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

County ALE	XANDER Instrument Location ALEXANDER CO. S.O.	
Instrument Seria	INO, 008813 TATLOQUILLE, LC	
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	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;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and	
(10)	Verify that the ethanol gas canister is being changed before expiration date, or 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 13 day of 2023 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.		
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ATTE QUAM VILENA	Jin S- Janing LAto	
	Signature of Certifying Official Certificate Number	

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

DHHS 4080 (04/20)

ALEXANDER COUNTY ALEXANDER COUNTY SO 010

Serial Number: 008813 Test Date: 11/13/2023

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08 .00	2:04pm 2:04pm 2:05pm 2:07pm
SUB TEST	.00	2:07pm
AIR BLK	.00	2:08pm
SUB TEST	.00	2:10pm
AIR BLK	.00	2:11pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ALEXANDER COUNTY ALEXANDER COUNTY SO 010

Serial Number: 008813 Test Record Number: 2307 Test Date: 11/13/2023 Test Time: 2:11pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:12pm
FLO	Pass	2:12pm
FC	Pass	2:12pm

### Temperature Tests

Test	Status	Time
FC1	Pass	2:12pm
SRC	Pass	2:12pm
DET	Pass	2:12pm
BAR	Pass	2:12pm
BT	Pass	2:12pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:13pm
	Printer Tes	ts

Test	Status	Time
PRNT	Pass	2:13pm
	ana m	

CRC Tests

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

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_	Instrument Location_ANSON	COUNTY
Instrument Ser	ial No. 008597 SHERIFF	S OFFICE
The preventive serial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model 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 incoreath simulator thermometer shows 34 degrees, plus or minus .2 degrees	ch (psi) of pressure, or the alcoholic e centigrade;
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of "l	Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expira simulator solution is being changed every four months or after 125 whichever occurs first.	tion date, or the alcoholic breath Alcoholic Breath Simulator tests,
were performed	the day of day o	preventive maintenance procedures s of the N.C. Department of Health
THE STATE OF THE PART OF THE P		
GRAW AID	Signature of Certifying Official	Certificate Number

ANSON COUNTY SHERIFF'S OFFICE 030

Serial Number: 008597 Test Date: 11/09/2023

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

02/01/2022-02/01/2024

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	12:10pm
ACCY CHK	.08	12:11pm.
AIR BLK	.00	12:12pm
SUB TEST	.00	12:14pm
AIR BLK	.00	12:15pm
SUB TEST	.00	12:16pm
AIR BLK	.00	12:17pm

Reported AC: .00 g/210L

Signature of Chamical Analyst

Court CVR

Analyst

ANSON COUNTY SHERIFF'S OFFICE 030

Serial Number: 008597 Test Record Number: 1899
Test Date: 11/09/2023 Test Time: 12:20pm EST

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	12:20pm
FLO	Pass	12:20pm
FC	Pass	12:20pm

### Temperature Tests

Test	Status	Time
FC1	Pass	12:20pm
SRC	Pass	12:20pm
DET	Pass	12:20pm
BAR	Pass	12:20pm
BT	Pass	12:20pm

### Blank Tests

Test	Status	Time
AIR	Pass	12:21pm

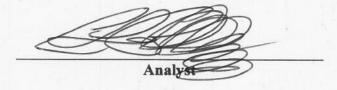
### Printer Tests

Test Status Time

1000	Deacus	TIME
PRNT	Pass	12:21pm
	CRC Tests	
Test	Status	Time

COMP	Pass	12:21pm
CAL	Pass	12:21pm

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	Instrument Location ANSON COUNTY
Instrument Seri	al No. 008739 SHERIFF'S OFFICE
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	theday of
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COAM AND	Signature of Certifying Official Certificate Number

ANSON COUNTY SHERIFF'S OFFICE 030

Serial Number: 008739 Test Date: 11/09/2023

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

02/01/2022-02/01/2024

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	12:11pm
AIR BLK	.00	12:12pm
ACCY CHK	.08	12:12pm
AIR BLK	.00	12:13pm
SUB TEST	.00	12:14pm
AIR BLK	.00	12:15pm
SUB TEST	.00	12:17pm
AIR BLK	.00	12:17pm

