY PERQUIMANS CO SO 710

Serial Number: 008921 Test Record Number: 1307 Test Date: 06/06/2024 Test Time: 10:02am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:02am
FLO	Pass	10:02am
FC	Pass	10:02am

Temperature Tests

Test	Status	Time
FC1	Pass	10:02am
SRC	Pass	10:02am
DET	Pass	10:02am
BAR	Pass	10:02am
BT	Pass	10:02am

Blank Tests

Test	Status	Time	
AIR	Pass	10:03am	

Printer Tests

PI	Intel les	. 3
Test	Status	Time
PRNT	Pass	10:03am
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	10:03am 10:03am

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)

County P	- Ins	strument Location P. H ()	Detention Center
Instrument Seri	al No.008646	124 Nau	Hope RJ, /wanille
The preventive serial number I	maintenance procedures for the Into 0,000 or higher) to be followed at le	eximeters, Model Intox EC/IR II and it ast once every four months are:	Model Intox EC/IR II (Enhanced with
(1)		isplays at least 51 pounds per square ows 34 degrees, plus or minus 2 degr	inch (psi) of pressure, or the alcoholic ree centigrade;
(2)	Verify instrument displays time :	and date;	
(3)	Initiate breath test sequence;		
(4)	Enter information as prompted;		
(5)	Verify instrument accuracy;		
(6)	When "PLEASE BLOW" appear	s, collect breath sample;	
(7)	When "PLEASE BLOW" appear	rs, collect breath sample;	
(8)	Print test record;		
(9)	Run diagnostic program and con	firm preventive maintenance status of	"Pass"; and
(10)	Verify that the ethanol gas car simulator solution is being cha whichever occurs first.	nister is being changed before expi nged every four months or after 12	ration date, or the alcoholic breath 5 Alcoholic Breath Simulator tests,
I certify that or were performe and Human Ser	the 17 day of Jane I on the instrument indicated above, vices, and the instrument is function	in accordance with current regulation	preventive maintenance procedures ns of the N.C. Department of Health
	The	Ph	643
	Signal	ture of Certifying Official	Certificate Number

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008646 Test Date: 06/17/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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	10:01am
AIR BLK	.00	10:02am
ACCY CHK	.07	10:03am
AIR BLK	.00	10:04am
SUB TEST	.00	10:04am
AIR BLK	.00	10:05am
SUB TEST	.00	10:07am
AIR BLK	.00	10:08am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008646 Test Record Number: 4878
Test Date: 06/17/2024 Test Time: 10:09am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time	
AIR	Pass	10:10am	

Printer Tests

Test	Status	Time
PRNT	Pass	10:10am
	CRC Tests	

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

Preventive Maintenance Status: Pass

Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL 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 Mo 0,000 or higher) to be followed at least once every four months are:	odel Intox EC/IR II (Enhanced with
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inc breath simulator thermometer shows 34 degrees, plus or minus .2 degree	
	(2)	Verify instrument displays time and date;	
	(3)	Initiate breath test sequence;	
	(4)	Enter information as prompted;	
	(5)	Verify instrument accuracy;	
	(6)	When "PLEASE BLOW" appears, collect breath sample;	
	(7)	When "PLEASE BLOW" appears, collect breath sample;	
	(8)	Print test record;	
	(9)	Run diagnostic program and confirm preventive maintenance status of "	Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expira simulator solution is being changed every four months or after 125 whichever occurs first.	tion date, or the alcoholic breath Alcoholic Breath Simulator tests,
v	vere performed	the 17 day of 1 -10 , 20 2 4 the forgoing plon the instrument indicated above, in accordance with current regulations vices, and the instrument is functioning properly.	reventive maintenance procedures s of the N.C. Department of Health
1			

PITT COUNTY PITT CO DETENTION 703

Serial Number: 008662 Test Date: 06/17/2024

Citation Number: M0000000-0 Subject's Name:

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

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

Analyst's Name: 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: AG302702 Exp Date: 01/27/2025

Test	g/210L	Time
DIAG	Pass	9:46am
AIR BLK	.00	9:47am
ACCY CHK	.08	9:47am
AIR BLK	.00	9:49am
SUB TEST	.00	9:49am
AIR BLK	.00	9:50am
SUB TEST	.00	9:52am
AIR BLK	.00	9:53am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PITT COUNTY PITT CO DETENTION 703

Serial Number: 008662 Test Record Number: 1411 Test Date: 06/17/2024 Test Time: 9:53am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO FC	Pass Pass	9:54am 9:54am 9:54am

Temperature Tests

Test	Status	Time
FC1	Pass	9:54am
SRC	Pass	9:54am
DET	Pass	9:54am
BAR	Pass	9:54am
BT	Pass	9:54am

Blank Tests

Test	Status	Time
AIR	Pass	9:54an

Printer Tests

Test	Status	Time
PRNT	Pass	9:54am
	CRC Tests	
Test	Status	Time

9:55am

9:55am

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

Jug P. M

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

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

PITT COUNTY AYDEN PD 730

Serial Number: 008666 Test Date: 06/14/2024

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

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

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

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

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

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

Test	g/210L	Time
DIAG		2:11pm
AIR BLK		
ACCY CHK		2:12pm
AIR BLK		
SUB TEST		2:14pm
AIR BLK		2:15pm
SUB TEST		2:17pm
AIR BLK	.00	2:17pm

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

PITT COUNTY AYDEN PD 730

Serial Number: 008666 Test Record Number: 1554
Test Date: 06/14/2024 Test Time: 2:18pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:19pm
FLO	Pass	2:19pm
FC	Pass	2:19pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:19pm
SRC	Pass	2:19pm
DET	Pass	2:19pm
BAR	Pass	2:19pm
BT	Pass	2:19pm

Blank Tests

Test	Status	Time	
AIR	Pass	2:19pm	

Printer Tests

Test	Status	Time
PRNT	Pass	2:19pm
	CRC Tests	
Test	Status	Time

COMP	Pass	2:19pi
CAL	Pass	2:19p

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 Po	ıK	Instrument Location_		y J.i.
Instrument Ser	ial No. <u>D05832</u>	_	Colum	bus, NC
The preventive serial number	maintenance procedures for th 10,000 or higher) to be followed	ne Intoximeters, Model Into d at least once every four m	x EC/IR II and Model onths are;	Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas cani		inds per square inch (n	osi) of pressure, or the alcoholic
(2)	Verify instrument displays	time and date;		
(3)	Initiate breath test sequeno	e;		
(4)	Enter information as promp	pted;		
(5)	Verify instrument accuracy	g.		
(6)	When "PLEASE BLOW" a	appears, collect breath samp	le;	
(7)	When "PLEASE BLOW" a	appears, collect breath samp	le;	
(8)	Print test record;			
(9)	Run diagnostic program an	d confirm preventive maint	enance status of "Pass"	"; and
(10)	Verify that the ethanol gas simulator solution is being whichever occurs first.	as canister is being chang g changed every four mor	ed before expiration ths or after 125 Alex	date, or the alcoholic breath oholic Breath Simulator tests,
were perioringe	theday of d on the instrument indicated a vices, and the instrument is fun	bove, in accordance with a	the forgoing prever urrent regulations of t	ntive maintenance procedures he N.C. Department of Health
Or Own real		701		668
		Signature of Certifying Offic	cial	Certificate Number

POLK COUNTY POLK COUNTY JAIL 740

Serial Number: 008832 Test Date: 06/04/2024

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: AG308704 Exp Date: 03/28/2025

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

Rev. 12/2007

POLK COUNTY POLK COUNTY JAIL 740

Serial Number: 008832 Test Record Number: 1873 Test Date: 06/04/2024 Test Time: 11:11am EDT

System Check: Passed

Baseline Tests

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

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

Preventive Maintenance Status: Pass

Pass

11:12am

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 P	1K	Instrument Location		
Instrument Se	rial No. <u>009881</u>		Columbus, NC	
The preventiv	e maintenance procedures for t 10,000 or higher) to be follows	the Intoximeters, Model Into ed at least once every four m	x EC/IR II and Model Intox EC/IR II (Enhancement)	anced with
(1)	Verify the ethanol gas car	nister displays at least \$1 por	ands per square inch (psi) of pressure, or the or minus .2 degree centigrade;	e alcoholic
(2)	Verify instrument displays			
(3)	Initiate breath test sequence	ce;		
(4)	Enter information as prom	pted;		
(5)	Verify instrument accuracy	y;		
(6)	When "PLEASE BLOW"	appears, collect breath sample	le;	
(7)	When "PLEASE BLOW"	appears, collect breath sampl	le;	
(8)	Print test record;			
(9)	Run diagnostic program an	nd confirm preventive mainte	nance status of "Pass"; and	
(10)	Verify that the ethanol a	as canister is being change	ed before expiration date, or the alcohol ths or after 125 Alcoholic Breath Simula	ic breath ator tests,
I certify that on were performed and Human Ser	theday of I on the instrument indicated a vices, and the instrument is fun	bove, in accordance with curectioning properly.	the forgoing preventive maintenance properties that regulations of the N.C. Department of	rocedures of Health
		5,21	663	
		Signature of Certifying Office	ial Certificate Numbe	r

POLK COUNTY POLK COUNTY JAIL 740

Serial Number: 008881 Test Date: 06/04/2024

Citation Number: M0000000-0 Subject's Name:

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

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

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

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

Rev. 12/2007

POLK COUNTY POLK COUNTY JAIL 740

Serial Number: 008881 Test Record Number: 1199

Test Date: 06/04/2024 Test Time: 11:13am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:13am
SRC	Pass	11:13am
DET	Pass	11:13am
BAR	Pass	11:13am
BT	Pass	11:13am

Blank Tests

Test	Status	Time
AIR	Pass	11:14am

Printer Tests

Test	Status	Time
PRNT	Pass	11:14am

CRC Tests

Test	Status	Time
COMP	Pass Pass	11:14am

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 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 were performed and Human Ser	the

RANDOLPH COUNTY BAT MOBILE REGION 4 750

> Serial Number: 008615 Test Date: 06/07/2024

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

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

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

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

Test	g/210L	Time
DIAG	Pass	10:39pm
AIR BLK	.00	10:40pm
ACCY CHK	.07	10:41pm
AIR BLK	.00	10:41pm
SUB TEST	.00	10:42pm
AIR BLK	.00	10:43pm
SUB TEST	.00	10:45pm
AIR BLK	.00	10:46pm
THE POLICE		TO: 40 Dill

Reported AC: ..00 g/210L

Signature of Chemical Analyst

Court CVR

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RANDOLPH COUNTY BAT MOBILE REGION 4 750

Serial Number: 008615 Test Record Number: 5922 Test Date: 06/07/2024 Test Time: 10:47pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:47pm
FLO	Pass	10:47pm
FC	Pass	10:47pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:47pm
SRC	Pass	10:47pm
DET	Pass	10:47pm
BAR	Pass	10:47pm
BT	Pass	10:47pm
		Debat Control of Telephone

Blank Tests

Test	Status	Time
AIR	Pass	10:48pm

Printer Tests

Status	Time
Pass	10:48pm
CRC Tests	
Status	Time
Pass Pass	10:48pm 10:48pm
	Pass CRC Tests Status Pass

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 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before 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 7 day of 2024 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.

