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	AMANCE Instrument Location BAT MOBILE REGION 3 No. 008869 BURLINGTON P.D.
The preventive m serial number 10,	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.
	the instrument indicated above, in accordance with current regulations of the N.C. Department of Health es, and the instrument is functioning properly.
	M.C. Flan \ 676

ALAMANCE COUNTY BAT MOBILE REGION 3 000

> Serial Number: 008869 Test Date: 03/15/2024

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

Analyst's Name: Fleming, Marshall C Permit Number: 0027-5012 Effective: 10/01/2023-10/01/2025

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

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

Test	g/210L	Time
DIAG	Pass	10:22pm
AIR BLK	.00	10:23pm
ACCY CHK	.07	10:24pm
AIR BLK	.00	10:25pm
SUB TEST	.00	10:26pm
AIR BLK	.00	10:27pm
SUB TEST	.00	10:28pm
AIR BLK	.00	10:29pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ALAMANCE COUNTY BAT MOBILE REGION 3 000

Serial Number: 008869 Test Record Number: 1788
Test Date: 03/15/2024 Test Time: 10:31pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:31pm
FLO	Pass	10:31pm
FC	Pass	10:31pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:31pm
SRC	Pass	10:31pm
DET	Pass	10:31pm
BAR	Pass	10:31pm
BT	Pass	10:31pm

Blank Tests

Pass	10:32pm
	Pass

Printer Tests

Test Status mi

rest	Status	Time
PRNT	Pass	10:32pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	10:32pm 10:32pm

Preventive Maintenance Status: Pass

Analyst

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

Instrument Se	rial No. 008939	_	BAT MOBILE F	
The preventive serial number	e maintenance procedures for the 10,000 or higher) to be follower	he Intoximeters, Model In	ntox EC/IR II and Model Intox F	EC/IR II (Enhanced with
(1)	Verify the ethanol gas can	ister displays at least 51 p	ounds per square inch (psi) of p is or minus .2 degree centigrade;	ressure, or the alcoholic
(2)	Verify instrument displays			
(3)	Initiate breath test sequence	ee;		
(4)	Enter information as promp	pted;		
(5)	Verify instrument accuracy	rs.		
(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 mair	ntenance status of "Pass"; and	
(10)	Verify that the ethanol or	as canister is being cha-	nged before expiration date, o onths or after 125 Alcoholic I	r the alcoholic breath Breath Simulator tests,
certify that on were performed and Human Ser	vices, and the instrument is fun	hach, 202 bove, in accordance with actioning properly.	the forgoing preventive m current regulations of the N.C.	aintenance procedures Department of Health

ALAMANCE COUNTY BAT MOBILE REGION 3

Serial Number: 008939 Test Date: 03/15/2024

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

Analyst's Name: Fleming, Marshall C Permit Number: 0027-5012 Effective: 10/01/2023-10/01/2025

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

ALAMANCE COUNTY BAT MOBILE REGION 3 000

Serial Number: 008939 Test Record Number: 1650 Test Date: 03/15/2024 Test Time: 10:13pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:13pm
FLO	Pass	10:13pm
FC	Pass	10:14pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:14pm
SRC	Pass	10:14pm
DET	Pass	10:14pm
BAR	Pass	10:14pm
BT	Pass	10:14pm

Blank Tests

Test	Status	Time
AIR	Pass	10:14pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:14pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	10:15pm 10:15pm

Preventive Maintenance Status: Pass

This form is used when performing Preventive Maintenance procedures

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

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. COSBAZT
The preventive serial 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 breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
were performed	the 11 day of 1000 day of 1000 day of 1000 do not the instrument indicated above, in accordance with current regulations of the N.C. Department of Healt rvices, and the instrument is functioning properly.
Samuel.	Dins. Danie

ALEXANDER COUNTY ALEXANDER COUNTY SO 010

> Serial Number: 008927 Test Date: 03/11/2024

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Fleming, Tina S Permit Number: 0027-4970 Effective:

07/01/2022-07/01/2024

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

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

Test	g/210L	Time
DIAG	Pass	12:01pm
AIR BLK	.00	12:02pm
ACCY CHI	K .07	12:02pm
AIR BLK	.00	12:03pm
SUB TEST	00. 1	12:04pm
AIR BLK		12:05pm
SUB TEST		12:07pm
ATR BLK	.00	12:07pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ALEXANDER COUNTY ALEXANDER COUNTY SO 010

Serial Number: 008927 Test Record Number: 1080 Test Date: 03/11/2024 Test Time: 12:10pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:11pm

Printer Tests

Test

CAL

PRNT	Pass	12:11pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:11pm

Status

Time

12:11pm

12:11pm

Preventive Maintenance Status: Pass

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

AVERY COUNTY AVERY COUNTY JAIL 050

Serial Number: 008664 Test Date: 03/01/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Burnette, Anthony J Permit Number: 0018-4401 Effective: 10/01/2023-10/01/2025

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08 .00	3:32pm 3:32pm 3:33pm 3:34pm
SUB TEST	.00	3:35pm
AIR BLK	.00	3:36pm
SUB TEST	.00	3:38pm
AIR BLK	.00	3:38pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

AVERY COUNTY AVERY COUNTY JAIL 050

Serial Number: 008664 Test Record Number: 1203 Test Date: 03/01/2024 Test Time: 3:39pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:39pm
FLO	Pass	3:39pm
FC	Pass	3:40pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	3:40pm 3:40pm 3:40pm 3:40pm
BT	Pass	3:40pm

Blank Tests

Test	Status	Time
AIR	Pass	3:40pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:40pm

CRC Tests

Test	Status	Time
COMP	Pass	3:40pm
CAL	Pass	3:40pm

Preventive Maintenance Status: Pass

Analyst

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

,	ial No. 008724 Instrument Location Baner Elk PD Samer Elk, NC
The preventive serial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were persona	on the day of
- Constitution	Signature of Certifying Official Certificate Number

AVERY COUNTY BANNER ELK PD 050

Serial Number: 008724 Test Date: 03/01/2024

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

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

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

Analyst's Name: Burnette, Anthony J
Permit Number: 0018-4401
Effective:
10/01/2023-10/01/2025

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	5:29pm 5:30pm 5:30pm 5:31pm
SUB TEST	.00	5:32pm
AIR BLK	.00	5:33pm
SUB TEST	.00	5:34pm
AIR BLK	.00	5:35pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

AVERY COUNTY BANNER ELK PD 050

Serial Number: 008724 Test Date: 03/01/2024

Test Record Number: 808 Test Time: 5:39pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	5:40pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

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 15 day of 100 day
W. Same	7 7/ 0 /

BEAUFORT COUNTY BELHAVEN PD 060

Serial Number: 008928 Test Date: 03/15/2024

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

Analyst's Name: 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	1:20pm
AIR BLK	.00	1:21pm
ACCY CH	K .07	1:22pm
AIR BLK	.00	1:23pm
SUB TES	T .00	1:23pm
AIR BLK	.00	1:24pm
SUB TES	T .00	1:26pm
AIR BLK	.00	1:27pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BEAUFORT COUNTY BELHAVEN PD 060

Serial Number: 008928 Test Record Number: 545 Test Date: 03/15/2024 Test Time: 1:29pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:30pm
FLO	Pass	1:30pm
FC	Pass	1:30pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:30pm
SRC	Pass	1:30pm
DET	Pass	1:30pm
BAR	Pass	1:30pm
BT	Pass	1:30pm

Blank Tests

Test	Status	Time
AIR	Pass	1:30pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:30pm
	ana	

CRC Tests

Test	Status	Time
COMP	Pass	1:31pm
CAL	Pass	1:31pm

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)

	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
15.53	Signature of Certifying Official Certificate Number

BERTIE COUNTY BERTIE CO SO 070

Serial Number: 008897 Test Date: 03/27/2024

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

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

Lot Number: AG212403 Exp Date: 05/04/2024

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

Reported AC:, 00 g/

Signature of Chemical Analyst

Court CVR

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

Department of Health and Human Services

Rev. 12/2007

BERTIE COUNTY BERTIE CO SO 070

Serial Number: 008897 Test Record Number: 1601 Test Date: 03/27/2024 Test Time: 12:14pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:15pm

Printer Tests

Test	Status	
PRNT	Pass	12:15pm
	CRC Tests	3

Test	Status	Time
COMP	Pass	12:15pm
CAL	Pass	12:15pm

Preventive Maintenance Status: Pass

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

Department of Health and Human Services Rev. 12/2007

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

County_ B	orunswick	Instrument Location	BAT	Mobile	Un. +5
Instrument Seri	al No. 00 8704		Bruns	wick (county so
	maintenance procedures for the 0,000 or higher) to be followe			nd Model Intox E	EC/IR II (Enhanced with
(1)	Verify the ethanol gas can breath simulator thermome				
(2)	Verify instrument displays	time and date;			
(3)	Initiate breath test sequence	e;			
(4)	Enter information as prom	pted;			
(5)	Verify instrument accuracy	ν;			
(6)	When "PLEASE BLOW"	appears, collect breath sa	ample;		
(7)	When "PLEASE BLOW"	appears, collect breath sa	ample;		
(8)	Print test record;				
(9)	Run diagnostic program an	nd confirm preventive ma	aintenance statu	s of "Pass"; and	
(10)	Verify that the ethanol g simulator solution is bein whichever occurs first.	as canister is being ch g changed every four	nanged before o months or after	expiration date, 125 Alcoholic	or the alcoholic breath Breath Simulator tests,
were performed	the <u>Jand</u> day of <u>Mar</u> on the instrument indicated a vices, and the instrument is fur	above, in accordance wi	24 the forgo	ing preventive relations of the N.C	naintenance procedures Department of Health
	<u> </u>	Signature of Certifying	Official		tificate Number

BRUNSWICK COUNTY BAT MOBILE UNIT 5 090

Serial Number: 008704 Test Date: 03/22/2024

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: 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	10:29pm
AIR BLK	.00	10:30pm
ACCY CHK	.08	10:31pm
AIR BLK	.00	10:32pm
SUB TEST	.00	10:33pm
AIR BLK	.00	10:35pm
SUB TEST	.00	10:36pm
AIR BLK	.00	10:36pm

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BRUNSWICK COUNTY BAT MOBILE UNIT 5 090

Serial Number: 008704 Test Record Number: 889
Test Date: 03/22/2024 Test Time: 10:37pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:37pm
FLO	Pass	10:37pm
FC	Pass	10:37pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:37pm
SRC	Pass	10:37pm
DET	Pass	10:37pm
BAR	Pass	10:37pm
BT	Pass	10:37pm

Blank Tests

Test	Status	Time
AIR	Pass	10:38pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:38pm
	CRC Tests	
Test	Status	Time

Status	TIME
Pass	10:38pm
Pass	10:38pm
	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)

-52		Instrument Location Black Mountain PD
Instrur	nent Seri	al No. 008697 Black Mountan, NC
The pr	eventive 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 po	ertormed	the day of
	SAN CONTRACTOR	SET CARE
ANO.		B20 668

BUNCOMBE COUNTY BLACK MOUNTAIN PD 100

Serial Number: 008697 Test Date: 03/08/2024

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

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

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

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

Rev. 12/2007

BUNCOMBE COUNTY BLACK MOUNTAIN PD 100

Serial Number: 008697 Test Record Number: 4148
Test Date: 03/08/2024 Test Time: 1:23pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass	1:23pm
FC	Pass	1:23pm 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
AIR	Pass	1:24pm

Printer Tests

rest	Status	Time
PRNT	Pass	1:24pm

CRC Tests

Test	Status	Time
COMP	Pass	1:24pm
CAL	Pass	1:24pm

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)

mstrument Se	rial No.008748 Asheville, NC
The preventive	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.
ertify that on ere performed d Human Serv	the
THE	

BUNCOMBE COUNTY BUNCOMBE COUNTY DETENTION 100

> Serial Number: 008748 Test Date: 03/08/2024

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

Rev. 12/2007

BUNCOMBE COUNTY BUNCOMBE COUNTY DETENTION 100

Serial Number: 008748 Test Record Number: 2598 Test Date: 03/08/2024 Test Time: 11:35am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass	11:35am 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	11:36am

Printer Tests

Test Statue Time

Scatus	TIME
Pass	11:36am
CRC Tests	
Status	Time
	Pass CRC Tests

	beacas	T LINE
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)

		combe Instrument Location Buncombe County Detention
Inst	rument Ser	ial No. 008798 Asheville, NC
-		
The serie	preventive il number l	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	репогшео	the gay of March , 20 2 4 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health
and	STATE	vices, and the instrument is functioning properly.
3		
1		- S
SEP.		
-	The same of the sa	1068

BUNCOMBE COUNTY BUNCOMBE COUNTY DETENTION 100

> Serial Number: 008798 Test Date: 03/08/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

g/210L	Time
Pass	11:27am
.00	11:28am
.07	11:29am
.00	11:30am
.00	11:30am
.00	11:31am
.00	11:33am
.00	11:34am
	Pass .00 .07 .00 .00

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

BUNCOMBE COUNTY BUNCOMBE COUNTY DETENTION 100

Serial Number: 008798 Test Record Number: 6854 Test Date: 03/08/2024 Test Time: 11:34am EST

System Check: Passed

Baseline Tests

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

Printer Tests

Test	Status	Time
PRNT	Pass	11:35am
	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)

Instrument Ser	rial No. 008911 Black Mountain, WC
The preventive serial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the 25 day of
-	Signature of Certifying Official Certificate Number
	Signature of Certifying Official Certificate Number

DHHS 4080 (04/20)

BUNCOMBE COUNTY BLACK MOUNTAIN PD 100

Serial Number: 008911 Test Date: 03/25/2024

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: 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: AG400303 Exp Date: 01/03/2026

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BUNCOMBE COUNTY BLACK MOUNTAIN PD 100

Serial Number: 008911 Test Record Number: 832 Test Date: 03/25/2024 Test Time: 1:57pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:58pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

Instrument Ser	ial No. 60°ELOS CONCORD, 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 breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
were performed	the 28 day of 2024, 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.

CABARRUS COUNTY CABARRUS COUNTY SO 120

Serial Number: 008625 Test Date: 03/28/2024

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

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

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

Toet

a/210T. Time

1656	9/2101	TIME
DIAG	Pass	2:26pm
AIR BLK	.00	2:26pm
ACCY CHK	.08	2:27pm
AIR BLK	.00	2:28pm
SUB TEST	.00	2:29pm
AIR BLK	.00	2:29pm
SUB TEST	.00	2:31pm
AIR BLK	.00	2:32pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CABARRUS COUNTY CABARRUS COUNTY SO 120

Serial Number: 008625

Test Record Number: 6670 Test Date: 03/28/2024 Test Time: 2:32pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:33pm
FLO	Pass	2:33pm
FC	Pass	2:33pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:33pm
SRC	Pass	2:33pm
DET	Pass	2:33pm
BAR	Pass	2:33pm
BT	Pass	2:33pm

Blank Tests

Test	Status	Time
AIR	Pass	2:33pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:34pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:34pm

Preventive Maintenance Status: Pass

Pass

2:34pm

CAL

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

County	mden Instrument Location Canden Co. S.O.
Instrument Seri	al No. 008940 117 N. Carolina Huy 343
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 21 day of
SAR	M/189 11 680
	Signature of Certifying Official Certificate Number

CAMDEN COUNTY CAMDEN CO SO 140

Serial Number: 008940 Test Date: 03/21/2024

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

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

Lot Number: AG212403 Exp Date: 05/04/2024

Test	g/210L	Time
DIAG	Pass	1:28pm
AIR BLK	.00	1:29pm
ACCY CHK	.08	1:29pm
AIR BLK	.00	1:30pm
SUB TEST	.00	1:31pm
AIR BLK	.00	1:32pm
SUB TEST	.00	1:34pm
AIR BLK	.00	1:34pm

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

CAMDEN COUNTY CAMDEN CO SO 140

Serial Number: 008940 Test Record Number: 1273
Test Date: 03/21/2024 Test Time: 1:41pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:43pm

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

CAL

1:43pm

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)

	ial No. 008593
Instrument Ser	ial No. County PARK RD
	ial No. 008593 211 County Park Ro
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	theday of

CASWELL COUNTY DETENTION CENTER 160

Serial Number: 008593 Test Date: 03/11/2024

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: 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	1:53pm
AIR BLK	.00	1:54pm
ACCY CHK	.08	1:55pm
AIR BLK	.00	1:56pm
SUB TEST	.00	1:56pm
AIR BLK	.00	1:57pm
SUB TEST	.00	1:59pm
AIR BLK	.00	2:00pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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CASWELL COUNTY DETENTION CENTER 160

Serial Number: 008593 Test Record Number: 2183 Test Date: 03/11/2024 Test Time: 2:01pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time	
AIR	Pass	2:02pm	

Printer Tests

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

Preventive Maintenance Status: Pass

CAL Pass 2:02pm

Analyst

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

	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and 10,000 or higher) to be followed at least once every four months are:	d Model Intox EC/IR II (Enhanced with
(1):	Verify the ethanol gas canister displays at least 51 pounds per square breath simulator thermometer shows 34 degrees, plus or minus .2 de	
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status	of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before ex simulator solution is being changed every four months or after whichever occurs first.	
were performed	the 14 th day of	ng preventive maintenance procedures tions of the N.C. Department of Health
	3	684
GIM AN	Signature of Certifying Official	Certificate Number

COLUMBUS COUNTY BAT MOBILE UNIT 5 230

Serial Number: 008704 Test Date: 03/14/2024

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

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

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

Test	g/210L	Time
DIAG	Pass	8:12pm
AIR BLK	.00	8:13pm
ACCY CHK	.08	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: 500 g/210L

Signatur of Chemical Analyst

Court CVR

Analyst

COLUMBUS COUNTY BAT MOBILE UNIT 5 230

Serial Number: 008704 Test Record Number: 877
Test Date: 03/14/2024 Test Time: 8:19pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:19pm
FLO	Pass	8:19pm
FC	Pass	8:19pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:19pm
SRC	Pass	8:19pm
DET	Pass	8:19pm
BAR	Pass	8:19pm
BT	Pass	8:19pm

Blank Tests

Test	Status	Time
ATR	Pagg	8 - 20mm

Printer Tests

Test	Status	Time
PRNT	Pass	8:20pm
	CRC Tests	
Test	Status	Time
COMP	Pass	8:20pm
CAL	Pass	8:20pm

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	e maintenance procedures for the Intoximeters, Model Intox EC/IR 10,000 or higher) to be followed at least once every four months are	II and Model Intox EC/IR II (Enhanced with e:
(1)	Verify the ethanol gas canister displays at least 51 pounds per breath simulator thermometer shows 34 degrees, plus or minus	square inch (psi) of pressure, or the alcoholic 2.2 degree centigrade;
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance s	status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before simulator solution is being changed every four months or whichever occurs first.	ore expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests
I certify that on were performed and Human Ser	the 14 day of	orgoing preventive maintenance procedures egulations of the N.C. Department of Health
	Signature of Certifying Official	Certificate Number

COLUMBUS COUNTY BAT MOBILE UNIT 5 230

Serial Number: 008707 Test Date: 03/14/2024

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: 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: AG308704 Exp Date: 03/28/2025

Test	g/210L	Time
DIAG	Pass	8:13pm
AIR BLK	.00	8:14pm
ACCY CHK	.07	8:15pm
AIR BLK	.00	8:16pm
SUB TEST	.00	8:18pm
AIR BLK	.00	8:19pm
SUB TEST	.00	8:20pm
AIR BLK	.00	8:21pm

Reported AC: /.00 g/210L

Signature of Chemical Analyst

Court CVR

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Analyst

COLUMBUS COUNTY BAT MOBILE UNIT 5 230

Serial Number: 008707 Test Record Number: 2868 Test Date: 03/14/2024 Test Time: 8:22pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:22pm
FLO	Pass	8:22pm
FC	Pass	8:22pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:22pm
SRC	Pass	8:22pm
DET	Pass	8:22pm
BAR	Pass	8:22pm
BT	Pass	8:22pm

Blank Tests

Test	Status	Time
THE STREET		
AIR	Pass	8:23pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:23pm

CRC Tests

Test Status	
COMP Pass	8:23pm
CAL Pass	8:23pm

Preventive Maintenance Status: Pass

Analyst

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

The preventive serial number I	maintenance procedures for the Intoximeters, Model Intox EC/IR II : 0,000 or higher) to be followed at least once every four months are:	and Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per squ breath simulator thermometer shows 34 degrees, plus or minus .2	nare 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;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance state	us of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before simulator solution is being changed every four months or after whichever occurs first.	
were performed and Human Ser	the 14 day of	oing preventive maintenance procedures alations of the N.C. Department of Health
Gran Age		Certificate Number

COLUMBUS COUNTY BAT MOBILE UNIT 5 230

Serial Number: 008826 Test Date: 03/14/2024

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

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

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

Test	g/210L	Time
DIAG	Pass	8:10pm
AIR BLK	.00	8:11pm
ACCY CHK	.07	8:12pm
AIR BLK	.00	8:13pm
SUB TEST	-00	8:14pm
AIR BLK	.00	8:14pm
SUB TEST	.00	8:16pm
AIR BLK	.00	8:17pm

Reported/AC: .00 g/210L

Signature Themical Analyst

Court CVR

Analyst

Analyst

Analyst

COLUMBUS COUNTY BAT MOBILE UNIT 5 230

Serial Number: 008826 Test Record Number: 8518 Test Date: 03/14/2024 Test Time: 8:17pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:18pm
FLO	Pass	8:18pm
FC	Pass	8:18pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:18pm
SRC	Pass	8:18pm
DET	Pass	8:18pm
BAR	Pass	8:18pm
BT	Pass	8:18pm

Blank Tests

Test	Status	Time
AIR	Pass	8:19pm

Printer Tests

Test Status Time

		THE REAL PROPERTY.
PRNT	Pass	8:19pm

CRC Tests

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)

Instrument Seri	Instrument Location COLUMBUS COUNTY INO. 008875 DETENTION CENTER
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced 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 alcoherath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program 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 whichever occurs first.
were performe	the

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

DHHS 4080 (04/20)

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COLUMBUS COUNTY DETENTION CENTER 230

Serial Number: 008875 Test Date: 03/07/2024

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

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

Driver's License Number: NONE

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

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

ARMAN AND THE RESERVE OF THE STATE OF THE ST

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	
SUB TEST	.00	12:03pm
AIR BLK	.00	12:04pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

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SALES AND AND PROPERTY OF THE PROPERTY OF THE

COLUMBUS COUNTY DETENTION CENTER 230

Test Record Number: 3111 Serial Number: 008875 Test Date: 03/07/2024 Test Time: 12:06pm EST

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 SRC	Pass Pass	12:06pm 12:06pm
DET	Pass	12:06pm
BAR	Pass Pass	12:06pm 12:06pm

Blank Tests

Test	Status	Time
AIR	Pass	12:07pm

Printer Tests

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

Preventive Maintenance Status: Pass

alm Rg Bans

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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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	al No. <u>60886</u>	DETENTION	CENTER
	maintenance procedures for the Intoximeter 0,000 or higher) to be followed at least once		EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays breath simulator thermometer shows 34	at least 51 pounds per square inch (psi) of degrees, plus or minus .2 degree centigrad	pressure, or the alcoholic le;
(2)	Verify instrument displays time and date	;	
(3)	Initiate breath test sequence;		
(4)	Enter information as prompted;		
(5)	Verify instrument accuracy;		
(6)	When "PLEASE BLOW" appears, coile	ct breath sample;	
(7)	When "PLEASE BLOW" appears, colle	ct breath sample;	
(8)	Print test record;		
(9)	Run diagnostic program and confirm pre	eventive maintenance status of "Pass"; and	ı
(10)		s being changed before expiration date, very four months or after 125 Alcoholi	
were performe	the day ofMRCH d on the instrument indicated above, in according pro-	ordance with current regulations of the N	maintenance procedures .C. Department of Health
	Colon Ray 1	Barro	648

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: 03/07/2024

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: 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 AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00	12:15pm 12:16pm 12:16pm 12:18pm 12:18pm 12:19pm 12:21pm
AIR BLK	.00	12:22pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

COLUMBUS COUNTY DETENTION CENTER 230

Serial Number: 008886 Test Record Number: 1690 Test Date: 03/07/2024 Test Time: 12:24pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:25pm

Printer Tests

rest	Status	TIME
PRNT	Pass	12:25pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:25pm
CAL	Pass	12:25pm

Preventive Maintenance Status: Pass

Analyst

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

Instrument Ser	ial No	. Instrument Executor	New Bann	
The preventive serial number	maintenance procedures for th	e Intoximeters, Model d at least once every fo	Intox EC/IR II and Mur months are:	fodel Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas can breath simulator thermome	ster displays at least 5 ter shows 34 degrees,	l pounds per square in plus or minus .2 degre	nch (psi) of pressure, or the alcoholic ee centigrade;
(2)	Verify instrument displays	time and date;		
(3)	Initiate breath test sequence	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 r	naintenance status of '	"Pass"; and
(10)	Verify that the ethanol g simulator solution is being whichever occurs first.	as canister is being of g changed every four	hanged before expir months or after 125	ation date, or the alcoholic breath 5 Alcoholic Breath Simulator tests,
were performed	the 22 day of 10	bove, in accordance w	the forgoing with current regulation	preventive maintenance procedures as of the N.C. Department of Health
OF GIAM AREA	20	and		665

CRAVEN COUNTY BAT MOBILE UNIT 7 240

Serial Number: 008698 Test Date: 03/22/2024

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: 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	9:42pm
AIR BLK	.00	9:43pm
ACCY CHK	.08	9:44pm
AIR BLK	.00	9:45pm
SUB TEST	.00	9:45pm
AIR BLK	.00	9:46pm
SUB TEST	.00	9:48pm
AIR BLK	.00	9:49pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CRAVEN COUNTY BAT MOBILE UNIT 7 240

Serial Number: 008698 Test Record Number: 2329
Test Date: 03/22/2024 Test Time: 9:53pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time	
AIR	Pass	9:54pm	

Printer Tests

Test	Status	Time
PRNT	Pass	9:54pm

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

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

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

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

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008672 Test Date: 03/18/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Garner, Joel K

Permit Number: 0036-5156

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test g/210L Time

DIAG	Pass	10:54am
AIR BLK	.00	10:54am
ACCY CHK	.08	10:55am
AIR BLK	.00	10:56am
SUB TEST	.00	10:57am
AIR BLK	.00	10:58am
SUB TEST	.00	11:00am
ATR BLK	.00	11:01am

Reported/AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008672 Test Record Number: 8416 Test Date: 03/18/2024 Test Time: 11:02am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:02am
FLO FC	Pass Pass	11:02am 11:02am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:03am

Printer Tests

Test	Status	Time
PRNT	Pass	11:03am
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	11:03am 11:03am

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)

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	the 2124 day of

CURRITUCK COUNTY CURRITUCK SO-MAPLE 260

Serial Number: 008918 Test Date: 03/21/2024

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: 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	11:24am
AIR BLK	.00	11:25am
ACCY CHK	.07	11:25am
AIR BLK	.00	11:26am
SUB TEST	.00	11:27am
AIR BLK	.00	11:28am
SUB TEST	.00	11:29am
AIR BLK	.00	11:30am

Reported AC: .00 g/210L

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 Rev. 12/2007

CURRITUCK COUNTY CURRITUCK SO-MAPLE 260

Serial Number: 008918 Test Record Number: 945 Test Date: 03/21/2024 Test Time: 11:32am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:32am 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	11:33an

Printer Tests

Test	Status	Time
PRNT	Pass	11:33am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:33am

CAL Pass 11:33am

Preventive Maintenance Status: Pass

4. Luppell

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	the 26 day of March , 2024 the forgoing preventive maintenance procedures to on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health

CURRITUCK COUNTY CURRITUCK SO-MAPLE 260

Serial Number: 008947 Test Date: 03/26/2024

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: 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	3:27pm
AIR BLK	.00	3:28pm
ACCY CHK	.08	3:28pm
AIR BLK	.00	3:29pm
SUB TEST	.00	3:30pm
AIR BLK	.00	3:30pm
SUB TEST	.00	3:32pm
AIR BLK	.00	3:33pm

Reported AC: .00 g/210L

Signature of Chamical 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: 3401 Test Date: 03/26/2024 Test Time: 3:34pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:35pm 3:35pm
FC	Pass	3:35pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:35pm
SRC	Pass	3:35pm
DET	Pass	3:35pm
BAR	Pass	3:35pm
BT	Pass	3:35pm

Blank Tests

Test	Status	Time
AIR	Pass	3:35pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:35pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	3:36pm 3:36pm

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 CL	rrituck Instrument Location Curritue	KCo. S.O. Corolla
Instrument Seri	al No. 008949 11Z3 Ocea	un Irail, Corolla, No
The preventive serial number I	maintenance procedures for the Intoximeters, Model Intox EC/IR II and 0,000 or higher) to be followed at least once every four months are:	1 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 degrees.	
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status	of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before ex- simulator solution is being changed every four months or after whichever occurs first.	piration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,
I certify that on were performed and Human Ser	the 18 day of	ng preventive maintenance procedures tions of the N.C. Department of Health
		680
Times.	Signature of Certifying Official	Certificate Number

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: 03/18/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: Chappell, Mark A