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

### ANSON COUNTY SHERIFF'S OFFICE 030

Serial Number: 008739 Test Record Number: 945 Test Date: 11/09/2023 Test Time: 12:20pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:20pm
FLO	Pass	12:20pm
FC	Pass	12:20pm

### Temperature Tests

Test	Status	Time
FC1	Pass	12:20pm
SRC	Pass	12:20pm
DET	Pass	12:20pm
BAR	Pass	12:20pm
BT	Pass	12:20pm

### Blank Tests

Test	Status	Time
AIR	Pass	12:21pm

### Printer Tests

Test	Status	Time
PRNT	Pass	12:21pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:21pm 12:21pm
CAL	Pass	12:21p

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 Av	Instrument Location Avery Co. Sail  No. 008664  Newland, NC
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 <u>day</u> of <u>November</u> , 20 <u>23</u> the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official  Certificate Number

AVERY COUNTY AVERY COUNTY JAIL 050

Serial Number: 008664 Test Date: 11/06/2023

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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	Pass .00 .08 .00 .00 .00	1:46pm 1:47pm 1:47pm 1:48pm 1:49pm 1:50pm 1:51pm 1:52pm

Reported AC: \_\_00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### AVERY COUNTY AVERY COUNTY JAIL 050

Serial Number: 008664 Test Record Number: 1188
Test Date: 11/06/2023 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	1:54pm 1:54pm 1:54pm 1:54pm 1:54pm
		~

### Blank Tests

Test	Status	Time
N T D	<b>.</b>	4 54
AIR	Pass	1 • 54pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:54pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass	1:55pm

Preventive Maintenance Status: Pass

Analyst

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

County Av	No. 008724 Instrument Location Baner Elk, NC
Instrument Serial	No. 008724 Banner Elk, NC
	aintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed of	ne day of November, 2013 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.
OW STATE OF A	Signature of Certifying Official Certificate Number

AVERY COUNTY BANNER ELK PD 050

Serial Number: 008724 Test Date: 11/06/2023

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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	Pass .00 .07	3:29pm 3:29pm 3:30pm
AIR BLK	.00	3:31pm
SUB TEST	.00	3:31pm
AIR BLK	.00	3:32pm
SUB TEST	.00	3:34pm
AIR BLK	.00	3:35pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### AVERY COUNTY BANNER ELK PD 050

Serial Number: 008724

Test Record Number: 785

Test Date: 11/06/2023 Test Time: 3:37pm EST

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	3:37pm
FLO	Pass	3:37pm
FC	Pass	3:37pm

### Temperature Tests

Test	Status	Time
FC1	Pass	3:37pm
SRC	Pass	3:37pm
DET	Pass	3:37pm
BAR	Pass	3:37pm
BT	Pass	3:37pm

### Blank Tests

Test	Status	Time
AIR	Pass	3:38pm

### Printer Tests

Test	Status	Time
PRNT	Pass	3:38pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:38pm

Preventive Maintenance Status: Pass

Pass

3:38pm

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)

County Series	AWFONT Instrument Location SAF MONDE WIT C  NC SHP
	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 and Human Ser	the 17 day of November , 20 15 the forgoing preventive maintenance procedures don the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rvices, and the instrument is functioning properly.
O THE STATE OF	
QUAM VILL	Signature of Certifying Official Certificate Number

### BEAUFORT COUNTY BAT MOBILE UNIT 6 060

Serial Number: 008686 Test Date: 11/17/2023

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG302702 Exp Date: 01/27/2025

Test	g/210L	Time
DIAG	Pass	10:33pm
AIR BLK	.00	10:34pm
ACCY CHK	.07	10:35pm
AIR BLK	.00	10:36pm
SUB TEST	.00	10:36pm
AIR BLK	.00	10:37pm
SUB TEST	.00	10:39pm
ATR BLK	.00	10:40pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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## BEAUFORT COUNTY BAT MOBILE UNIT 6 060