RANDOLPH COUNTY BAT MOBILE REGION 4 750

> Serial Number: 008775 Test Date: 06/07/2024

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

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

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

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

g/210F	Time
Pass	9:37pm
.00	9:38pm
.07	9:39pm
.00	9:40pm
.00	9:41pm
.00	9:42pm
.00	9:43pm
.00	9:44pm
	Pass .00 .07 .00 .00

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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RANDOLPH COUNTY BAT MOBILE REGION 4 750

Serial Number: 008775 Test Record Number: 2091 Test Date: 06/07/2024 Test Time: 9:46pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:46pm
FLO	Pass	9:46pm
FC	Pass	9:46pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:46pm
SRC	Pass	9:46pm
DET	Pass	9:46pm
BAR	Pass	9:46pm
BT	Pass	9:46pm

Blank Tests

Test	Status	Time
AIR	Pass	9:47pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:47pm

CRC Tests

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

Preventive Maintenance Status: Pass

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

Ins	trument Seri	al No. 00 8791 DEPARTMENT		
		maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:		
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
	(2)	Verify instrument displays time and date;		
	(3)	Initiate breath test sequence;		
	(4)	Enter information as prompted;		
	(5)	Verify instrument accuracy;		
	(6)	When "PLEASE BLOW" appears, collect breath sample;		
	(7)	When "PLEASE BLOW" appears, collect breath sample;		
	(8)	Print test record;		
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and		
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
we	re performed	the 24 day of June 20,24 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.		

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

Signature of Certifying Official

RANDOLPH COUNTY ARCHDALE PD 750

Serial Number: 008791 Test Date: 06/24/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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: AG302702

Exp Date: 01/27/2025

Test	g/210L	Time
DIAG	Pass	12:55pm
AIR BLK	.00	12:56pm
ACCY CHK	.08	12:57pm
AIR BLK	.00	12:58pm
SUB TEST	.00	12:59pm
AIR BLK	.00	1:00pm
SUB TEST	.00	1:01pm
AIR BLK	.00	1:02pm

Reported AC: .00 g/210L

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Court CVR

RANDOLPH COUNTY ARCHDALE PD 750

Serial Number: 008791 Test Record Number: 1651 Test Date: 06/24/2024 Test Time: 1:03pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:04pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:04pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:04pm
CAL	Pass	1:04pm

Preventive Maintenance Status: Pass

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 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
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Certificate Number

RANDOLPH COUNTY BAT MOBILE REGION 4

Serial Number: 008929 Test Date: 06/07/2024

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	9:38pm 9:40pm
ACCY CHK AIR BLK	.08	9:40pm 9:41pm
SUB TEST AIR BLK	.00	9:42pm 9:43pm
SUB TEST AIR BLK	.00	9:44pm 9:46pm

Reported AC: .00 g/210L

Court CVR

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RANDOLPH COUNTY BAT MOBILE REGION 4 750

Serial Number: 008929 Test Record Number: 1396

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:48pm
FLO	Pass	9:48pm
FC	Pass	9:48pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:48pm
SRC	Pass	9:48pm
DET	Pass	9:48pm
BAR	Pass	9:48pm
BT	Pass	9:48pm

Blank Tests

Test	Status	Time	
AIR	Pass	9 · 4 9 mm	

Printer Tests

Test	Status	Time
PRNT	Pass	9:49pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:49pm 9:49pm

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)

lo	strument Seri		Mobile Region 6
		maintenance procedures for the Intoximeters, Model Intox EC/IR I 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 so breath simulator thermometer shows 34 degrees, plus or minus.	quare 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 sta	atus of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before simulator solution is being changed every four months or at whichever occurs first.	
w	re performed	the 215th day of June 2024 the for on the instrument indicated above, in accordance with current regrices, and the instrument is functioning properly.	
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ROBESON COUNTY BAT MOBILE REGION 6 770

Serial Number: 008580 Test Date: 06/21/2024

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: AG400303 Exp Date: 01/03/2026

Test	g/210L	Time
DIAG	Pass	8:10pm
AIR BLK	.00	8:11pm
ACCY CHK	.07	8:12pm
AIR BLK	.00	8:13pm
SUB TEST	.00	8:13pm
AIR BLK	.00	8:14pm
SUB TEST	.00	8:16pm
AIR BLK	.00	8:17pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ROBESON COUNTY BAT MOBILE REGION 6 770

Serial Number: 008580 Test Record Number: 2949 Test Date: 06/21/2024 Test Time: 8:17pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:17pm
FLO	Pass	8:17pm
FC	Pass	8:18pm

Temperature Tests

m
m
m
m
m
0

Blank Tests

Test	Status	Time
AIR	Pass	8:18pm

Printer Tests

	(manufacture)	2000000
PRNT	Pass	8:18pm
	CRC Tests	

Status Time

Test	Status	Time
COMP	Pass	8:19pm
CAL	Pass	8:19pm

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	Instrument Seri	No. 00 85 84 Pembroke PD
		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;
b	(5)	Verify instrument accuracy;
	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program 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 simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
-	were performed	the 28 th day of 500c, 2021 the forgoing preventive maintenance procedure on the instrument indicated above, in accordance with current regulations of the N.C. Department of Healt vices, and the instrument is functioning properly.
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ROBESON COUNTY BAT MOBILE REGION 6 770

Serial Number: 008584 Test Date: 06/28/2024

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

Analyst's Name: 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: AG400303 Exp Date: 01/03/2026

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Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ROBESON COUNTY BAT MOBILE REGION 6 770

Serial Number: 008584 Test Record Number: 2711 Test Date: 06/28/2024 Test Time: 8:55pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Page	8:56pm

Printer Tests

Test	Status	Time	
PRNT	Pass	8 - 5.6mm	
DESCRIPTION OF THE PROPERTY OF		The contract the second section is	

CRC Tests

Test	Status	Time
COMP	Pass	8:56pm
CAL	Pass	8:56pm

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 R	obeson	Instrument Location_	BAT	Mol	sile	Region 6
	Instrument Seria	1 No. 00 8637	-	Pembr	oke	PD	
		maintenance procedures for the 0,000 or higher) to be followed			nd Model I	Intox EC/	IR II (Enhanced with
	(1)	Verify the ethanol gas canis breath simulator thermomet					sure, or the alcoholic
	(2)	Verify instrument displays t	ime and date;				
	(3)	Initiate breath test sequence					
	(4)	Enter information as promp	ted;				
1	(5)	Verify instrument accuracy;					
i.	(6)	When "PLEASE BLOW" a	ppears, collect breath sa	mple;			
	(7)	When "PLEASE BLOW" a	ppears, collect breath sa	mple;			
	(8)	Print test record;					
	(9)	Run diagnostic program and	confirm preventive ma	intenance statu	s of "Pass"	; and	
	(10)	Verify that the ethanol gas simulator solution is being whichever occurs first.					
	were performed	the 28 th day of	bove, in accordance wit	24 the forgo	oing prever lations of the	ntive mai	ntenance procedures Department of Health
	SE STATE OF	À	Mark College Page 19				
Standard St							
		9				(-84

ROBESON COUNTY BAT MOBILE REGION 6

Serial Number: 008637 Test Date: 06/28/2024

Citation Number: M0000000-0 Subject's Name:

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

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

Analyst's Name: Sharpe Jr., Robert J
Permit Number: 1820-8591
Effective:
10/01/2023-10/01/2025

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

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

Test	g/210L	Time
DIAG	Pass	9:21pm
AIR BLK	-00	9:22pm
ACCY CHK	.08	9:22pm
AIR BLK	.00	9:23pm
SUB TEST	.00	9:24pm
AIR BLK	.00	9:25pm
SUB TEST	.00	9:27pm
AIR BLK	.00	9:27pm

Reported AC: 000 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ROBESON COUNTY BAT MOBILE REGION 6 770

Serial Number: 008637 Test Record Number: 3410 Test Date: 06/28/2024 Test Time: 9:28pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
ATD	Dane	
AIR	Pagg	9 - 29mm

Printer Tests

Test	Status	Time
PRNT	Pass	9:29pm
	CRC Tests	
Test	Status	Time
COMP	Pass	9:30pm
CAL	Pass	9:30pm

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 serial number 1	maintenance procedures for the Intoximeters 0,000 or higher) to be followed at least once	, Model Intox EC/IR II and M every four months are:	lodel Intox EC/IR II (Enhanced with
	(1)	Verify the ethanol gas canister displays a breath simulator thermometer shows 34 c		
	(2)	Verify instrument displays time and date;		
	(3)	Initiate breath test sequence;		
	(4)	Enter information as prompted;		
)	(5)	Verify instrument accuracy;		
	(6)	When "PLEASE BLOW" appears, collec-	t breath sample;	
	(7)	When "PLEASE BLOW" appears, collec-	t breath sample;	
	(8)	Print test record;		
	(9)	Run diagnostic program and confirm pre-	ventive maintenance status of	"Pass"; and
	(10)	Verify that the ethanol gas canister is simulator solution is being changed ev whichever occurs first.		
1	were performed	the 21st day of June on the instrument indicated above, in accovices, and the instrument is functioning prop	dance with current regulation	preventive maintenance procedures as of the N.C. Department of Health
1		Signature of C	ertifying Official	Certificate Number