Permit Number: 0020-6272 Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	12:10pm
AIR BLK	.00	12:11pm
ACCY CHK	.08	12:12pm
AIR BLK	.00	12:13pm
SUB TEST	.00	12:14pm
AIR BLK	.00	12:15pm
SUB TEST	.00	12:16pm
ATR BLK	.00	12:17mm

Reported ACT .00 gW/OL

Signature of Chamical 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 SO-COROLLA 260

Serial Number: 008949 Test Record Number: 764
Test Date: 03/18/2024 Test Time: 12:24pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:24pm
FLO	Pass	12:24pm
FC	Pass	12:25pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:25pm
SRC	Pass	12:25pm
DET	Pass	12:25pm
BAR	Pass	12:25pm
BT	Pass	12:25pm

Blank Tests

Test	Status	Time
AIR	Pass	12:25pm

Printer Tests

CRC Tests	Test	Time
	PRNT	12:25pm
Test Status Time	Test	Time

COMP Pass 12:26pm CAL Pass 12:26pm

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)

Instrument Seri	al No. 008588 102 Town Hall Rd.
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 12 day of
STATE	M/ M/ 620
None of the least	Signature of Certifying Official Certificate Number

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

DARE COUNTY KILL DEVIL HILLS 270

Serial Number: 008588 Test Date: 03/12/2024

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

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

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

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

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

Lot Number: AG212403 Exp Date: 05/04/2024

Test	g/210L	Time
DIAG	Pass	4:39pm
AIR BLK	.00	4:40pm
ACCY CHK	.07	4:41pm
AIR BLK	.00	4:42pm
SUB TEST	.00	4:43pm
AIR BLK	.00	4:43pm
SUB TEST	.00	4:45pm
AIR BLK	.00	4:46pm

Reported AC: .00 g/2101

gnature of Che cal Analyst

Court CVR

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

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DARE COUNTY KILL DEVIL HILLS 270

Serial Number: 008588 Test Record Number: 1297 Test Date: 03/12/2024 Test Time: 4:47pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:48pm
FLO	Pass	4:48pm
FC	Pass	4:48pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:48pm
SRC	Pass	4:48pm
DET	Pass	4:48pm
BAR	Pass	4:48pm
BT	Pass	4:48pm

Blank Tests

Test	Status	Time
AIR	Pass	4:48pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:49pm
	CRC Tests	
Test	Status	Time
COMP	Pass	4:49pm

CAL Pass 4:49pm

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)

Instrument Seri	ial No. 008844 Instrument Location Kill Devil Hills P. D. JOZ Town Hall Rd. Kill Devil Hills, 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.
I certify that on were performed and Human Ser	the 26 day of March, 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.
	7411(B)// 680

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

DARE COUNTY KILL DEVIL HILLS 270

Serial Number: 008844 Test Date: 03/26/2024

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

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

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

Test	g/210L	Time
DIAG	Pass	1:24pm
AIR BLK	.00	1:25pm
ACCY CHK	.08	1:25pm
AIR BLK	.00	1:26pm
SUB TEST	.00	1:27pm
AIR BLK	.00	1:28pm
SUB TEST	.00	1:29pm
AIR BLK	.00	1:30pm

Reported AC: 00 g/210K

gnature of Cherical Analyst

Court CVR

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

Department of Health and Human Services

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DARE COUNTY KILL DEVIL HILLS 270

Serial Number: 008844 Test Record Number: 3093 Test Date: 03/26/2024 Test Time: 1:31pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:32pm
FLO	Pass	1:32pm
FC	Pass	1:32pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:32pm
SRC	Pass	1:32pm
DET	Pass	1:32pm
BAR	Pass	1:32pm
BT	Pass	1:32pm

Blank Tests

Test	Status	Time
AIR	Pass	1:32pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:33pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:33pm 1:33pm

Preventive Maintenance Status: Pass

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

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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)

(1) Ve	
	rify 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;
(2) Ve	rify instrument displays time and date;
(3) Ini	tiate breath test sequence;
(4) En	ter information as prompted;
(5) Ve	rify instrument accuracy;
(6) WI	nen "PLEASE BLOW" appears, collect breath sample;
(7) W	nen "PLEASE BLOW" appears, collect breath sample;
(8) Pri	nt test record;
(9) Ru	n diagnostic program and confirm preventive maintenance status of "Pass"; and
sin	rify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath nulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, ichever occurs first.
were performed on th	day of <u>MARCH</u> , 2024 the forgoing preventive maintenance procedures e instrument indicated above, in accordance with current regulations of the N.C. Department of Health 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 DAVIDSON COUNTY JAIL 280

> Serial Number: 008683 Test Date: 03/08/2024

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: 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	11:49am
AIR BLK	.00	11:50am
ACCY CHK	.08	11:51am
AIR BLK	.00	11:52am
SUB TEST	.00	11:53am
AIR BLK		11:54am
SUB TEST	.00	11:55am
ATP BLK	0.0	11:56am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

DAVIDSON COUNTY DAVIDSON COUNTY JAIL 280

Serial Number: 008683 Test Record Number: 1208 Test Date: 03/08/2024 Test Time: 11:59am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:59am 11:59am
FC	Pass	12:00pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:00pm

Printer Tests

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

Pass

12:00pm

Preventive Maintenance Status: 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_DA	WINSON Instrument Location THOMASVILLE POLICE
Instrument Seri	al No. COB872 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.
were performed	the BTH day of MARCH, 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

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: 03/08/2024

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: Oligmueller, Leo A Permit Number: 0035-3799

Effective:

10/01/2023-10/01/2025

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

Agency: DHHS Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:42am
AIR BLK	.00	9:44am
ACCY CHK	.07	9:44am
AIR BLK	.00	9:45am
SUB TEST	.00	9:46am
AIR BLK	.00	9:47am
SUB TEST	.00	9:48am
AIR BLK	.00	9:49am

Reported AC: .00 g/210L

Court CVR

Chemical Analyst

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

Department of Health and Human Services Rev. 12/2007

DAVIDSON COUNTY THOMASVILLE PD 280

Serial Number: 008872 Test Record Number: 1773 Test Date: 03/08/2024 Test Time: 9:50am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	9:52am

Printer Tests

Test	Status	Time
PRNT	Pass	9:52am
	CRC Tests	
Test	Status	Time
COMP	Pass	9:52am

Preventive Maintenance Status: Pass

Pass

9:52am

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)

	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 8 day of 11A2CH , 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 LEXINGTON PD 280

Serial Number: 008883 Test Date: 03/08/2024

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: 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
	Pass .00 .08 .00 .00	10:55am 10:56am 10:56am 10:57am 10:57am 10:58am
SUB TEST	.00	11:00am
AIR BLK	.00	11:01am

Reported AC: .00 g/210L

hemical Analyst

Court CVR

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

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DAVIDSON COUNTY LEXINGTON PD 280

Serial Number: 008883 Test Record Number: 2792 Test Date: 03/08/2024 Test Time: 11:01am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:02am
FLO FC	Pass Pass	11:02am 11:02am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:02am

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

Pass

11:03am 11:03am

COMP

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)

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 6 day of MNRCH 2024 the 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.

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

DHHS 4080 (04/20)

DAVIE COUNTY DAVIE COUNTY JAIL 290

Serial Number: 008905 Test Date: 03/06/2024

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: AG308101 Exp Date: 03/22/2025

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	.00	11:22am 11:23am 11:23am 11:24am 11:25am
AIR BLK SUB TEST AIR BLK	.00	

Reported AC: .00 g/210L

Court CVR

remical Analyst

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

Analyst

Department of Health and Human Services Rev. 12/2007

DAVIE COUNTY DAVIE COUNTY JAIL 290

Serial Number: 008905 Test Record Number: 2975 Test Date: 03/06/2024 Test Time: 11:29am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass	11:29am 11:29am
FC	Pass Pass	11:29am

Temperature Tests

Test	Status	Time
FC1	Pass	11:29am
SRC	Pass	11:29am
DET	Pass	11:29am
BAR	Pass	11:29am
BT	Pass	11:29am

Blank Tests

Test	Status	Time
ATR	Pass	11:30am

Printer Tests

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

11:30am

Preventive Maintenance Status: Pass

Pass

CAL

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

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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)

Coun	ty_Du	Plin Instrument Location BAT Mobile Unit S
Instru	ment Serial	No. 008575 Wallace PD
The p	reventive m number 10,	aintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 000 or higher) to be followed at least once every four months are:
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	(2)	Verify instrument displays time and date;
	(3)	Initiate breath test sequence;
	(4)	Enter information as prompted;
	(5)	Verify instrument accuracy;
	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were j	performed c	the instrument indicated above, in accordance with current regulations of the N.C. Department of Health res, and the instrument is functioning properly.
TO THE STATE OF TH		684
	The same of the sa	Stenature of Certifying Official Certificate Number

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

DUPLIN COUNTY BAT MOBILE UNIT 5 300

Serial Number: 008575 Test Date: 03/16/2024

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

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

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

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

Test	g/210L	Time
DIAG	Pass	10:34pm
AIR BLK	.00	10:35pm
ACCY CHK	.08	10:36pm
AIR BLK	.00	10:37pm
SUB TEST	.00	10:38pm
AIR BLK	.00	10:39pm
SUB TEST	.00	10:40pm
AIR BLK	.00	10:41pm

Reported AC: 190 97210L

Signature of Chemical Analyst

Court CVR

Analyst

DUPLIN COUNTY BAT MOBILE UNIT 5 300

Serial Number: 008575 Test Record Number: 1451 Test Date: 03/16/2024 Test Time: 10:42pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:42pm
FLO	Pass	10:42pm
FC	Pass	10:43pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:43pm
SRC	Pass	10:43pm
DET	Pass	10:43pm
BAR	Pass	10:43pm
BT	Pass	10:43pm

Blank Tests

Test	Status	Time
AIR	Pass	10:43pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:43pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:44pm
CAL	Pass	10:44pm

Preventive Maintenance Status: Pass

Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

County	Instrument Location BAT Mobile Unit 5
Instrument Seri	al No. 008704 Wallace 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 16th day of March, 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.
Que no	684
	Signature of Certifying Official Certificate Number

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

DUPLIN COUNTY BAT MOBILE UNIT 5 300

Serial Number: 008704 Test Date: 03/16/2024

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

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

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

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

Test	g/210L	Time
DIAG	Pass	10:21pm
AIR BLK	.00	10:22pm
ACCY CHK	.08	10:22pm
AIR BLK	.00	10:23pm
SUB TEST	.00	10:24pm
AIR BLK	.00	10:25pm
SUB TEST	.00	10:26pm
AIR BLK	.00	10:27pm

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

1

DUPLIN COUNTY BAT MOBILE UNIT 5 300

Serial Number: 008704 Test Record Number: 883 Test Date: 03/16/2024 Test Time: 10:38pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:39pm
FLO	Pass	10:39pm
FC	Pass	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

Blank Tests

Status	Time
Pass	10:39pm

Printer Tests

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

10:40pm

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	Juplin Instrument Location BAT Mobile Unit 5
Instrument Seri	al No. 08826 Wallace 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 16 day of 10 cc. 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.
Street 15th	Signature of Certifying Official Certificate Number

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

DUPLIN COUNTY BAT MOBILE UNIT 5 300

Serial Number: 008826 Test Date: 03/16/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	10:16pm
AIR BLK	.00	10:17pm
ACCY CHK	.07	10:18pm
AIR BLK	.00	10:19pm
SUB TEST	.00	10:20pm
AIR BLK	. 00	10:21pm
SUB TEST	.00	10:22pm
AIR BLK	.00	10:23pm

Reported AC:

Signature of Chemical Analyst

Court CVR

Analyst

1

DUPLIN COUNTY BAT MOBILE UNIT 5 300

Serial Number: 008826 Test Record Number: 8523 Test Date: 03/16/2024 Test Time: 10:24pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:25pm
FLO	Pass	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	10:25pm	

Printer Tests

Test	Status	Time
PRNT	Pass	10:26pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:26pm

Preventive Maintenance Status: Pass

Pass

10:26pm

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)

he preventive trial number l	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 de	e inch (psi) of pressure, or the alcoholic gree centigrade;
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of	of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before ex- simulator solution is being changed every four months or after I whichever occurs first.	piration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,
ere performed	the 20 day of MARCH , 2024 the forgoing on the instrument indicated above, in accordance with current regulativices, and the instrument is functioning properly.	g preventive maintenance procedures ions of the N.C. Department of Health
	N V- 16.	1.48

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

DHHS 4080 (04/20)

DUPLIN COUNTY WALLACE PD 300

Serial Number: 008858 Test Date: 03/20/2024

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

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

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

Test	g/210L	Time
DIAG	Pass	11:32am
AIR BLK		11:33am
ACCY CHK	.07	11:33am
AIR BLK	.00	11:35am
SUB TEST	.00	11:35am
AIR BLK	.00	11:36am
SUB TEST	.00	11:38am
AIR BLK	-00	11:39am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alu Ray Barris

DUPLIN COUNTY WALLACE PD 300

Serial Number: 008858 Test Record Number: 1263 Test Date: 03/20/2024 Test Time: 11:40am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:41am

Printer Tests

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

Preventive Maintenance Status: Pass

alu Ry Barnes

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 Edg	Instrument Location Edgeron	os Anaronda Rd.,
Instrument Seria	al No. 00 8603 OFice, 30	705 Anaronda RV.
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II as 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 squa breath simulator thermometer shows 34 degrees, plus or minus .2 d	
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, 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.	
I certify that on were performed and Human Ser	the 14 day of March , 20 7 the forgot on the instrument indicated above, in accordance with current regularices, and the instrument is functioning properly.	ing preventive maintenance procedures ations of the N.C. Department of Health
	San Carlo	
CATTLE OF		
ON GLAM HER	Keer a free -	643

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: 03/14/2024

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: AG400303 Exp Date: 01/03/2026

Test	g/210L	Time
DIAG	Pass	11:50am
AIR BLK	.00	11:50am
ACCY CHK	.07	11:51am
AIR BLK	.00	11:52am
SUB TEST	.00	11:53am
AIR BLK	.00	11:54am
SUB TEST	.00	11:56am
ATR BLK	0.0	11:57am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008603 Test Record Number: 2409 Test Date: 03/14/2024 Test Time: 11:58am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:58am
FLO	Pass	11:58am
FC	Pass	11:58am

Temperature Tests

Test	Status	Time
FC1	Pass	11:58am
SRC	Pass	11:58am
DET	Pass	11:58am
BAR	Pass	11:58am
BT	Pass	11:58am

Blank Tests

Test	Status	Time	
ATD	Dage	11.50am	

Printer Tests

Test Status Time

PRNT	Pass	11:59am
	CRC Tests	
Test	Status	Time

Pass 11:59am

11:59am

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)

						Anaconda	ors, M
	serial number 1	maintenance procedures for the In 0,000 or higher) to be followed at				I Intox EC/IR II (En	hanced with
	(1)	Verify the ethanol gas canister breath simulator thermometer s					he alcoholic
	(2)	Verify instrument displays time	and date;				
	(3)	Initiate breath test sequence;					
	(4)	Enter information as prompted	β				
	(5)	Verify instrument accuracy;					
	(6)	When "PLEASE BLOW" appe	ars, collect brea	th sample;			
	(7)	When "PLEASE BLOW" appe	ars, collect brea	th sample;			
	(8)	Print test record;					
	(9)	Run diagnostic program and co	nfirm preventiv	e maintenance st	atus of "Pass	i"; and	
	(10)	Verify that the ethanol gas of simulator solution is being ch whichever occurs first.	anister is bein anged every fo	g changed befor our months or a	re expiration fter 125 Alc	date, or the alcoholic Breath Sim	olic breath alator tests,
4	were performed	the 14 day of March on the instrument indicated above vices, and the instrument is function	e, in accordanc	, 20 2 the for	rgoing preve gulations of	entive maintenance the N.C. Departmen	procedures it of Health
(,				
	a am its	- Key P.	ature of Certify			643 Certificate Nun	

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

> Serial Number: 008663 Test Date: 03/14/2024

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: AG308004 Exp Date: 03/21/2025

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008663 Test Record Number: 3653 Test Date: 03/14/2024 Test Time: 12:15pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:15pm
FLO	Pass	12:15pm
FC	Pass	12:15pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:15pm
SRC	Pass	12:15pm
DET	Pass	12:15pm
BAR	Pass	12:15pm
BT	Pass	12:15pm

Blank Tests

Test	Status	Time
AIR	Pass	12:16pm

Printer Tests

Test Status Time

PRNT	Pass	12:16pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:16pm

Pass 12:16pm

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 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 12 day of March , 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 KERNERSVILLE PD 330

Serial Number: 008650 Test Date: 03/12/2024

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: Hanks, Timothy S Permit Number: 0063-3175 Effective: 10/01/2023-10/01/2025

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

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

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

Reported AC:, .00 g/210L

Signature of Chemical Analyst

Court CVR

FORSYTH COUNTY KERNERSVILLE PD 330

Serial Number: 008650

Test Record Number: 2254

Test Date: 03/12/2024

Test Time: 4:14pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	4:15pm 4:15pm
FC	Pass	4:15pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:15pm
SRC	Pass	4:15pm
DET	Pass	4:15pm
BAR	Pass	4:15pm
BT	Pass	4:15pm

Blank Tests

Test	Status	Time	

AIR Pass 4:15pm

Printer Tests

Test	Status	Time
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PRNT Pass 4:16pm

CRC Tests

Test	Status	Time
COMP	Pass	4:16pm
CAL	Pass	4:16pm

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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	nstrument Seri	al No. 008659 WINSTUN-SALEM, NC
T 8	The 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;
4	(5)	Verify instrument accuracy;
۴	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before 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	vere performed	the 18 day of MARCH, 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.
		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 FORSYTH CO DETENTION 330

Serial Number: 008659 Test Date: 03/18/2024

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

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	8:26am
AIR BLK		8:27am
ACCY CHK	.08	8:28am
AIR BLK	.00	8:29am
SUB TEST	.00	8:29am
AIR BLK	.00	8:30am
SUB TEST	.00	8:32am
AIR BLK	.00	8:33am

Reported AC: .00 g/210L

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

FORSYTH COUNTY FORSYTH CO DETENTION 330

Test Record Number: 6295 Serial Number: 008659 Test Time: 8:36am EDT Test Date: 03/18/2024

System Check: Passed

Baseline Tests

Test	Status	Time	
IR FLO	Pass Pass	8:36am 8:36am	
FC	Pass	8:36am	

Temperature Tests

Test	Status	Time
FC1	Pass	8:36am
SRC	Pass	8:36am
DET	Pass	8:36am
BAR	Pass	8:36am
BT	Pass	8:36am

Blank Tests

Test	Status	Time
AIR	Pass	8:37am

Printer Tests

Test	Status	Time
PRNT	Pass	8:37am
	CRC Tests	
Test	Status	Time
COMP	Pass	8:37am

Preventive Maintenance Status: Pass

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

Rev. 12/2007

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

County	FORSYTH	Instrument Location_	BAT MOBILE	REGION 3
Instrument Se	rial No. 008939		WIN 570N-	SALEM P.D.
The preventiv	e maintenance procedures for th 10,000 or higher) to be followed	e Intoximeters, Model In d at least once every four	tox EC/IR II and Model I	ntox EC/IR II (Enhanced with
(1)		ster displays at least \$1 p	ounds not source inch (-	i) of pressure, or the alcoholic grade;
(2)	Verify instrument displays			
(3)	Initiate breath test sequence	1;		
(4)	Enter information as promp	ited;		
(5)	Verify instrument accuracy			
(6)	When "PLEASE BLOW" a	ppears, collect breath san	nple;	
(7)	When "PLEASE BLOW" a			
(8)	Print test record;			
(9)	Run diagnostic program and	confirm preventive mair	ntenance status of "Pass".	and
(10)	Verify that the ethanol ga	s canister is being char	and before emission	ate, or the alcoholic breath solic Breath Simulator tests,
I certify that on were performed and Human Ser	the 29 day ofAd on the instrument indicated at vices, and the instrument is fund	RCH , 202 pove, in accordance with etioning properly.	L the forgoing prevent current regulations of the	ive maintenance procedures e N.C. Department of Health
S STM AND	m.c	- flement		676
	S	ignature of Certifying Off	ficial	Certificate Number

FORSYTH COUNTY BAT MOBILE REGION 3 330

> Serial Number: 008939 Test Date: 03/29/2024

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

Analyst's Name: Fleming, Marshall C Permit Number: 0027-5012 Effective: 10/01/2023-10/01/2025

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

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

Test	g/210L	Time
DIAG	Pass	9:28pm
AIR BLK	.00	9:29pm
ACCY CHK	.07	9:30pm
AIR BLK	.00	9:30pm
SUB TEST	.00	9:31pm
AIR BLK	.00	9:32pm
SUB TEST	.00	9:34pm
AIR BLK	.00	9:34pm

Reported AC: .00 g/210L

Signature of Chemical analyst

Court CVR

Analyst

FORSYTH COUNTY BAT MOBILE REGION 3 330

Serial Number: 008939 Test Record Number: 1672 Test Date: 03/29/2024 Test Time: 9:36pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:37pm
FLO	Pass	9:37pm
FC	Pass	9:37pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:37pm
SRC	Pass	9:37pm
DET	Pass	9:37pm
BAR	Pass	9:37pm
BT	Pass	9:37pm

Blank Tests

Test	Status	Time	
AIR	Pass	9:37pm	

Printer Tests

Test	Status	Time
PRNT	Pass	9:37pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	9:38pm 9:38pm

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	10 No. 008776 FLANKED S.O.
		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;
ķ	(5)	Verify instrument accuracy;
*	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
		-0
	were performe	the of day of MANCH, 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.
	STEP S	
	OF OWN AREA	1 1(3)

FRANKLIN COUNTY BAT MOBILE UNIT 6 340

Serial Number: 008776 Test Date: 03/08/2024

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: Varnell, Bryon L Permit Number: 0036-1210 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	6:01pm
AIR BLK	.00	6:02pm
ACCY CHK	.08	6:03pm
AIR BLK	.00	6:04pm
SUB TEST	.00	6:04pm
AIR BLK	.00	6:05pm
SUB TEST	.00	6:06pm
AIR BLK	.00	6:07pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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FRANKLIN COUNTY BAT MOBILE UNIT 6 340

Serial Number: 008776 Test Record Number: 3992 Test Date: 03/08/2024 Test Time: 6:11pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	6:12pm
FLO	Pass	6:12pm
FC	Pass	6:12pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:12pm
SRC	Pass	6:12pm
DET	Pass	6:12pm
BAR	Pass	6:12pm
BT	Pass	6:12pm

Blank Tests

Status	6:12pm
Pass	

Printer Tests

Test	Status	Time
PRNT	Pass	6:13pm
	CRC Tests	
Test	Status	Time
COMP	Pass	6:13pm
CAL	Pass	6:13pm

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)

1	nstrument Seri	ial No. 00 ¥779	FLANKIN	50.
		maintenance procedures for the Intoxir 0,000 or higher) to be followed at least		lodel Intox EC/IR II (Enhanced with
	(1)		lays at least 51 pounds per square in s 34 degrees, plus or minus .2 degre	ich (psi) of pressure, or the alcoholic e centigrade;
	(2)	Verify instrument displays time and	I date;	
	(3)	Initiate breath test sequence;		
	(4)	Enter information as prompted;		
	(5)	Verify instrument accuracy;		
	(6)	When "PLEASE BLOW" appears,	collect breath sample;	
	(7)	When "PLEASE BLOW" appears,	collect breath sample;	
	(8)	Print test record;		
	(9)	Run diagnostic program and confirm	m preventive maintenance status of	'Pass''; and
	(10)			ation date, or the alcoholic breath Alcoholic Breath Simulator tests,
v	vere performe	the Of day of MANCH d on the instrument indicated above, in vices, and the instrument is functioning	accordance with current regulation	preventive maintenance procedures is of the N.C. Department of Health

FRANKLIN COUNTY BAT MOBILE UNIT 6 340

Serial Number: 008779 Test Date: 03/08/2024

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: Varnell, Bryon L Permit Number: 0036-1210 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	6:03pm
AIR BLK	.00	6:04pm
ACCY CHK	.07	6:04pm
AIR BLK	.00	6:05pm
SUB TEST	.00	6:06pm
AIR BLK	.00	6:07pm
SUB TEST	.00	6:08pm
AIR BLK	.00	6:09pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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FRANKLIN COUNTY BAT MOBILE UNIT 6 340

Serial Number: 008779 Test Record Number: 3981 Test Date: 03/08/2024 Test Time: 6:10pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	6:10pm
FLO	Pass	6:10pm
FC	Pass	6:10pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:10pm
SRC	Pass	6:10pm
DET	Pass	6:10pm
BAR	Pass	6:10pm
BT	Pass	6:10pm

Blank Tests

Test	Status	Time
AIR	Pass	6:11pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:11pm
	CRC Tests	

ICSL	Status	Time
COMP	Pass	6:11pm
CAL	Pass	6:11pm

Preventive Maintenance Status: Pass

Analyst

BJ->

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	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 12th day of March , 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.
ST CONTROL OF THE PARTY OF THE	Signature of Certifying Official Certificate Number

GASTON COUNTY GASTON COUNTY SO 350

Serial Number: 008684 Test Date: 03/12/2024

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

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

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

Test	g/210L	Time
DIAG	Pass	12:45pm
AIR BLK	.00	12:45pm
ACCY CHK	.07	12:46pm
AIR BLK	.00	12:48pm
SUB TEST	.00	12:48pm
AIR BLK	.00	12:49pm
SUB TEST	.00	12:51pm
AIR BLK	.00	12:51pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

GASTON COUNTY GASTON COUNTY SO 350

Serial Number: 008684 Test Record Number: 6178 Test Date: 03/12/2024 Test Time: 12:52pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:52pm
FLO	Pass	12:52pm
FC	Pass	12:52pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:52pm
SRC	Pass	12:52pm
DET	Pass	12:52pm
BAR	Pass	12:52pm
BT	Pass	12:52pm

Blank Tests

Test	Status	Time
AIR	Pass	12:53pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:53pm

CRC Tests

Test	Status	Time
COMP	Pass Pass	12:53pm 12:53pm

Preventive Maintenance Status: Pass

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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)

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 march, 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.

Signature of Certifying Official

Certificate Number

GRAHAM COUNTY GRAHAM COUNTY SD 370

Serial Number: 008915 Test Date: 03/11/2024

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	12:19pm
AIR BLK	.00	12:19pm
ACCY CHK	.08	12:20pm
AIR BLK	.00	12:21pm
SUB TEST	.00	12:22pm
AIR BLK	.00	12:23pm
SUB TEST	.00	12:24pm
AIR BLK	.00	12:25pm

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

GRAHAM COUNTY GRAHAM COUNTY SD 370

Serial Number: 008915 Test Record Number: 946 Test Date: 03/11/2024 Test Time: 12:27pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:27pm 12:27pm
FC	Pass	12:27pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:27pm
SRC	Pass	12:27pm
DET	Pass	12:27pm
BAR	Pass	12:27pm
BT	Pass	12:27pm

Blank Tests

Test	Status	Time	
AIR	Pass	12:28pm	

Printer Tests

Test	Status	Time
PRNT	Pass	12:28pm
	CRC Tests	

Test	Status	Time
COMP	Pass	12:28pm
CAL	Pass	12:28pm

Preventive Maintenance Status: Pass

Analyst

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

Co	unty(FUILFORD	Instrument Location	UNCG	POLICE
Ins	trument Se	erial No. <u>008604</u>	- 1 1 1 .	DEPAR	TMENT
Th	e preventiv	ve maintenance procedures for 10,000 or higher) to be follow	the Intoximeters, Model I	ntox EC/IR II and I	Model Intox EC/IR II (Enhanced with
	(1)	Verify the ethanol gas ca breath simulator thermon	nister displays at least 51 neter shows 34 degrees, pl	pounds per square i us or minus .2 degr	inch (psi) of pressure, or the alcoholic ee centigrade;
	(2)	Verify instrument display	ys time and date;		
	(3)	Initiate breath test sequer	nce;		
	(4)	Enter information as pro-	mpted;		
	(5)	Verify instrument accura	ey;		
	(6)	When *PLEASE BLOW	" appears, collect breath s	ample;	
	(7)	When "PLEASE BLOW	* appears, collect breath s	ample;	
	(8)	Print test record;			
	(9)	Run diagnostic program	and confirm preventive m	aintenance status of	f"Pass"; and
	(10)	Verify that the ethanol simulator solution is be whichever occurs first.	gas canister is being cl ing changed every four	nanged before exp months or after 12	iration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,
900	ertify that ore perform	on the 19 day of W and on the instrument indicated dervices, and the instrument is t	d above, in accordance w	the forgoing	preventive maintenance procedures ons of the N.C. Department of Health
Calvis					669
	Name of Street	() The	Signature of Certifying	Official	Certificate Number

GUILFORD COUNTY UNC-G POLICE DEPT 400

Serial Number: 008604 Test Date: 03/19/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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

DIAG Pass 12:53pm AIR BLK .00 12:54pm ACCY CHK .08 12:55pm AIR BLK .00 12:56pm SUB TEST .00 12:56pm AIR BLK .00 12:57pm SUB TEST .00 12:59pm AIR BLK .00 12:59pm AIR BLK .00 1:00pm

Reported AC: .00 g/210L

Eignature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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GUILFORD COUNTY UNC-G POLICE DEPT 400

Serial Number: 008604 Test Record Number: 2277
Test Date: 03/19/2024 Test Time: 1:00pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:01pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:01pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:02pm

Preventive Maintenance Status: Pass

Pass

1:02pm

CAL

Analyst



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

County	GUILEORO Instrument Location_	GREENSBORD GREENSBORD	JAIL
Instrument Seria	I No	GREENSBORO	,NC
The preventive r serial number 10	maintenance procedures for the Intoximeters, Model Intox 0,000 or higher) to be followed at least once every four mor	EC/IR II and Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pound breath simulator thermometer shows 34 degrees, plus or	ds per square inch (psi) of pressure, o minus .2 degree centigrade;	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 mainten	ance status of "Pass"; and	
(10)	Verify that the ethanol gas canister is being changed simulator solution is being changed every four month whichever occurs first.	before expiration date, or the alc s or after 125 Alcoholic Breath Si	oholic breath mulator tests,
I certify that on the were performed cand Human Servi	on the instrument indicated above, in accordance with curreces, and the instrument is functioning properly.	the 16-going preventive maintenance rent regulations of the N.C. Departm	e procedures ent of Health
		\mathcal{Q}	669
6	Signature of Certifying Official of the preventive maintenance record shall be kept on file for		umber

DHHS 4080 (04/20)

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008660 Test Date: 03/19/2024

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

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

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

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

Test	g/210L	Time
DIAG	Pass	2:34pm
AIR BLK	.00	2:35pm
ACCY CHK	.08	2:36pm
AIR BLK	.00	2:37pm
SUB TEST	.00	2:38pm
AIR BLK	.00	2:38pm
SUB TEST	.00	2:40pm
AIR BLK	.00	2:41pm

Reported AC: .00 g/210L

Signature of ghemical Analyst

Court CVR

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

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GUILFORD COUNTY GREENSBORO JAIL 400

Test Record Number: 4543 Serial Number: 008660 Test Time: 2:45pm EDT Test Date: 03/19/2024

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 Pass	2:46pm 2:46pm
BAR	Pass .	2:46pm
BT	Pass	2:46pm

Blank Tests

Test	Status	 Time
AIR	Pass	2:47pr

Printer Tests

Test	Status	Time
PRNT	Pass	2:47pm
	CRC Tests	

Test	Status	Time
COMP	Pass Pass	2:47pm 2:47pm

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)

3	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	the 19 day of MARCH, 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.