Serial Number: 008686 Test Record Number: 7018
Test Date: 11/17/2023 Test Time: 10:40pm EST

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	10:41pm 10:41pm
FLO	Pass	
FC	Pass	10:41pm

### Temperature Tests

Test	Status	Time
FC1	Pass	10:41pm
SRC	Pass	10:41pm
DET	Pass	10:41pm
BAR	Pass	10:41pm
BT	Pass	10:41pm

### Blank Tests

Test	Status	Time
AIR	Pass	10:42pm

### Printer Tests

Test	Status	Time
PRNT	Pass	10:42pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:42pm 10:42pm

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 SEA	
Instrument Seria	al No. <u>60 4 176</u>
	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 and Human Serv	the 17 day of Noveman, 2023 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
THE QUAN VIDE	Signature of Certifying Official Certificate Number

### BEAUFORT COUNTY BAT MOBILE UNIT 6 060

Serial Number: 008776 Test Date: 11/17/2023

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject'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 AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00 .00	10:35pm 10:36pm 10:37pm 10:38pm 10:38pm 10:39pm
SUB TEST AIR BLK	.00	10:40pm 10:41pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### BEAUFORT COUNTY BAT MOBILE UNIT 6 060

Serial Number: 008776 Test Record Number: 3963 Test Date: 11/17/2023 Test Time: 10:42pm EST

System Check: Passed

### Baseline Tests

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

### Temperature Tests

FC1 Pass 10:43pr
SRC Pass 10:43pr
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 CAL	Pass Pass	10:44pm 10:44pm

Preventive Maintenance Status: Pass

Analyst

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

County A C	Instrument Location SAT MUNDEUND 6  ial No.008779  NCSHP
The preventive	a maintanance proceedures for the Interimentary Model Interior EC/ID II and Model I. 1
serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performe	the 17 day of November 1, 2023 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.
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White the same of	Signature of Certifying Official Certificate Number

BEAUFORT COUNTY BAT MOBILE UNIT 6 060

Serial Number: 008779 Test Date: 11/17/2023

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG302702 Exp Date: 01/27/2025

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	10:37pm 10:38pm 10:39pm
AIR BLK	.00	10:40pm
SUB TEST	.00	10:40pm
AIR BLK	.00	10:41pm
SUB TEST	.00	10:43pm
AIR BLK	.00	10:43pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### BEAUFORT COUNTY BAT MOBILE UNIT 6 060

Serial Number: 008779 Test Record Number: 3957
Test Date: 11/17/2023 Test Time: 10:45pm EST

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	10:45pm
FLO	Pass	10:45pm
FC	Pass	10:45pm

### Temperature Tests

Test	Status	Time
FC1	Pass	10:45pm
SRC	Pass	10:45pm
DET	Pass	10:45pm
BAR	Pass	10:45pm
BT	Pass	10:45pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:46pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:46pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:46pm

Preventive Maintenance Status: Pass

Pass

10:46pm

CAL

BUS

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	Dertic Instrument Location BAT Mobile Unit 5
Instrument Serial	No. 00 8616 NC SHP
The preventive m	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with ,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed of	ne 18th day of November, 2023 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ces, and the instrument is functioning properly.
THE STATE OF NO. 12 THE ST	Signature of Certifying Official  Certificate Number

#### BERTIE COUNTY BAT MOBILE UNIT 5 070

Serial Number: 008616 Test Date: 11/18/2023

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Sharpe Jr., Robert J

Permit Number: 1820-8591

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00 .00	5:12pm 5:13pm 5:14pm 5:15pm 5:15pm 5:16pm 5:18pm
AIR BLK	.00	5:19pm

Reported AC:

00 9/210L

Signature of Chemical Analyst

Court CVR

Analyst

### BERTIE COUNTY BAT MOBILE UNIT 5 070

Serial Number: 008616 Test Record Number: 2809
Test Date: 11/18/2023 Test Time: 5:19pm EST