ROBESON COUNTY BAT MOBILE REGION 6 770

Serial Number: 008686 Test Date: 06/21/2024

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

Analyst's Name: Sharpe Jr., Robert J Permit Number: 1820-8591 Effective: 10/01/2023-10/01/2025

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

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

g/210L	Time
Pass	8:10pm
.00	8:11pm
.08	8:11pm
.00	8:12pm
.00	8:13pm
.00	8:14pm
.00	8:15pm
.00	8:16pm
	Pass .00 .08 .00 .00

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ROBESON COUNTY BAT MOBILE REGION 6 770

Serial Number: 008686 Test Record Number: 7064
Test Date: 06/21/2024 Test Time: 8:17pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:17pm
FLO	Pass	8:17pm
FC	Pass	8:17pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:17pm
SRC	Pass	8:17pm
DET	Pass	8:17pm
BAR	Pass	8:17pm
BT	Pass	8:17pm

Blank Tests

Test	Status	Time
222	- 28	
AIR	Pass	8:18pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:18pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	8:18pm 8:18pm

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)

	re maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were perform	an the 28 day of

ROBESON COUNTY BAT MOBILE REGION 6 770

Serial Number: 008686 Test Date: 06/28/2024

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

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

Analyst's Name: 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: AG302702 Exp Date: 01/27/2025

Test	g/210L	Time
DIAG	Pass	8:44pm
AIR BLK	.00	8:45pm
ACCY CHK	.08	8:45pm
AIR BLK	.00	8:46pm
SUB TEST	.00	8:47pm
AIR BLK	.00	8:48pm
SUB TEST	.00	8:49pm
ATR BLK	0.0	8 - 50pm

Reported AC: 90 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ROBESON COUNTY BAT MOBILE REGION 6 770

Serial Number: 008686 Test Record Number: 7066 Test Date: 06/28/2024 Test Time: 8:54pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:54pm
FLO	Pass	8:54pm
FC	Pass	8:54pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:54pm
SRC	Pass	8:54pm
DET	Pass	8:54pm
BAR	Pass	8:54pm
BT	Pass	8:54pm

Blank Tests

Test	Status	Time
AIR	Pass	8:55pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:55pm
	CRC Tests	
Test	Status	Time
COMP	Pass	8:55pm
CAL	Pass	8:55pm

Preventive Maintenance Status: Pass

Analyst



lr	nstrument Seri	al No. 00 8776 St. Pauls PD	_
T	he preventive erial 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:	ith
	(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;	lic
	(2)	Verify instrument displays time and date;	
	(3)	Initiate breath test sequence;	
	(4)	Enter information as prompted,	
9	(5)	Verify instrument accuracy;	
•	(6)	When "PLEASE BLOW" appears, collect breath sample;	
	(7)	When "PLEASE BLOW" appears, collect breath sample;	
	(8)	Print test record;	
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and	
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic bres simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.	ath sts.
W	vere performe	the 2 day of June, 20 24 the forgoing preventive maintenance procedule on the instrument indicated above, in accordance with current regulations of the N.C. Department of Heavices, and the instrument is functioning properly.	res
1	AL a		
100			
100	(in the second	684	

ROBESON COUNTY BAT MOBILE REGION 6 770

Serial Number: 008776 Test Date: 06/21/2024

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

Analyst's Name: Sharpe Jr., Robert J
Permit Number: 1820-8591
Effective:
10/01/2023-10/01/2025

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

Lot Number: AG225701 Exp Date: 09/14/2024

Test	g/210L	Time
DIAG	Pass	8:08pm
AIR BLK	.00	8:09pm
ACCY CHK	.08	8:10pm
AIR BLK	.00	8:11pm
SUB TEST	.00	8:11pm
AIR BLK	.00	8:12pm
SUB TEST	.00	8:14pm
ATR BLK	.00	8 - 15pm

Reported ACr .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ROBESON COUNTY BAT MOBILE REGION 6 770

Serial Number: 008776 Test Record Number: 4014 Test Date: 06/21/2024 Test Time: 8:16pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:16pm
FLO	Pass	8:16pm
FC	Pass	8:16pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:16pm
SRC	Pass	8:16pm
DET	Pass	8:16pm
BAR	Pass	8:16pm
BT	Pass	8:16pm

Blank Tests

Test	Status	Time
AIR	Pass	8:17pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:17pm
	CRC Tests	
Test	Status	Time
COMP	Pass	8:17pm
CAL	Pass	8:17pm

Preventive Maintenance Status: Pass

Analyst

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 alcoholi breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
	the 6 day of 7000, 2024 the forgoing preventive maintenance procedure on the instrument indicated above, in accordance with current regulations of the N.C. Department of Healt vices, and the instrument is functioning properly.

ROBESON COUNTY LUMBERTON PD 770

Serial Number: 008846 Test Date: 06/06/2024

Citation Number: M0000000-0

Subject's Name:

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

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

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

Analyst's Name: Garner, Joel K Permit Number: 0036-5156

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	2:36pm
AIR BLK	.00	2:37pm
ACCY CHK	.08	2:38pm
AIR BLK	.00	2:39pm
SUB TEST	.00	2:40pm
AIR BLK	.00	2:41pm
SUB TEST	.00	2:42pm
AIR BLK	.00	2:43pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ROBESON COUNTY LUMBERTON PD 770

Serial Number: 008846 Test Record Number: 6290 Test Date: 06/06/2024 Test Time: 2:44pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:44pm
FLO	Pass	2:44pm
FC	Pass	2:44pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:44pm
SRC	Pass	2:44pm
DET	Pass	2:44pm
BAR	Pass	2:44pm
BT	Pass	2:44pm

Blank Tests

Test	Status	Time
AIR	Pass	2:45pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:45pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	2:45pm 2:45pm

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 5	ampoon .	Instrument Location_	SAMASON	COUNTY ON CENTER
	Instrument Seria	al No. 008825	_	DETENTI	ON CENTER
	The preventive serial number I	maintenance procedures for th 0,000 or higher) to be follower	e Intoximeters, Model In 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 breath simulator thermome			osi) of pressure, or the alcoholic tigrade;
	(2)	Verify instrument displays	time and date;		
	(3)	Initiate breath test sequence	e;		
	(4)	Enter information as prom	pted;		
2	(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 ar	nd confirm preventive ma	intenance status of "Pass"	"; and
	(10)				date, or the alcoholic breath obolic Breath Simulator tests,
	were performed	the OG day of Odd day of Odd don the instrument indicated vices, and the instrument is fu	above, in accordance wit	24 the forgoing preve h current regulations of	entive maintenance procedures the N.C. Department of Health
		I Colm	Re Bu	~	648
	100		Signature of Certifying C	Official	Certificate Number

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

DHHS 4080 (04/20)

SAMPSON COUNTY DETENTION CENTER 810

Serial Number: 008825 Test Date: 06/06/2024

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

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

Analyst's Name: 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: AG400301 Exp Date: 01/03/2026

Test	g/210L	Time
DIAG	Pass	2:32pm
AIR BLK	.00	2:33pm
ACCY CHK	.08	2:33pm
AIR BLK	.00	2:35pm
SUB TEST	.00	2:36pm
AIR BLK	.00	2:36pm
SUB TEST	.00	2:39pm
AIR BLK	.00	2:39pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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SAMPSON COUNTY DETENTION CENTER 810

Serial Number: 008825 Test Record Number: 3774
Test Date: 06/06/2024 Test Time: 2:41pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:41pm
FLO	Pass	2:41pm
FC	Pass	2:41pm

Temperature Tests

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

Blank Tests

Status	Time
Pass	2:42pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:42pm
	CRC Tests	

Test	Status	Time
COMP	Pass Pass	2:42pm 2:42pm

Preventive Maintenance Status: Pass

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

MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

Instr	ument Seri	ial No. 008877	5 5 .	DETENTION	CENTER
The	preventive 1 number 1	maintenance procedures for th 0,000 or higher) to be followed	e Intoximeters, Model Int I at least once every four r	ox EC/IR II and Model Intox I nonths are:	EC/IR II (Enhanced with
	(1)	Verify the ethanol gas cani breath simulator thermome	ster displays at least 51 po ter shows 34 degrees, plus	ounds per square inch (psi) of p or minus .2 degree centigrade	oressure, or the alcoholic
	(2)	Verify instrument displays	time and date;		
	(3)	Initiate breath test sequence	e;		
	(4)	Enter information as promp	oted;		
	(5)	Verify instrument accuracy			
	(6)	When "PLEASE BLOW"	appears, collect breath sam	ple;	
	(7)	When *PLEASE BLOW*	appears, collect breath sam	ple;	
	(8)	Print test record;			
	(9)	Run diagnostic program an	d confirm preventive mair	stenance status of "Pass"; and	
	(10)			nged before expiration date, onths or after 125 Alcoholic	
were	performed	the Ole day of d on the instrument indicated a vices, and the instrument is fun	bove, in accordance with	4 the forgoing preventive recurrent regulations of the N.C.	naintenance procedures C. Department of Health
EN	Sam ve	al i	2 1500		648
			Signature of Certifying Of	ficial Ce	rtificate Number

SAMPSON COUNTY DETENTION CENTER 810

Serial Number: 008877 Test Date: 06/06/2024

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: 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: AG400301 Exp Date: 01/03/2026

Test	g/210L	Time
DIAG	Pass	2:39pm
AIR BLK	.00	2:39pm
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
AIR BLK	.00	2:45pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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SAMPSON COUNTY DETENTION CENTER 810

Serial Number: 008877 Test Record Number: 4184 Test Date: 06/06/2024 Test Time: 2:45pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:46pm
FLO	Pass	2:46pm
FC	Pass	2:46pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	2:46pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:47pm
	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)

	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced wis 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 test whichever occurs first.
	the 2 day of
	12) ALL 675

SCOTLAND COUNTY LAURINBURG PD 820

Serial Number: 008834 Test Date: 06/21/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Garner, Joel K