DHHS 4080 (04/20)

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008794 Test Date: 03/19/2024

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST		3:12pm 3:13pm 3:14pm 3:15pm 3:17pm
AIR BLK SUB TEST AIR BLK		3:18pm 3:20pm 3:20pm

Reported AC: .00 g/210L

Signature of Enemical Amalyst

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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GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008794 Test Record Number: 8500 Test Date: 03/19/2024 Test Time: 3:23pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	3:25pm

Printer Tests

Status Time

Test

CAL

PRNT	Pass	3:25pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:25pm

Preventive Maintenance Status: Pass

Pass

Analyst

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

County 60	No. 008828 Instrument Location HIGH POINT POLICE DEPARTMENT
Instrument Serial	NO. 008828 DEPARTMENT
The preventive m serial number 10,	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.
I certify that on the were performed or and Human Service	day of
	Signature of Certifying Official Certificate Number

GUILFORD COUNTY HIGH POINT PD 401

Serial Number: 008828 Test Date: 03/18/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Oligmueller, Leo A Permit Number: 0035-3799 Effective:

10/01/2023-10/01/2025

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	.00 .00	2:54pm 2:54pm 2:55pm 2:56pm 2:57pm 2:58pm 2:59pm 3:00pm

Reported AC: .00 g/210L

Court CVR

Chemical 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: 4496 Test Date: 03/18/2024 Test Time: 3:01pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:01pm 3:01pm
FC	Pass	3:01pm

Temperature Tests

SRC P DET P BAR P	Pass 3 Pass 3 Pass 3	:02pm :02pm :02pm :02pm :02pm

Blank Tests

Test	Status	Time
AIR	Pass	3:02pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:02pm
	CRC Tests	

Test	Status	Time
COMP	Pass Pass	3:02pm 3:02pm

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 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;
4	(5)	Verify instrument accuracy;
	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
W	ere performed	the day of MARCH. 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	
3		
13	VIII.	

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

DHHS 4080 (04/20)

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008896 Test Date: 03/19/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Oligmueller, Leo A Permit Number: 0035-3799

Effective:

10/01/2023-10/01/2025

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

Agency: DHHS Test Type: Breath Test

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

Test	g/210L	Time
ACCY CHK	Pass .00 .08	2:47pm 2:48pm 2:49pm
AIR BLK	.00	2:50pm
SUB TEST		2:52pm
AIR BLK		2:52pm
SUB TEST		2:54pm
AIR BLK	.00	2:55pm

Reported AC: .00 g/210L

exical 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

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008896 Test Record Number: 1703 Test Date: 03/19/2024 Test Time: 3:00pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:01pm 3:01pm
FC	Pass	3:01pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:01pm
SRC	Pass	3:01pm
DET	Pass	3:01pm
BAR	Pass	3:01pm
BT	Pass	3:01pm

Blank Tests

Test	Status	Time	
AIR	Pass	3:02pm	

Printer Tests

Test	Status	Time
PRNT	Pass	3:02pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	3:02pm 3:02pm

Preventive Maintenance Status: Pass

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

Department of Health and Human Services Rev. 12/2007

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

ln	strument Seri	al No. 009590	NAME RAPE	1.0.
Ti	ne preventive rial number 1	maintenance procedures for th 0,000 or higher) to be followed	ne Intoximeters, Model Intox EC/IR II and Med at least once every four months are:	odel Intox EC/IR II (Enhanced with
	(1)		ister displays at least 51 pounds per square ine eter shows 34 degrees, plus or minus .2 degree	
	(2)	Verify instrument displays	time and date;	
	(3)	Initiate breath test sequence	e;	
	(4)	Enter information as promp	pted;	
¥	(5)	Verify instrument accuracy	r.	
,	(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	nd confirm preventive maintenance status of "	Pass"; and
	(10)	Verify that the ethanol g simulator solution is bein whichever occurs first.	as canister is being changed before expiral og changed every four months or after 125	tion date, or the alcoholic breath Alcoholic Breath Simulator tests,
W	ere performe	the _23_ day of _MAA d on the instrument indicated a vices, and the instrument is fur	above, in accordance with current regulations	reventive maintenance procedures of the N.C. Department of Health

HALIFAX COUNTY BAT MOBILE UNIT 6 410

Serial Number: 008580 Test Date: 03/23/2024

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: Varnell, Bryon L Permit Number: 0036-1210 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	9:11pm
AIR BLK	.00	9:12pm
ACCY CHK	.07	9:13pm
AIR BLK	.00	9:14pm
SUB TEST	.00	9:14pm
AIR BLK	.00	9:15pm
SUB TEST	.00	9:17pm
AIR BLK	.00	9:18pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HALIFAX COUNTY BAT MOBILE UNIT 6 410

Serial Number: 008580 Test Record Number: 2926 Test Date: 03/23/2024 Test Time: 9:18pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time	
IR	Pass	9:18pm	
FLO	Pass	9:18pm	
FC	Pass	9:19pm	

Temperature Tests

Test	Status	Time
FC1	Pass	9:19pm
SRC	Pass	9:19pm
DET	Pass	9:19pm
BAR	Pass	9:19pm
BT	Pass	9:19pm

Blank Tests

Test	Status	Time	
ATR	Pass	9:19pm	

Printer Tests

Status	A A MINO
Pass	9:19pm
CRC Tests	
Status	Time
	Pass CRC Tests

Statue Time

COMP Pass 9:20pm CAL Pass 9:20pm

Preventive Maintenance Status: Pass

4 - 1 - 4

Analyst

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

County Ha	/ilay Instrument Location_	Roanoke Rapios PD
Instrument Ser	ial No. <u>() () 8656</u> /	1040 Rognoke AVE Comoke RAPIOS, NC
The preventive serial number	maintenance procedures for the Intoximeters, Model Int 10,000 or higher) to be followed at least once every four r	ox EC/IR II and Model Intox EC/IR II (Enhanced with nonths are:
(1)	Verify the ethanol gas canister displays at least 51 per breath simulator thermometer shows 34 degrees, plus	unds per square inch (psi) of pressure, or the alcoholic or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sam	ple;
(7)	When "PLEASE BLOW" appears, collect breath sam	ple;
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive main	tenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being chan simulator solution is being changed every four me whichever occurs first,	ged before expiration date, or the alcoholic breath onths or after 125 Alcoholic Breath Simulator tests,
were berrottile	the	the forgoing preventive maintenance procedures current regulations of the N.C. Department of Health
Control of the Contro	Signature of Certifying Of	ficial Certificate Number

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

DHHS 4080 (04/20)

HALIFAX CO. ROANOKE RAPIDS PD 410

Serial Number: 008656 Test Date: 03/25/2024

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: 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	5:08pm
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
ATR BLK	.00	5 - 14pm

Reported AC: .00 g/210L

Signature of Commetal Analyst

Court CVR

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

Rev. 12/2007

HALIFAX CO. ROANOKE RAPIDS PD 410

Serial Number: 008656 Test Record Number: 1041 Test Date: 03/25/2024 Test Time: 5:18pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:18pm
FLO	Pass	5:18pm
FC	Pass	5:19pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:19pm
SRC	Pass	5:19pm
DET	Pass	5:19pm
BAR	Pass	5:19pm
BT	Pass	5:19pm

Blank Tests

Test	Status	Time
AIR	Pass	5:19pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:19pm
	CRC Tests	
Test	Status	Time
COMP	Pass	5:19pm
CAL	Pass	5:19pm

Preventive Maintenance Status: Pass

Anatyst

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

Instrument Serial No.	County Ha	Instrument Location Hay	wood Co. Iail
(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. I certify that on the	Instrument Se	rial No. 008719 Way	pesuille, 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. I certify that on the	The preventiv	re maintenance procedures for the Intoximeters, Model Intox EC/IR 10,000 or higher) to be followed at least once every four months as	t II and Model Intox EC/IR II (Enhanced with
(2) Verify instrument displays time and date; (3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the	(1)	Verify the ethanol gas canister displays at least 51 pounds per breath simulator thermometer shows 34 degrees, plus or minu	square inch (psi) of pressure, or the alcoholic s .2 degree centigrade;
(4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the	(2)		
(5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the	(3)	Initiate breath test sequence;	
(6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the	(4)	Enter information as prompted;	
(7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the day of day o	(5)	Verify instrument accuracy;	
(7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the day of day o	(6)	When "PLEASE BLOW" appears, collect breath sample;	
(8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the	(7)		
Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the	(8)	259	
Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the	(9)	Run diagnostic program and confirm preventive maintenance s	tatus of "Pass": and
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.	(10)	Verify that the ethanol gas canister is being changed befo simulator solution is being changed every four months or	en annimitar des
Signature of Certifying Official Continue Contin	were performed	d on the instrument indicated above, in accordance with current re-	orgoing preventive maintenance procedures egulations of the N.C. Department of Health
Signature of Certifying Official Certify N			
	The same of the sa	Signature of Certifying Official	Certificate Number

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008714 Test Date: 03/18/2024

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

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

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

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

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

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

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	12:40pm
AIR BLK	.00	12:41pm
SUB TEST	.00	12:43pm
AIR BLK	.00	12:44pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008714 Test Record Number: 2262 Test Date: 03/18/2024 Test Time: 12:49pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:49pm
FLO FC	Pass Pass	12:49pm 12:49pm

Temperature Tests

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

Blank Tests

Status	Time
Pass	12:50pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:50pm
	CRC Tests	
Test	Status	Time

COMP	Pass	12:51pm
CAL	Pass	12:51pm

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 Hay	word Instrument Location Haywood	Co. Jail
Instrument Ser	ial No. 608808 Instrument Location Haywood Waynes	ville, Ne
The preventive serial number	maintenance procedures for the Intoximeters, Model Intox EC/IR II and I	Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square breath simulator thermometer shows 34 degrees, plus or minus .2 degr	inch (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 expi 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,
I certify that on were performed and Human Ser	the	preventive maintenance procedures ns of the N.C. Department of Health
SIATE	Por Profit	425
* Chinesis Co.	Signature of Certifying Official	Certificate Number

HAYWOOD COUNTY JAIL 430

Serial Number: 008808 Test Date: 03/18/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	1:39pm
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

HAYWOOD COUNTY JAIL 430

Serial Number: 008808 Test Record Number: 1511 Test Date: 03/18/2024 Test Time: 1:46pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:46pm
FLO	Pass	1:46pm
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	
ATD	Page	1 . 47nm	

Printer Tests

Test	Status	Time	
PRNT	Pass	1:47pm	

CRC Tests

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

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. 008852 Instrument Location 176 Ke	on Center
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and M 0,000 or higher) to be followed at least once every four months are:	odel 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 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.	ation date, or the alcoholic breath Alcoholic Breath Simulator tests
I certify that on were performed and Human Ser	the 15 day of 1000, 2024 the forgoing placed on the instrument indicated above, in accordance with current regulation vices, and the instrument is functioning properly.	preventive maintenance procedures s of the N.C. Department of Health
SAM	Congress of the second of the	

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008852 Test Date: 03/15/2024

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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	8:38am
AIR BLK	.00	8:39am
ACCY CHK	.08	8:40am
AIR BLK	.00	8:41am
SUB TEST	.00	8:42am
AIR BLK	.00	8:43am
SUB TEST	.00	8:44am
AIR BLK	.00	8:45am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008852 Test Record Number: 1579
Test Date: 03/15/2024 Test Time: 8:46am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:46am
FLO	Pass	8:46am
FC	Pass	8:46am

Temperature Tests

Test	Status	Time
FC1	Pass	8:47am
SRC	Pass	8:47am
DET	Pass	8:47am
BAR	Pass	8:47am
BT	Pass	8:47am

Blank Tests

Test	Status	Time
AIR	Pass	8:47am

Printer Tests

Test	Status	Time
PRNT	Pass	8:47am
	CRC Tests	
Test	Status	Time
COMP	Pass	8:47am

CAL Pass 8:47am

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 15 day of 1000 , 2004 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

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008855 Test Date: 03/15/2024

Citation Number: M0000000-0 Subject's Name:

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

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

Analyst's Name: 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	8:45am
AIR BLK	.00	8:46am
ACCY CHK	.08	8:46am
AIR BLK	.00	8:48am
SUB TEST	.00	8:48am
AIR BLK	.00	8:49am
SUB TEST	.00	8:51am
AIR BLK	.00	8:52am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008855 Test Record Number: 1771 Test Date: 03/15/2024 Test Time: 8:53am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	8:53am 8:53am
FC	Pass	8:53am

Temperature Tests

Test	Status	Time
FC1	Pass	8:53am
SRC	Pass	8:53am
DET	Pass	8:53am
BAR	Pass	8:53am
BT	Pass	8:53am

Blank Tests

Test	Status	Time
AIR	Pass	8:54am

Printer Tests

Test	Status	Time
PRNT	Pass	8:54am
	CRC Tests	
Test	Status	Time
COMP	Pass	8:54am

CAL Pass 8:54am

Preventive Maintenance Status: Pass

Analyst

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

Instrument Ser	ial No. COBST3 STATESVILLE NO.
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 28 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 vices, and the instrument is functioning properly.
	Signature of Certifying Official Certificate Number

IREDELL COUNTY STATESVILLE PD 480

Serial Number: 008573 Test Date: 03/28/2024

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: 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 AIR BLK ACCY CHK AIR BLK	Pass .00 .08	4:53pm 4:53pm 4:54pm 4:55pm
SUB TEST	.00	4:56pm
AIR BLK	.00	4:57pm
SUB TEST	.00	4:58pm
AIR BLK	.00	4:59pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

IREDELL COUNTY STATESVILLE PD 480

Serial Number: 008573 Test Date: 03/28/2024

Test Record Number: 5573 Test Time: 5:00pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	5:00pm 5:00pm
FC	Pass	5:00pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:00pm
SRC	Pass	5:00pm
DET	Pass	5:00pm
BAR	Pass	5:00pm
BT	Pass	5:00pm

Blank Tests

Test	Status	Time
AIR	Pass	5:01pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:01pm
	CRC Tests	

Test	Status	Time
COMP	Pass	5:01pm
CAL	Pass	5:01pm

Preventive Maintenance Status: Pass

Analyst

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

County	REDELL	Instrument Location	BAT MOBILE	REGION 3
Instrument Ser	rial No. 008869		MOORESVILLE	PD
The preventive serial number	e maintenance procedures for the 10,000 or higher) to be followed	ne Intoximeters, Model In d at least once every four	tox EC/IR II and Model Intomonths are:	t EC/IR II (Enhanced with
(1)	Verify the ethanol gas can breath simulator thermome	ster displays at least 51 p ter shows 34 degrees, plu	ounds per square inch (psi) o s or minus .2 degree centigrad	f pressure, or the alcoholic
(2)	Verify instrument displays			
(3)	Initiate breath test sequence	e;		
(4)	Enter information as promp	nted;		
(5)	Verify instrument accuracy	;		
(6)	When "PLEASE BLOW" a	ppears, collect breath san	nple;	
(7)	When "PLEASE BLOW" a	ppears, collect breath sam	iple;	
(8)	Print test record;			
(9)	Run diagnostic program and	d confirm preventive main	ntenance status of "Pass"; and	
(10)	Verify that the ethanol ga	s canister is being char	nged before expiration date, onths or after 125 Alcoholic	
certify that on were performed and Human Ser	the day of MA on the instrument indicated all vices, and the instrument is fundament	ctioning properly.	The regulations of the 14.	maintenance procedures C. Department of Health
Com sens		1, C. Hoginature of Certifying of	ficial C	676 ertificate Number

IREDELL COUNTY BAT MOBILE REGION 3 480

Serial Number: 008869 Test Date: 03/16/2024

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

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

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

Analyst's Name: Fleming, Marshall C Permit Number: 0027-5012 Effective: 10/01/2023-10/01/2025

Officer's Name: Fleming, Marshall C Type of Agency: FTA Agency: DHHS Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:24pm
AIR BLK	.00	9:25pm
ACCY CHK	.07	9:25pm
AIR BLK	.00	9:26pm
SUB TEST	.00	9:27pm
AIR BLK	.00	9:28pm
SUB TEST	.00	9:30pm
AIR BLK	.00	9:31pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

IREDELL COUNTY BAT MOBILE REGION 3 480

Serial Number: 008869 Test Record Number: 1792 Test Date: 03/16/2024 Test Time: 9:36pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:36pm
FC	Pass	9:36pm 9:37pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:37pm
SRC	Pass	9:37pm
DET	Pass	9:37pm
BAR	Pass	9:37pm
BT	Pass	9:37pm

Blank Tests

Test	Status	Time
AIR	Pass	9:37pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:37pm
	CRC Tests	
Test	Status	Time
COMP	Pass	9:38pm

9:38pm

9:38pm

Preventive Maintenance Status: Pass

Pass

CAL

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

County17	REDELL	_ Instrument Location	BAT MOBILE	REGION 3
Instrument Se	rial No. 00 8939		MOORESVII	LE P.D.
The preventive serial number	e maintenance procedures for the 10,000 or higher) to be followed	ne Intoximeters, Model In d at least once every four	ntox EC/IR II and Model In months are:	atox EC/IR II (Enhanced with
(1)	Verify the ethanol gas can breath simulator thermome	ister displays at least 51 peter shows 34 degrees, pla	pounds per square inch (psi us or minus .2 degree centig	of pressure, or the alcoholic grade;
(2)	Verify instrument displays	time and date;		
(3)	Initiate breath test sequence	e;		
(4)	Enter information as promp	nted;		
(5)	Verify instrument accuracy	;		
(6)	When "PLEASE BLOW" a	ppears, collect breath sar	mple;	
(7)	When "PLEASE BLOW" a			
(8)	Print test record;			
(9)	Run diagnostic program and	d confirm preventive mai	intenance status of "Pass":	and
(10)	Verify that the ethanol ga	s canister is being cha	nood before evaluation to	ite, or the alcoholic breath olic Breath Simulator tests,
certify that on here performed and Human Ser	the 16 day of MAR I on the instrument indicated all vices, and the instrument is fund	ctioning properly.	current regulations of the	N.C. Department of Health
Oran star		n. C. Fle	2	676
		ignature of Certifying Or		Certificate Number

IREDELL COUNTY BAT MOBILE REGION 3 480

> Serial Number: 008939 Test Date: 03/16/2024

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

Driver's License Number: NONE
Analyst's Name: Fleming, Marshall C

Analyst's Name: Fleming, Marshall C Permit Number: 0027-5012 Effective: 10/01/2023-10/01/2025

Officer's Name: Fleming, Marshall C
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:20pm
AIR BLK	.00	9:21pm
ACCY CHK	.07	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	9:28pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

M.C. fla

IREDELL COUNTY BAT MOBILE REGION 3 480

Serial Number: 008939 Test Record Number: 1654
Test Date: 03/16/2024 Test Time: 9:30pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:31pm 9:31pm
FC	Pass	9:31pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	9:31pm 9:31pm 9:31pm 9:31pm
BT	Pass	9:31pm

Blank Tests

Test	Status	Time
AIR	Pass	9:31pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:31pm
	CRC Tests	
Test	Status	Time

1000	Status	Time
COMP	Pass Pass	9:32pm 9:32pm

Preventive Maintenance Status: Pass

Analyst

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

The presenting	maintanana annadan Gada Interiore Madallas ECAR II (1)	
serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and M 0,000 or higher) to be followed at least once every four months are:	iodei 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 degree	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 125 whichever occurs first.	ation date, or the alcoholic breath 5 Alcoholic Breath Simulator tests,
were performed	the	preventive maintenance procedures as of the N.C. Department of Health
	Signature of Certifying Official	Certificate Number

JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008708 Test Date: 03/12/2024

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: 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	12:08pm
AIR BLK	.00	12:09pm
ACCY CHK	.07	12:10pm
AIR BLK	.00	12:11pm
SUB TEST	.00	12:11pm
AIR BLK	.00	12:12pm
SUB TEST	.00	12:14pm
AIR BLK	.00	12:15pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008708 Test Record Number: 1900 Test Date: 03/12/2024 Test Time: 12:15pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:16pm
FLO	Pass	12:16pm
FC	Pass	12:16pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:16pm
SRC	Pass	12:16pm
DET	Pass	12:16pm
BAR	Pass	12:16pm
BT	Pass	12:16pm

Blank Tests

Test	Status	Time
AIR	Pass	12:16pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:17pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:17pm
CAL	Pass	12:17pm

Preventive Maintenance Status: Pass

Analyst

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

County Ja	ekson	Instrument Location Jackso	in Ce Jail
Instrument Ser	ial No. 008722	. Sylva	NC
The preventive serial number	maintenance procedures for th 0,000 or higher) to be followed	ne Intoximeters, Model Intox EC/IR II ar d at least once every four months are:	nd Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas cani breath simulator thermome	ster displays at least 51 pounds per squa ter shows 34 degrees, plus or minus .2 d	re inch (psi) of pressure, or the alcoholic 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 es g changed every four months or after	xpiration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,
were performed	the day of I on the instrument indicated a vices, and the instrument is fun	bove, in accordance with current regula	ng preventive maintenance procedures tions of the N.C. Department of Health
	CAROLINA	il R. Cuth	635
		Signature of Certifying Official	Certificate Number

JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008722 Test Date: 03/12/2024

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: 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	11:52am
AIR BLK	.00	11:53am
ACCY CHK	.07	11:53am
AIR BLK	.00	11:55am
SUB TEST	.00	11:55am
AIR BLK	.00	11:56am
SUB TEST	.00	11:58am
AIR BLK	.00	11:59am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008722 Test Record Number: 1512 Test Date: 03/12/2024 Test Time: 11:59am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:01pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; (2) Verify instrument displays time and date; (3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcohol simulator solution is being changed every four months or after 125 Alcoholic Breath Simula whichever occurs first.	Instrument Ser	ial No. 008721 Detention Center	
breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; (2) Verify instrument displays time and date; (3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcohol simulator solution is being changed every four months or after 125 Alcoholic Breath Simula whichever occurs first.			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 alcohol simulator solution is being changed every four months or after 125 Alcoholic Breath Simula whichever occurs first. I certify that on the	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcohoreath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;	holi
(4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcohol simulator solution is being changed every four months or after 125 Alcoholic Breath Simula whichever occurs first. I certify that on the	(2)	Verify instrument displays time and date;	
(5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcohol simulator solution is being changed every four months or after 125 Alcoholic Breath Simula 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 alcohol simulator solution is being changed every four months or after 125 Alcoholic Breath Simula whichever occurs first. I certify that on the day of, 20 the forgoing preventive maintenance provere performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of the content of the province of	(4)	Enter information as prompted;	
(7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcohol simulator solution is being changed every four months or after 125 Alcoholic Breath Simula whichever occurs first. I certify that on the day of	(5)	Verify instrument accuracy;	
(8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcohol simulator solution is being changed every four months or after 125 Alcoholic Breath Simula 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 alcohol simulator solution is being changed every four months or after 125 Alcoholic Breath Simula whichever occurs first. I certify that on the	(7)	When "PLEASE BLOW" appears, collect breath sample;	
Verify that the ethanol gas canister is being changed before expiration date, or the alcohol simulator solution is being changed every four months or after 125 Alcoholic Breath Simula whichever occurs first. I certify that on the day of, 20	(8)	Print test record;	
simulator solution is being changed every four months or after 125 Alcoholic Breath Simula whichever occurs first. I certify that on the day of	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and	
were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic being simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.	
STATE	were performe	d on the instrument indicated above, in accordance with current regulations of the N.C. Department of H	
20m 100 / 15		AV A 675	

JOHNSTON COUNTY DETENTION CENTER 500

Serial Number: 008721 Test Date: 03/01/2024

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: 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

Tes	t	g/210L	Time
DIA	G	Pass	3:18pm
AIR	BLK	.00	3:19pm
ACC	Y CHK	.07	3:19pm
AIR	BLK	.00	3:20pm
SUB	TEST	.00	3:21pm
AIR	BLK	.00	3:22pm
SUB	TEST	.00	3:23pm
ATR	BLK	.00	3 · 24nm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

JOHNSTON COUNTY DETENTION CENTER 500

Serial Number: 008721 Test Record Number: 1617 Test Date: 03/01/2024 Test Time: 3:27pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:27pm
FLO	Pass	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

Status	Time
Pass	3:28pm
CRC Tests	
Status	Time
Pass Pass	3:28pm 3:28pm
	Pass CRC Tests Status 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)

	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 breatl simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
certify that on	d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health
nd Human Ser	rvices, and the instrument is functioning properly.
nd Human Ser	vices, and the instrument is functioning property.

JOHNSTON COUNTY DETENTION CENTER 500

Serial Number: 008810 Test Date: 03/01/2024

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: 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	2:57pm
AIR BLK	.00	2:58pm
ACCY CHK	.08	2:58pm
AIR BLK	.00	3:00pm
SUB TEST	.00	3:00pm
AIR BLK	.00	3:01pm
SUB TEST	.00	3:03pm
AIR BLK	.00	3:04pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

JOHNSTON COUNTY DETENTION CENTER 500

Serial Number: 008810 Test Record Number: 5800 Test Date: 03/01/2024 Test Time: 3:07pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:08pm
FLO	Pass	3:08pm
FC	Pass	3:08pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:08pm
SRC	Pass	3:08pm
DET	Pass	3:08pm
BAR	Pass	3:08pm
BT	Pass	3:08pm

Blank Tests

Test	Status	Time
ATR	Dagg	3 · 0.8pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:09pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:09pm
CAL	Pass	3:09pm

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 wi 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the 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 brea simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes whichever occurs first.
were performe	the 27 day of MARCH 20 24 the forgoing preventive maintenance procedured on the instrument indicated above, in accordance with current regulations of the N.C. Department of Heatwices, and the instrument is functioning properly.