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	5:20pm
FLO	Pass	5:20pm
FC	Pass	5:20pm

### Temperature Tests

Test	Status	Time
FC1	Pass	5:20pm
SRC	Pass	5:20pm
DET	Pass	5:20pm
BAR	Pass	5:20pm
BT	Pass	5:20pm

### Blank Tests

Test	Status	Time
AIR	Pass	5:21pm

### Printer Tests

Test	Status	Time
PRNT	Pass	5:21pm

### CRC Tests

Test	Status	Time
COMP CAL	Pass Pass	5:21pm 5:21pm

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	perfie Instrument Location BAT Mobile Unit 5
Instrument Seria	No. 00 8647 NC SHP
The preventive n serial number 10	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 1,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before 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 18 <sup>th</sup> day of November, 2023 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ces, and the instrument is functioning properly.
THE STATE OF THE S	L SY
Wall market	Signature of Certifying Official Certificate Number

BERTIE COUNTY BAT MOBILE UNIT 5 070

Serial Number: 008647 Test Date: 11/18/2023

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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	5:14pm
AIR BLK	.00	5:15pm
ACCY CHK	.08	5:16pm
AIR BLK	.00	5:17pm
SUB TEST	.00	5:17pm
AIR BLK	.00	5:18pm
SUB TEST	.00	5:20pm
AIR BLK	.00	5:20pm

Reported AC: 90 9/210L

Signature of Chemical Analyst

Court CVR

Analyst

BERTIE COUNTY BAT MOBILE UNIT 5 070
Serial Number: 008647 Test Record Number: 2804
Test Date: 11/18/2023 Test Time: 5:21pm EST

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	5:21pm
FLO	Pass	5:21pm
FC	Pass	5:21pm

### Temperature Tests

Test	Status	Time
FC1	Pass	5:22pm
SRC	Pass	5:22pm
DET	Pass	5:22pm
BAR	Pass	5:22pm
BT	Pass	5:22pm

### Blank Tests

Test	Status	Time
AIR	Pass	5:22pm

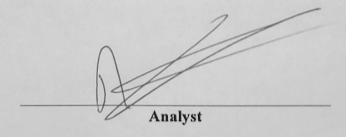
### Printer Tests

Test	Status	Time
PRNT	Pass	5:22pm

### CRC Tests

Test	Status	Time
COMP	Pass	5:22pm
CAL	Pass	5:22pm

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 Serial No. OO 8704 NC SHP  The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced w 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 alcohologous breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;	
(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;	
(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;	
breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;	
(2) Verify instrument displays time and date;	
(3) Initiate breath test sequence;	
(4) Enter information as prompted;	
(5) Verify instrument accuracy;	
(6) When "PLEASE BLOW" appears, collect breath sample;	
(7) When "PLEASE BLOW" appears, collect breath sample;	
(8) Print test record;	
(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and	
(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.	
I certify that on the	
THE STATE OF THE S	
Signature of Certifying Official Certificate Number	

### BERTIE COUNTY BAT MOBILE UNIT 5 070

Serial Number: 008704 Test Date: 11/18/2023

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

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

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

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

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

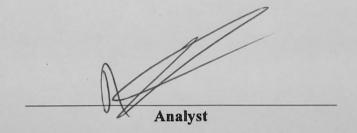
Lot Number: AG308101 Exp Date: 03/22/2025

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00 .00	5:12pm 5:13pm 5:13pm 5:14pm 5:15pm 5:16pm 5:17pm
AIR BLK	.00	5:18pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



### BERTIE COUNTY BAT MOBILE UNIT 5 070

Serial Number: 008704 Test Record Number: 850 Test Date: 11/18/2023 Test Time: 5:19pm EST

System Check: Passed

### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	5:19pm 5:19pm
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	5:20pm