Permit Number: 0036-5156

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG303101 Exp Date: 01/31/2025

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

SCOTLAND COUNTY LAURINBURG PD 820

Serial Number: 008834 Test Record Number: 1213
Test Date: 06/21/2024 Test Time: 9:28am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	9:30am

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

9:30am

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 day of day o

SCOTLAND COUNTY SHERIFF'S OFFICE 820

Serial Number: 008861 Test Date: 06/21/2024

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Garner, Joel K Permit Number: 0036-5156

Effective: 10/01/2023-10/01/2025

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

Lot Number: AG308703 Exp Date: 03/28/2025

Test	g/210L	Time
DIAG	Pass	8:45am
AIR BLK	.00	8:46am
ACCY CHK	.08	8:46am
AIR BLK	.00	8:47am
SUB TEST	.00	8:48am
AIR BLK	.00	8:49am
SUB TEST	.00	8:50am
AIR BLK	.00	8:51am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

SCOTLAND COUNTY SHERIFF'S OFFICE 820

Serial Number: 008861 Test Record Number: 2053 Test Date: 06/21/2024 Test Time: 8:52am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	8:53an

Printer Tests

Test	Status	Time
PRNT	Pass	8:53am
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	8:53am 8:53am

Preventive Maintenance Status: Pass

Analyst

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

The preventive	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	21st June 211

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

Certificate Number

STANLY COUNTY STANLY COUNTY SO 830

Serial Number: 008842 Test Date: 06/21/2024

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

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

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

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

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

Lot Number: AG308702 Exp Date: 03/28/2025

Test	g/210L	Time
DIAG	Pass	9:43am
AIR BLK	.00	9:44am
ACCY CHK	.08	9:45am
AIR BLK	.00	9:46am
SUB TEST	.00	9:46am
AIR BLK	.00	9:47am
SUB TEST	.00	9:49am
AIR BLK	.00	9:49am

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

STANLY COUNTY STANLY COUNTY SO 830

Serial Number: 008842 Test Record Number: 3006 Test Date: 06/21/2024 Test Time: 9:50am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
ATR	Page	9.51am

Printer Tests

Test	Status	Time
PRNT	Pass	9:52am
	CPC Tosts	

CMC lests

Status	TTIME
Pass	9:52am
Pass	9:52am
	Pass

Preventive Maintenance Status: Pass

Analyst

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

Instrument Seri	ial No. 008723 Instrument Location Swain Co- Jail Bryson City, NC
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcohol breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.
were personne	the 10 day of 1010 , 2024 the forgoing preventive maintenance procedure don the instrument indicated above, in accordance with current regulations of the N.C. Department of Heal rvices, and the instrument is functioning properly.
	Signature of Certifying Official Certificate Number

SWAIN COUNTY JAIL 860

Serial Number: 008723 Test Date: 06/10/2024

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

Analyst's Name: Cutler, Daniel R
Permit Number: 0084-3310
Effective:
10/01/2023-10/01/2025

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

Lot Number: AG303102 Exp Date: 01/31/2025

Test	g/210L	Time
DIAG	Pass	10:48am
AIR BLK	.00	10:48am
ACCY CHK	.08	10:49am
AIR BLK	.00	10:50am
SUB TEST	.00	10:51am
AIR BLK	.00	10:52am
SUB TEST	.00	10:53am
AIR BLK	.00	10:54am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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SWAIN COUNTY JAIL 860

Serial Number: 008723 Test Record Number: 894
Test Date: 06/10/2024 Test Time: 10:55am EDT

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

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

	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performe	the 10 day of 100 e. , 2024 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.

SWAIN COUNTY JAIL 860

Serial Number: 008727 Test Date: 06/10/2024

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

Analyst's Name: Cutler, Daniel R
Permit Number: 0084-3310
Effective:
10/01/2023-10/01/2025

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

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

Test	g/210L	Time
DIAG	Pass	10:45am
AIR BLK	.00	10:46am
ACCY CHK	.07	10:46am
AIR BLK	.00	10:47am
SUB TEST	.00	10:48am
AIR BLK	.00	10:49am
SUB TEST	.00	10:50am
ATR BLK	.00	10:51am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

SWAIN COUNTY JAIL 860

Serial Number: 008727 Test Record Number: 1658 Test Date: 06/10/2024 Test Time: 10:52am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:52am 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	Time
AIR	Pass	10:53am

Printer Tests

Test	Status	Time
PRNT	Pass	10:53am
	CRC Tests	
Test	Status	Time

Preventive Maintenance Status: Pass

Pass

Pass

10:53am

COMP

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

County Su	rain Instrument Location Cherokee Tribal Detention
Instrument Seri	ial No. 008782 Cherokee, NC
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced wit 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholisteath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program 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 June , 20 2 4 the forgoing preventive maintenance procedure d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Healt revices, and the instrument is functioning properly.
	Signature of Certifying Official Certificate Number

SWAIN COUNTY CHEROKEE DETENTION 860

Serial Number: 008782 Test Date: 06/11/2024

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

Analyst's Name: Cutler, Daniel R
Permit Number: 0084-3310
Effective:
10/01/2023-10/01/2025

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

SWAIN COUNTY CHEROKEE DETENTION 860

Serial Number: 008782 Test Record Number: 1542
Test Date: 06/11/2024 Test Time: 11:13am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:13am
SRC	Pass	11:13am
DET	Pass	11:13am
BAR	Pass	11:13am
BT	Pass	11:13am

Blank Tests

Test	Status	Time
AIR	Pass	11:14am

Printer Tests

Tear	Deacus	44110
PRNT	Pass	11:14am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:14am

Pass

11:14am

Preventive Maintenance Status: Pass

CAL

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

Instrument Ser	ial No. 105609 Bre	varl, NC
The preventive serial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and M 10,000 or higher) to be followed at least once every four months are:	Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square is breath simulator thermometer shows 34 degrees, plus or minus .2 degrees	nch (psi) of pressure, or the alcoholic ee centigrade;
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of	"Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expir simulator solution is being changed every four months or after 12: whichever occurs first.	ration date, or the alcoholic breath 5 Alcoholic Breath Simulator tests,
were performe	the 3 day of , 202 4 the forgoing d on the instrument indicated above, in accordance with current regulation vices, and the instrument is functioning properly.	preventive maintenance procedures as of the N.C. Department of Health
I WITH		
SCHW 125	1001	668

TRANSYLVANIA COUNTY TRANSYLVANIA COUNTY JAIL 870

> Serial Number: 008609 Test Date: 06/03/2024

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

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

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

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

Lot Number: AG308004 Exp Date: 03/21/2025

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

Reported AC: .00 g/21QL

Signature of Chemical Analyst

Court CVR

Analyst

TRANSYLVANIA COUNTY TRANSYLVANIA COUNTY JAIL 870

Serial Number: 008609 Test Record Number: 1217
Test Date: 06/03/2024 Test Time: 10:37am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:37am
FLO	Pass	10:37am
FC	Pass	10:37am

Temperature Tests

Test	Status	Time
FC1	Pass	10:37am
SRC	Pass	10:37am
DET	Pass	10:37am
BAR	Pass	10:37am
BT	Pass	10:37am

Blank Tests

Test	Status	Time
AIR	Pass	10:38am

Printer Tests

Teet Statue Time

resc	ocacus	TIME
PRNT	Pass	10:38am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:38am
CAL	Pass	10:38am

Preventive Maintenance Status: Pass

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

Analyst

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

County Tr	ansylvania	Instrument Location_	Transylvan	ia County	Jail
Instrument Ser	ial No. <u>008820</u>	-	Brevo	ed, NC	
The preventive	maintenance procedures for th (0,000 or higher) to be followed	e Intoximeters, Model In	ox EC/IR II and Model	Intox EC/IR II (Enha	inced with
(1)	Verify the ethanol gas cani- breath simulator thermome	ster displays at least 51 m	ounds not source in the	psi) of pressure, or the	alcoholic
(2)	Verify instrument displays				
(3)	Initiate breath test sequence				
(4)	Enter information as promp	ited;			
(5)	Verify instrument accuracy;				
(6)	When "PLEASE BLOW" a		nle:		
(7)	When "PLEASE BLOW" ap				
(8)	Print test record;		p.c.,		
(9)	Run diagnostic program and	confirm preventive mair	tenance status of "Page	* and	
(10)	Verify that the ethanol gas simulator solution is being whichever occurs first.	s canister is being char	and before multi-th-		ic breath tor tests,
I certify that on were performed and Human Serv	the 3 day of 5 day of	ove, in accordance with tioning properly.	the forgoing prever current regulations of t	ntive maintenance pr he N.C. Department of	ocedures of Health
		521	/	668	
	Si	gnature of Certifying Off	icial	Certificate Number	
A signed original	of the preventive maintenance	record shall be kept on fi	le for at least three year	s.	

DHHS 4080 (04/20)

TRANSYLVANIA COUNTY TRANSYLVANIA COUNTY JAIL 870

> Serial Number: 008820 Test Date: 06/03/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

> > Lot Number: AG308004 Exp Date: 03/21/2025

Test	g/210L	Time
DIAG	Pass	10:30am
AIR BLK	.00	10:31am
ACCY CHK	.07	10:31am
AIR BLK	.00	10:32am
SUB TEST	.00	10:33am
AIR BLK	.00	10:34am
SUB TEST	.00	10:35am
AIR BLK	.00	10:36am

.00 g/210L Reported AC:

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

TRANSYLVANIA COUNTY TRANSYLVANIA COUNTY JAIL 870

Serial Number: 008820 Test Record Number: 1703 Test Date: 06/03/2024 Test Time: 10:36am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:37am
FLO	Pass	10:37am
FC	Pass	10:37am

Temperature Tests

Test	Status	Time
FC1	Pass	10:37am
SRC	Pass	10:37am
DET	Pass	10:37am
BAR	Pass	10:37am
BT	Pass	10:37am

Blank Tests

Test	Status	Time
AIR	Pass	10:38am

Printer Tests

Test	Status	Time
PRNT	Pass	10:38am

CRC Tests

Test	Status	Time
COMP	Pass	10:38am
CAL	Pass	10:38am

Preventive Maintenance Status: Pass

Analyst

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 day of day of 2024 the forgoing preventive maintenance procedures on the instrument indigated 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.