JONES COUNTY DETENTION CENTER 510

Serial Number: 008705 Test Date: 03/27/2024

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: 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: AG303001 Exp Date: 01/30/2025

Test	g/210L	Time
DIAG	Pass	10:14am
AIR BLK	.00	10:15am
ACCY CHK	.07	10:15am
AIR BLK	.00	10:16am
SUB TEST	.00	10:17am
AIR BLK	.00	10:18am
SUB TEST		10:20am
ATR BLK		10:20am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

JONES COUNTY DETENTION CENTER 510

Serial Number: 008705 Test Record Number: 1768
Test Date: 03/27/2024 Test Time: 10:21am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:21am
FLO	Pass	10:21am
FC	Pass	10:21am

Temperature Tests

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

Blank Tests

Test	Status	Time	
AIR	Pass	10:22am	

Printer Tests

Test	Status	Time
PRNT	Pass	10:22am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:22am
CAL	Pass	10:22am

Preventive Maintenance Status: Pass

alm Zg Bons

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 total of the	ne Intoximeters, Model Intox EC d at least once every four months	IR II and Model Intox EC/IR II (Enhanced with are:
(1)		ister displays at least 51 pounds p eter shows 34 degrees, plus or mi	per square inch (psi) of pressure, or the alcoholic nus .2 degree centigrade;
(2)	Verify instrument displays	time and date;	
(3)	Initiate breath test sequence	e;	
(4)	Enter information as prom	pted;	
(5)	Verify instrument accuracy	y;	
(6)	When "PLEASE BLOW"	appears, collect breath sample;	
(7)	When *PLEASE BLOW*	appears, collect breath sample;	
(8)	Print test record;		
(9)	Run diagnostic program ar	nd confirm preventive maintenance	re status of "Pass"; and
(10)	Verify that the ethanol g simulator solution is bein whichever occurs first.	as canister is being changed b g changed every four months of	efore expiration date, or the alcoholic breath or after 125 Alcoholic Breath Simulator tests,
I certify that on were performed and Human Ser	the day of Ma, of the instrument indicated vices, and the instrument is fur	above, in accordance with curren	forgoing preventive maintenance procedures it regulations of the N.C. Department of Health
WILL TO	I Tu	O. An	643
		Signature of Certifying Official	Certificate Number

LENOIR COUNTY KINSTON PD 530

Serial Number: 008624 Test Date: 03/22/2024

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: 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	9:26am
AIR BLK	.00	9:27am
ACCY CHK	.07	9:27am
AIR BLK	.00	9:29am
SUB TEST	.00	9:29am
AIR BLK	.00	9:30am
SUB TEST	.00	9:32am
AIR BLK	.00	9:33am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

LENOIR COUNTY KINSTON PD 530

Serial Number: 008624 Test Record Number: 2229 Test Date: 03/22/2024 Test Time: 9:33am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time	
ATD	Dage	0.35am	

Printer Tests

Test	Status	Time
PRNT	Pass	9:35am
	CRC Tests	
Test	Status	Time
COMP	Pass	9:35am

Preventive Maintenance Status: Pass

Pass 9:35am

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

LENOIR COUNTY LENOIR CO SO 530

Serial Number: 008639 Test Date: 03/22/2024

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: 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	10:26am
AIR BLK	.00	10:27am
ACCY CHK	.08	10:27am
AIR BLK	.00	10:28am
SUB TEST	.00	10:29am
AIR BLK	.00	10:30am
SUB TEST	.00	10:31am
AIR BLK	.00	10:32am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

LENOIR COUNTY LENOIR CO SO 530

Serial Number: 008639 Test Record Number: 3969 Test Date: 03/22/2024 Test Time: 10:33am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	10:34am
SRC	Pass	10:34am
DET	Pass	10:34am
BAR	Pass	10:34am
BT	Pass	10:34am

Blank Tests

Test	Status	Time
AIR	Pass	10:34an

Printer Tests

Test	Status	Time
PRNT	Pass	10:34am
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	10:35am 10:35am

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)

(1) Veri breal (2) Veri (3) Initia (4) Ente (5) Veri (6) Who (7) Who (8) Prin (9) Run (10) Veri similar which		- #1.5 h 10	inds, NC
(2) Veri (3) Initia (4) Ente (5) Veri (6) Who (7) Who (8) Prin (9) Run (10) Veri simulation which I certify that on the	nance procedures for the or higher) to be followed	e Intoximeters, Model Intox EC/IR II an I at least once every four months are:	nd Model Intox EC/IR II (Enhanced with
(3) Initial (4) Ente (5) Veri (6) Who (7) Who (8) Prin (9) Run (10) Veri simu which I certify that on the Z were performed on the and Human Services, a		ster displays at least 51 pounds per squa ter shows 34 degrees, plus or minus .2 d	re inch (psi) of pressure, or the alcoholic legree centigrade;
(4) Ente (5) Veri (6) Who (7) Who (8) Prin (9) Run (10) Veri simi whice I certify that on the were performed on the and Human Services, a	rify instrument displays	time and date;	
(5) Veri (6) Who (7) Who (8) Prin (9) Run (10) Veri simi whice I certify that on the were performed on the and Human Services, a	iate breath test sequence	2;	
(6) Who (7) Who (8) Prin (9) Run (10) Veri simu whice I certify that on the	er information as promp	nted;	
(7) Who (8) Prin (9) Run (10) Veri sime which I certify that on the	rify instrument accuracy	:	
(8) Prin (9) Run (10) Veri simu whice I certify that on the Z were performed on the and Human Services, a	nen "PLEASE BLOW" a	appears, collect breath sample;	
(9) Run (10) Veri simi whice I certify that on the were performed on the and Human Services, a	nen "PLEASE BLOW" a	appears, collect breath sample;	
I certify that on the were performed on the and Human Services, a	nt test record;		
I certify that on the were performed on the and Human Services, a	n diagnostic program an	d confirm preventive maintenance status	s of "Pass"; and
were performed on the and Human Services, a			expiration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,
	day of	above, in accordance with current regul	ing preventive maintenance procedures ations of the N.C. Department of Health
The state of the s	(D):	R Could	Certificate Number

MACON COUNTY MACON CO MAGISTRATE 550

Serial Number: 008795 Test Date: 03/26/2024

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: AG308704 Exp Date: 03/28/2025

Test	g/210L	Time
DIAG	Pass	12:09pm
AIR BLK	.00	12:09pm
ACCY CHK	.08	12:10pm
AIR BLK	.00	12:11pm
SUB TEST	.00	12:12pm
AIR BLK	.00	12:13pm
SUB TEST	.00	12:14pm
AIR BLK	.00	12:15pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

MACON COUNTY MACON CO MAGISTRATE 550

Test Date: 03/26/2024

Serial Number: 008795 Test Record Number: 678 Test Time: 12:16pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:16pm 12:16pm
FC	Pass	12:16pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:16pm
SRC	Pass	12:16pm
DET	Pass	12:16pm
BAR	Pass	12:16pm
BT	Pass	12:16pm

Blank Tests

Test	Status	Time

12:17pm AIR Pass

Printer Tests

Test	Status	Time
PRNT	Pass	12:17pm

CRC Tests

Test	Status	Time
COMP	Pass Pass	12:17pm 12:17pm

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)

Instrument Se	mars H.11, 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.
ere performed	the Z5 day of

MADISON COUNTY MARS HILL PD 560

Serial Number: 008582 Test Date: 03/25/2024

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: 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: AG400303 Exp Date: 01/03/2026

Test	g/210L	Time
DIAG	Pass	11:26am
AIR BLK	.00	11:27am
ACCY CHK	.07	11:28am
AIR BLK	.00	11:29am
SUB TEST	.00	11:30am
AIR BLK	.00	11:31am
SUB TEST	.00	11:32am
AIR BLK	.00	11:33am

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

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MADISON COUNTY MARS HILL PD 560

Serial Number: 008582 Test Record Number: 1275 Test Date: 03/25/2024 Test Time: 11:33am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:34am
FLO	Pass Pass	11:34am 11:34am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:34am

Printer Tests

Status	Time
Pass	11:34am

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County Ma	dison Instrument Location Madison	County Jail
Instrument Ser	ial No. 008599	thall, MC
The preventive serial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and 10,000 or higher) to be followed at least once every four months are:	d Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per squar breath simulator thermometer shows 34 degrees, plus or minus .2 de	e inch (psi) of pressure, or the alcoholic gree centigrade;
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status	of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before ex- simulator solution is being changed every four months or after the whichever occurs first.	piration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,
were periorities	the 25 day of	g preventive maintenance procedures ions of the N.C. Department of Health
	Signature of Certifying Official	Certificate Number

MADISON COUNTY MADISON COUNTY JAIL 560

Serial Number: 008599 Test Date: 03/25/2024

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: 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: AG400303 Exp Date: 01/03/2026

Test	g/210L	Time
DIAG	Pass	12:17pm
AIR BLK	.00	12:17pm
ACCY CHK	.07	12:18pm
AIR BLK	.00	12:19pm
SUB TEST	.00	12:20pm
AIR BLK	.00	12:21pm
SUB TEST	.00	12:22pm
AIR BLK	.00	12:23pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MADISON COUNTY MADISON COUNTY JAIL 560

Serial Number: 008599 Test Record Number: 1435 Test Date: 03/25/2024 Test Time: 12:23pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:25pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:25pm
	ana m	

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

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

Instrument Seri	al No. 008912 305 E. Main St Williamston, 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.
I certify that on were performe and Human Ser	the 27 day of
	m/1/2/1/20
Semment.	Signature of Certifying Official Certificate Number

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008912 Test Date: 03/27/2024

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: 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	10:31am
AIR BLK	.00	10:32am
ACCY CHK	.08	10:32am
AIR BLK	.00	10:34am
SUB TEST	.00	10:34am
AIR BLK	.00	10:35am
SUB TEST	.00	10:37am
AIR BLK	.00	10:38am

Reported AC: 00 g/210L

Signature of Chemical Analy

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: 2112 Test Date: 03/27/2024 Test Time: 10:55am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:56am
FLO	Pass	10:56am
FC	Pass	10:56am

Temperature Tests

Test	Status	Time
FC1	Pass	10:56am
SRC	Pass	10:56am
DET	Pass	10:56am
BAR	Pass	10:56am
BT	Pass	10:56am

Blank Tests

Test	Status	Time
AIR	Pass	10:57am

Printer Tests

Mont Chatus Miss

Test	Status	Time
PRNT	Pass	10:57am
	CRC Tests	
Test	Status	Time

COMP Pass 10:57am CAL Pass 10:57am

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)

strument Se	rial No. 003888 Marion, NC
ne preventiv	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.
rtify that on e performed Human Ser	the 12 day of

MCDOWELL COUNTY MCDOWELL COUNTY JAIL 580

Serial Number: 008888 Test Date: 03/12/2024

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: 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	6:29pm
AIR BLK	.00	6:29pm
ACCY CHK	.07	6:30pm
AIR BLK	.00	6:31pm
SUB TEST	.00	6:32pm
AIR BLK	.00	6:33pm
SUB TEST	.00	6:35pm
AIR BLK	.00	6:36pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MCDOWELL COUNTY MCDOWELL COUNTY JAIL 580

Serial Number: 008888 Test Record Number: 1685 Test Date: 03/12/2024 Test Time: 6:36pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	6:36pm
FLO	Pass	6:36pm
FC	Pass	6:37pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:37pm
SRC	Pass	6:37pm
DET	Pass	6:37pm
BAR	Pass	6:37pm
BT	Pass	6:37pm

Blank Tests

Test	Status	Time
AIR	Pass	6:37pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:37pm
	CRC Tests	

Test	Status	Time
COMP	Pass	6:37pm

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)

Instrument Ser	rial No.006592
The preventive serial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the 12 day of

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

DHHS 4080 (04/20)

MCDOWELL COUNTY MCDOWELL COUNTY JAIL 580

Serial Number: 008892 Test Date: 03/12/2024

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: 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	6:29pm
AIR BLK	.00	6:30pm
ACCY CHK	.07	6:31pm
AIR BLK	.00	6:32pm
SUB TEST	.00	6:32pm
AIR BLK	.00	6:33pm
SUB TEST	.00	6:34pm
AIR BLK	.00	6:35pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MCDOWELL COUNTY MCDOWELL COUNTY JAIL 580

Serial Number: 008892 Test Record Number: 1359 Test Date: 03/12/2024 Test Time: 6:36pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	6:36pm
FLO FC	Pass Pass	6:36pm 6:36pm
A.M.	1.000	o. sobin

Temperature Tests

Test	Status	Time
FC1	Pass	6:36pm
SRC	Pass	6:36pm
DET	Pass	6:36pm
BAR	Pass	6:36pm
BT	Pass	6:36pm

Blank Tests

Test	Status	Time
AIR	Pass	6:37pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:37pm

CRC Tests

Test	Status	Time
COMP	Pass	6:37pm
CAL	Pass	6:37pm

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)

Instrument Ser	County 80 ial No. 008005 Instrument Location Mccklenburg County 80 Charlogte, 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 12 day of March , 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

Certificate Number

MECKLENBURG COUNTY SHERIFFS OFFICE 590

Serial Number: 008665 Test Date: 03/12/2024

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: 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	11:09am
AIR BLK	.00	11:09am
ACCY CHE	80.	11:10am
AIR BLK	.00	11:11am
SUB TEST	.00	11:12am
AIR BLK	.00	11:13am
SUB TEST	.00	11:14am
AIR BLK	.00	11:15am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

MECKLENBURG COUNTY SHERIFFS OFFICE 590

Serial Number: 008665

Test Record Number: 5559

Test Date: 03/12/2024

Test Time: 11:15am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:16am
FLO	Pass	11:16am
FC	Pass	11:16am

Temperature Tests

Test	Status	Time
FC1	Pass	11:16am
SRC	Pass	11:16am
DET	Pass	11:16am
BAR	Pass	11:16am
BT	Pass	11:16am

Blank Tests

Test	Status	Time
AIR	Pass	11:17am

Printer Tests

Test	Status	Time	
DDNT	Dago	11 • 17 am	

CRC Tests

Test	Status	Time
COMP	Pass Pass	11:17am 11:17am

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 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 breatt simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
	the 12th day of Morch, 20 24 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.

MECKLENBURG COUNTY SHERIFFS OFFICE 590

Serial Number: 008690 Test Date: 03/12/2024

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: 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	11:10am
AIR BLK	.00	11:10am
ACCY CHK	.08	11:11am
AIR BLK	.00	11:12am
SUB TEST	.00	11:13am
AIR BLK	.00	11:14am
SUB TEST	.00	11:15am
AIR BLK	.00	11:16am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

MECKLENBURG COUNTY SHERIFFS OFFICE 590

Serial Number: 008690 Test Test Date: 03/12/2024 Test

Test Record Number: 7329 Test Time: 11:17am EDT

System Check: Passed

Baseline Tests

Status	Time
Pass	11:17am 11:17am
	11:17am

Temperature Tests

Test	Status	Time
FC1	Pass	11:17am
SRC	Pass	11:17am
DET	Pass	11:17am
BAR	Pass	11:17am
BT	Pass	11:17am

Blank Tests

Test	Status	Time	
AIR	Pass	11:18am	

Printer Tests

Test	Status	Time
PRNT	Pass	11:18am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:18am

Pass 11:18am

Preventive Maintenance Status: Pass

Analyst

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

County Instrument Seri	ecklenburg Instrument Location CMPD LEC Charlotte, NC
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the 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 28th day of March . 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.

ignature of certifying Official

Certificate Number

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

THE PROPERTY OF THE PROPERTY OF

MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008691 Test Date: 03/28/2024

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: 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	2:41pm
AIR BLK	.00	2:41pm
ACCY CHK	.08	2:42pm
AIR BLK	.00	2:43pm
SUB TEST	.00	2:44pm
AIR BLK	.00	2:44pm
SUB TEST	.00	2:46pm
AIR BLK	.00	2:47pm

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
Deportment of Health and Human Services

Department of Health and Human Services Rev. 12/2007

MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008691 Test Record Number: 9334 Test Date: 03/28/2024

Test Time: 2:48pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:48pm
FLO	Pass	2:48pm
FC	Pass	2:48pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:48pm
SRC	Pass	2:48pm
DET	Pass	2:48pm
BAR	Pass	2:48pm
BT	Pass	2:48pm

Blank Tests

Test	Status	Time
AIR	Pass	2:49pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:49pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	2:49pm 2:49pm

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)

County ME	CKLENBURG	Instrument Location_	BAT	MOBILE	REGION	3
Instrument Seria	INO. 008869		C.,	M. P. D.		
The preventive reserval number 10	naintenance procedures for th 0,000 or higher) to be followed	ne Intoximeters, Model In d at least once every four	ntox EC/IR II months are:	and Model In	tox EC/IR II (En	hanced wit
(1)	Verify the ethanol gas cani breath simulator thermome	ister displays at least 51 p ter shows 34 degrees, plu	oounds per so us or minus	quare inch (psi) 2 degree centig	of pressure, or rade;	the alcoholi
(2)	Verify instrument displays	time and date;				
(3)	Initiate breath test sequence	e;				
(4)	Enter information as promp	pted;				
(5)	Verify instrument accuracy	ri.				
(6)	When "PLEASE BLOW"	appears, collect breath sa	mple;			
(7)	When "PLEASE BLOW" a	appears, collect breath sar	mple;			
(8)	Print test record;					
(9)	Run diagnostic program an	d confirm preventive ma	intenance sta	tus of "Pass";	and	
(10)	Verify that the ethanol g simulator solution is bein whichever occurs first.	as canister is being cha g changed every four n	anged before nonths or af	e expiration da ter 125 Alcoh	ate, or the alco olic Breath Sim	holic breatl sulator tests
were performed	he 27 day of MAN on the instrument indicated a ices, and the instrument is fur	above, in accordance with	the for the current reg	going preventi gulations of the	ve maintenance N.C. Departme	procedure nt of Healt
		C, Han	ficia		676 Certificate Nur	

MECKLENBURG COUNTY BAT MOBILE REGION 3 590

> Serial Number: 008869 Test Date: 03/27/2024

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: Fleming, Marshall C Permit Number: 0027-5012 Effective: 10/01/2023-10/01/2025

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	9:14pm 9:15pm
ACCY CHK	.07	9:16pm
AIR BLK SUB TEST	.00	9:17pm 9:19pm
AIR BLK	.00	9:20pm
SUB TEST AIR BLK	.00	9:21pm 9:22pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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MECKLENBURG COUNTY BAT MOBILE REGION 3 590

Serial Number: 008869 Test Record Number: 1801 Test Date: 03/27/2024 Test Time: 9:23pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

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	9:25pm

Preventive Maintenance Status: Pass

Pass

9:25pm

CAL

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	erial No. 008869 C. M. P.D.	
The preventive serial number	re maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced 10,000 or higher) to be followed at least once every four months are:	i wit
(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;	oholi
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and	
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic b simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.	reath tests
	the 28 day of MARCH, 2024 the forgoing preventive maintenance process of on the instrument indicated above, in accordance with current regulations of the N.C. Department of H rvices, and the instrument is functioning properly.	iures ealth
	M.C. Flows 676	

MECKLENBURG COUNTY BAT MOBILE REGION 3

Serial Number: 008869 Test Date: 03/28/2024

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: Fleming, Marshall C Permit Number: 0027-5012 Effective: 10/01/2023-10/01/2025

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

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

Test	g/210L	Time
DIAG	Pass	9:38pm
AIR BLK	.00	9:39pm
ACCY CHK	.07	9:39pm
AIR BLK	.00	9:40pm
SUB TEST	.00	9:43pm
AIR BLK	.00	9:44pm
SUB TEST	.00	9:45pm
AIR BLK	.00	9:46pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

MECKLENBURG COUNTY BAT MOBILE REGION 3 590

Serial Number: 008869 Test Record Number: 1804
Test Date: 03/28/2024 Test Time: 9:48pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:49pm
FC	Pass	9:49pm 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

Test	Status	Time
PRNT	Pass	9:50pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	9:50pm

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)

nstrument Se	rial No. 008939 C.M.P. D.
he preventiverial 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.
re performed	the 27 day of MARCH , 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.

Certificate Number

MECKLENBURG COUNTY BAT MOBILE REGION 3

Serial Number: 008939 Test Date: 03/27/2024

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: Fleming, Marshall C Permit Number: 0027-5012 Effective: 10/01/2023-10/01/2025

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

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

Test	g/210L	Time
DIAG	Pass	9:06pm
AIR BLK	.00	9:07pm
ACCY CHK	.07	9:08pm
AIR BLK	.00	9:09pm
SUB TEST	.00	9:10pm
AIR BLK	.00	9:11pm
SUB TEST	.00	9:13pm
AIR BLK	.00	9:14pm

Reported AC: .00 g/210L

Signature of Chemical Amalyst

Court CVR

Analyst

MECKLENBURG COUNTY BAT MOBILE REGION 3 590

Serial Number: 008939 Test Record Number: 1665

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:15pm
FLO	Pass	9:15pm
FC	Pass	9:16pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:16pm
SRC	Pass	9:16pm
DET	Pass	9:16pm
BAR	Pass	9:16pm
BT	Pass	9:16pm

Blank Tests

Test	Status	Time	
AIR	Pass	9:16pm	

Printer Tests

Test	Status	Time
PRNT	Pass	9:16pm
	CRC Tests	
Test	Status	Time
COMP	Pass	9:17pm
CHT	Pass	9:17pm

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 maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhance 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 alcohorath simulator thermometer shows 34 degrees, plus or minus. 2 degree centigrade; (2) Verify instrument displays time and date; (3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program 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 whichever occurs first. I certify that on the	County MEC	KLENBURG	Instrument Location	BAT	MOBILE	REGION	3
(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alc breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; (2) Verify instrument displays time and date; (3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic brandlator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first. I certify that on the 28 day of MARCH 2024 the forgoing preventive maintenance processore were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Haman Services, and the instrument is functioning properly.	Instrument Serial	No. 008939	-		C.M.P.	D.	
(2) Verify instrument displays time and date; (3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic brimulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first. I certify that on the	The preventive m serial number 10,0	aintenance procedures for th 000 or higher) to be followed	ne Intoximeters, Model Int d at least once every four	ox EC/IR II	and Model In	tox EC/IR II (Er	nhanced 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 briginalistor solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first. I certify that on the 2B day of MARCH 2024 the forgoing preventive maintenance processory were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Haman Services, and the instrument is functioning properly.	(1)	Verify the ethanol gas cani breath simulator thermome	ster displays at least 51 po ter shows 34 degrees, plus	ounds per so or minus .	quare inch (psi) 2 degree centig	of pressure, or rade;	the alcoholic
(4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first. I certify that on the	(2)	Verify instrument displays	time and date;				
(5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first. I certify that on the 2B day of MARCH 2024 the forgoing preventive maintenance processore performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Haman Services, and the instrument is functioning properly.	(3)	Initiate breath test sequence	e;				
(6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program 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 whichever occurs first. It certify that on the 28 day of MARCH 2024 the forgoing preventive maintenance process and Human Services, and the instrument indicated above, in accordance with current regulations of the N.C. Department of Human Services, and the instrument is functioning properly.	(4)	Enter information as promp	oted;				
(7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first. I certify that on the 2B day of MACH 2024 the forgoing preventive maintenance processed and Human Services, and the instrument indicated above, in accordance with current regulations of the N.C. Department of Human Services, and the instrument is functioning properly.	(5)	Verify instrument accuracy	1				
(8) Print test record; (9) Run diagnostic program 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 whichever occurs first. (certify that on the 2B day of MARCH 2024 the forgoing preventive maintenance processing Human Services, and the instrument indicated above, in accordance with current regulations of the N.C. Department of Human Services, and the instrument is functioning properly. M. C. Zland G.	(6)	When "PLEASE BLOW" a	ppears, collect breath sam	ple;			
(9) Run diagnostic program 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 whichever occurs first. I certify that on the	(7)	When "PLEASE BLOW" a	ppears, collect breath sam	ple;			
Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic be simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first. It certify that on the 2B day of MARCH , 2024 the forgoing preventive maintenance processed the Human Services, and the instrument indicated above, in accordance with current regulations of the N.C. Department of Human Services, and the instrument is functioning properly. M. C. Fley M. C. F	(8)	Print test record;					
Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic being simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first. Certify that on the 2B day of MARCH 2024 the forgoing preventive maintenance processore performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of House State and the instrument is functioning properly. M. C. Fley M. C. Fley 676	(9)	Run diagnostic program and	d confirm preventive main	tenance star	tus of "Pass"; a	nd	
and Human Services, and the instrument is functioning properly. M. C. Hen 676		Verify that the ethanol ga simulator solution is being	s canister is being chan	and before	evniention de		holic breath sulator tests,
			ctioning properly.	the forg	oing preventivulations of the	N.C. Departme	procedures nt of Health
Signature of Certifying Official Certificate Number	STM 150	//)		616	

MECKLENBURG COUNTY BAT MOBILE REGION 3
590

Serial Number: 008939 Test Date: 03/28/2024

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: Fleming, Marshall C Permit Number: 0027-5012 Effective: 10/01/2023-10/01/2025

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

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

Test	g/210L	Time
DIAG	Pass	9:27pm
AIR BLK	.00	9:28pm
ACCY CHK	.07	9:29pm
AIR BLK	.00	9:30pm
SUB TEST	.00	9:31pm
AIR BLK	.00	9:32pm
SUB TEST	.00	9:33pm
AIR BLK	.00	9:34pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

M.C. Fley

MECKLENBURG COUNTY BAT MOBILE REGION 3 590

Serial Number: 008939 Test Record Number: 1668
Test Date: 03/28/2024 Test Time: 9:35pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:36pm 9:36pm
FC	Pass	9:36pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:36pm
SRC	Pass	9:36pm
DET	Pass	9:36pm
BAR	Pass	9:36pm
BT	Pass	9:36pm

Blank Tests

Test	Status	Time 9:37pm	
AIR	Pass		

Printer Tests

Test	Status	Time
PRNT	Pass	9:37pm
	CRC Tests	
Took	000	

Test	Status	Time
COMP	Pass Pass	9:37pm 9:37pm

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)

The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and 0,000 or higher) to be followed at least once every four months are:	Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square breath simulator thermometer shows 34 degrees, plus or minus .2 deg	e inch (psi) of pressure, or the alcoholic gree centigrade;
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of	of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before exp simulator solution is being changed every four months or after I whichever occurs first.	piration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,
were performed	the 8 day of 100 day o	g preventive maintenance procedures ions of the N.C. Department of Health
STOW AND	Signature of Certifying Official	Certificate Number

MOORE COUNTY PINEHURST PD 620

Serial Number: 008710 Test Date: 03/18/2024

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	12:24pm
AIR BLK	.00	12:25pm
ACCY CHK	.07	12:26pm
AIR BLK	.00	12:27pm
SUB TEST	.00	12:27pm
AIR BLK	.00	12:28pm
SUB TEST	.00	12:31pm
AIR BLK	.00	12:32pm

Reported AC: .00 g/210L

Signature of Chembers Analyst

Court CVR

Analys

MOORE COUNTY PINEHURST PD 620

Serial Number: 008710 Test Record Number: 2130 Test Date: 03/18/2024 Test Time: 12:33pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	12:34pm
	Pass Pass Pass Pass

Blank Tests

Test	Status Tir	Time
AIR	Pass	12:35pm

Printer Tests

Status	Time
Pass	12:35pm
CRC Tests	
Status	Time
	Pass CRC Tests

Preventive Maintenance Status: Pass

Pass

Pass

12:35pm

12:35pm

COMP

CAL

Analyst

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

Instrument Ser	erial No. <u>OO8720</u> POLICE D	EPARTMENT
The preventive serial number	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II and Mode 10,000 or higher) to be followed at least once every four months are:	I Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (breath simulator thermometer shows 34 degrees, plus or minus .2 degree cer	psi) of pressure, or the alcoholic ntigrade;
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass	s"; and
(10)	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Alc whichever occurs first.	date, or the alcoholic breath coholic Breath Simulator tests,
were performed	on the Alay of the forgoing prevented on the instrument indicated above, in accordance with current regulations of ervices, and the instrument is functioning properly.	entive maintenance procedures the N.C. Department of Health
3 3MI VEET	Signature of Certifying Official	661
	Signature of Certifying Official	Certificate Number

MOORE COUNTY SOUTHERN PINES PD 620

Serial Number: 008720 Test Date: 03/18/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: 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: AG212402 Exp Date: 05/04/2024

Test	g/210L	Time
DIAG	Pass	11:29am
AIR BLK	.00	11:30am
ACCY CHK	.07	
AIR BLK	.00	11:31am
SUB TEST	.00	11:32am
AIR BLK	.00	11:33am
SUB TEST	.00	11:34am
AIR BLK	.00	11 - 35 am

Reported AC: .00 g/210L

Signature of

PAnalyst

Court CVR

Analyst

MOORE COUNTY SOUTHERN PINES PD 620

Serial Number: 008720 Test Record Number: 1455 Test Date: 03/18/2024 Test Time: 11:36am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:36am
FC	Pass	11:36am 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
AIR	Pass	11:37am

Printer Tests

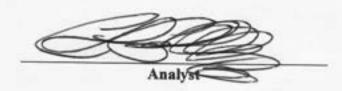
Test	Status	Time
PRNT	Pass	11:37am
	CRC Tests	
Test	Status	Time
COMP	Pass	11.38am

Preventive Maintenance Status: Pass

Pass

11:38am

CAL



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

The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on were performed and Human Ser	the 18 day of 10 ARCH, 20 4 the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rvices, and the instrument is functioning properly.