### Printer Tests

Test	Status	Time
PRNT	Pass	5:20pm

#### CRC Tests

Test	Status	Time
COMP	Pass	5:20pm
CAL	Pass	5:20pm

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	BLADEN COUNTY  Instrument Location BLADEN COUNTY  DETENTION CENTER
Instrument Se	rial No. 008818 DETENTION CENTER
The preventive serial number	re maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performe	on the 12 day of November, 2023 the forgoing preventive maintenance procedures and on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ervices, and the instrument is functioning properly.
	al Za Benso 648
	Signature of Certifying Official Certificate Number

### BLADEN COUNTY DETENTION CENTER 080

Serial Number: 008818 Test Date: 11/12/2023

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	4:59pm
AIR BLK	.00	4:59pm
ACCY CHK	.08	5:00pm
AIR BLK	.00	5:01pm
SUB TEST	.00	5:02pm
AIR BLK	.00	5:03pm
SUB TEST	.00	5:05pm
AIR BLK	.00	5:06pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

### BLADEN COUNTY DETENTION CENTER 080

Serial Number: 008818 Test Record Number: 2109
Test Date: 11/12/2023 Test Time: 5:06pm EST

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	5:07pm
FLO	Pass	5:07pm
FC	Pass	5:07pm

### Temperature Tests

Test	Status	Time
FC1	Pass	5:07pm
SRC	Pass	5:07pm
DET	Pass	5:07pm
BAR	Pass	5:07pm
BT	Pass	5:07pm

#### Blank Tests

Test	Status	Time
ATR	Pass	5:07pm

### Printer Tests

Test	Status	Time
PRNT	Pass	5:08pm

### CRC Tests

Test	Status	Time
COMP	Pass	5:08pm
CAL	Pass	5:08pm

Preventive Maintenance Status: Pass

alu Ra Banda Analyst

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

County B	RUNSWICK Instrument Location_	BRUNSWICK	COUNTY
Instrument Ser	rial No. 008602	BRUNSWICK DE TENTION	CENTER
	e maintenance procedures for the Intoximeters, Model In 10,000 or higher) to be followed at least once every four		C/IR II (Enhanced wit
(1)	Verify the ethanol gas canister displays at least 51 p breath simulator thermometer shows 34 degrees, plu		essure, or the alcoholi
(2)	Verify instrument displays time and date;		
(3)	Initiate breath test sequence;		
(4)	Enter information as prompted;		
(5)	Verify instrument accuracy;		
(6)	When "PLEASE BLOW" appears, collect breath sample;		
(7)	When "PLEASE BLOW" appears, collect breath sample;		
(8)	Print test record;		
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and		
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test		

I certify that on the <u>07</u> day of <u>November</u>, 20<u>23</u> the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Clarky Banes

648

Certificate Number

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

BRUNSWICK COUNTY DETENTION CENTER 090

Serial Number: 008602 Test Date: 11/07/2023

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

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### BRUNSWICK COUNTY DETENTION CENTER 090

Serial Number: 008602 Test Record Number: 5414
Test Date: 11/07/2023 Test Time: 4:46pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	4:46pm
FLO	Pass	4:46pm
FC	Pass	4:46pm

#### Temperature Tests

Status	Time
Pass	4:46pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	4:47pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:47pm
	CDC Tosts	

#### CRC Tests

Test	Status	Time
COMP	Pass	4:47pm
CAT.	Pass	4 - 47pm

Preventive Maintenance Status: Pass

Analyst

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

County_B	RUNGWICK Instrument Location BRUNGWICK GOUNTY
Instrument Serie	RUNGWICK Instrument Location BRUNGWICK GOUNTY  al No. 008585  DETENTION CENTER
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 <u>07</u> day of <u>November</u> , 20 <u>23</u> the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
	CO 20 Berry 648

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

Signature of Certifying Official

Certificate Number

DHHS 4080 (04/20)

BRUNSWICK COUNTY DETENTION CENTER 090

Serial Number: 008585 Test Date: 11/07/2023

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	4:56pm
AIR BLK	.00	4:57pm
ACCY CHK	.08	4:57pm
AIR BLK	.00	4:59pm
SUB TEST	.00	5:00pm
AIR BLK	.00	5:01pm
SUB TEST	.00	5:02pm
ATR BLK	.00	5:03pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alu Ry Banas