Signature of Certifying Official

Certificate Number

UNION COUNTY UNION COUNTY SO 890

Serial Number: 008866 Test Date: 06/06/2024

Citation Number: M0000000-0 Subject's Name:

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

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

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

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

Lot Number: AG308003 Exp Date: 03/21/2025

Test	g/210L	Time
DIAG	Pass	11:30am
AIR BLK	.00	11:30am
ACCY CHK	.07	11:31am
AIR BLK	.00	11:32am
SUB TEST	.00	11:33am
AIR BLK	.00	11:34am
SUB TEST	.00	11:35am
AIR BLK	.00	11:36am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analy

UNION COUNTY UNION COUNTY SO 890

Serial Number: 008866 Test Date: 06/06/2024

Test Record Number: 4508 Test Time: 11:37am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:37am
FLO	Pass	11:37am
FC	Pass	11:37am

Temperature Tests

Test	Status	Time
FC1	Pass	11:37am
SRC	Pass	11:37am
DET	Pass	11:37am
BAR	Pass	11:37am
BT	Pass	11:37am

Blank Tests

Test	Status	Time
ATR	Page	11.38am

Printer Tests

Test	Status	Time
PRNT	Pass	11:38am

CRC Tests

Test	Status	Time
COMP	Pass	11:38am
CAL	Pass	11:38am

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 serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on were performed and Human Ser	the day of 100, 2024 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.

UNION COUNTY UNION COUNTY SO 890

Serial Number: 008876 Test Date: 06/06/2024

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

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

Lot Number: AG308003 Exp Date: 03/21/2025

Test	g/210L	Time
DIAG	Pass	11:29am
AIR BLK	.00	11:29am
ACCY CHK	.08	11:30am
AIR BLK	.00	11:31am
SUB TEST	.00	11:32am
AIR BLK	.00	11:33am
SUB TEST	.00	11:34am
AIR BLK	.00	11:35am

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

UNION COUNTY UNION COUNTY SO 890

Serial Number: 008876 Test Date: 06/06/2024 Test Record Number: 7088 Test Time: 11:35am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:36am
SRC	Pass	11:36am
DET	Pass	11:36am
BAR	Pass	11:36am
BT	Pass	11:36am

Blank Tests

Test	Status	Time
AIR	Pass	11:37am

Printer Tests

Test	Status	Time
PRNT	Pass	11:37am
	CRC Tests	

Test	Status	Time
COMP	Pass	11:37am
CAL	Pass	11:37am

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. <u>008577</u>	3301 HAMMOND RO	
		Ralash	
The preventive serial number 1	maintenance procedures for the Intoximeters, Mode 0,000 or higher) to be followed at least once every for	I Intox EC/IR II and Model Intox EC/IR II (I our months are:	Enhanced with
(1)	Verify the ethanol gas canister displays at least 5 breath simulator thermometer shows 34 degrees,	1 pounds per square inch (psi) of pressure, o plus or minus .2 degree centigrade;	r the alcoholic
(2)	Verify instrument displays time and date;		
(3)	Initiate breath test sequence;		
(4)	Enter information as prompted;		
(5)	Verify instrument accuracy;		
(6)	When "PLEASE BLOW" appears, collect breath	sample;	
(7)	When "PLEASE BLOW" appears, collect breath	sample;	
(8)	Print test record;		
(9)	Run diagnostic program and confirm preventive	maintenance status of "Pass"; and	
(10)	Verify that the ethanol gas canister is being simulator solution is being changed every four whichever occurs first.	changed before expiration date, or the ale r months or after 125 Alcoholic Breath S	coholic breath imulator tests,
I certify that on were performed and Human Ser	the day of	2024 the forgoing preventive maintenan with current regulations of the N.C. Departs	ce procedures nent of Health
	Somm Adokes	Barres Co	Z
	Signature of Certifyin	g Official Certificate N	umber

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008577 Test Date: 06/05/2024

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

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

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

Analyst's Name: Barnes, Simon S Permit Number: 0014-6221 Effective: 10/01/2023-10/01/2025

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

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

Test	g/210L	Time
DIAG	Pass	12:14pm
AIR BLK	.00	12:14pm
ACCY CHK	.08	12:15pm
AIR BLK	.00	12:16pm
SUB TEST	.00	12:17pm
AIR BLK	.00	12:18pm
SUB TEST	.00	12:20pm
AIR BLK	.00	12:20pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Somme Stakes Popus Analyst

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008577 Test Record Number: 7815 Test Date: 06/05/2024 Test Time: 12:21pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:22pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:22pm
	CRC Tests	
Test	Status	Time
COMP	Pagg	12:22pm

12:22pm

Preventive Maintenance Status: Pass

Pass

CAL

Som Adas Frances

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.

WAKE COUNTY BAT MOBILE REGION 4 910

Serial Number: 008601 Test Date: 06/21/2024

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

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

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

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

Test	g/210L	Time
DIAG	Pass	9:17pm
AIR BLK	.00	9:18pm
ACCY CHK	.08	9:19pm
AIR BLK	.00	9:20pm
SUB TEST	.00	9:20pm
AIR BLK	.00	9:21pm
SUB TEST	.00	9:23pm
AIR BLK	.00	9:24pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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WAKE COUNTY BAT MOBILE REGION 4 910

Serial Number: 008601 Test Record Number: 1593 Test Date: 06/21/2024 Test Time: 9:24pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:25pm
FLO	Pass	9:25pm
FC	Pass	9:25pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:25pm
SRC	Pass	9:25pm
DET	Pass	9:25pm
BAR	Pass	9:25pm
BT	Pass	9:25pm
		75-0000 March 2000

Blank Tests

Test	Status	Time
AIR	Pass	9:25pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:25pm
	CRC Tests	
Test	Status	Time
COMP	Pass	9:26pm
CAL	Pass	9:26pm

Preventive Maintenance Status: Pass

Harry

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 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.

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

Certificate Number

WAKE COUNTY BAT MOBILE REGION 4 910

Serial Number: 008615 Test Date: 06/29/2024

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

Analyst's Name: 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	9:59pm
AIR BLK	.00	10:00pm
ACCY CHK	.07	10:01pm
AIR BLK	.00	10:02pm
SUB TEST	.00	10:02pm
AIR BLK	.00	10:03pm
SUB TEST	.00	10:04pm
AIR BLK	.00	10:05pm

Reported AC: 109 g/2101

Signature of Chemical Analyst

Court CVR

WAKE COUNTY BAT MOBILE REGION 4 910

Serial Number: 008615 Test Record Number: 5931 Test Date: 06/29/2024 Test Time: 10:07pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:07pm
FLO	Pass	10:07pm
FC	Pass	10:07pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:07pm
SRC	Pass	10:07pm
DET	Pass	10:07pm
BAR	Pass	10:07pm
BT	Pass	10:07pm

Blank Tests

Test	Status	Time		
AIR	Pass	10:08pm		

Printer Tests

Test Status Time

PRNT	Pass	10:08pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:08pm
CAL	Pass	10:08pm

Preventive Maintenance Status: Pass

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

County 4/4	Ke	Instrument Lo	ocation Adva	AD	Schringer	4	
Instrument Seri	ial No. 008621	- 1	1615	E-	Williams	5	400
The preventive serial number 1	maintenance procedures fo 0,000 or higher) to be follo	r the Intoximeters, A wed at least once ev	Model Intox EC/l	IR II a	and Model Intox	EC/IR II (I	Enhanced with
(1)	Verify the ethanol gas of breath simulator thermo	anister displays at le emeter shows 34 deg	east 51 pounds perees, plus or min	er squ	are inch (psi) of p	pressure, o	r the alcoholic
(2)	Verify instrument displa	ays time and date;					
(3)	Initiate breath test seque	ence;					
(4)	Enter information as pro	ompted;					
(5)	Verify instrument accur	acy;					
(6)	When "PLEASE BLOW	V" appears, collect b	reath sample;				
(7)	When "PLEASE BLOW	√ appears, collect b	reath sample;				
(8)	Print test record;						
(9)	Run diagnostic program	and confirm preven	tive maintenance	e statu	s of "Pass"; and		
(10)	Verify that the ethano simulator solution is b whichever occurs first.	l gas canister is be eing changed every	ring changed be four months of	fore r afte	expiration date, r 125 Alcoholic	or the alc Breath Si	coholic breath mulator tests,
I certify that on were performed and Human Ser	the day of d on the instrument indicate vices, and the instrument is	d above in accorda	nce with current	forgo t regul		C. Departn	ce procedures nent of Health
China Age	Drum	Offee	ifving Official			rtificate N	

WAKE COUNTY APEX PD

Serial Number: 008621 Test Date: 06/06/2024

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

Driver's License Number: NONE

Analyst's Name: Barnes, Simon S Permit Number: 0014-6221 Effective: 10/01/2023-10/01/2025

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

> Lot Number: AG303102 Exp Date: 01/31/2025

Test	g/210L	Time
	Pass	2:47pm
AIR BLK	.00	2:48pm
ACCY CHK	.08	2:48pm
AIR BLK	.00	2:49pm
SUB TEST	.00	2:50pm
AIR BLK	.00	2:51pm
SUB TEST	.00	2:52pm
AIR BLK	.00	2:53pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

WAKE COUNTY APEX PD

Serial Number: 008621 Test Record Number: 3587 Test Date: 06/06/2024 Test Time: 2:55pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	2:55pm
SRC	Pass	2:55pm
DET	Pass	2:55pm
BAR	Pass	2:55pm
BT	Pass	2:55pm
		THE RESERVE THE PROPERTY.