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

Signature of Certifying Official

Certificate Number

MOORE COUNTY DETENTION CENTER 620

Serial Number: 008735 Test Date: 03/18/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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	1:40pm
AIR BLK	.00	1:41pm
ACCY CHK	.08	1:42pm
AIR BLK	.00	1:43pm
SUB TEST	.00	1:43pm
AIR BLK	.00	1:44pm
SUB TEST	.00	1:46pm
AIR BLK	.00	1:47pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MOORE COUNTY DETENTION CENTER 620

Serial Number: 008735 Test Record Number: 322 Test Date: 03/18/2024 Test Time: 1:48pm EDT

Test Record Number: 3224

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:48pm
FLO	Pass	1:48pm
FC	Pass	1:48pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:48pm
SRC	Pass	1:48pm
DET	Pass	1:48pm
BAR	Pass	1:48pm
BT	Pass	1:48pm

Blank Tests

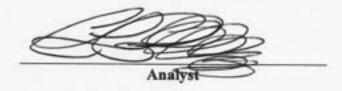
Test	Status	Time
ATR	Pass	1 - 49nm

Printer Tests

Test	Status	Time
PRNT	Pass	1:49pm
	CRC Tests	

Test	Status	Time
COMP	Pass	1:49pm
CAL	Pass	1:49pm

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)

County /V	954	_ Instrument Location	MASA County	Detestion	Centre
Instrument Ser	ial No. 008651		222 S. L.	18 Hindley	54.
			MASHURE	rc.	
The preventive serial number	maintenance procedures for t 10,000 or higher) to be followed	he Intoximeters, Model I ed at least once every fou	ntox EC/IR II and Mo r months are:	del Intox EC/IR II	(Enhanced with
(1)	Verify the ethanol gas can breath simulator thermom	iister displays at least 51 eter shows 34 degrees, pl	pounds per square incl us or minus .2 degree	h (psi) of pressure, centigrade;	or the alcoholic
(2)	Verify instrument displays	s time and date;			
(3)	Initiate breath test sequence	pe;			
(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	mple;		
(8)	Print test record;				
(9)	Run diagnostic program ar	nd confirm preventive ma	intenance status of "P	ass"; and	
(10)	Verify that the ethanol g simulator solution is bein whichever occurs first.	gas canister is being ch ag changed every four r	anged before expirati nonths or after 125	ion date, or the a Alcoholic Breath	decholic breath Simulator tests,
were bernamer	theday of I on the instrument indicated a vices, and the instrument is fur	above, in accordance wit	the forgoing price the forgoing price the forgoing price in the forest price in the forgoing price in the forgoing price in the forg	eventive maintena of the N.C. Depart	nce procedures tment of Health
SA STATE O	6				
	28				
STATE	SE	moth	7	67)
		Signature of Certifying (Official	Certificate 1	Number

NASH COUNTY NASH DETENTION CTR 630

Serial Number: 008651 Test Date: 03/15/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Bryant, Earl A Permit Number: 0017-9707 Effective: 10/01/2023-10/01/2025

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

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

Test	g/210L	Time
DIAG	Pass	4:55pm
AIR BLK	.00	4:56pm
ACCY CHK	.07	4:57pm
AIR BLK	.00	4:58pm
SUB TEST	.00	4:59pm
AIR BLK	.00	5:00pm
SUB TEST	.00	5:01pm
AIR BLK	.00	5:02pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

NASH COUNTY NASH DETENTION CTR 630

Serial Number: 008657 Test Record Number: 1707

Test Date: 03/15/2024 Test Time: 5:03pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:03pm
FLO	Pass	5:03pm
FC	Pass	5:03pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:03pm
SRC	Pass	5:03pm
DET	Pass	5:03pm
BAR	Pass	5:03pm
BT	Pass	5:03pm
		The second second second

Blank Tests

Test	Status	Time
AIR	Pass	5:04pm

Printer Tests

Status	Time
Pass	5:04pm
CRC Tests	
Status	Time
Pass Pass	5:04pm 5:04pm
	Pass CRC Tests Status Pass

Preventive Maintenance Status: Pass

Analyst

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

County NA	SN	Instrument Location Rocky N	Nount PD
Instrument Ser	ial No. <u>008740</u>		Church St Mount, Mc
The preventive serial number	maintenance procedures for the In 0,000 or higher) to be followed at	toximeters, Model Intox EC/IR II ar least once every four months are:	nd Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister breath simulator thermometer s	displays at least 51 pounds per squa shows 34 degrees, plus or minus .2 d	re inch (psi) of pressure, or the alcoholic egree centigrade;
(2)	Verify instrument displays time	e and date;	
(3)	Initiate breath test sequence;		
(4)	Enter information as prompted		
(5)	Verify instrument accuracy;		
(6)	When "PLEASE BLOW" appe	ars, collect breath sample;	
(7)	When "PLEASE BLOW" appe	ars, collect breath sample;	
(8)	Print test record;		
(9)	Run diagnostic program and co	nfirm preventive maintenance status	of "Pass"; and
(10)	Verify that the ethanol gas c simulator solution is being ch whichever occurs first.	anister is being changed before en anged every four months or after	xpiration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,
	vices, and the instrument is function	es an messagemente establica de la competica d	ng preventive maintenance procedures tions of the N.C. Department of Health
O'S CHANGE	Et Onge	nt f	_ 671
	Sign	ature 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: 008740 Test Date: 03/27/2024

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: 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	10:07am
AIR BLK	.00	10:08am
ACCY CHK	.08	10:09am
AIR BLK	.00	10:10am
SUB TEST	.00	10:10am
AIR BLK	.00	10:11am
SUB TEST	.00	10:13am
AIR BLK	.00	10:13am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008740 Test Record Number: 936 Test Date: 03/27/2024 Test Time: 10:15am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:15am 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
AIR	Pass	10:16am

Printer Tests

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

Preventive Maintenance Status: Pass

ENBrudy Analyst

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

County 1/2	SH Instrument Location Rocky Mount PD
Instrument Ser	Tial No. 008741 330 S. Chunch St Rocky 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 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 periorities	the 27 day of
Se Com ton	2A(22 mt/ 671
	Signature of Certifying Official Certificate Number

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008741 Test Date: 03/27/2024

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: 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	9:59am
AIR BLK	.00	10:00am
ACCY CHK	.07	10:00am
AIR BLK	.00	10:02am
SUB TEST	.00	10:02am
AIR BLK	.00	10:03am
SUB TEST	.00	10:05am
AIR BLK	.00	10:05am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

EADY Knalyst

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008741 Test Record Number: 3098 Test Date: 03/27/2024 Test Time: 10:08am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:09am

Printer Tests

Test	Status	Time
PRNT	Pass	10:09am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:09am

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	New Honover Instrument Location BAT Nobile Unit 5 Serial No. 008575 W. Insight PD
instrument	Settat No. CODS / S
	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with er 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 perfon	on the 15 th day of March . 20 24 the forgoing preventive maintenance procedures med on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health Services, and the instrument is functioning properly.
The state of the s	Minuture of Certifying Official Certificate Number

NEW HANOVER COUNTY BAT MOBILE UNIT 5 640

> Serial Number: 008575 Test Date: 03/15/2024

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

Analyst's Name: 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	9:50pm
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

Analyst

NEW HANOVER COUNTY BAT MOBILE UNIT 5 640

Serial Number: 008575 Test Record Number: 1449 Test Date: 03/15/2024 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

CAL

Analyst

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

The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the 16 day of 12 day of 12 day of 12 day of 13 day of 14 day of 15 day of 15 day of 16 day of 16 day of 16 day of 17 day of 18

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

Signature of Certifying Official

Certificate Number

NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

> Serial Number: 008600 Test Date: 03/16/2024

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: 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: AG38004 Exp Date: 03/21/2025

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

Analyst

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NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008600 Test Record Number: 2710 Test Date: 03/16/2024 Test Time: 9:26pm EDT

System Check: Passed

Baseline Tests

Status	Time
Pass	9:27pm
Pass	9:27pm
Pass	9:27pm
	Pass Pass

Temperature Tests

Test	Status	Time
FC1	Pass	9:27pm
SRC	Pass	9:27pm
DET	Pass	9:27pm
BAR	Pass	9:27pm
BT	Pass	9:27pm
		F-1000000000000000000000000000000000000

Blank Tests

Test	Status	Time
AIR	Pass	9:28pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:28pm
	CRC Tests	

Test	Status	Time
COMP	Pass	9:28pm
CAL	Pass	9:28pm

Preventive Maintenance Status: Pass

In Carlo

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

	Dew Hanover Instrument Location BAT	ington PD
Instrument Ser	ial No. 00 8616 Wiln	ngton 115
The preventive serial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II a 10,000 or higher) to be followed at least once every four months are:	and Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per squ breath simulator thermometer 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;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance statu	us of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before simulator solution is being changed every four months or afte whichever occurs first.	
were performed	the 15th day of March 20 24 the forgot on the instrument indicated above, in accordance with current regularities, and the instrument is functioning properly.	oing preventive maintenance procedures dutions of the N.C. Department of Health
S A P		684
Stranger,	Signature of Certifying Official	Certificate Number

NEW HANOVER COUNTY BAT MOBILE UNIT 5

Serial Number: 008616 Test Date: 03/15/2024

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

Analyst's Name: 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	9:53pm
AIR BLK	.00	9:54pm
ACCY CHK	.08	9:55pm
AIR BLK	.00	9:56pm
SUB TEST	.00	9:56pm
AIR BLK	.00	9:57pm
SUB TEST	.00	9:59pm
AIR BLK	.00	9:59pm

Reported AC:

.00 g/210L

Signature of Chemical Analyst

Court CVR

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Analyst

NEW HANOVER COUNTY BAT MOBILE UNIT 5 640

Serial Number: 008616 Test Record Number: 2843 Test Date: 03/15/2024 Test Time: 10:04pm EDT

System Check: Passed

Baseline Tests

Status	Time
Pass	10:04pm
Pass	10:04pm
Pass	10:04pm
	Pass Pass

Temperature Tests

Test	Status	Time
FC1	Pass	10:04pm
SRC	Pass	10:04pm
DET	Pass	10:04pm
BAR	Pass	10:04pm
BT	Pass	10:04pm

Blank Tests

Test	Status	Time
AIR	Pass	10:05pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:05pm
	CRC Tests	
Test	Status	Time

Preventive Maintenance Status: Pass

Pass

Pass

10:05pm

10:05pm

COMP

CAL

Analyst

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

County_ /	lew Hanaver Instrument Location Wilmington
Instrument Ser	ial No. 008628 Police Department
	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 15 day of March, 20 Z4he 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.
	Quilland 670
	Signature of Vertifying Official Certificate Number

NEW HANOVER COUNTY WILMINGTON PD 640

Serial Number: 008628 Test Date: 03/01/2024

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: 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	2:21pm
AIR BLK	.00	2:22pm
ACCY CHK	.07	2:22pm
AIR BLK	.00	2:23pm
SUB TEST	.00	2:24pm
AIR BLK	.00	2:25pm
SUB TEST		2:26pm
AIRABLK	.00//	2:27pm

Report fa ag: 1.00 g/210L

Signature of Themical Analyst

Court CVR

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

Mark

NEW HANOVER COUNTY WILMINGTON PD 640

Serial Number: 008628 Test Record Number: 6665 Test Date: 03/01/2024 Test Time: 2:28pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:28pm 2:28pm
FC	Pass	2:28pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:28pm
SRC	Pass	2:28pm
DET	Pass	2:28pm
BAR	Pass	2:28pm
BT	Pass	2:28pm

Blank Tests

Test	Status	Time	
AIR	Pass	2:29pm	

Printer Tests

Test	Status	Time
PRNT	Pass	2:29pm
	CRC Tests	
Test	Status	Time

CAL Pass 2:29pm Preventive Maintenance Status: Pass

Pass

2:29pm

COMP

Analyst

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

County Ne	W Hanover Instrument Location BAT	Mobile	Unit 5
Instrument Seria	No. 008647 Wilnin	is ton	ЬD
	naintenance procedures for the Intoximeters, Model Intox EC/IR II and ,000 or higher) to be followed at least once every four months are:	l Model Intox EC	C/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		essure, or the alcoholic
(2)	Verify instrument displays time and date;		
(3)	Initiate breath test sequence;		
(4)	Enter information as prompted;		
(5)	Verify instrument accuracy;		
(6)	When "PLEASE BLOW" appears, collect breath sample;		
(7)	When "PLEASE BLOW" appears, collect breath sample;		
(8)	Print test record;		
(9)	Run diagnostic program and confirm preventive maintenance status	of "Pass"; and	
(10)	Verify that the ethanol gas canister is being changed before ex- simulator solution is being changed every four months or after whichever occurs first.		
were performed	the 15th day of	ng preventive m tions of the N.C.	aintenance procedures Department of Health
SATE			
The same way		1	684
	Signature of Certifying Official	Cert	tificate Number

NEW HANOVER COUNTY BAT MOBILE UNIT 5 640

> Serial Number: 008647 Test Date: 03/15/2024 Citation Number: M0000000-0

> > Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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	9:48pm
AIR BLK	.00	9:49pm
ACCY CHK	.08	9:50pm
AIR BLK	.00	9:51pm
SUB TEST	.00	9:52pm
AIR BLK	.00	9:53pm
SUB TEST	.00	9:55pm
AIR BLK	.00	9:56pm

Reported/AC:

00 97210E

Signature of Chemical Analyst

Court CVR

Analyst

NEW HANOVER COUNTY BAT MOBILE UNIT 5 640
Serial Number: 008647 Test Record Number: 2832
Test Date: 03/15/2024 Test Time: 9:56pm EDT
System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pann	9:57pm
FLO	Pagg	9:57pm
FC	Pagg	9:57pm

Temperature Tests

Test	Status	Time
FC1	Pann	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	Status	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 Se	rial No. 005698	New	Hanover 50
The preventive serial number	e maintenance procedures for the Intoxi 10,000 or higher) to be followed at leas	meters, Model Intox EC t once every four months	/IR II and Model Intox EC/IR II (Enhanced with sare:
(1)	Verify the ethanol gas canister disp breath simulator thermometer show	plays at least 51 pounds of 34 degrees, plus or mi	per square inch (psi) of pressure, or the alcoholic nus .2 degree centigrade;
(2)	Verify instrument displays time an	d date;	
(3)	Initiate breath test sequence;		
(4)	Enter information as prompted;		
(5)	Verify instrument accuracy;		
(6)	When "PLEASE BLOW" appears,	collect breath sample;	
(7)	When "PLEASE BLOW" appears,	collect breath sample;	
(8)	Print test record;		
(9)	Run diagnostic program and confirm	n preventive maintenance	ee status of "Pass"; and
(10)	Verify that the ethanol gas canis	ter is being changed b	efore expiration date, or the alcoholic breath or after 125 Alcoholic Breath Simulator tests,
ere performed	CROSS AND THE HISTORING	accordance with current	forgoing preventive maintenance procedures t regulations of the N.C. Department of Health
OLM 180	mak		
	Signature	of Certifying Official	Certificate Number

NEW HANOVER COUNTY BAT MOBILE UNIT 7

Serial Number: 008698 Test Date: 03/16/2024

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

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

Analyst's Name: 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	9:17pm
AIR BLK	.00	9:18pm
ACCY CHK	.07	9:18pm
AIR BLK	.00	9:19pm
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

Analyst

NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008698 Test Record Number: 2323
Test Date: 03/16/2024 Test Time: 9:26pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:26pm
FLO	Pass	9:26pm
FC	Pass	9:26pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:26pm
SRC	Pass	9:26pm
DET	Pass	9:26pm
BAR	Pass	9:26pm
BT	Pass	9:26pm

Blank Tests

Test	Status	Time
AIR	Pass	9:27pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:27pm
	CRC Tests	
Test	Status	Time
COMP	Pass	9:27pm

Preventive Maintenance Status: Pass

Pass

9:27pm

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)

	w Hanover Instrument Location BAT Mobile Unit 5
Instrument Serial	No. 00 8704 Instrument Location Wilmington PD
The preventive m	aintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
were performed of	the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ces, and the instrument is functioning properly.
SUATE	684
	Signature of Certifying Official Certificate Number

NEW HANOVER COUNTY BAT MOBILE UNIT 5 640

Serial Number: 008704 Test Date: 03/15/2024

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

Analyst's Name: 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	9:51pm
AIR BLK	.00	9:52pm
ACCY CHK	.08	9:53pm
AIR BLK	.00	9:54pm
SUB TEST	.00	9:54pm
AIR BLK	.00	9:55pm
SUB TEST	.00	9:57pm
AIR BLK	.00	9:58pm

Reported AC: .00 7210L

Signature of Chemical Analyst

Court CVR

Analyst

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NEW HANOVER COUNTY BAT MOBILE UNIT 5 640

Serial Number: 008704 Test Record Number: 879 Test Date: 03/15/2024 Test Time: 9:59pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:59pm
FLO	Pass	9:59pm
FC	Pass	9:59pm

Temperature Tests

FC1 Pass 9:59pm SRC Pass 9:59pm DET Pass 9:59pm BAR Pass 9:59pm BT Pass 9:59pm	Test	Status	Time
DET Pass 9:59pm BAR Pass 9:59pm	FC1	Pass	9:59pm
BAR Pass 9:59pm	SRC	Pass	9:59pm
	DET	Pass	9:59pm
BT Pass 9:59pm	BAR	Pass	9:59pm
	BT	Pass	9:59pm

Blank Tests

Test	Status	Time
AIR	Pass	10:00pm

Printer Tests

1000	Scacus	TIME
PRNT	Pass	10:00pm

Statue Time

CRC Tests

Test	Status	Time
COMP	Pass	10:00pm
CAL	Pass	10:00pm

Preventive Maintenance Status: Pass

Analyst

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

County Ne	W. Manaver Instrument Location BAT Mobile Unit 5 No. 008707 Wilmington PD
Instrument Serial	No. 008707 W: Imington 20
The preventive m 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.
were performed o	e 15th day of March, 20 24 the forgoing preventive maintenance procedures in the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ces, and the instrument is functioning properly.
STATE	6.84
OLIM NO	Signature of Certifying Official Certificate Number



NEW HANOVER COUNTY BAT MOBILE UNIT 5 640

> Serial Number: 008707 Test Date: 03/15/2024

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

Analyst's Name: 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: AG308704 Exp Date: 03/28/2025

Test	g/210L	Time
DIAG	Pass	9:53pm
AIR BLK	.00	9:54pm
ACCY CHK	.07	9:55pm
AIR BLK	.00	9:56pm
SUB TEST	.00	9:57pm
AIR BLK	.00	9:58pm
SUB TEST	.00	10:00pm
AIR BLK	.00	10;00pm

Reported AC: 30 9/210L

Signature of Chemical Analyst

Court CVR

Analyst

1

NEW HANOVER COUNTY BAT MOBILE UNIT 5 640

Serial Number: 008707 Test Record Number: 2870 Test Date: 03/15/2024 Test Time: 10:01pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pagg	10:02pm
FLO	Pass	10:02pm
FC	Pass	10:02pm

Temperature Tests

Test	Status	Time
FCI	Pass	10:02pm
SRC	Pass	10:02pm
DET	Pass	10:02pm
BAR	Pass	10:02pm
BT	Pass	10:02pm

Blank Tests

Test	Status	Time
AIR	Pass	10:02pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:02pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:03pm
CAL	Pass	10:03pm

Preventive Maintenance Status: Pass

Analyst

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

County	Ne	W Hanouer Instrument Location BAT Mobile	e Unit 5
Instrum	ent Serial l	No. 008826 Wilmington	PD
		aintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox 000 or higher) to be followed at least once every four months are:	EC/IR II (Enhanced with
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrae	
	(2)	Verify instrument displays time and date;	
	(3)	Initiate breath test sequence;	
	(4)	Enter information as prompted;	
	(5)	Verify instrument accuracy;	
	(6)	When "PLEASE BLOW" appears, collect breath sample;	
	(7)	When "PLEASE BLOW" appears, collect breath sample;	
	(8)	Print test record;	
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and	d
	(10)	Verify that the ethanol gas canister is being changed before expiration date simulator solution is being changed every four months or after 125 Alcoholi whichever occurs first.	
were po	rformed o	e 15th day of horth 20 24 the forgoing preventive in the instrument indicated above, in accordance with current regulations of the Notes, and the instrument is functioning properly.	maintenance procedures I.C. Department of Health
	STATE	S A	
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		Signature of Certifying Official	Certificate Number

NEW HANOVER COUNTY BAT MOBILE UNIT 5

Serial Number: 008826 Test Date: 03/15/2024

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

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

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

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

Test	g/210L	Time
DIAG	Pass	9:54pm
AIR BLK	.00	9:55pm
ACCY CHK	.07	9:56pm
AIR BLK	.00	9:57pm
SUB TEST	.00	9:57pm
AIR BLK	.00	9:58pm
SUB TEST	.00	10:00pm
AIR BLK	.00	10:01pm

Reported AC: 100 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

NEW HANOVER COUNTY BAT MOBILE UNIT 5 640

Serial Number: 008826 Test Record Number: 8520 Test Date: 03/15/2024 Test Time: 10:03pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FCl	Pass	10:04pm
SRC	Pass	10:04pm
DET	Pass	10:04pm
BAR	Pass	10:04pm
BT	Pass	10:04pm

Blank Tests

Test	Status	Time
AIR	Pass	10:05pm

Printer Tests

Test	Status	Time
	CRC Tests	
PRNT	Pass	10:05pm
Test	Status	Time

COMP	Pass	10:05pm
CAL	Pass	10:05pm

Preventive Maintenance Status: Pass

Analyst

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

County Ol	ANGE Instr	rument Location Chapsel 4.11	A
Instrument Ser	ial No. OUTESC		to King To Dess
		Chapel Hill, a)c
The preventive serial number 1	maintenance procedures for the Intoxi 0,000 or higher) to be followed at leas	imeters, Model Intox EC/IR II and Mod t once every four months are:	del Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister dis- breath simulator thermometer show	plays at least 51 pounds per square inch ws 34 degrees, plus or minus .2 degree	n (psi) of pressure, or the alcoholic centigrade;
(2)	Verify instrument displays time an	d date;	
(3)	Initiate breath test sequence;		
(4)	Enter information as prompted;		
(5)	Verify instrument accuracy;		
(6)	When "PLEASE BLOW" appears,	collect breath sample;	
(7)	When "PLEASE BLOW" appears,	collect breath sample;	
(8)	Print test record;		
(9)	Run diagnostic program and confir	rm preventive maintenance status of "Pr	ass"; and
(10)	Verify that the ethanol gas cani simulator solution is being chang whichever occurs first.	ster is being changed before expirati ged every four months or after 125 /	ion date, or the alcoholic breath Alcoholic Breath Simulator tests,
were performe	the day ofday ofday ofday ofday ofday ofday ofday of	, 20 2 4 the forgoing pron accordance with current regulations ag properly.	eventive maintenance procedures of the N.C. Department of Health
AN STATE OF	A		
15/83 a			
	3 48		
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ON HEAD	Dum Stor	les onus	642
	Signatu	ire of Certifying Official	Certificate Number

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008856 Test Date: 03/05/2024

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Barnes, Simon S Permit Number: 0014-6221

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG303102 Exp Date: 01/31/2025

Test	g/210L	Time
DIAG	Pass	2:07pm
AIR BLK	.00	2:08pm
ACCY CHE	3 .07	2:08pm
AIR BLK	.00	2:09pm
SUB TEST	.00	2:10pm
AIR BLK	.00	2:11pm
SUB TEST	00. 7	2:13pm
AIR BLK	.00	2:13pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008856 Test Record Number: 3110 Test Date: 03/05/2024 Test Time: 2:14pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:14pm
FLO	Pass	2:14pm
FC	Pass	2:14pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:14pm
SRC	Pass	2:14pm
DET	Pass	2:14pm
BAR	Pass	2:14pm
BT	Pass	2:14pm

Blank Tests

Test	Status	Time	
ATR	Dagg	2:15pm	

Printer Tests

Test	Status	Time
PRNT	Pass	2:15pm
	CRC Tests	
Test	Status	Time

COMP Pass 2:15pm

Pass 2:15pm

Preventive Maintenance Status: Pass

Soum Stay Frey Analyst

CAL

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

nstrument Seria	No • • • • • •	Panlico 50	
The preventive	maintenance procedures for the	e Intoximeters, Model Intox EC/IR II and l at least once every four months are:	Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canis	ster displays at least 51 pounds per square ter 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 promp	exted;	
(5)	Verify instrument accuracy	G.	
(6)	When "PLEASE BLOW" a	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 o	f "Pass"; and
(10)	Verify that the ethanol g simulator solution is bein whichever occurs first.	as canister is being changed before exp ag changed every four months or after 1	piration date, or the alcoholic breat 25 Alcoholic Breath Simulator tests
were performe	the 14 day ofday ofdo n the instrument indicated rvices, and the instrument is fu	above, in accordance with current regulation	g preventive maintenance procedure ons of the N.C. Department of Healt
· Manage	m		665

PAMLICO COUNTY BAT MOBILE UNIT 7 680

Serial Number: 008600 Test Date: 03/14/2024

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: Anderson, Mark G Hermit 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: AG38004 Exp Date: 03/21/2025

Test	g/210L	Time
DIAG	Pass	6:43pm
AIR BLK	.00	6:44pm
ACCY CHK	.07	6:45pm
AIR BLK	.00	6:46pm
SUB TEST	.00	6:47pm
AIR BLK	.00	6:47pm
SUB TEST	.00	6:49pm
AIR BLK	.00	6:50pm

Reported ACC .00 g/210L

Signature of Chemical Analyst

Court CVR

nand

Analyst

PAMLICO COUNTY BAT MOBILE UNIT 7 680

Serial Number: 008600 Test Record Number: 2705 Test Date: 03/14/2024 Test Time: 6:54pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	6:55pm
FLO	Pass	6:55pm
FC	Pass	6:55pm

Temperature Tests

Status	Time
Pass	6:55pm
	Pass Pass Pass Pass

Blank Tests

tatus T	Time	
366 6	:56pm	

Printer Tests

Test	Status	Time
PRNT	Pass	6:56pm
	CRC Tests	
Test	Status	Time
COMP	Pass	6:56pm

Preventive Maintenance Status: Pass

Pass

6:56pm

CAL

mark

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 reserval number 10 (1) (2)	naintenance procedures for the Into: 0,000 or higher) to be followed at lea Verify the ethanol gas canister di breath simulator thermometer sho Verify instrument displays time a	st once every four mo splays at least 51 pour	nths are: nds per square inc	
(2)	breath simulator thermometer sho	splays at least 51 pour ows 34 degrees, plus o	nds per square inc	h (ani) of assessment of the alcoholic
	Verify instrument displays time a		r minus .2 degree	centigrade;
(3)	reinj manument dopalja mas s	and date;		
(0)	Initiate breath test sequence;			
(4)	Enter information as prompted;			
(5)	Verify instrument accuracy;			
(6)	When "PLEASE BLOW" appear	s, collect breath samp	le;	
(7)	When "PLEASE BLOW" appear	s, collect breath samp	le;	
(8)	Print test record;			
(9)	Run diagnostic program and con	firm preventive maint	enance status of "	Pass"; and
(10)	Verify that the ethanol gas ca simulator solution is being cha whichever occurs first.	nister is being chang nged every four mor	ed before expira	ation date, or the alcoholic breath Alcoholic Breath Simulator tests
I certify that on were performed and Human Ser	the 14 day of 1 day of 1 on the instrument indicated above vices, and the instrument is function	, in accordance with o	the forgoing purrent regulations	preventive maintenance procedures s of the N.C. Department of Health
	CAND	10	01	

PERQUIMANS COUNTY PERQUIMANS CO SO 710

Serial Number: 008921 Test Date: 03/14/2024

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: 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	12:16pm
AIR BLK	.00	12:16pm
ACCY CHK	.07	12:17pm
AIR BLK	.00	12:18pm
SUB TEST	.00	12:19pm
AIR BLK	.00	12:20pm
SUB TEST	.00	12:21pm
ATR BLK	.00	12:22mm

Reported AC: .00 q/210L

Ignature of Temical Analyst

Court CVR

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

Analyst/

Rev. 12/2007

PERQUIMANS COUNTY PERQUIMANS CO SO 710

Serial Number: 008921 Test Record Number: 1296 Test Date: 03/14/2024 Test Time: 12:23pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:23pm 12:23pm
FC	Pass	12:23pm

Temperature Tests

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

Blank Tests

Test	Status	Time	
AIR	Pass	12:24pm	

Printer Tests

Test	Status	Time
PRNT	Pass	12:24pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:24pm

Preventive Maintenance Status: Pass

Pass

12:24pm

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)

The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced vi 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 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.
I certify that on were performed and Human Ser	the day of March, 2024 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.