#### BRUNSWICK COUNTY DETENTION CENTER 090

Serial Number: 008585 Test Record Number: 5613 Test Date: 11/07/2023 Test Time: 5:03pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	5:04pm
FLO	Pass	5:04pm
FC	Pass	5:04pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	5:04pm
SRC	Pass	5:04pm
DET	Pass	5:04pm
BAR	Pass	5:04pm
BT	Pass	5:04pm

#### Blank Tests

Test	Status	Time
AIR	Pass	5:04pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	5:05pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	5:05pm 5:05pm

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 Br	RUNSWICK Instrument Location OAK TOLAND
Instrument Ser	ial No. 008648 Instrument Location OAK TSLAND POLICE DEPT
-	
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 alcoholis breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performe	the <u>07</u> day of <u>November</u> , 20 <u>23</u> the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health roices, and the instrument is functioning properly.
THE COMMENT	alu Rg Bens 648
	Signature of Certifying Official Certificate Number

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

DHHS 4080 (04/20)

BRUNSWICK COUNTY OAK ISLAND PD 090

Serial Number: 008648 Test Date: 11/07/2023

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, ALVIN R
Permit Number: 0014-6279
Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	2:54pm
AIR BLK	.00	2:55pm
ACCY CHK	.07	2:56pm
AIR BLK	.00	2:57pm
SUB TEST	.00	2:57pm
AIR BLK	.00	2:58pm
SUB TEST	.00	3:00pm
AIR BLK	.00	3:00pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### BRUNSWICK COUNTY OAK ISLAND PD 090

Serial Number: 008648 Test Record Number: 1901 Test Date: 11/07/2023 Test Time: 3:01pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:01pm
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	3:02pm

Preventive Maintenance Status: Pass

Pass

CAL

3:02pm

Analyst

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

County Br	RUNSWICK Instrument Location LELAND
	al No. 008787 POLICE DEPT
The preventive serial number 16	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the <u>8</u> day of <u>Hovernger</u> , 20 <u>23</u> the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
STATE ON THE PROPERTY OF THE P	Clunky Bens 648
	Signature of Contifying Official Certificate Number

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

#### BRUNSWICK COUNTY LELAND PD 090

Serial Number: 008787 Test Date: 11/08/2023

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, ALVIN R

Permit Number: 0014-6279

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test

	•	
DIAG	Pass	3:57pm
AIR BLK	.00	3:58pm
ACCY CHK	.07	3:59pm
AIR BLK	.00	4:00pm
SUB TEST	00	4 • 00pm

g/210L

Time

SUB TEST .00 AIR BLK .00 4:01pm

SUB TEST .00 4:03pm AIR BLK .00 4:03pm

Reported AC: .00 g/210L

Court CVR

#### BRUNSWICK COUNTY LELAND PD 090

Serial Number: 008787 Test Record Number: 1170 Test Date: 11/08/2023 Test Time: 4:04pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass	4:04pm
L TO	Pass	4:04pm
FC	Pass	4:04pm

#### Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	4:04pm 4:04pm
DET	Pass	4:04pm
BAR	Pass	4:04pm
BT	Pass	4:04pm

#### Blank Tests

Test	Status	Time
AIR	Pass	4:05pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:05pm
	CRC Tests	
Test	Status	Time
COMP	Pass	4:05pm

Preventive Maintenance Status: Pass

Pass

4:05pm

CAL

Amalyst

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

County B	RUNSWICK Instrument Location SUNSET BEACH
Instrument Seria	NO. 008819 POLICE DEPT
( <del>)                                    </del>	
The preventive reserval 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 15 day of November, 2023 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.
SANT CAN	
SE COM VEGE	Signature of Certifying Official Certificate Number
	Signature of Certifying Official Certificate Number