Blank Tests

Test	Status	Time
AIR	Pass	2:56pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:56pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:56pm
CAL	Pass	2:56pm

Preventive Maintenance Status: Pass

Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

In	nstrument Seri	al No. 00 8637 NC SI	HP
T	he preventive	maintenance procedures for the Intoximeters, Model Intox EC/IR II at 0,000 or higher) to be followed at least once every four months are:	nd Model Intox EC/IR II (Enhanced with
	(1)	Verify the ethanol gas canister displays at least 51 pounds per squabreath simulator thermometer shows 34 degrees, plus or minus .2 d	are inch (psi) of pressure, or the alcoholic degree centigrade;
	(2)	Verify instrument displays time and date;	
	(3)	Initiate breath test sequence;	
	(4)	Enter information as prompted;	
à	(5)	Verify instrument accuracy,	
	(6)	When "PLEASE BLOW" appears, collect breath sample;	
	(7)	When "PLEASE BLOW" appears, collect breath sample;	
	(8)	Print test record;	
	(9)	Run diagnostic program and confirm preventive maintenance status	s of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before e simulator solution is being changed every four months or after whichever occurs first.	expiration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,
W	ere performed	the 29 day of	ing preventive maintenance procedures ations of the N.C. Department of Health
1	STATE		
A SEA			
1		5	684

WAKE COUNTY BAT MOBILE REGION 6 910

Serial Number: 008637 Test Date: 06/29/2024

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Sharpe Jr., Robert J
Permit Number: 1820-8591
Effective:
10/01/2023-10/01/2025

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

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

Test	g/210L	Time
DIAG	Pass	9:44pm
AIR BLK	.00	9:45pm
ACCY CHK	.08	9:45pm
AIR BLK	.00	9:46pm
SUB TEST	.00	9:47pm
AIR BLK	.00	9:47pm
SUB TEST	.00	9:49pm
AIR BLK	.00	9:50pm

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

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WAKE COUNTY BAT MOBILE REGION 6 910

Serial Number: 008637 Test Record Number: 3412 Test Date: 06/29/2024 Test Time: 9:51pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time	
IR	Pass	9:52pm	
FLO FC	Pass Pass	9:52pm 9:52pm	

Temperature Tests

Test	Status	Time
FC1	Pass	9:52pm
SRC	Pass	9:52pm
DET	Pass	9:52pm
BAR	Pass	9:52pm
BT	Pass	9:52pm

Blank Tests

Test	Status	Time	
AIR	Pass	9:53pm	

Printer Tests

Status Time

9:53pm

-		
PRNT	Pass	9:53pm
	CRC Tests	
Test	Status	Time
COMP	Bacc	9 - 53mm

Preventive Maintenance Status: Pass

Pass

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)

The serie	preventive il 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 alcoholis breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	(2)	Verify instrument displays time and date;
	(3)	Initiate breath test sequence;
	(4)	Enter information as prompted;
	(5)	Verify instrument accuracy;
	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before 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 29th day of 50nc , 20 29 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.

WAKE COUNTY BAT MOBILE REGION 6 910

Serial Number: 008686 Test Date: 06/29/2024

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

Analyst's Name: 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: AG302702 Exp Date: 01/27/2025

g/210L	Time
Pass	9:45pm
.00	9:46pm
.07	9:46pm
.00	9:47pm
.00	9:48pm
.00	9:49pm
.00	9:50pm
.00	9:51pm
	Pass .00 .07 .00 .00

Reported Ag: /.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY BAT MOBILE REGION 6 910

Serial Number: 008686 Test Record Number: 7068 Test Date: 06/29/2024 Test Time: 9:52pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time	
IR	Pass	9:52pm	
FLO	Pass	9:52pm	
FC	Pass	9:52pm	

Temperature Tests

Test	Status	Time
FC1	Pass	9:52pm
SRC	Pass	9:52pm
DET	Pass	9:52pm
BAR	Pass	9:52pm
BT	Pass	9:52pm

Blank Tests

Test	Status	Time
AIR	Pass	9 - 53 pm

Printer Tests

rest	Status	Time	
PRNT	Pass	9:53pm	

CRC Tests

Test	Status	Time
COMP	Pass	9:53pm
CAL	Pass	9:53pm

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 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.

WAKE COUNTY BAT MOBILE REGION 4 910

Serial Number: 008736 Test Date: 06/08/2024

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

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	9:50pm
AIR BLK	.00	9:51pm
ACCY CHK	.08	9:52pm
AIR BLK	.00	9:53pm
SUB TEST	.00	9:53pm
AIR BLK	.00	9:54pm
SUB TEST	.00	9:56pm
AIR BLK	.00	9:57pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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WAKE COUNTY BAT MOBILE REGION 4 910

Serial Number: 008736 Test Record Number: 1246 Test Date: 06/08/2024 Test Time: 9:58pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	9:59pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:59pm
	CRC Tests	
Test	Status	Time
COMP	Pass	9:59pm

Preventive Maintenance Status: Pass

Pass

9:59pm

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CAL

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	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 or were performe and Human Se	the 21 day of

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

Signature of Certifying Official

WAKE COUNTY BAT MOBILE REGION 4 910

Serial Number: 008736 Test Date: 06/21/2024

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

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

Analyst's Name: 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	10:38pm
AIR BLK	.00	10:39pm
ACCY CHK	.08	10:39pm
AIR BLK	.00	10:40pm
SUB TEST	.00	10:41pm
AIR BLK	.00	10:42pm
SUB TEST	.00	10:43pm
AIR BLK	.00	10:44pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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WAKE COUNTY BAT MOBILE REGION 4 910

Serial Number: 008736 Test Record Number: 1255 Test Date: 06/21/2024 Test Time: 10:45pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:45pm
FLO	Pass	10:45pm
FC	Pass	10:45pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:45pm
SRC	Pass	10:45pm
DET	Pass	10:45pm
BAR	Pass	10:45pm
BT	Pass	10:45pm
		O STATE OF THE STA

Blank Tests

Test	Status	Time
AIR	Pass	10:46pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:46pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:46pm
CAL	Pass	10:46pm

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 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the 29 day of

WAKE COUNTY BAT MOBILE REGION 4 910

Serial Number: 008736 Test Date: 06/29/2024

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

Analyst's Name: 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	9:57pm
AIR BLK	.00	9:58pm
ACCY CHK	.08	9:59pm
AIR BLK	.00	10:00pm
SUB TEST	.00	10:00pm
AIR BLK	.00	10:01pm
SUB TEST	.00	10:02pm
AIR BLK	.00	10:03pm

Reported AC: .00 g/210L

Court CVR

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Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

WAKE COUNTY BAT MOBILE REGION 4 910

Serial Number: 008736 Test Record Number: 1257 Test Date: 06/29/2024 Test Time: 10:07pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time	
IR	Pass	10:07pm	
FLO	Pass	10:07pm	
FC	Pass	10:07pm	

Temperature Tests

Status	Time
Pass	10:08pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	10:08pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:08pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10.08pm

10:08pm

Preventive Maintenance Status: Pass

Pass

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DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

County WA	Ke	Instrument Location WAYE Co	uty Deleation GR
Instrument Ser	ial No. <u>008060</u>	3301 HAN	umono PD Ralough No
The preventive serial number 1	maintenance procedures for th 0,000 or higher) to be followed	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 breath simulator thermome	ster displays at least 51 pounds per squar ter shows 34 degrees, plus or minus .2 de	re inch (psi) of pressure, or the alcoholi- egree centigrade;
(2)	Verify instrument displays	time and date;	
(3)	Initiate breath test sequence	e;	
(4)	Enter information as promp	nted;	
(5)	Verify instrument accuracy	;	
(6)	When "PLEASE BLOW" a	appears, collect breath sample;	
(7)	When "PLEASE BLOW" a	appears, collect breath sample;	
(8)	Print test record;		
(9)	Run diagnostic program an	d confirm preventive maintenance status	of "Pass"; and
(10)	Verify that the ethanol gas simulator solution is being whichever occurs first.	as canister is being changed before en g changed every four months or after	expiration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests
were performed	the 24 day of 1004 d on the instrument indicated a vices, and the instrument is fun	bove, in accordance with current regula	ng preventive maintenance procedure tions of the N.C. Department of Healti
	Sam 8	Alex Barres	662

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008760 Test Date: 06/24/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Barnes, Simon S Permit Number: 0014-6221 Effective: 10/01/2023-10/01/2025

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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WAKE COUNTY DETENTION CENTER 910

Serial Number: 008760 Test Record Number: 6936 Test Date: 06/24/2024 Test Time: 2:16pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:17pm
FLO	Pass	2:17pm
FC	Pass	2:17pm

Temperature Tests

Status	Time
Pass	2:17pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	2:18pm
p	rinter Tes	he.

rest	Status	Time
PRNT	Pass	2:18pm

CRC Tests

Test	Status	Time
COMP	Pass Pass	2:18pm 2:18pm

Preventive Maintenance Status: Pass

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DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

The preventive 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 were performed and Human Ser	the S day of June , 2024 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.

WAKE COUNTY BAT MOBILE REGION 4 910

Serial Number: 008775 Test Date: 06/08/2024

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

Analyst's Name: 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	10:19pm
AIR BLK	.00	10:20pm
ACCY CHK	.07	10:20pm
AIR BLK	.00	10:21pm
SUB TEST	.00	10:22pm
AIR BLK	.00	10:23pm
SUB TEST	.00	10:24pm
AIR BLK	.00	10:25pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

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WAKE COUNTY BAT MOBILE REGION 4 910

Serial Number: 008775 Test Record Number: 2095 Test Date: 06/08/2024 Test Time: 10:52pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:53pm
FLO	Pass	10:53pm
FC	Pass	10:53pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:53pm
SRC	Pass	10:53pm
DET	Pass	10:53pm
BAR	Pass	10:53pm
BT	Pass	10:53pm
		3083341.68372.68304.7

Blank Tests

Test	Status	Time
AIR	Pass	10:53pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:54pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:54pm

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)

	we maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with r 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before 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 perform	on the 29 day of

WAKE COUNTY BAT MOBILE REGION 4 910

Serial Number: 008775 Test Date: 06/29/2024

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

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

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

Analyst's Name: 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

g/210L	Time
Pass	9:55pm
.00	9:56pm
.07	9:57pm
.00	9:58pm
.00	9:58pm
.00	9:59pm
.00	10:00pm
.00	10:01pm
	Pass .00 .07 .00 .00

Reported AC: .00 g/210L

Signature of Chemical Analyse

Court CVR

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

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WAKE COUNTY BAT MOBILE REGION 4 910