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008646 Test Date: 03/26/2024

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 State: XX Driver's License Number: NONE

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

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

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

Test	g/210L	Time
DIAG	Pass	1:10pm
AIR BLK	.00	1:11pm
ACCY CHK	.07	1:12pm
AIR BLK	.00	1:13pm
SUB TEST	.00	1:14pm
AIR BLK	.00	1:15pm
SUB TEST	.00	1:16pm
AIR BLK	.00	1:17pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008646 Test Record Number: 4792 Test Date: 03/26/2024 Test Time: 1:18pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass	1:18pm
FC	Pass	1:18pm 1:18pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:19pm
SRC	Pass	1:19pm
DET	Pass	1:19pm
BAR	Pass	1:19pm
BT	Pass	1:19pm

Blank Tests

Test	Status	Time
AIR	Pass	1:19pm

Printer Tests

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

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)

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model 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 (procedure in the procedure in the proc	strument Serial No.008(o(o	Instrument Loca	124 New	Detention 1 Kpe Rd, Gr	Conter conville,
breath simulator thermometer shows 34 degrees, plus or minus .2 degree cent (2) Verify instrument displays time and date; (3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass" (10) Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Alexwhichever occurs first. I certify that on the day of March, 2024 the forgoing prevewere performed on the instrument indicated above, in accordance with current regulations of the secondary of the current regulations of the current regula	e preventive maintenance procedure rial number 10,000 or higher) to be f	for the Intoximeters, Mo	odel Intox EC/IR II as y 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" (10) Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Alcowhichever occurs first. I certify that on the day of March 2024 the forgoing prevewere performed on the instrument indicated above, in accordance with current regulations of the second secon	and the second s				, or the alcoholic
(4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass" (10) Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Alexwhichever occurs first. I certify that on the day of March, 2024 the forgoing prevewere performed on the instrument indicated above, in accordance with current regulations of the second seco	(2) Verify instrument d	splays 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" (10) Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Alexwhichever occurs first. I certify that on the day of March 2024 the forgoing prevewere performed on the instrument indicated above, in accordance with current regulations of the same of the current regulations of the content of the current regulations of the current regulatio	(3) Initiate breath test s	equence;			
(6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass" (10) Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Alexwhichever occurs first. I certify that on the day of March, 2024 the forgoing prevewere performed on the instrument indicated above, in accordance with current regulations of the sample;	(4) Enter information a	prompted;			
(7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass" (10) Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Alexwhichever occurs first. I certify that on the day of March, 20 4 the forgoing prevewere performed on the instrument indicated above, in accordance with current regulations of the sample;	(5) Verify instrument a	curacy;			
(8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass" (10) Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Alex whichever occurs first. I certify that on the day of March, 2024 the forgoing preve were performed on the instrument indicated above, in accordance with current regulations of the second se	(6) When "PLEASE B	OW* appears, collect bre	ath sample;		
(9) Run diagnostic program and confirm preventive maintenance status of "Pass" (10) Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Alex whichever occurs first. I certify that on the day of March, 2024 the forgoing preve were performed on the instrument indicated above, in accordance with current regulations of the second secon	(7) When "PLEASE B	OW* appears, collect bre	ath sample;		
(10) Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Alex whichever occurs first. I certify that on the day of March, 2024 the forgoing preve were performed on the instrument indicated above, in accordance with current regulations of the second s	(8) Print test record;				
simulator solution is being changed every four months or after 125 Alex whichever occurs first. I certify that on the day of March, 2024 the forgoing preve were performed on the instrument indicated above, in accordance with current regulations of the second s	(9) Run diagnostic proj	ram and confirm preventi	ve maintenance statu	s of "Pass"; and	
were performed on the instrument indicated above, in accordance with current regulations of t	simulator solution	s being changed every	ng changed before of four months or after	expiration date, or the 125 Alcoholic Breath	alcoholic breath Simulator tests,
	ere performed on the instrument ind	cated above, in accordan	ce with current regul	ing preventive mainten ations of the N.C. Depa	ance procedures rtment of Health
		1 11		1.11.7	
Signature of Certifying Official	Sam and	Key P by			

PITT COUNTY PITT CO DETENTION 703

Serial Number: 008662 Test Date: 03/26/2024

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: 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	1:27pm
AIR BLK	.00	1:28pm
ACCY CHK	.08	1:28pm
AIR BLK	.00	1:29pm
SUB TEST	.00	1:30pm
AIR BLK	.00	1:31pm
SUB TEST	.00	1:33pm
AIR BLK	.00	1:33pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Lug P. Ly

PITT COUNTY PITT CO DETENTION 703

Serial Number: 008662 Test Record Number: 1399
Test Date: 03/26/2024 Test Time: 1:34pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time	
AIR	Pass	1:36pm	

Printer Tests

Test	Status	Time
PRNT	Pass	1:36pm
	CRC Tests	
Test	Status	Time

COMP	Pass	1:36pm
CAL	Pass	1:36pm

Preventive Maintenance Status: Pass

The Analyst

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

County P	H Instrument Location Ayden P.D.
Instrument Ser	ial NoDO 86666 4144 West Ave, Ayden, MC.
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.
and Human Se	n the 14 day of
	7ku 0 h - 643
	Signature of Certifying Official Certificate Number

PITT COUNTY AYDEN PD 730

Serial Number: 008666 Test Date: 03/14/2024

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	1:35pm
AIR BLK	.00	1:36pm
ACCY CHK	.07	1:36pm
AIR BLK	.00	1:38pm
SUB TEST	.00	1:38pm
AIR BLK	.00	1:39pm
SUB TEST	.00	1:41pm
AIR BLK	.00	1:42pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PITT COUNTY AYDEN PD 730

Serial Number: 008666 Test Record Number: 1533 Test Date: 03/14/2024 Test Time: 1:43pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:43pm
FLO	Pass	1:44pm
FC	Pass	1:44pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:44pm
SRC	Pass	1:44pm
DET	Pass	1:44pm
BAR	Pass	1:44pm
BT	Pass	1:44pm

Blank Tests

Test	Status	Time
AIR	Pass	1:44pr

Printer Tests

Test	Status	Time
PRNT	Pass	1:44pm

CRC Tests

Test	Status	Time
COMP	Pass	1:45pm
CAL	Pass	1:45pm

Preventive Maintenance Status: Pass

They P. 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	af No. OOS 137 DEPAKTMENT
	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 Serv	the 19 day of MARCH, 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.
- California		
	GIAM VEED	Signature of Certifying Official Certificate Number

RANDOLPH COUNTY RANDLEMAN PD 750

Serial Number: 008737 Test Date: 03/19/2024

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

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

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

Analyst's Name: 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	2:57pm
AIR BLK	.00	2:58pm
ACCY CHK	.08	2:58pm
AIR BLK	.00	3:00pm
SUB TEST	.00	3:00pm
AIR BLK	.00	3:01pm
SUB TEST	.00	3:02pm
AIR BLK	.00	3:03pm

Reported AC: .00 g/210L

Signature of Chamies Analyst

Court CVR

Analyse

RANDOLPH COUNTY RANDLEMAN PD 750

Serial Number: 008737 Test Record Number: 1492 Test Date: 03/19/2024 Test Time: 3:05pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:05pm
FLO	Pass	3:05pm
FC	Pass	3:05pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:05pm
SRC	Pass	3:05pm
DET	Pass	3:05pm
BAR	Pass	3:05pm
BT	Pass	3:05pm

Blank Tests

Test	Status	Time
AIR	Pass	3:06pm

Printer Tests

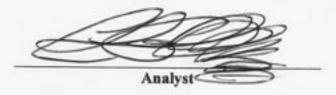
Test	Status	Time
PRNT	Pass	3:06pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:06pm

Preventive Maintenance Status: Pass

Pass

3:06pm

CAL



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

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

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

Signature of Certifying Official

Certificate Number

RANDOLPH COUNTY DETENTION CENTER 750

Serial Number: 008860 Test Date: 03/19/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: 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	12:47pm
AIR BLK	.00	12:48pm
ACCY CHK	.08	12:49pm
AIR BLK	.00	12:50pm
SUB TEST	.00	12:50pm
AIR BLK	.00	12:51pm
SUB TEST	.00	12:53pm
AIR BLK	.00	12:54pm

Reported AC: .00 g/210L

Signature of Chemical Apalyst

Court CVR

Analyst

RANDOLPH COUNTY DETENTION CENTER 750

Serial Number: 008860 Test Record Number: 3359 Test Date: 03/19/2024 Test Time: 12:55pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:55pm 12:55pm
FC	Pass	12:55pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:56pm
SRC	Pass	12:56pm
DET	Pass	12:56pm
BAR	Pass	12:56pm
BT	Pass	12:56pm

Blank Tests

Test	Status	Time
AIR	Pass	12:56pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:56pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:56pm 12:56pm

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)

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 Ser	the

RANDOLPH COUNTY DETENTION CENTER 750

Serial Number: 008899 Test Date: 03/19/2024

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

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

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

Analyst's Name: 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	12:46pm
AIR BLK	.00	12:47pm
ACCY CHK	.07	12:48pm
AIR BLK	.00	12:49pm
SUB TEST	.00	12:49pm
AIR BLK	.00	12:50pm
SUB TEST	.00	12:52pm
AIR BLK	.00	12:53pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

RANDOLPH COUNTY DETENTION CENTER 750

Serial Number: 008899 Test Record Number: 4199 Test Date: 03/19/2024 Test Time: 12:55pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass	12:55pm
FC	Pass Pass	12:55pm 12:56pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:56pm
SRC	Pass	12:56pm
DET	Pass	12:56pm
BAR	Pass	12:56pm
BT	Pass	12:56pm

Blank Tests

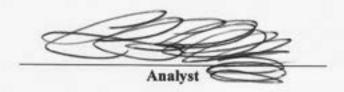
Test	Status	Time	
AIR	Pass	12:56pm	

Printer Tests

Test	Status	Time
PRNT	Pass	12:56pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:56pm

CAL Pass 12:56pm

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)	14 4 4 4
	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
l certify that on th were performed o and Human Service	the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ces, 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)

RANDOLPH COUNTY ARCHDALE PD 750

Serial Number: 008791 Test Date: 03/18/2024

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

Analyst's Name: 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 AIR BLK		1:58pm 1:59pm
ACCY CHK AIR BLK		2:00pm 2:01pm
SUB TEST		2:01pm 2:02pm
AIR BLK		2:03pm
SUB TEST	.00	2:04pm 2:05pm
ATR BLK	. 00	Z:U5Dm

Reported AC:__.00 g/210L

ignature of Chemical Analyst

Court CVR

RANDOLPH COUNTY ARCHDALE PD 750

Serial Number: 008791 Test Record Number: 1629
Test Date: 03/18/2024 Test Time: 2:06pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	2:07pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:07pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:07pm

2:07pm

Preventive Maintenance Status: Pass

Pass

Attalyst

CAL

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

County	obeson Instrument Location BAT Mobile Unit 5
Instrument Seri	al No. 00 8575 Lumberton 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 have day of harch, 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.
STATE	684
- Acres 12	Signature of Certifying Official Certificate Number



ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008575 Test Date: 03/12/2024

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

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

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

Test	g/210L	Time
DIAG	Pass	2:00pm
AIR BLK	.00	2:01pm
ACCY CHK	.08	2:01pm
AIR BLK	.00	2:02pm
SUB TEST	.00	2:03pm
AIR BLK	.00	2:04pm
SUB TEST	.00	2:05pm
AIR BLK	.00	2:06pm

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008575 Test Record Number: 1444
Test Date: 03/12/2024 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

Test	Status	Time
FC1	Pass	2:17pm
SRC	Pass	2:17pm
DET	Pass	2:17pm
BAR	Pass	2:17pm
BT	Pass	2:17pm

Blank Tests

Test	Status	Time
AIR	Pass	2:18pm

Printer Tests

Test Status Time

	10 10 10 10 10 10	The late of the late of
PRNT	Pass	2:18pm
	CRC Tests	
Test	Status	Time

COMP Pass 2:18pm CAL Pass 2:18pm

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)

County C	beson Instrument Location BAT Mobile Unit 5
Instrument Seri	al No. 008575 Lunsuton 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 15th day of Morch , 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.
SUATE	Signature of Certifying Official Certificate Number

ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008575 Test Date: 03/15/2024

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

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

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

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

Test	g/210L	Time
DIAG	Pass	4:45pm
AIR BLK	.00	4:46pm
ACCY CHK	.08	4:47pm
AIR BLK	.00	4:48pm
SUB TEST	.00	4:49pm
AIR BLK	.00	4:50pm
SUB TEST	.00	4:51pm
AIR BLK	.00	4:52pm

Reported AC: / 9 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008575 Test Record Number: 1446
Test Date: 03/15/2024 Test Time: 4:53pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:54pm
FLO	Pass	4:54pm
FC	Pass	4:54pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:54pm
SRC	Pass	4:54pm
DET	Pass	4:54pm
BAR	Pass	4:54pm
BT	Pass	4:54pm

Blank Tests

Test	Status	Time
AIR	Pagg	4 - 55 mm

Printer Tests

reat	Status	Time
PRNT	Pass	4:55pm

CRC Tests

Test	Status	Time
COMP	Pass	4:55pm
CAL	Pass	4:55pm

Preventive Maintenance Status: Pass

Analyst

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

	ial No. 008575 Instrument Location BAT Mobile Unit 5 Roberson County SO
	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 29 th day of March , 2024 the forgoing preventive maintenance procedures of the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
STATE	(84)
SARAMONDA SA	Manuture of Certificing Official Certificate Number

ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008575 Test Date: 03/29/2024

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 State: XX Driver's License Number: NONE

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

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

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

Test	g/210L	Time
DIAG	Pass	7:57pm
AIR BLK	.00	7:58pm
ACCY CHK	.08	7:59pm
AIR BLK	.00	8:00pm
SUB TEST	.00	8:00pm
AIR BLK	.00	8:01pm
SUB TEST	.00	8:03pm
AIR BLK	.00	8:03pm

Reported AC: 98 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008575 Test Record Number: 1455 Test Date: 03/29/2024 Test Time: 8:04pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:04pm
FLO	Pass	8:04pm
FC	Pass	8:04pm

Temperature Tests

Test Status	Time
FC1 Pass	8:04pm
SRC Pass	8:04pm
DET Pass	8:04pm
BAR Pass	8:04pm
BT Pass	8:04pm

Blank Tests

Test	Status	Time
AIR	Pass	8:05pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:05pm

CRC Tests

Test	Status	Time
COMP	Pass	8:05pm
CAL	Pass	8:05pm

Preventive Maintenance Status: Pass

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 breatl simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
	the 4 day of 6 day of 2024 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.

ROBESON COUNTY LUMBERTON PD 770

Serial Number: 008629 Test Date: 03/14/2024

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: Garner, Joel K

Permit Number: 0036-5156

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG405101

Exp Date: 02/20/2026

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

Reported AC: .00 g/210L

Sagnature of Chemical Analyst

Court CVR

Analyst

ROBESON COUNTY LUMBERTON PD 770

Serial Number: 008629 Test Record Number: 1326 Test Date: 03/14/2024 Test Time: 10:12am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:12am
FLO	Pass	10:12am
FC	Pass	10:13am

Temperature Tests

Test	Status	Time
FC1	Pass	10:13am
SRC	Pass	10:13am
DET	Pass	10:13am
BAR	Pass	10:13am
BT	Pass	10:13am

Blank Tests

Test	Status	Time
AIR	Pass	10:13am

Printer Tests

Mont Status Mimo

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

CAL Pass 10:13am

Preventive Maintenance Status: Pass

Analyst

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

County	al No. 008647 Instrument Location BAT Mobile Unit 5
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 215th day of March, 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.
STATE	Signature of Certifying Official Certificate Number

ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008647 Test Date: 03/21/2024

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: AG308101 Exp Date: 03/22/2025

Test	q/210L	Time
DIAG	Pass	3:26pm
AIR BLK	.00	3:27pm
ACCY CHK	.08	3:27pm
AIR BLK	.00	3:28pm
SUB TEST	.00	3:29pm
AIR BLK	.00	3:29pm
SUB TEST	.00	3:31pm
AIR BLK	.00	3 · 32mm

Reported AC: 90 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ROBESON COUNTY BAT MOBILE UNIT 5 770
Serial Number: 008647 Test Record Number: 2836
Test Date: 03/21/2024 Test Time: 3:33pm EDT
System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	3:34pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:34pm

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County	Robeson Instrument Location BAT Mobile Unit 5 erial No. 008647 Lumberton PD
Instrument Se	erial No. 008647 Lumberton PD
	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 performe	on the 28th day of March . 20 24 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.
SIATE	689
-	Signalure of Certifying Official Certificate Number

ROBESON COUNTY BAT MOBILE UNIT 5 770 Serial Number: 008647 Test Date: 03/28/2024

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 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	11:34pm
AIR BLK	.00	11:35pm
ACCY CHK	.08	11:36pm
AIR BLK	.00	11:36pm
SUB TEST	.00	11:37pm
AIR BLK	.00	11:38pm
SUB TEST	.00	11:39pm
AIR BLK	.00	11:41pm

Reported AC: .00 gt 101

Signature of Knemical Analyst

Court CVR

Analyst

ROBESON COUNTY BAT MOBILE UNIT 5 770
Serial Number: 008647 Test Record Number: 2838
Test Date: 03/28/2024 Test Time: 11:41pm EDT
System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:41pm
FLO	Pass	11:41pm
FC	Pass	11:41pm

Temperature Tests

Test	Status	Time
FC1	Pass	11:41pm
SRC	Pass	11:41pm
DET	Pass	11:41pm
BAR	Pass	11:41pm
BT	Pass	11:41pm

Blank Tests

Test	Status	Time
AIR	Pass	11:42pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:42pm

CRC Tests

Test	Status	Time
COMP	Pass	11:42pm
CAL	Pass	11:42pm

Preventive Maintenance Status: Pass

Analyst

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

County_ R	Seson Instrument Location BAT Mobile Unit 5
Instrument Serial	No. 00 8704 Pembroke PD
The preventive n	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	he 12 day of 10
	Signature of Certifying Official Certificate Number



ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008704 Test Date: 03/12/2024

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 State: XX Driver's License Number: NONE

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

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

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

Test	g/210L	Time
DIAG	Pass	7:02pm
AIR BLK	.00	7:03pm
ACCY CHK	.08	7:03pm
AIR BLK	.00	7:04pm
SUB TEST	.00	7:05pm
AIR BLK	.00	7:06pm
SUB TEST	.00	7:07pm
AIR BLK	.00	7:08pm

Reported AC:

97210L

Signature of Chemical Analyst

Court CVR

Analyst

1

ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008704 Test Record Number: 875 Test Date: 03/12/2024 Test Time: 7:10pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	7:10pm
FLO	Pass	7:10pm
FC	Pass	7:10pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:10pm
SRC	Pass	7:10pm
DET	Pass	7:10pm
BAR	Pass	7:10pm
BT	Pass	7:10pm

Blank Tests

Test	Status	Time
ATR	Pass	7 - 11 pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:11pm

CRC Tests

Status	Time
Pass	7:11pm
Pass	7:11pm
	Pass

Preventive Maintenance Status: Pass

Analyst

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

County	Cobeson	Instrument Location	BAT	Mobile	Unit 5
Instrument Ser	ial No. 00 8704	_	loSeson	County	50
The preventive serial number	maintenance procedures for th 10,000 or higher) to be followed	e Intoximeters, Model Into d at least once every four n	ox EC/IR II and M nonths are:	fodel Intox 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	unds per square ir or minus .2 degre	sch (psi) of pressur e centigrade;	e, or the alcoholic
(2)	Verify instrument displays	time and date;			
(3)	Initiate breath test sequence	0;			
(4)	Enter information as promp	oted;			
(5)	Verify instrument accuracy	7			
(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 main	tenance status of	"Pass"; and	
(10)	Verify that the ethanol g simulator solution is bein whichever occurs first.	as canister is being chan g changed every four mo	ged before expir onths or after 125	ation date, or the 5 Alcoholic Breat	alcoholic breath h Simulator tests
	theday of d on the instrument indicated a rvices, and the instrument is fur		the forgoing current regulation	preventive maintens of the N.C. Dep	nance procedures artment of Health
	September 1	1		(.8	Ч
And the		Signiture of Certifying Of	ficial		te Number

ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008704 Test Date: 03/29/2024

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		9:33pm
AIR BLK	.00	9:34pm
ACCY CHK		9:35pm
AIR BLK	.00	9:36pm
SUB TEST		9:36pm
AIR BLK	.00	9:37pm
SUB TEST	.00	9:39pm
AIR BLK	.00	9:40pm

Reported No. 00 g/210L

Signature of Chemical Analyst

Court CVR

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Analyst

ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008704 Test Record Number: 892 Test Date: 03/29/2024 Test Time: 9:41pm EDT

System Check: Passed

Baseline Tests

Status	Time
Pass	9:41pm
Pass	9:41pm
Pass	9:41pm
	Pass Pass

Temperature Tests

Test	Status	Time
FC1	Pass	9:41pm
SRC	Pass	9:41pm
DET	Pass	9:41pm
BAR	Pass	9:41pm
BT	Pass	9:41pm

Blank Tests

Test	Status	Time
AIR	Pass	9:42pm

Printer Tests

1696	beacus	TTHE
PRNT	Pass	9:42pm

Status Time

CRC Tests

Status	Time
Pass	9:42pm
Pass	9:42pm
	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)

(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 preventive serial number 1	maintenance procedures for the Intoximeters, Model In 0,000 or higher) to be followed at least once every four	ntox EC/IR II and Model Intox EC/IR II (Enhanced v months are:	vith
(3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister 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.	(1)	Verify the ethanol gas canister displays at least 51 p breath simulator thermometer shows 34 degrees, plu	pounds per square inch (psi) of pressure, or the alcoh us or minus .2 degree centigrade;	olic
(4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister 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.	(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 whichever occurs first. I certify that on the 12th day of March 2024 the forgoing preventive maintenance procedure.	(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 brea simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first. I certify that on the 12th day of Morch , 2024 the forgoing preventive maintenance procedur	(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 test whichever occurs first. I certify that on the 12th day of 10cm 10cm 10cm 10cm 10cm 10cm 10cm 10cm	(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 brea simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first. I certify that on the 12th day of 12th d	(6)	When "PLEASE BLOW" appears, collect breath sar	mple;	
(9) Run diagnostic program 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. I certify that on the 12th day of March , 2024 the forgoing preventive maintenance procedure.	(7)	When "PLEASE BLOW" appears, collect breath sar	mple;	
(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. I certify that on the 12th day of	(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 12th day of	(9)	Run diagnostic program and confirm preventive ma	intenance status of "Pass"; and	
I certify that on the 12th day of March . 2024 the forgoing preventive maintenance procedur	(10)	simulator solution is being changed every four n	anged before expiration date, or the alcoholic bro nonths or after 125 Alcoholic Breath Simulator te	eath ests,
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.	were performed	on the instrument indicated above, in accordance wit	24 the forgoing preventive maintenance procedu th current regulations of the N.C. Department of He	ares alth

ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008707 Test Date: 03/12/2024

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: 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: AG308704 Exp Date: 03/28/2025

Test	g/210L	Time
DIAG	Pass	7:04pm
AIR BLK	.00	7:05pm
ACCY CHK	.08	7:06pm
AIR BLK	.00	7:07pm
SUB TEST	.00	7:08pm
AIR BLK	.00	7:09pm
SUB TEST	.00	7:10pm
AIR BLK	.00	7:11pm

Reported AZ: 90 g/210L

Signature of Chemical Analyst

Court CVR

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Analyst

ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008707 Test Record Number: 2865 Test Date: 03/12/2024 Test Time: 7:12pm EDT

System Check: Passed

Baseline Tests

Status	Time
Pass	7:12pm
Pass	7:12pm
Pass	7:12pm
	Pass Pass

Temperature Tests

Test	Status	Time	
FC1	Pass	7:12pm	
SRC	Pass	7:12pm	
DET	Pass	7:12pm	
BAR	Pass	7:12pm	
BT	Pass	7:12pm	

Blank Tests

Test	Status	Time	
AIR	Pass	7:13pm	

Printer Tests

Test	Status	Time
PRNT	Pass	7:13pm
	ana meses	

CRC Tests

Test	Status	Time	
COMP	Pass	7:13pm	
CAL	Pass	7:13pm	

Preventive Maintenance Status: Pass

Analyst

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

County	obeson	Instrument Location_	BAT	Mobile	Lunit 5
Instrument Seri	al No. 00 8707	-	Pembro	ke P	0
	maintenance procedures for th 0,000 or higher) to be followed			I Model Intox	EC/IR II (Enhanced with
(1)	Verify the ethanol gas cani- breath simulator thermome				
(2)	Verify instrument displays	time and date;			
(3)	Initiate breath test sequence	5			
(4)	Enter information as promp	ted;			
(5)	Verify instrument accuracy				
(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 an	d confirm preventive ma	intenance status o	of "Pass"; and	
(10)	Verify that the ethanol gr simulator solution is being whichever occurs first.				
were performed	the 18th day of	bove, in accordance wit			
ON COM AREA	U\z	Signature of Certifying C	Model		CS9 ertificate Number

ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008707 Test Date: 03/18/2024

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

Driver's License Number: NONE

Analyst's Name: 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: AG308704 Exp Date: 03/28/2025

g/210L	Time
Pass	6:49pm
.00	6:50pm
.07	6:51pm
.00	6:52pm
.00	6:53pm
.00	6:53pm
.00	6:55pm
.00	6:56pm
	Pass .00 .07 .00 .00

Reported AC: .00 0/210L

Signature of Chemical Analyst

Court CVR

Analyst

ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008707 Test Record Number: 2884 Test Date: 03/18/2024 Test Time: 6:56pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	6:57pm
FLO	Pass	6:57pm
FC	Pass	6:57pm

Temperature Tests

Status	Time	
Pass	6:57pm	
	Pass Pass Pass Pass	

Blank Tests

Test	Status	Time	
AIR	Pass	6:58pm	

Printer Tests

Test	Status	Time
PRNT	Pass	6:58pm
	CRC Tests	
Test	Status	Time

Test	Status	Time	
COMP	Pass Pass	6:58pm 6:58pm	

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	lobeson	Instrument Location_			Unit 5
Instrument Se	rial No. 068707	_	Lumbe	uton Pl)
The preventive serial number	e maintenance procedures for th 10,000 or higher) to be followed	e Intoximeters, Model Int I at least once every four i	ox EC/IR II and months are:	Model Intox EC/I	R 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 s or minus .2 deg	inch (psi) of press ree centigrade;	sure, or the alcoholic
(2)	Verify instrument displays	time and date;			
(3)	Initiate breath test sequence	5			
(4)	Enter information as promp	ited;			
(5)	Verify instrument accuracy	;			
(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 o	f "Pass"; and	
(10)	Verify that the ethanol gas simulator solution is being whichever occurs first.	is canister is being cha changed every four m	nged before exponths or after 1	piration date, or t 25 Alcoholic Bre	the alcoholic breath eath Simulator tests.
	the 28 th day ofM d on the instrument indicated a vices, and the instrument is fun	DOVE, III accordance with	the forgoing a current regulati	g preventive mair ons of the N.C. D	ntenance procedures department of Health
	CANOUNCE			- (_	% Y
- Contract		Signature of Certifying O	Micial		cate Number

ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008707 Test Date: 03/28/2024

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: AG400301 Exp Date: 01/03/2026

Test	g/210L	Time
DIAG	Pass	9:48pm
AIR BLK	.00	9:49pm
ACCY CHK	.07	9:50pm
AIR BLK	.00	9:51pm
SUB TEST	.00	9:51pm
AIR BLK	.00	9:52pm
SUB TEST	.00	9:54pm
AIR BLK	.00 _	9:55pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008707 Test Record Number: 2892 Test Date: 03/28/2024 Test Time: 9:55pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:55pm
FLO	Pass	9:55pm
FC	Pass	9:55pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	9:56pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:56pm
	CRC Tests	
Test	Status	Time
COMP	Pass	9:56pm

Preventive Maintenance Status: Page

Pass

9:56pm

CAL

Analyst

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

		maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced 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	certify that on were performed and Human Ser	the 4 day of 4 day of 2 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.
	SIAM	Signature of Certifying Official Certificate Number

ROBESON COUNTY DETENTION CENTER 770

Serial Number: 008805 Test Date: 03/14/2024

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: Garner, Joel K Permit Number: 0036-5156 Effective:

10/01/2023-10/01/2025

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

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

Test	g/210L	Time
DIAG	Pass	11:18am
AIR BLK	.00	11:18am
ACCY CHK	.07	11:19am
AIR BLK	.00	11:20am
SUB TEST	.00	11:21am
AIR BLK	.00	11:21am
SUB TEST	.00	11:24am
AIR BLK	.00	11:24am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ROBESON COUNTY DETENTION CENTER 770

Serial Number: 008805 Test Record Number: 5553 Test Date: 03/14/2024 Test Time: 11:28am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:29am 11:29am
FC	Pass	11:29am

Temperature Tests

Test	Status	Time
FC1	Pass	11:29am
SRC	Pass	11:29am
DET	Pass	11:29am
BAR	Pass	11:29am
BT	Pass	11:29am

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	11:30am
CAL	Pass	11:30am

Preventive Maintenance Status: Pass

Analyst

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

	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 4 day of Morch, 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.