Serial Number: 008775 Test Record Number: 2118 Test Date: 06/29/2024 Test Time: 10:02pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:03pm
FLO	Pass	10:03pm
FC	Pass	10:03pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:03pm
SRC	Pass	10:03pm
DET	Pass	10:03pm
BAR	Pass	10:03pm
BT	Pass	10:03pm

Blank Tests

Test	Status	Time
AIR	Pass	10:03pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:04pm

CRC Tests

Test	Status	Time
COMP	Pass	10:04pm
CAL	Pass	10:04pm

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_(1/2	Instrument Location WAKE	Co Dolantion Cha
Instrument Seri	al No. <u>008778</u> 3301	HARWOOD RO
	RAlais	HARWOOD RO
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR 0,000 or higher) to be followed at least once every four months are	II and Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per s breath simulator thermometer shows 34 degrees, plus or minus	square inch (psi) of pressure, or the alcoholic .2 degree centigrade;
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance s	tatus of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed befo simulator solution is being changed every four months or a whichever occurs first.	re expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,
I certify that on were performed and Human Ser	the	orgoing preventive maintenance procedures egulations of the N.C. Department of Health
A SIM NEW	Sum & Likes Speces	662

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008778 Test Date: 06/05/2024

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

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

Analyst's Name: Barnes, Simon S Permit Number: 0014-6221 Effective: 10/01/2023-10/01/2025

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

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

Test	g/210L	Time
DIAG	Pass	12:13pm
AIR BLK	.00	12:14pm
ACCY CHK	.07	12:14pm
AIR BLK	.00	12:15pm
SUB TEST	.00	12:17pm
AIR BLK	.00	12:18pm
SUB TEST	.00	12:19pm
AIR BLK	.00	12:20pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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Analyst

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008778 Test Record Number: 8290 Test Date: 06/05/2024 Test Time: 12:21pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:22pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:22pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	12:22pm 12:22pm

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 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 2L day of

WAKE COUNTY BAT MOBILE REGION 4 910

Serial Number: 008816 Test Date: 06/21/2024

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	9:18pm
AIR BLK	.00	9:19pm
ACCY CHK	.08	9:20pm
AIR BLK	.00	9:21pm
SUB TEST	.00	9:21pm
AIR BLK	.00	9:22pm
SUB TEST	.00	9:24pm
AIR BLK	.00	9:25pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

WAKE COUNTY BAT MOBILE REGION 4 910

Serial Number: 008816 Test Record Number: 7710 Test Date: 06/21/2024 Test Time: 9:28pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

pm
mq
pm
mq
pm

Blank Tests

Test	Status	Time
AIR	Pass	9:29pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:29pm
	CRC Tests	
Test	Status	Time
COMP	Pass	9:29pm
CAL	Pass	9:29pm

Preventive Maintenance Status: Pass

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DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
were performed	the 29 day of

WAKE COUNTY BAT MOBILE REGION 4 910

Serial Number: 008816 Test Date: 06/29/2024

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

Analyst's Name: 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

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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

WAKE COUNTY BAT MOBILE REGION 4 910

Serial Number: 008816 Test Record Number: 7721 Test Date: 06/29/2024 Test Time: 10:06pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:06pm
FLO	Pass	10:06pm
FC	Pass	10:07pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:07pm
SRC	Pass	10:07pm
DET	Pass	10:07pm
BAR	Pass	10:07pm
BT	Pass	10:07pm

Blank Tests

Test	Status	Time
AIR	Pass	10:07pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:07pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	10:07pm 10:07pm

Preventive Maintenance Status: Pass

n is used when performing Preventive Maintenance pro-

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL 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 Seri	al No. 008838			SQUARE CT
		KMEH	TOHCE, NO	
The preventive serial number I	maintenance procedures for the Intox 0,000 or higher) to be followed at least	imeters, Model Intox EC/IR st once every four months are	II and Model Int	ox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister dis breath simulator thermometer sho	plays at least 51 pounds per : ws 34 degrees, plus or minus	square inch (psi) .2 degree centigs	of pressure, or the alcoholic ade;
(2)	Verify instrument displays time as	nd date;		
(3)	Initiate breath test sequence;			
(4)	Enter information as prompted;			
(5)	Verify instrument accuracy;			
(6)	When "PLEASE BLOW" appears	, collect breath sample;		
(7)	When "PLEASE BLOW" appears	, collect breath sample;		
(8)	Print test record;			
(9)	Run diagnostic program and confi	rm preventive maintenance s	tatus of "Pass"; a	and
(10)	Verify that the ethanol gas can simulator solution is being chan whichever occurs first.	ister is being changed befo ged every four months or a	ore expiration da after 125 Alcoho	te, or the alcoholic breath olic Breath Simulator tests.
were performed	the day of do not the instrument indicated above, vices, and the instrument is functioning	in accordance with current re	orgoing preventi	ve maintenance procedures N.C. Department of Health

WAKE COUNTY KNIGHTDALE PD 910

Serial Number: 008838 Test Date: 06/12/2024

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

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

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

Analyst's Name: Bryant, Earl A
Permit Number: 0017-9707
Effective:
10/01/2023-10/01/2025

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

Lot Number: AG308003 Exp Date: 03/21/2025

Test	g/210L	Time
DIAG	Pass	9:24am
AIR BLK	.00	9:24am
ACCY CHK	.07	9:25am
AIR BLK		9:26am
SUB TEST	.00	9:26am
AIR BLK	.00	9:27am
SUB TEST	.00	9:29am
ATR BLK	0.0	9:30am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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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: 2786 Test Date: 06/12/2024 Test Time: 9:33am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:33am
FLO	Pass	9:33am
FC	Pass	9:33am

Temperature Tests

Test	Status	Time
FC1	Pass	9:33am
SRC	Pass	9:33am
DET	Pass	9:33am
BAR	Pass	9:33am
BT	Pass	9:33am

Blank Tests

Test	Status	Time
AIR	Pass	9:34am

Printer Tests

Test	Status	Time
PRNT	Pass	9:34am

CRC Tests

Test	Status	Time
COMP	Pass	9:34am
CAL	Pass	9:34am

Preventive Maintenance Status: Pass

Analyst

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

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 29 day of Joe , 2024 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
A CITY	

WAKE COUNTY BAT MOBILE REGION 3 910

Serial Number: 008869 Test Date: 06/29/2024

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

Analyst's Name: Barnes, 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: AG302704 Exp Date: 01/27/2025

Test	g/210L	Time
DIAG	Pass	9:42pm
AIR BLK	.00	9:43pm
ACCY CHK	.07	9:43pm
AIR BLK	.00	9:44pm
SUB TEST	.00	9:46pm
AIR BLK	.00	9:47pm
SUB TEST	.00	9:48pm
AIR BLK	.00	9:49pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY BAT MOBILE REGION 3 910

Serial Number: 008869 Test Record Number: 1858 Test Date: 06/29/2024 Test Time: 10:05pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
PC1	Pass	10:06pm
SRC	Pass	10:06pm
DET	Pass	10:06pm
BAR	Pass	10:06pm
BT	Pass	10:06pm

Blank Tests

Test	Status	Time
ATR	Pass	10:07pm

Printer Tests

Status	Time
Pass	10:07pm
CRC Tests	
Status	Time
Pass Pass	10:07pm 10:07pm
	Pass CRC Tests Status

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 serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record:
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performe	the 29 day of Jule 2027 the forgoing preventive maintenance procedures of 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)

WAKE COUNTY BAT MOBILE REGION 3 910

Serial Number: 008898 Test Date: 06/29/2024

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

Analyst's Name: Barnes, 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: AG225701 Exp Date: 09/14/2024

Test	g/210L	Time
DIAG	Pass	9:39pm
AIR BLK	.00	9:40pm
ACCY CHK	.08	9:41pm
AIR BLK	.00	9:42pm
SUB TEST	.00	9:43pm
AIR BLK	.00	9:43pm
SUB TEST	.00	9:46pm
AIR BLK	.00	9:47pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

WAKE COUNTY BAT MOBILE REGION 3 910

Serial Number: 008898 Test Record Number: 1842 Test Date: 06/29/2024 Test Time: 9:49pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	9:49pm
SRC	Pass	9:49pm
DET	Pass	9:49pm
BAR	Pass	9:49pm
BT	Pass	9:49pm

Blank Tests

Test	Status	Time
AIR	Pass	9:50pm

Printer Tests

Status Time

9:50pm

Test

CAL

PRNT	Pass	9:50pm
	CRC Tests	
Test	Status	Time
COMP	Pass	9:50pm

Preventive Maintenance Status: Pass

Pass

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

- Del	dol No. F. IV. 2017. V
	Raleigh, ne
VI.	Knleigh, nc
The preventive serial number 1	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
certify that on	the 5 day of Tree . 2024 the foreging preventive maintenance according
ere performed	on the instrument indicated above, in accordance with current regulations of the N.C. Described
ad riuman Ser	vices, and the instrument is functioning properly.
The said of	
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WAKE COUNTY DETENTION CENTER 910

Serial Number: 008924 Test Date: 06/05/2024

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

Analyst's Name: Barnes, Simon S Permit Number: 0014-6221 Effective: 10/01/2023-10/01/2025

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

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

Test	g/210L	Time
	Pass	12:40pm
AIR BLK	.00	12:41pm
ACCY CHK	.08	12:41pm
AIR BLK	.00	12:43pm
SUB TEST	.00	12:43pm
AIR BLK	.00	12:44pm
SUB TEST	.00	12:46pm
AIR BLK	.00	12:47pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Sam Adles Barres

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008924 Test Record Number: 1939

Test Date: 06/05/2024 Test Time: 12:48pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:49pm
FLO	Pass	12:49pm
FC	Pass	12:49pm

Temperature Tests

Status	Time
Pass	12:49pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	12:50pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:50pm
	CRC Tests	

Test	Status	Time
COMP CAL	Pass Pass	12:50pm 12:50pm

Preventive Maintenance Status: Pass

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

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

WAKE COUNTY BAT MOBILE REGION 4 910

Serial Number: 008929 Test Date: 06/08/2024

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

Analyst's Name: 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	9:57pm
AIR BLK	.00	9:58pm
ACCY CHK	.07	9:59pm
AIR BLK	.00	10:00pm
SUB TEST	.00	10:00pm
AIR BLK	.00	10:01pm
SUB TEST	.00	10:03pm
AIR BLK	.00	10:04pm