ROBESON COUNTY ST PAULS PD 770

Serial Number: 008814 Test Date: 03/14/2024

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: 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	8:33am
AIR BLK	.00	8:34am
ACCY CHK	.08	8:35am
AIR BLK	.00	8:36am
SUB TEST	.00	8:37am
ATD DITE	0.0	0.20

AIR BLK .00 8:38am SUB TEST .00 8:39am AIR BLK .00 8:40am

Reported AC: .00 g/210L

Sagnature of Chemical Analyst

Court CVR

Analyst

ROBESON COUNTY ST PAULS PD 770

Serial Number: 008814 Test Record Number: 981 Test Date: 03/14/2024 Test Time: 8:41am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	8:42am
SRC	Pass	8:42am
DET	Pass	8:42am
BAR	Pass	8:42am
BT	Pass	8:42am

Blank Tests

Test	Status	Time
ATR	Dage	8 · 42 am

Printer Tests

Test	Status	Time
PRNT	Pass	8:42am
	CRC Tests	
Test	Status	Time
COMP	Pass	8:42am
CAL	Pass	8:42am

Preventive Maintenance Status: Pass

Analyst

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

0	Instrument Location BAT Mobile Unit 5
CountyR Instrument Seri	al No. 008826 Instrument Location BAT Mosile Unit S Robert County SO
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the 12th day of March . 20 24 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rices, and the instrument is functioning properly.
STATE OF THE PROPERTY OF THE P	Signature of Certifying Official Certificate Number

ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008826 Test Date: 03/12/2024

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

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

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

Test	g/210L	Time
DIAG	Pass	3:46pm
AIR BLK	.00	3:47pm
ACCY CHK	.07	3:47pm
AIR BLK	.00	3:48pm
SUB TEST	.00	3:49pm
AIR BLK	.00	3:50pm
SUB TEST	.00	3:53pm
AIR BLK	.00	3:54pm

Reported AC:

90-7/210L

Signature of Chemical Analyst

Court CVR

Analyst

ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008826 Test Record Number: 8516 Test Date: 03/12/2024 Test Time: 3:55pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:55pm
FLO	Pass	3:55pm
FC	Pass	3:55pm

Temperature Tests

Status	Time
Pass	3:55pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time

Printer Tests

Test	Status	Time	
PRNT	Pass	3:56pm	

CRC Tests

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

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)

(2) Ver. (3) Initi (4) Ente (5) Ver. (6) Whe (7) Whe (8) Prin (9) Run (10) Versimm whice I certify that on the 2	ify the ethanol gas can th simulator thermon ify instrument display iate breath test sequent er information as pro- ify instrument accura-	neter shows 34 degrees, plus time and date;	pounds per square incl us or minus .2 degree	n (psi) of pressure, or the alcoholic centigrade;
(3) Initi (4) Ente (5) Ver (6) Whe (7) Whe (8) Prin (9) Run (10) Veri simi which I certify that on the 2 were performed on the	iate breath test sequen	see;		
(4) Ente (5) Ver (6) Whe (7) Whe (8) Prin (9) Run (10) Veri similar whice I certify that on the 2 were performed on the	er information as prot			
(5) Ver (6) Who (7) Who (8) Prin (9) Run (10) Veri simin whice I certify that on the 2 were performed on the		npted;		
(6) Who (7) Who (8) Prin (9) Run (10) Veri simu which I certify that on the 2 were performed on the	ify instrument accura-			
(7) Who (8) Prin (9) Run (10) Veri simi which I certify that on the 2 were performed on the		cy;		
(8) Prin (9) Run (10) Veri simi which I certify that on the 2 were performed on the	en "PLEASE BLOW"	appears, collect breath sa	mple:	
(9) Run (10) Veri simu whice I certify that on the 2 were performed on the	en "PLEASE BLOW"	appears, collect breath sa	mple;	
(10) Veri simu which I certify that on the 2 were performed on the	t test record;			
I certify that on the 2 were performed on the	diagnostic program a	and confirm preventive ma	intenance status of "P	ass"; and
were performed on the				ion date, or the alcoholic breath Alcoholic Breath Simulator tests,
STATE OF STA	instrument indicated	above, in accordance wit	24 the forgoing process the current regulations	eventive maintenance procedures of the N.C. Department of Health

ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008826 Test Date: 03/29/2024

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: AG308703 Exp Date: 03/28/2025

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008826 Test Record Number: 8526 Test Date: 03/29/2024 Test Time: 11:17pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:18pm
FLO	Pass	11:18pm
FC	Pass	11:18pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:18pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:18pm
	CRC Tests	
Test	Status	Time

COMP	Pass	11:19pm
CAL	Pass	11:19pm

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)

	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 4 day of 4 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.

ROBESON COUNTY DETENTION CENTER 770

Serial Number: 008836 Test Date: 03/14/2024

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: Garner, Joel K

Permit Number: 0036-5156

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS Test Type: Breath Test

Lot Number: AG400301

Exp	Date:	01/03/2026	

Test	g/210L	Time
DIAG	Pass	11:11am
AIR BLK	.00	11:12am
ACCY CHK	.08	11:13am
AIR BLK	.00	11:14am
SUB TEST	.00	11:15am
AIR BLK	.00	11:16am
SUB TEST	.00	11:18am
ATR BLK	0.0	11 - 19am

Reportéd AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ROBESON COUNTY DETENTION CENTER 770

Serial Number: 008836 Test Record Number: 7416 Test Date: 03/14/2024 Test Time: 11:20am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:20am
SRC	Pass	11:20am
DET	Pass	11:20am
BAR	Pass	11:20am
BT	Pass	11:20am

Blank Tests

Test	Status Pass	Time 11:21am
AIR		

Printer Tests

Test	Status	Time
PRNT	Pass	11:21am
	CRC Tests	
Test	Status	Time

COMP	Pass	11:21am
CAL	Pass	11:21am

Preventive Maintenance Status: Pass

Analyst

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

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

ROBESON COUNTY PEMBROKE POLICE DEPT 770

Serial Number: 008837 Test Date: 03/14/2024

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

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

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

Test	g/210L	Time
DIAG	Pass	12:20pm
AIR BLK	.00	12:21pm
ACCY CHK	.07	12:21pm
AIR BLK	.00	12:23pm
SUB TEST	.00	12:23pm
AIR BLK	.00	12:24pm
SUB TEST	.00	12:26pm
AIR BLK	.00	12:27pm

Reported AC: .00 g/210L

rignature of Chemical Analyst

Court CVR

Analyst

ROBESON COUNTY PEMBROKE POLICE DEPT 770

Serial Number: 008837 Test Record Number: 1256 Test Date: 03/14/2024 Test Time: 12:27pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:28pm 12:28pm
FC	Pass	12:28pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:28pm
SRC	Pass	12:28pm
DET	Pass	12:28pm
BAR	Pass	12:28pm
BT	Pass	12:28pm

Blank Tests

Test	Status	Time	
AIR	Pass	12:28pm	

Printer Tests

Test	Status	Time
PRNT	Pass	12:28pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:29pm
CAL	Pass	12:29pm

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

ROBESON COUNTY RED SPRINGS PD 770

Serial Number: 008857 Test Date: 03/14/2024

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: Garner, Joel K

Permit Number: 0036-5156

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG308101

Exp Date: 03/22/2025

Monte	g/210L	mid we ex
Test	Q/ZIUL	Time

DIAG	Pass	1:07pm
AIR BLK	.00	1:07pm
ACCY CHK	.08	1:08pm
AIR BLK	.00	1:09pm
SUB TEST	.00	1:10pm
AIR BLK	.00	1:11pm
SUB TEST	.00	1:12pm
ATR BIK	0.0	1 - 1 3 mm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ROBESON COUNTY RED SPRINGS PD 770

Serial Number: 008857 Test Record Number: 784
Test Date: 03/14/2024 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
		DATE OF THE PARTY

Blank Tests

Test	Status	Time
AIR	Pass	1:15pr

Printer Tests

Test	Status	Time
PRNT	Pass	1:15pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:15pm

Preventive Maintenance Status: Pass

Analyst

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

		KINGHAM Instrument Location ROCKINGHAM COUNTY JAIL
1	nstrument Senal	NO. 008796 WENTWORTH, NC
	The preventive in serial number 10	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with ,000 or higher) to be followed at least once every four months are
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus 2 degree centigrade;
	(2)	Verify instrument displays time and date;
	(3)	Initiate breath test sequence;
	(4)	Enter information as prompted;
1	(5)	Verify instrument accuracy;
9	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first
	I certify that on were performed and Human Serv	the 4th day of MRCH, 2024 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rices, and the instrument is functioning properly.
	Oam it	Segnature of Cerdifyang Official Certificate Number

ROCKINGHAM COUNTY ROCKINGHAM CO JAIL 780

> Serial Number: 008796 Test Date: 03/04/2024

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	.08 .00 .00	9:26am 9:27am 9:28am 9:29am 9:30am 9:31am
AIR BLK		9:33am

Reported AC: .00 g/210L

Court CVR

Analyst

ROCKINGHAM COUNTY ROCKINGHAM CO JAIL 780

Serial Number: 008796 Test Record Number: 3698 Test Date: 03/04/2024 Test Time: 9:36am EST

System Check: Passed .

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:36am 9:36am
FC	Pass	9:36am

Temperature Tests

Test	Status	Time
FC1	Pass	9:36am
SRC	Pass	9:36am
DET	Pass	9:36am
BAR	Pass	9:36am
BT	Pass	9:36am

Blank Tests

Test	Status	Time
AIR	Pass	9:37am

Printer Tests

Test	Status	Time
PRNT	Pass	9:37am
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	9:37am 9:37am

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 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II an 0,000 or higher) to be followed at least once every four months are:	d Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square breath simulator thermometer shows 34 degrees, plus or minus .2 de	re inch (psi) of pressure, or the alcoholic egree centigrade;
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status	of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before estimulator solution is being changed every four months or after whichever occurs first.	xpiration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,
I certify that on were performed and Human Ser	the	ng preventive maintenance procedures tions of the N.C. Department of Health
OM ICH	1 1 L	675

SCOTLAND COUNTY LAURINBURG PD 820

Serial Number: 008834 Test Date: 03/15/2024

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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	10:36am
AIR BLK	.00	10:37am
ACCY CHK	.07	10:38am
AIR BLK	.00	10:39am
SUB TEST	.00	10:39am
AIR BLK	.00	10:40am
SUB TEST	.00	10:42am
AIR BLK	.00	10:42am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

SCOTLAND COUNTY LAURINBURG PD 820

Serial Number: 008834 Test Record Number: 1200 Test Date: 03/15/2024 Test Time: 10:43am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:43am
FLO	Pass	10:43am
FC	Pass	10:43am

Temperature Tests

Test	Status	Time
FC1	Pass	10:43am
SRC	Pass	10:43am
DET	Pass	10:43am
BAR	Pass	10:43am
BT	Pass	10:43am

Blank Tests

Test	Status	Time
AIR	Pass	10:44am

Printer Tests

Test	Status	Time
PRNT	Pass	10:44am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:44am
CAL	Pass	10:44am

Preventive Maintenance Status: Pass

Analyst

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

	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 breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify that of were performs and Human Sciare	ed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Healt rvices, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

SCOTLAND COUNTY SHERIFF'S OFFICE 820

Serial Number: 008861 Test Date: 03/15/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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		9:56am
AIR BLK	.00	9:57am
ACCY CHK	.08	9:58am
AIR BLK	.00	9:59am
SUB TEST	.00	9:59am
AIR BLK	.00	10:00am
SUB TEST	.00	10:02am
AIR BLK	.00	10:03am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

SCOTLAND COUNTY SHERIFF'S OFFICE 820

Serial Number: 008861 Test Record Number: 2025 Test Date: 03/15/2024 Test Time: 10:03am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	10:04am
SRC	Pass	10:04am
DET	Pass	10:04am
BAR	Pass	10:04am
BT	Pass	10:04am

Blank Tests

Test	Status	Time
AIR	Pass	10:05am

Printer Tests

Test	Status	Time
PRNT	Pass	10:05am
	CRC Tests	
Test	Status	Time
COMP	Dage	10.05am

Preventive Maintenance Status: Pass

Pass

10:05am

CAL

Analyst

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

The preventive serial number	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 5th day of Movch, 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.

UNION COUNTY UNION COUNTY SO 890

Serial Number: 008866 Test Date: 03/05/2024

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: Helms, Bryce A Permit Number: 0084-9845 Effective:

10/01/2023-10/01/2025

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

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

Test	g/210L	Time
DIAG	Pass	12:33pm
AIR BLK	.00	12:33pm
ACCY CHK	.07	12:34pm
AIR BLK	.00	12:35pm
SUB TEST	.00	12:36pm
AIR BLK	.00	12:37pm
SUB TEST	.00	12:39pm
AIR BLK	.00	12:39pm

Reported AC; .00 g/210L

Signature of Chemical Analyst

Court CVR

UNION COUNTY UNION COUNTY SO 890

Serial Number: 008866 Test Record Number: 4413
Test Date: 03/05/2024 Test Time: 12:40pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:40pm
FLO	Pass	12:40pm
FC	Pass	12:41pm

Temperature Tests

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

Blank Tests

Test	Status	Time
ATR	Pass	12:41pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:41pm

CRC Tests

Test	Status	Time
COMP	Pass Pass	12:41pm 12:41pm

Preventive Maintenance Status: Pass

Analyst

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

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.
I certify that on were performed and Human Ser	the day of March, 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.
were performed	on the instrument indicated above, in accordance with current regulations of the N.C. Department of Healt vices, and the instrument is functioning properly.

UNION COUNTY UNION COUNTY SO 890

Serial Number: 008910 Test Date: 03/08/2024

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

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

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

Test	g/210L	Time
DIAG	Pass	3:10pm
AIR BLK	.00	3:11pm
ACCY CHK	.07	3:11pm
AIR BLK	.00	3:12pm
SUB TEST	.00	3:13pm
AIR BLK	.00	3:14pm
SUB TEST	.00	3:15pm
AIR BLK	.00	3:16pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

UNION COUNTY UNION COUNTY SO 890

Serial Number: 008910 Test Record Number: 1650 Test Date: 03/08/2024 Test Time: 3:16pm EST

System Check: Passed

Baseline Tests

Test Stat	tus Time
IR Pass FLO Pass FC Pass	s 3:17pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:17pm
SRC	Pass	3:17pm
DET	Pass	3:17pm
BAR	Pass	3:17pm
BT	Pass	3:17pm

Blank Tests

Test	Status	Time
AIR	Pass	3:18pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:18pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:18pm

Preventive Maintenance Status: Pass

Pass

3:18pm

CAL

Analyst

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

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

	County U	Date Instrument Location BAT Mobile Unit 5
	Instrument Serial	No. 00 8575 Wate County SU
	The preventive m 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;
è	(5)	Verify instrument accuracy;
y	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before 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 o	e 64 day of March . 20 24 the forgoing preventive maintenance procedures in the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ces, and the instrument is functioning properly.
	SATE OF THE PROPERTY OF THE PR	
h	- India	Signature of Certifying Official Certificate Number

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008575 Test Date: 03/08/2024

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

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

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

Test	g/210L	Time
DIAG	Pass	8:12pm
AIR BLK	.00	8:13pm
ACCY CHK	.08	8:14pm
AIR BLK	.00	8:15pm
SUB TEST	.00	8:16pm
AIR BLK	.00	8:17pm
SUB TEST	.00	8:19pm
AIR BLK	.00	8:20pm

Reported AC:

G+210L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008575 Test Record Number: 1439 Test Date: 03/08/2024 Test Time: 8:23pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:23pm
FLO	Pass	8:23pm
FC	Pass	8:23pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:23pm
SRC	Pass	8:23pm
DET	Pass	8:23pm
BAR	Pass	8:23pm
BT	Pass	8:23pm

Blank Tests

Test	Status	Time
AIR	Pass	8:24pm

Printer Tests

Test	Status	Time

PRNT Pass 8:24pm

CRC Tests

Test	Status	Time
COMP	Pass	8:24pm
CAL	Pass	8:24pm

Preventive Maintenance Status: Pass

Analyst

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

County	Instrument Location BAT Mobile Unit 5 II No. 008575 Wake County SO
The preventive serial number 10	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the 9 day of North, 20 34 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
STATE	684
	Signature of Certifying Official Certificate Number

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008575 Test Date: 03/09/2024

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

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

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

Test	g/210L	Time
DIAG	Pass	7:37pm
AIR BLK	.00	7:38pm
ACCY CHK	. 08	7:38pm
AIR BLK	.00	7:39pm
SUB TEST	.00	7:40pm
AIR BLK	.00	7:41pm
SUB TEST	.00	7:43pm
AIR BLK	.00	7:44pm

Reported AC: #0 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008575 Test Record Number: 1441 Test Date: 03/09/2024 Test Time: 7:45pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	7:45pm
SRC	Pass	7:45pm
DET	Pass	7:45pm
BAR	Pass	7:45pm
BT	Pass	7:45pm

Blank Tests

Test	Status	Time	
AIR	Pass	7:46pm	

Printer Tests

Test	Status	Time
PRNT	Pass	7:46pm
	CRC Tests	

	00000	4.4110
COMP	Pass	7:46pm
CAL	Pass	7:46pm

Test Status Time

Preventive Maintenance Status: Pass

Analyst

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

County_W	al No. 008600 Instrument Location BAT MOBILE UNI + 7 Wake Co. S.O.
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 8 day of MARCh 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.

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008600 Test Date: 03/08/2024

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

Analyst's Name: Bryant, Earl A Permit Number: 0017-9707 Effective: 10/01/2023-10/01/2025

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

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

Test	g/210L	Time
DIAG	Pass	8:39pm
AIR BLK	.00	THE RESERVE AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON
ACCY CHK	.08	8:41pm
AIR BLK	.00	8:42pm
SUB TEST	.00	8:42pm
AIR BLK	.00	8:43pm
SUB TEST	.00	8:45pm
AIR BLK	.00	8:46pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008600 Test Record Number: 2698 Test Date: 03/08/2024 Test Time: 8:48pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	8:49pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:49pm
	CRC Tests	
Test	Status	Time
COMP	Pass	8:49pm

Preventive Maintenance Status: Pass

Pass

8:49pm

CAL

EABOURT ANDTOS

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; (2) Verify instrument displays time and date; (3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the day of	The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced wi 10,000 or higher) to be followed at least once every four months are:
(3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before 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 State day of March 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	(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;
(4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the day of March, 20 24 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health	(2)	Verify instrument displays time and date;
(5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the Sh day of Mach, 20 24 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health	(3)	Initiate breath test sequence;
(6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the State day of March 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	(4)	Enter information as prompted;
(7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the 6th day of 6	(5)	Verify instrument accuracy;
(8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the 8 day of 10 day 1, 20 24 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health	(6)	When "PLEASE BLOW" appears, collect breath sample;
(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the 8 day of 10 day 1, 20 24 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health	(7)	When "PLEASE BLOW" appears, collect breath sample;
(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the 8 day of 20 4 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health	(8)	Print test record;
simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the 8 day of	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health	(10)	simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes
	were performed	d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Heal
	The Com House	684

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008616 Test Date: 03/08/2024

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

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

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

Test	g/210L	Time
DIAG	Pass	8:14pm
AIR BLK	.00	8:15pm
ACCY CHK	.08	8:15pm
AIR BLK	.00	8:16pm
SUB TEST	.00	8:17pm
AIR BLK	.00	8:18pm
SUB TEST	.00	8:19pm
AIR BLK	.00	8:21pm

Reported AC: 00 0/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008616 Test Record Number: 2837 Test Date: 03/08/2024 Test Time: 8:23pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:23pm
FLO	Pass	8:23pm
FC	Pass	8:24pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:24pm
SRC	Pass	8:24pm
DET	Pass	8:24pm
BAR	Pass	8:24pm
BT	Pass	8:24pm

Blank Tests

Test	Status	Time	
AIR	Pass	8:24pm	

Printer Tests

Test Status Time

PRNT	Pass	8:24pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	8:25pm 8:25pm

Preventive Maintenance Status: Pass

Analyst

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

County_ C	Dake Instrument Location BAT Mobile Unit 5
Instrument Ser	ial No. 008616 Wake County SO
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.
	the 9th day of March , 20 24the 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.
STATE	684
	Signature of Certifying Official Certificate Number

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008616 Test Date: 03/09/2024

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

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

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

Test	g/210L	Time
DIAG	Pass	7:40pm
AIR BLK	.00	7:41pm
ACCY CHK	.08	7:42pm
AIR BLK	.00	7:43pm
SUB TEST	.00	7:44pm
AIR BLK	.00	7:45pm
SUB TEST	.00	7:46pm
AIR BLK	.00	7:47pm

Reported AC: .08 1/210b

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

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008616 Test Record Number: 2840 Test Date: 03/09/2024 Test Time: 7:47pm EST

System Check: Passed

Baseline Tests

Test	Status	Time	
IR	Pass	7:48pm	
FLO	Pass	7:48pm	
FC	Pass	7:48pm	

Temperature Tests

Test	Status	Time
FC1	Pass	7:48pm
SRC	Pass	7:48pm
DET	Pass	7:48pm
BAR	Pass	7:48pm
BT	Pass	7:48pm

Blank Tests

Test	Status	Time	
AIR	Pass	7:49pm	

Printer Tests

Test	Status	Time	
PRNT	Pass	7 - 49nm	

CRC Tests

Test	Status	Time	
COMP	Pass	7:49pm	
CAL	Pass	7:49pm	

Preventive Maintenance Status: Pass

Analyst

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

(County Li	late Instrument Location BAT Mobile Unit 5
1	instrument Seria	INO. 008647 Wate County SO
	The preventive serial number 1	naintenance 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;
à	(5)	Verify instrument accuracy;
7	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
٧	were performed	he 8th day of March 2024 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ices, and the instrument is functioning properly.
		684
8	No. of Lot, Lot, Lot, Lot, Lot, Lot, Lot, Lot,	Signature of Certifying Official Certificate Number

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008647

Test Date: 03/08/2024 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: Sharpe Jr., Robert J

Permit Number: 1820-8591

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	8:05pm
AIR BLK	.00	8:06pm
ACCY CHK	.08	8:07pm
AIR BLK	.00	8:08pm
SUB TEST	.00	8:09pm
AIR BLK	.00	8:09pm
SUB TEST	.00	8:11pm
AIR BLK	.00	8 - 1.2 pm

Reported AC:

9/6101

Signature Chemical Analyst

Court CVR

Analyst

1

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008647 Test Record Number: 2827 Test Date: 03/08/2024 Test Time: 8:14pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:14pm
FLO	Pass	8:14pm
FC	Pass	8:15pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	8:15pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:15pm

CRC Tests

Test	Status	Time
COMP	Pass	8:15pm
CAL	Pass	8:15pm

Preventive Maintenance Status: Pass

Analyst

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; (2) Verify instrument displays time and date; (3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before 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)	Verify the ethanol gas ca breath simulator thermon	nister displays at least	Ed announder of the second		
(3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the day of March 20 del the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health	(3) (4) (5) (6) (7)		neter shows 34 degrees,	plus or minus .2 o	are inch (psi) of press degree centigrade;	sure, or the alcoholic
(4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the	(4) (5) (6) (7)	Verify instrument display	ys time and date;			
(5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the day of da	(5) (6) (7)	Initiate breath test sequen	nce;			
(6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before 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)	Enter information as pror	mpted;			
(8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the	(7)	Verify instrument accura-	cy;			
(8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the		When "PLEASE BLOW"	" appears, collect breath	sample;		
(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the	(8)	When "PLEASE BLOW"	" appears, collect breath	sample;		
Verify that the ethanol gas canister is being changed before 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		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 day of March 20 21 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health	(9)	Run diagnostic program	and confirm preventive	maintenance statu	s of "Pass"; and	
were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health	(10)	simulator solution is bei				
	were performed of	on the instrument indicated	above, in accordance	20 <u>24</u> the forgo	oing preventive main lations of the N.C. D	ntenance procedures repartment of Health
) a			68	54

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008647 Test Date: 03/09/2024

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: Sharpe Jr., Robert J

Permit Number: 1820-8591

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	7:43pm
AIR BLK	.00	7:44pm
ACCY CHK	.08	7:45pm
AIR BLK	.00	7:46pm
SUB TEST	.00	7:46pm
AIR BLK	.00	7:47pm
SUB TEST	-00	7:49pm
AIR BLK	.00	7:50pm

Reported AC: .01 9/210L

Signature of Chemical Analyst

Court CVR

Analyst

2

WAKE COUNTY BAT MOBILE UNIT 5 910
Serial Number: 008647 Test Record Number: 2829
Test Date: 03/09/2024 Test Time: 7:58pm EST
System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	7:59pm
FLO	Pass	7:59pm
FC	Pass	7:59pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:59pm
SRC	Pass	7:59pm
DET	Pass	7:59pm
BAR	Pass	7:59pm
BT	Pass	7:59pm

Blank Tests

Test	Status	Time
AIR	Pass	8:00pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:00pm

CRC Tests

Test	Status	Time
COMP	Pass	8:00pm
CAL	Pass	8:00pm

Preventive Maintenance Status: Pass



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

County WA	La Instrument Location Wake County, Delantin CTA
Instrument Seri	
	Roleigh, 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 breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
	the 12 day of Mach, 2027 the forgoing preventive maintenance procedure d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Healt rvices, and the instrument is functioning properly.
STATE OF STATE OF	
	AS S
	Symm Ades BARES 442
	Signature of Certifying Official Certificate Number

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008651 Test Date: 03/12/2024

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

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

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

Test		g/210L	Time
DIAG		Pass	2:26pm
AIR I	BLK	.00	2:27pm
ACCY	CHK	.07	2:27pm
AIR I	BLK	.00	2:28pm
SUB '	TEST	.00	2:29pm
AIR I	BLK	.00	2:30pm
SUB '	TEST	.00	2:31pm
AIR :	BLK	.00	2:32pm

Reported AC; .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008651 Test Record Number: 1695 Test Date: 03/12/2024 Test Time: 2:32pm EDT

System Check: Passed

Baseline Tests

Status	Time
Pass	2:33pm
Pass	2:33pm
Pass	2:33pm
	Pass Pass

Temperature Tests

Test	Status	Time
FC1	Pass	2:33pm
SRC	Pass Pass	2:33pm 2:33pm
BAR	Pass	2:33pm
BT	Pass	2:33pm

Blank Tests

Test	Status	Time	
ATR	Pass	2:34pm	

Printer Tests

Test	Status	Time
PRNT	Pass	2:34pm
	CRC Tests	
Test	Status	Time

1696	Scacus	Tame
COMP	Pass	2:34pm
CAL	Pass	2:34pm

Preventive Maintenance Status: Pass

un Aleg Farres

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

County Wo	ial No. 008698 Instrument Location BAT MOBILE UNIT 7 Wake Co. S.O.
The preventive serial number I	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on were performed and Human Ser	the 8 day of MARCH . 20 24 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.

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008698 Test Date: 03/08/2024

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

Analyst's Name: Bryant, Earl A Permit Number: 0017-9707 Effective: 10/01/2023-10/01/2025

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

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

Test	g/210L	Time
DIAG	Pass	8:11pm
AIR BLK		8:12pm
ACCY CHE		8:12pm
AIR BLK		8:13pm
SUB TEST		8:14pm
AIR BLK		8:15pm
SUB TEST	.00	8:16pm
AIR BLK		8:17pm

.00 g/210L

Chemical Analyst

Court CVR

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008698 Test Record Number: 2311 Test Date: 03/08/2024 Test Time: 8:31pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	8:32pt

Printer Tests

Status	Time
Pass	8:32pm

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

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

	LIAKE SD.
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 oq day of MAICH, 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 UNIT 7 910

Serial Number: 008698 Test Date: 03/09/2024

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: Varnell, Bryon L Permit Number: 0036-1210 Effective: 10/01/2023-10/01/2025

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

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

Test	g/210L	Time
DIAG	Pass	8:08pm
AIR BLK	.00	8:09pm
ACCY CHK	.07	8:09pm
AIR BLK	.00	8:10pm
SUB TEST	.00	8:11pm
AIR BLK	.00	8:12pm
SUB TEST	.00	8:13pm
AIR BLK	.00	8:14pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

500

NAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008698 Test Record Number: 2315 Test Date: 03/09/2024 Test Time: 8:16pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:16pm
FLO	Pass	8:16pm
FC	Pass	8:16pm

Temperature Tests

Status	Time
Pass	8:16pm
	Pass Pass Pass Pass

Blank Tests

ATR Pas	s 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)

C	ounty	Jake Instrument Location BAT Mobile Unit 5
lı	nstrument Seria	INO. 008704 Wake County SO
		naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with ,000 or higher) to be followed at least once every four months are:
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	(2)	Verify instrument displays time and date;
	(3)	Initiate breath test sequence;
	(4)	Enter information as prompted;
١	(5)	Verify instrument accuracy;
,	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
14	ere performed	he 8 day of March . 20 2 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ices, and the instrument is functioning properly.
100	STATE	
8	Name and Park	Signature of Certifying Official Certificate Number

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008704 Test Date: 03/08/2024

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

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

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

Test	g/210L	Time
DIAG	Pass	8:10pm
AIR BLK	-00	8:11pm
ACCY CHK	.08	8:12pm
AIR BLK	.00	8:13pm
SUB TEST	.00	8:14pm
AIR BLK	.00	8:15pm
SUB TEST	.00	8:16pm
AIR BLK	.00	8:17pm

Reported AC: .00 0/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008704 Test Record Number: 871 Test Date: 03/08/2024 Test Time: 8:19pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:19pm
FLO	Pass	8:19pm
FC	Pass	8:19pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:19pm
SRC	Pass	8:19pm
DET	Pass	8:19pm
BAR	Pass	8:19pm
BT	Pass	8:19pm

Blank Tests

Test	Status	Time
AIR	Pass	8:20pm

Printer Tests

Test	Status	Time	
PRNT	Pass	8:20pm	

CRC Tests

Test	Status	Time
COMP	Pass	8:20pm
CAL	Pass	8:20pm

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	ial No. 00 8704 Location BAT Make	nobile unit S County SO
The preventive serial number	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:	odel 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 degree	
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of "	Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expira simulator solution is being changed every four months or after 125 whichever occurs first.	
were performed	the 9th day of March, 20 24 the forgoing process, and the instrument indicated above, in accordance with current regulation vices, and the instrument is functioning properly.	preventive maintenance procedures s of the N.C. Department of Health
		C84
Section 1995	Signature of Certifying Official	Certificate Number

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008704 Test Date: 03/09/2024

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: Sharpe Jr., Robert J

Permit Number: 1820-8591 Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	7:41pm
AIR BLK	.00	7:42pm
ACCY CHK	.08	7:43pm
AIR BLK	.00	7:44pm
SUB TEST	.00	7:44pm
AIR BLK	.00	7:45pm
SUB TEST	.00	7:47pm
AIR BLK	.00	7:48pm

Reported AC: 08 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

2//

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008704 Test Record Number: 873 Test Date: 03/09/2024 Test Time: 7:49pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	7:49pm
FLO	Pass	7:49pm
FC	Pass	7:50pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:50pm
SRC	Pass	7:50pm
DET	Pass	7:50pm
BAR	Pass	7:50pm
BT	Pass	7:50pm

Blank Tests

Test	Status	Time
AIR	Pass	7:50pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:50pm
	CRC Tests	
Test	Status	Time

COMP Pass 7:50pm CAL Pass 7:50pm

Preventive Maintenance Status: Pags

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	Wate Instrument Location BAT Mobile Unit 5
	Instrument Seria	al No. 008707 Wate County SU
		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;
h	(5)	Verify instrument accuracy;
,	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before 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 Sth day of March , 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.
		C8Y
Ÿ	Transaction of the Contraction o	Signature of Certifying Official Certificate Number

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008707 Test Date: 03/08/2024

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: 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: AG308704 Exp Date: 03/28/2025

Test	g/210L	Time
DTAG	Pass	8:12pm
AIR BLK	.00	8:13pm
ACCY CHK	.08	8:14pm
AIR BLK	.00	8:15pm
SUB TEST	.00	8:16pm
AIR BLK	.00	8:17pm
SUB TEST	.00	8:20pm
AIR BLK	.00	8:21pm

Reported AC: .00 g/2101

Signature of hemical Analyst

Court CVR

Analyst

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WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008707 Test Record Number: 2852 Test Date: 03/08/2024 Test Time: 8:24pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:24pm
FLO	Pass	8:24pm
FC	Pass	8:24pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:24pm
SRC	Pass	8:24pm
DET	Pass	8:24pm
BAR	Pass	8:24pm
BT	Pass	8:24pm

Blank Tests

Test	Status	Time
	Dane	
AIR	Pass	8:25pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:25pm
	CRC Tests	

Test	Status	Time
COMP	Pass	8:25pm
CAL	Pass	8:25pm

Preventive Maintenance Status: Pass

Analyst



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

	County W	ake Instrument Location BAT Mobile Unit 5
	Instrument Serial	No. 00 8707 Wake County SU
		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;
b	(5)	Verify instrument accuracy;
7	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	were performed of	e 4 day of March, 20 3 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ces, and the instrument is functioning properly.
	SMAR	684
		Signature of Certifying Official Certificate Number

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008707 Test Date: 03/09/2024

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: 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: AG308704 Exp Date: 03/28/2025

Test	g/210L	Time
DIAG	Pass	7:40pm
AIR BLK	.00	7:41pm
ACCY CHK	.07	7:41pm
AIR BLK	.00	7:42pm
SUB TEST	.00	7:43pm
AIR BLK	.00	7:44pm
SUB TEST	.00	7:46pm
AIR BLK	.00	7:47pm

Reported AC: .00 9/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008707 Test Record Number: 2856 Test Date: 03/09/2024 Test Time: 7:48pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	7:48pm
FLO	Pass	7:48pm
FC	Pass	7:48pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:48pm
SRC	Pass	7:48pm
DET	Pass	7:48pm
BAR	Pass	7:48pm
BT	Pass	7:48pm

Blank Tests

Test	Status	Time	
ATR	Pass	7:49mm	

Printer Tests

Test	Status	Time
PRNT	Pass	7:49pm
	CRC Tests	
Test	Charue	Time

COMP	Pass	7:49pm
CAL	Pass	7:49pm

Preventive Maintenance Status: Pass

Analyst

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

County 116	£E	Instrument Location	m WAKE	Courty	Detention Car
Instrument Seri	al No. <u>DO 2772</u>		3301	HAMMI	ond Rd.
			KANIGI	hi me	
The preventive serial number 1	maintenance procedures for th 0,000 or higher) to be followed	e Intoximeters, Mode I at least once every 6	I Intox EC/IR our months are	ll and Model Ir	atox EC/IR II (Enhanced with
(1)	Verify the ethanol gas cani breath simulator thermome	ster displays at least 5 ter shows 34 degrees,	l pounds per s plus or minus	square inch (psi .2 degree centi;) of pressure, or the alcoholic grade;
(2)	Verify instrument displays	time and date;			
(3)	Initiate breath test sequence	e;			
(4)	Enter information as promp	nted;			
(5)	Verify instrument accuracy	5			
(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 an	d confirm preventive	maintenance s	tatus of "Pass";	and
(10)	Verify that the ethanol gi simulator solution is being whichever occurs first,	as canister is being g changed every fou	changed before months or a	re expiration of	late, or the alcoholic breath holic Breath Simulator tests,
were performed	theday ofday of	bove, in accordance	20 <u>2</u> the fo	orgoing preven egulations of th	tive maintenance procedures e N.C. Department of Health
NOTE OF	9 E.H	-	12		2-71
Consti		Signature of Certifyin	ng Official		Certificate Number

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008778 Test Date: 03/15/2024

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

Subject's Date of Birth: 77/77/197
Subject's Sex: Male
Driver's License State: XX

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

Analyst's Name: Bryant, Earl A
Permit Number: 0017-9707
Effective:
10/01/2023-10/01/2025

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

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

Test	g/210L	Time
DIAG	Pass	3:15pm
AIR BLK	.00	3:16pm
ACCY CHK	.07	3:16pm
AIR BLK	.00	3:17pm
SUB TEST	.00	3:18pm
AIR BLK	.00	3:19pm
SUB TEST	.00	3:20pm
AIR BLK	.00	3:21pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008778 Test Record Number: 8174 Test Date: 03/15/2024 Test Time: 3:21pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:22pm
FLO	Pass	3:22pm
FC	Pass	3:22pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:22pm
SRC	Pass	3:22pm
DET	Pass	3:22pm
BAR	Pass	3:22pm
BT	Pass	3:22pm

Blank Tests

Test	Status	Time	
AIR	Pass	3:23pm	

Printer Tests

Test	Status	Time
PRNT	Pass	3:23pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	3:23pm 3:23pm

Preventive Maintenance Status: Pass

Analyst

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

County WA	Instrument Location BAT MOBILE UNIT 7 al No. 008788 Wake Co S.O.
Instrument Seri	al No. 008788 Wake Co S.O.
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.
certify that on were performed and Human Serv	the day of March , 2024 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rices, and the instrument is functioning properly.
STATE	Signature of Certifying Official Certificate Number
A signed outstand	of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008788 Test Date: 03/08/2024

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

Analyst's Name: Bryant, Earl A
Permit Number: 0017-9707
Effective:
10/01/2023-10/01/2025

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

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

Test	g/210L	Time
DIAG	Pass	8:06pm
AIR BLK	.00	8:07pm
ACCY CHK	.08	8:07pm
AIR BLK	.00	8:08pm
SUB TEST	.00	8:09pm
AIR BLK	.00	8:10pm
SUB TEST	.00	8:11pm
AIR BLK	.00	8:12pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008788 Test Date: 03/08/2024

Test Record Number: 2188 Test Time: 9:28pm EST

System Check: Passed

Baseline Tests

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

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
AIR	Pass	9:29pt

Printer Tests

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

Preventive Maintenance Status: Pass

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

	TI.		for the Intoximeters, Model 1	latav EC/ID II an	d Madel Intox EC/IR	II (Enhanced with
			lowed at least once every fou		a Model Illox Delik	II (Limited with
	(1)		s canister displays at least 51 nometer shows 34 degrees, p			re, or the alcoholic
	(2)	Verify instrument disp	plays time and date;			
	(3)	Initiate breath test seq	juence;			
	(4)	Enter information as p	prompted;			
)	(5)	Verify instrument acc	uracy;			
,	(6)	When "PLEASE BLO	OW" appears, collect breath s	ample;		
	(7)	When "PLEASE BLO	OW" appears, collect breath s	ample;		
	(8)	Print test record;				
	(9)	Run diagnostic progra	am and confirm preventive m	aintenance status	of "Pass"; and	
	(10)		nol gas canister is being cl being changed every four t.			
1	were performed	on the instrument indica	nted above, in accordance w is functioning properly.	24 the forgoi	ng preventive maint tions of the N.C. De	enance procedures partment of Health
	STATE ON THE STATE OF A	(8)				
		TAR.				
1	O COM TOTAL				68	4
			Signature of Certifying	Official	Certifica	ate Number

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008826 Test Date: 03/08/2024

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

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

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

Test	g/210L	Time
DIAG	Pass	8:15pm
AIR BLK	.00	8:16pm
ACCY CHK	.07	8:17pm
AIR BLK	.00	8:18pm
SUB TEST	.00	8:20pm
AIR BLK	.00	8:20pm
SUB TEST	.00	8:23pm
AIR BLK	.00	8:24pm

Reported AC:

27210L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008826 Test Record Number: 8508 Test Date: 03/08/2024 Test Time: 8:26pm EST

System Check: Passed

Baseline Tests

Test	Status	Time	
IR	Pass	8:26pm	
FLO	Pass	8:26pm	
FC	Pass	8:26pm	

Temperature Tests

Test	Status	Time
FC1	Pass	8:26pm
SRC	Pass	8:26pm
DET	Pass	8:26pm
BAR	Pass	8:26pm
BT	Pass	8:26pm

Blank Tests

Test	Status	Time	
AIR	Pass	8:27pm	

Printer Tests

Test	Status	Time
PRNT	Pass	8:27pm
	CRC Tests	
Test	Status	Time

2000	Deacab	22110
COMP	Pass	8:27pm
CAL	Pass	8:27pm

Preventive Maintenance Status: Pass

Analyst

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

County	Dake Instrument Location BAT Mobile Unit 5
Instrument Serie	al No. 00 8826 Wake County SO
	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.
were performed	the 95 day of 1000 , 20 24 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.
	684
100000000000000000000000000000000000000	Signature of Certifying Official Certificate Number

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008826 Test Date: 03/09/2024

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

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

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

Test	g/210L	Time
DIAG	Pass	7:38pm
AIR BLK	.00	7:39pm
ACCY CHK	.07	7:40pm
AIR BLK	.00	7:41pm
SUB TEST	.00	7:42pm
AIR BLK	-00	7:43pm
SUB TEST	-00	7:44pm
AIR BLK	.00	7:45pm

Reported AC:

g/210I

Signature of Chemical Analyst

Court CVR

Analyst

4

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008826 Test Record Number: 8510 Test Date: 03/09/2024 Test Time: 7:46pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pagg	7 - 47mm

Printer Tests

Tebl	Status	Time
PRNT	Pass	7:47pm

CRC Tests

Test	Status	Time
COMP	Pass	7:47pm
CAL	Pass	7:47pm

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 Mak	Instru	ment Location KNCNTONIE PD
Instrument Seri	al No. 008838	879 STEERE SQUARE CT
		KMENTONIE, MC
The preventive serial number 1	maintenance procedures for the Intoxis 0,000 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 disp breath simulator thermometer show	lays at least 51 pounds per square inch (psi) of pressure, or the alcoholic s 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and	date;
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears,	collect breath sample;
(7)	When "PLEASE BLOW" appears,	collect breath sample:
(8)	Print test record;	
(9)	Run diagnostic program and confin	n preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas can is simulator solution is being chang whichever occurs first.	ter is being changed before expiration date, or the alcoholic breath ed every four months or after 125 Alcoholic Breath Simulator tests
were performed	the 12 day of ARCH ton the instrument indicated above, in vices, and the instrument is functioning	, 20 2 / the forgoing preventive maintenance procedures accordance with current regulations of the N.C. Department of Health properly.
Service .	I Subs.	17

WAKE COUNTY KNIGHTDALE PD 910

Serial Number: 008838 Test Date: 03/12/2024

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	10:03am
AIR BLK	.00	10:03am
ACCY CHK		
AIR BLK	.00	10:05am
SUB TEST	.00	10:05am
AIR BLK		10:06am
SUB TEST		10:08am
AIR BLK	.00	10:08am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

/ (Analyst

WAKE COUNTY KNIGHTDALE PD 910

Serial Number: 008838 Test Record Number: 2706 Test Date: 03/12/2024 Test Time: 10:09am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:10am

Printer Tests

Test	Status	Time
PRNT	Pass	10:10ar
	CRC Tests	

Test	Status	Time
COMP	Pass	10:11am
CAL	Pass	10:11am

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)

(2) Verify instrument displays time and date; (3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic brimulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first. I certify that on the	County_	Instrument Location Wake County Defection CTA		
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhance 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 ale breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; (2) Verify instrument displays time and date; (3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first. I certify that on the 12 day of 14 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	Instrument Se	erial No. 008873 3301 Hammurg RD		
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhance 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 ale breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; (2) Verify instrument displays time and date; (3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first. I certify that on the 12 day of 14 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		Robert WC		
(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the ale breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; (2) Verify instrument displays time and date; (3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first. I certify that on the	The preventiv serial number	re maintenance procedures for the Leteries		
(2) Verify instrument displays time and date; (3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first. I certify that on the		Verify the ethanol gas canister displays at least \$1		
(4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first. I certify that on the	(2)			
(5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first. I certify that on the	(3)	Initiate breath test sequence;		
(6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first. It certify that on the	(4)	Enter information as prompted;		
(7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first. It certify that on the	(5)	None and the second sec		
(7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first. It certify that on the	(6)	When "PLEASE BLOW" appears, collect breath sample:		
(8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic being simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first. It certify that on the	(7)			
Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic being simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first. I certify that on the	(8)			
Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic being simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first. I certify that on the	(9)	Run diagnostic program and confirm preventive maintenance status of "Page" and		
were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Handle State Stat	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Ab. 127.		
120000000000000000000000000000000000000	were performed	I on the instrument indicated above in accordance with		
Signature of Certifying Official Certificate Number	The same of	1000		

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008873 Test Date: 03/12/2024

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

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

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

Test	g/210L	Time
DIAG	Pass	2:25pm
AIR BLK	.00	2:26pm
ACCY CHK	.07	2:26pm
AIR BLK	.00	2:27pm
SUB TEST	.00	2:28pm
AIR BLK	.00	2:29pm
SUB TEST	.00	2:30pm
AIR BLK	.00	2:31pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008873 Test Record Number: 2206 Test Date: 03/12/2024 Test Time: 2:36pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:37pm
FLO	Pass	2:37pm
FC	Pass	2:37pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:37pm
SRC	Pass	2:37pm
DET	Pass	2:37pm
BAR	Pass	2:37pm
BT	Pass	2:37pm

Blank Tests

Test	Status	Time
AIR	Pass	2:37pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:38pm
	CRC Tests	
Test	Status	Time

		7.7110
COMP	Pass	2:38pm
CAL	Pass	2:38pm

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 erial 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.

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 UNIT 2 910

Serial Number: 008970 Test Date: 03/08/2024

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: Greene, Nathaniel T

Permit Number: 0067-5960

Effective:

07/01/2022-07/01/2024

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	8:05pm
AIR BLK	.00	8:06pm
ACCY CHK	.08	8:07pm
AIR BLK	.00	8:08pm
SUB TEST	.00	8:08pm
AIR BLK	.00	8:09pm
SUB TEST	.00	8:11pm
AIR BLK	.00	8:12pm

Reported AC: /.00 g/210

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY BAT MOBILE UNIT 2 910

Serial Number: 008970 Test Record Number: 1076
Test Date: 03/08/2024 Test Time: 8:21pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:21pm
FLO	Pass	8:21pm
FC	Pass	8:21pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:22pm
SRC	Pass	8:22pm
DET	Pass	8:22pm
BAR	Pass	8:22pm
BT	Pass	8:22pm

Blank Tests

Test	Status	Time
AIR	Pass	8:22pm

Printer Tests

Status	Time
Pass	8:22pm

CRC Tests

Test	Status	Time
COMP	Pass	8:22pm
CAL	Pass	8:22pm

Preventive Maintenance Status: Pass

1 -- 1/--

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.
	the 9th day of March, 2024 the forgoing preventive maintenance procedures of the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rvices, and the instrument is functioning properly.

Certificate Number

WAKE COUNTY BAT MOBILE UNIT 2 910

Serial Number: 008970 Test Date: 03/09/2024

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: Greene, Nathaniel T Permit Number: 0067-5960 Effective: 07/01/2022-07/01/2024

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

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

Test	g/210L	Time
DIAG	Pass	7:54pm
AIR BLK	.00	7:55pm
ACCY CHK	.07	7:55pm
AIR BLK	.00	7:56pm
SUB TEST	.00	7:57pm
AIR BLK	.00	7:58pm
SUB TEST	.00	7:59pm
AIR BLK	.00	8:00pm

Reported AC; 1.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY BAT MOBILE UNIT 2 910

Serial Number: 008970 Test Record Number: 1080

Test Date: 03/09/2024 Test Time: 8:03pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:03pm
FLO	Pass	8:03pm
FC	Pass	8:03pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:04pm
SRC	Pass	8:04pm
DET	Pass	8:04pm
BAR	Pass	8:04pm
BT	Pass	8:04pm

Blank Tests

Test	Status	Time 8:04pm
AIR	Pass	

Printer Tests

Test	Status	Time
PRNT	Pass	8:04pm
	CDC Tooks	

CRC Tests

Test	Status	Time
COMP	Pass	8:04pm
CAL	Pass	8:04pm

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)

-	-	The state of the s
		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.
1		the State day of March, 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 rvices, and the instrument is functioning properly.

Certificate Number

WAKE COUNTY BAT MOBILE UNIT 2 910

Serial Number: 008973 Test Date: 03/08/2024

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: Greene, Nathaniel T

Permit Number: 0067-5960

Effective:

07/01/2022-07/01/2024

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG302703

Exp Date: 01/27/2025

Test	g/210L	Time

DIAG	Pass	8:07pm
AIR BLK	.00	8:08pm
ACCY CHK	.08	8:09pm
AIR BLK	.00	8:10pm
SUB TEST	.00	8:10pm
AIR BLK	.00	8:11pm
SUB TEST	.00	8:13pm
ATP BIK	00 0	8 . 14pm

Reported AC. 100 g

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY BAT MOBILE UNIT 2 910

Serial Number: 008973 Test Record Number: 1131 Test Date: 03/08/2024 Test Time: 8:21pm EST

System Check: Passed

Baseline Tests

Status	Time
Pass	8:22pm
Pass	8:22pm
Pass	8:22pm
	Pass Pass

Temperature Tests

Status	Time
Pass	8:22pm
	Pass Pass Pass Pass

Blank Tests

Test	Status T	Time
AIR	Pass	8:23pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:23pm

CRC Tests

Test	Status	Time
COMP	Pass	8:23pm
CAL	Pass	8:23pm

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)

-	istrument Seri	al No. 008973		- vare (County 50
		maintenance procedures fo 0,000 or higher) to be follo			Model Intox EC/IR II (Enhanced with
	(1)	Verify the ethanol gas of breath simulator thermo			inch (psi) of pressure, or the alcoholic ree centigrade;
	(2)	Verify instrument displ	ays time and date;		
	(3)	Initiate breath test sequ	ence;		
	(4)	Enter information as pr	ompted;		
	(5)	Verify instrument accur	racy;		
	(6)	When "PLEASE BLOV	W" appears, collect brea	ath sample;	
	(7)	When "PLEASE BLOV	W" appears, collect brea	ath sample;	
	(8)	Print test record;			
	(9)	Run diagnostic program	n and confirm preventiv	ve maintenance status o	f "Pass"; and
	(10)		being changed every f		piration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,
v		the 9th day of d on the instrument indicate vices, and the instrument is	ed above, in accordance	e with current regulati	g preventive maintenance procedures ons of the N.C. Department of Health
			1 Rh		1079
	100000000000000000000000000000000000000		Signature of Certify	ying Official	Certificate Number

WAKE COUNTY BAT MOBILE UNIT 2 910

Serial Number: 008973 Test Date: 03/09/2024

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: Greene, Nathaniel T Permit Number: 0067-5960 Effective: 07/01/2022-07/01/2024

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

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

Test	g/210L	Time
DIAG	Pass	7:55pm
AIR BLK	.00	7:56pm
ACCY CHK	.08	7:56pm
AIR BLK	.00	7:57pm
SUB TEST	.00	7:58pm
AIR BLK	.00	7:59pm
SUB TEST	.00	8:00pm
AIR BLK	.00	8:01pm

Reported AC, /.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY BAT MOBILE UNIT 2 910

Serial Number: 008973 Test Record Number: 1134 Test Date: 03/09/2024 Test Time: 8:22pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:23pm
FLO	Pass	8:23pm
FC	Pass	8:23pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:23pm
SRC	Pass	8:23pm
DET	Pass	8:23pm
BAR	Pass	8:23pm
BT	Pass	8:23pm

Blank Tests

Test	Status	Time	
AIR	Pass	8:24pm	

Printer Tests

Test	Status	Time
PRNT	Pass	8:24pm
	CRC Tests	
Test	Status	Time

COMP Pass 8:24pm CAL Pass 8:24pm

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)

Instrument Seri	ial No. 008851 Royne Co.	taut St., Goldsbar
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Mo 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 incibreath 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 "I	Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiral simulator solution is being changed every four months or after 125 whichever occurs first.	tion date, or the alcoholic breath Alcoholic Breath Simulator tests,
were performed	the 25 day of March 2021 the forgoing pod on the instrument indicated above, in accordance with current regulations rvices, and the instrument is functioning properly.	reventive maintenance procedures of the N.C. Department of Health
The state of the s	Signature of Certifying Official	Certificate Number

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008851 Test Date: 03/25/2024

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

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

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

Test	g/210L	Time
DIAG	Pass	12:30pm
AIR BLK	.00	12:31pm
ACCY CHK	.08	12:32pm
AIR BLK	.00	12:33pm
SUB TEST	.00	12:34pm
AIR BLK	.00	12:35pm
SUB TEST	.00	12:36pm
AIR BLK	.00	12:37pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Xu V. Analyst

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008851 Test Record Number: 969
Test Date: 03/25/2024 Test Time: 12:38pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:39pm

Printer Tests

resc	Status	TIME
PRNT	Pass	12:39pm
	CRC Tests	

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

Preventive Maintenance Status: Pass

Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigras (2) Verify instrument displays time and date; (3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date simulator solution is being changed every four months or after 125 Alcohol whichever occurs first. I certify that on the day of March, 20 the forgoing preventive were performed on the instrument indicated above, in accordance with current regulations of the hand Human Services, and the instrument is functioning properly.	odel 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 simulator solution is being changed every four months or after 125 Alcohol whichever occurs first. I certify that on the day of day	
(4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date simulator solution is being changed every four months or after 125 Alcohol whichever occurs first.	
(5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date simulator solution is being changed every four months or after 125 Alcohol whichever occurs first.	
(6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; an (10) Verify that the ethanol gas canister is being changed before expiration date simulator solution is being changed every four months or after 125 Alcohol whichever occurs first.	
(7) When *PLEASE BLOW* appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; an (10) Verify that the ethanol gas canister is being changed before expiration date simulator solution is being changed every four months or after 125 Alcohol whichever occurs first. 1 certify that on the day of	
(8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; an (10) Verify that the ethanol gas canister is being changed before expiration date simulator solution is being changed every four months or after 125 Alcohol whichever occurs first. 1 certify that on the day of	
(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; an (10) Verify that the ethanol gas canister is being changed before expiration date simulator solution is being changed every four months or after 125 Alcohol whichever occurs first. I certify that on the day of	
(10) Verify that the ethanol gas canister is being changed before expiration date simulator solution is being changed every four months or after 125 Alcohol whichever occurs first. I certify that on the	
simulator solution is being changed every four months or after 125 Alcohol whichever occurs first. I certify that on the	Pass"; and
were performed on the instrument indicated above, in accordance with current regulations of the N	tion date, or the alcoholic breath Alcoholic Breath Simulator tests,
	reventive maintenance procedures s of the N.C. Department of Health

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008879 Test Date: 03/25/2024

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: 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	12:06pm
AIR BLK	.00	12:07pm
ACCY CHK	.08	12:07pm
AIR BLK	.00	12:08pm
SUB TEST	.00	12:10pm
AIR BLK	.00	12:11pm
SUB TEST		12:12pm
AIR BLK	.00	12:13pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008879 Test Record Number: 2425 Test Date: 03/25/2024 Test Time: 12:15pm EDT

System Check: Passed

Baseline Tests

IR Pass 12:15r	
IR Pass 12:15p	m
FLO Pass 12:15p	m
FC Pass 12:16p	

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	12:16pm 12:16pm
DET	Pass	12:16pm
BAR	Pass	12:16pm
BT	Pass	12:16pm

Blank Tests

Test	Status	Time
AIR	Pass	12:16pm

Printer Tests

Test Status Time

		- weller
PRNT	Pass	12:16pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:17pm

Preventive Maintenance Status: Pass

Pass

12:17pm

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)

Instrument Ser	ini No. 008627 Instrument Location W. 1500 Co.	ien St. Wilson, NC
The preventive serial number	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Mo 10,000 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	h (psi) of pressure, or the alcoholic centigrade;
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of "F	Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiral simulator solution is being changed every four months or after 125 whichever occurs first,	ion date, or the alcoholic breath Alcoholic Breath Simulator tests,
were personne	the day of day of 2024 the forgoing properly. 2024 the forgoing properly.	reventive maintenance procedures of the N.C. Department of Health

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

DHHS 4080 (04/20)

WILSON COUNTY DETENTION CENTER 970

Serial Number: 008627 Test Date: 03/27/2024

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: 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: AG302702 Exp Date: 01/27/2025

Test	g/210L	Time
DIAG	Pass	11:35am
AIR BLK	.00	11:36am
ACCY CHK	.08	11:36am
AIR BLK	.00	11:37am
SUB TEST	.00	11:38am
AIR BLK	.00	11:38am
SUB TEST	.00	11:40am
ATR BLK	0.0	11:41 am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

WILSON COUNTY DETENTION CENTER 970

Serial Number: 008627 Test, Record Number: 3387 Test Date: 03/27/2024 Test Time: 11:42am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:42am
SRC	Pass	11:42am
DET	Pass	11:42am
BAR	Pass	11:42am
BT	Pass	11:42am

Blank Tests

Test	Status	Time
ATR	Pass	11:43am

Printer Tests

Test	Status	Time
PRNT	Pass	11:43am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:43am

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 Ser	the 21 St day of Move

WILSON COUNTY DETENTION CENTER 970

Serial Number: 008652 Test Date: 03/21/2024

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

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

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

Test	g/210L	Time
DIAG	Pass	12:42pm
AIR BLK	.00	
ACCY CHK	.08	12:43pm
AIR BLK	.00	12:44pm
SUB TEST	.00	12:45pm
AIR BLK	.00	12:46pm
SUB TEST	.00	12:47pm
AIR BLK	.00	12:48pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WILSON COUNTY DETENTION CENTER 970

Serial Number: 008652 Test Record Number: 3916 Test Date: 03/21/2024 Test Time: 12:51pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:52pm
FLO	Pass	12:52pm
FC	Pass	12:52pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:52pm
SRC	Pass	12:52pm
DET	Pass	12:52pm
BAR	Pass	12:52pm
BT	Pass	12:52pm

Blank Tests

Test	Status	Time
ATR	Dage	12.52mm

Printer Tests

Test	Status	Time
PRNT	Pass	12:53pm
	CRC Tests	

Test	Status	Time
COMP	Pass Pass	12:53pm 12:53pm

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	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

WILSON COUNTY DETENTION CENTER 970

Serial Number: 008738 Test Date: 03/04/2024

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

Analyst's Name: Bryant, Earl A
Permit Number: 0017-9707
Effective:
10/01/2023-10/01/2025

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

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

Test	g/210L	Time
DIAG	Pass	11:02am
AIR BLK	.00	11:02am
ACCY CHE	.07	11:03am
AIR BLK	.00	11:04am
SUB TEST	.00	11:05am
AIR BLK	.00	11:06am
SUB TEST	.00	11:07am
AIR BLK	.00	11:08am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

WILSON COUNTY DETENTION CENTER 970

Serial Number: 008738 Test Record Number: 1344
Test Date: 03/04/2024 Test Time: 11:11am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status Time	Time
ATR	Pass	11:12am

Printer Tests

Test	Status	Time
PRNT	Pass	11:12am

CRC Tests

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

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)

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.
erformed	the

YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008854 Test Date: 03/07/2024

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: Burnette, Anthony J Permit Number: 0018-4401 Effective: 10/01/2023-10/01/2025

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

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

Test	g/210L	Time
DIAG	Pass	1:44pm
AIR BLK	.00	1:44pm
ACCY CHK	.08	1:45pm
AIR BLK	.00	1:46pm
SUB TEST	.00	1:47pm
AIR BLK	.00	1:48pm
SUB TEST	.00	1:49pm
AIR BLK	.00	1:50pm

Reported AC: ____00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

Department of Health and Human Services Rev. 12/2007

YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008854 Test Record Number: 916 Test Date: 03/07/2024 Test Time: 1:51pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:51pm
FLO	Pass	1:51pm
FC	Pass	1:51pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:51pm
SRC	Pass	1:51pm
DET	Pass	1:51pm
BAR	Pass	1:51pm
BT	Pass	1:51pm

Blank Tests

Test	Status	Time	
ATR	Dage	1 • 5 2 mm	

Printer Tests

Test	Status	Time
PRNT	Pass	1:52pm
	CRC Tests	, ,
Test	Status	Time
COMP	Pass	1:52pm

Preventive Maintenance Status: Pass

Pass

1:52pm

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 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.
Contract or new Comments and	the
	Signature of Certifying Official Certificate Number

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

DHHS 4080 (04/20)

YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008944 Test Date: 03/07/2024

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: Burnette, Anthony J Permit Number: 0018-4401 Effective: 10/01/2023-10/01/2025

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

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

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

Reported AC: -00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008944 Test Record Number: 1880 Test Date: 03/07/2024 Test Time: 1:53pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
ATR	Pass	1:54pm

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

CAL

1:54pm

Analyst