Reported AC: ,00 g/210L

Signature of Chemical Analyst

Court CVR

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

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WAKE COUNTY BAT MOBILE REGION 4 910

Serial Number: 008929 Test Record Number: 1399 Test Date: 06/08/2024 Test Time: 10:05pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:05pm
FLO	Pass	10:05pm
FC	Pass	10:05pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:06pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:06pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	10:07pm 10:07pm

Preventive Maintenance Status: Pass

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

County Usk	27. 28 <u>2</u> 9.	_ Instrument Location	BAT Zeg. WAKE	1025
Instrument Serie	l No. <i>DO</i> 8939		WAYE	40.
	maintenance procedures for t 0,000 or higher) to be follow			Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas car breath simulator thermom	nister displays at least 51 seter shows 34 degrees, p	pounds per square i plus or minus .2 degr	inch (psi) of pressure, or the alcoholic ee centigrade;
(2)	Verify instrument display	s time and date;		
(3)	Initiate breath test sequen	ee;		
(4)	Enter information as pron	npted;		
(5)	Verify instrument accuracy	ey;		
(6)	When "PLEASE BLOW"	appears, collect breath	sample;	
(7)	When "PLEASE BLOW"	appears, collect breath	sample;	
(8)	Print test record;			
(9)	Run diagnostic program i	and confirm preventive r	maintenance status of	f"Pass"; and
(10)				iration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests
were performe	the Z9 day of June d on the instrument indicated vices, and the instrument is f	l above, in accordance v	the forgoing with current regulation	preventive maintenance procedures ons of the N.C. Department of Health
Om on	1	2016	g Official	6/1

WAKE COUNTY BAT MOBILE REGION 3 910

Serial Number: 008939 Test Date: 06/29/2024

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

Analyst's Name: Bryant, Earl A
Permit Number: 0017-9707
Effective:
10/01/2023-10/01/2025

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

> Lot Number: AG225701 Exp Date: 09/14/2024

Test	g/210L	Time
DIAG	Pass	9:46pm
AIR BLK	.00	9:47pm
ACCY CHK	.08	9:47pm
AIR BLK	.00	9:48pm
SUB TEST	.00	9:49pm
AIR BLK	.00	9:50pm
SUB TEST	.00	9:51pm
AIR BLK	.00	9:52pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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WAKE COUNTY BAT MOBILE REGION 3 910

Serial Number: 008939 Test Record Number: 1702 Test Date: 06/29/2024 Test Time: 9:57pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:57pm
FLO	Pass	9:57pm
FC	Pass	9:57pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:57pm
SRC	Pass	9:57pm
DET	Pass	9:57pm
BAR	Pass	9:57pm
BT	Pass	9:57pm

Blank Tests

Test	Status	Time
AIR	Pass	9:58pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:58pm
	CRC Tests	
Test	Statue	Time

COMP	Pass	9:58pm
CAL	Pass	9:58pm

Preventive Maintenance Status: Pass

Analyst

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

Instrument Seria	II No. 1 2651	128	BAFTER LA	the .
1111		WARR	PAFTER LA	
The preventive serial number 10	maintenance procedures for the Intoximo 0,000 or higher) to be followed at least o	sters, Model Intox EC/IR I	II and Model Intox EC/IR	II (Enhanced with
(1)	Verify the ethanol gas canister displa breath simulator thermometer shows	ys at least 51 pounds per s 34 degrees, plus or minus	quare inch (psi) of pressur 2 degree centigrade;	re, or the alcoholic
(2)	Verify instrument displays time and o	late;		
(3)	Initiate breath test sequence;			
(4)	Enter information as prompted;			
(5)	Verify instrument accuracy;			
(6)	When *PLEASE BLOW* appears, co	ollect breath sample;		
(7)	When "PLEASE BLOW" appears, or	ollect breath sample;		
(8)	Print test record;			
(9)	Run diagnostic program and confirm	preventive maintenance s	tatus of "Pass"; and	
(10)	Verify that the ethanol gas canisto simulator solution is being change whichever occurs first.	er is being changed before devery four months or	ere expiration date, or the after 125 Alcoholic Brea	e alcoholic breath th Simulator tests
were performed	theday ofdo not be instrument indicated above, in vices, and the instrument is functioning	accordance with current r	orgoing preventive maint egulations of the N.C. De	enance procedure partment of Health

WARREN COUNTY WARREN COUNTY JAIL 920

Serial Number: 008651 Test Date: 06/11/2024

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

Analyst's Name: Bryant, Earl A
Permit Number: 0017-9707
Effective:
10/01/2023-10/01/2025

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

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

Test	g/210L	Time
DIAG	Pass	5:04pm
AIR BLK	.00	5:04pm
ACCY CHK	.08	5:05pm
AIR BLK		5:06pm
SUB TEST	.00	5:07pm
AIR BLK	.00	5:08pm
SUB TEST	.00	5:09pm
ATR BLK	.00	5:10pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WARREN COUNTY WARREN COUNTY JAIL 920

Serial Number: 008651 Test Record Number: 1764
Test Date: 06/11/2024 Test Time: 5:11pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:12pm
FLO	Pass	5:12pm 5:12pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:12pm
SRC	Pass	5:12pm
DET	Pass	5:12pm
BAR	Pass	5:12pm
BT	Pass	5:12pm

Blank Tests

Test	Status	Time
		WINDOWS MARKET
AIR	Pass	5:12pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:12pm
	CRC Tests	
Test	Status	Time

rest	Status	Time
COMP	Pass	5:13pm
CAL	Pass	5:13pm

Preventive Maintenance Status: Pass

Analyst

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

The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the 13 Th day of

WILKES COUNTY WILKES CO DETENTION 960

Serial Number: 008843 Test Date: 06/13/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: 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: AG302703 Exp Date: 01/27/2025

Test	g/210L	Time
DIAG	Pass	2:42pm
AIR BLK	.00	2:43pm
ACCY CHK	.08	2:43pm
AIR BLK	.00	2:44pm
SUB TEST	.00	2:45pm
AIR BLK	.00	2:46pm
SUB TEST	.00	2:47pm
AIR BLK	.00	2:48pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

WILKES COUNTY WILKES CO DETENTION 960

Serial Number: 008843 Test Record Number: 2907 Test Date: 06/13/2024 Test Time: 2:49pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:50pm
FLO	Pass	2:50pm
FC	Pass	2:50pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	2:50pm

Printer Tests

Test

COMP

CAL

Status

Time

2:50pm

2:50pm

PRNT	Pass	2:50pm
	CRC Tests	
Test	Status	Time

Preventive Maintenance Status: Pass

Pass

Pass

ALO O

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

T	he preventive erial 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.
w	ere performed	the 13 day of JUNE . 2034 the forgoing preventive maintenance procedures from 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)

WILKES COUNTY WILKES CO DETENTION 960

Serial Number: 008865 Test Date: 06/13/2024

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

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

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

Analyst's Name: 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: AG302703 Exp Date: 01/27/2025

Test	g/210L	Time
DIAG	Pass	2:44pm
AIR BLK	.00	2:45pm
ACCY CHK	.08	2:46pm
AIR BLK	.00	2:47pm
SUB TEST	.00	2:47pm
AIR BLK	.00	2:48pm
SUB TEST	.00	2:50pm
AIR BLK	.00	2:50pm

Reported AC: .00 g/210L

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

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WILKES COUNTY WILKES CO DETENTION 960

Serial Number: 008865 Test Record Number: 971
Test Date: 06/13/2024 Test Time: 2:51pm EDT

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	2:52pm
BAR	Pass	2:52pm
BT	Pass	2:52pm

Blank Tests

Test	Status	Time
AIR	Pass	2:52pm

Printer Tests

Status	Time
Pass	2:52pm
CRC Tests	
	Pass

Test	Status	Time
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	Instrument Location Yancey County Jail	
1	nstrument Ser	ial No. 008606 Bujasui Ile, NC	
7 8	The preventive	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced w 10,000 or higher) to be followed at least once every four months are:	ith
	(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;	dic
	(2)	Verify instrument displays time and date;	
	(3)	Initiate breath test sequence;	
	(4)	Enter information as prompted;	
	(5)	Verify instrument accuracy;	
	(6)	When "PLEASE BLOW" appears, collect breath sample;	
	(7)	When "PLEASE BLOW" appears, collect breath sample;	
	(8)	Print test record;	
	(9)	Run diagnostic program 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.	th S,
We	ere performed	the Z day of, 20 2 4 the forgoing preventive maintenance procedure on the instrument indicated above, in accordance with current regulations of the N.C. Department of Healt rices, and the instrument is functioning properly.	s
ENES			
12	AL		
1	GAM NEWS	2700/ 1068	
		Signature of Certifying Official Certificate Number	
A s	igned origina	of the preventive maintenance record shall be kept on file for at least three years.	

DHHS 4080 (04/20)

YANCEY COUNTY YANCEY COUNTY JAIL 990

Serial Number: 008606 Test Date: 06/28/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
	Pass	12:21pm
AIR BLK	.00	12:22pm
ACCY CHK	.07	12:22pm
AIR BLK	.00	12:23pm
SUB TEST	.00	12:24pm
AIR BLK	.00	12:25pm
SUB TEST	.00	12:26pm
AIR BLK	.00	12:27pm

Reported AC: .00 g/210Ly

Signature of Chemical Analyst

Court CVR /

Analyst

YANCEY COUNTY YANCEY COUNTY JAIL 990

Serial Number: 008606 Test Record Number: 485 Test Date: 06/28/2024 Test Time: 12:28pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:28pm
FLO	Pass	12:28pm
FC	Pass	12:28pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:28pm
SRC	Pass	12:28pm
DET	Pass	12:28pm
BAR	Pass	12:28pm
BT	Pass	12:28pm

Blank Tests

Status	Time
Pass	12:29pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:29pm

CRC Tests

Test	Status	Time
COMP	Pass Pass	12:29pm 12:29pm

Preventive Maintenance Status: Pass

Analyst