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

BRUNSWICK COUNTY SUNSET BEACH PD 090

Serial Number: 008819 Test Date: 11/15/2023

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

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	6:42pm
AIR BLK	.00	6:43pm
ACCY CHK	.08	6:44pm
AIR BLK	.00	6:45pm
SUB TEST	.00	6:46pm
AIR BLK	.00	6:47pm
SUB TEST	.00	6:48pm
AIR BLK	.00	6:49pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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#### BRUNSWICK COUNTY SUNSET BEACH PD 090

Serial Number: 008819 Test Record Number: 978
Test Date: 11/15/2023 Test Time: 6:50pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	6:50pm
FLO	Pass	6:50pm
FC	Pass	6:50pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	6:50pm
SRC	Pass	6:50pm
DET	Pass	6:50pm
BAR	Pass	6:50pm
BT	Pass	6:50pm

#### Blank Tests

Test	Status	Time
AIR	Pass	6:51pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	6:51pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	6:51pm 6:51pm

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 CAD	Instrument Location CAUDWELL CO. JAIL
Instrument Serial	No. 008719 LENDIR, N.C.
	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed o	e 13 day of 12 day of 20 d
ON STATE ON TO THE PROPERTY OF	S A
Wang to the same of the same o	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)

CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008719 Test Date: 11/13/2023

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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: AG202601 Exp Date: 01/24/2024

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008719 Test Record Number: 3239
Test Date: 11/13/2023 Test Time: 11:59am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:00pm
FLO	Pass	12:00pm
FC	Pass	12:00pm
	1 400	12001

#### 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	12:01pm
CAL	Pass	12:01pm

Preventive Maintenance Status: Pass

Analyst

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

County Car	Instrument Location CAUDURAL CO. JAIL
Instrument Ser	ial No. 008803 Lemboro, NC
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before 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 <u>13</u> day of <u>Lovernoet</u> , 20 <u>73</u> 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.
SATE OF STATE OF STAT	TARON CAROLINA A A A A A A A A A A A A A A A A A A
Constant of the Constant of th	Signature of Certifying Official Certificate Number
A signed origin	13 of the preventive maintenance record shall be kent on file for at least three years

DHHS 4080 (04/20)

CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008803 Test Date: 11/13/2023

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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: AG202601 Exp Date: 01/26/2024

DIAG Pass 11:46 AIR BLK .00 11:47 ACCY CHK .07 11:48 AIR BLK .00 11:49 SUB TEST .00 11:50 SUB TEST .00 11:50 AIR BLK .00 11:52 AIR BLK .00 11:53	am am am am am am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008803 Test Record Number: 811
Test Date: 11/13/2023 Test Time: 11:59am EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	12:01pm

#### Printer Tests

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

	20000	110
COMP	Pass	12:01pm
CAL	Pass	12:01pm

Preventive Maintenance Status: Pass

Analyst

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

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced w serial number 10,000 or higher) to be followed at least once every four months are:	County_C	AND
Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcohologopherath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;  (2) Verify instrument displays time and date;  (3) Initiate breath test sequence;  (4) Enter information as prompted;  (5) Verify instrument accuracy;  (6) When "PLEASE BLOW" appears, collect breath sample;  (7) When "PLEASE BLOW" appears, collect breath sample;	Instrument Seri	al No. 008605 DETENTION CENTER
breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrate;  (2) Verify instrument displays time and date;  (3) Initiate breath test sequence;  (4) Enter information as prompted;  (5) Verify instrument accuracy;  (6) When "PLEASE BLOW" appears, collect breath sample;  (7) When "PLEASE BLOW" appears, collect breath sample;	The preventive serial number 1	0,000 or higher) to be followed at least once every four months are:
<ul> <li>(3) Initiate breath test sequence;</li> <li>(4) Enter information as prompted;</li> <li>(5) Verify instrument accuracy;</li> <li>(6) When "PLEASE BLOW" appears, collect breath sample;</li> <li>(7) When "PLEASE BLOW" appears, collect breath sample;</li> </ul>	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
<ul> <li>(4) Enter information as prompted;</li> <li>(5) Verify instrument accuracy;</li> <li>(6) When "PLEASE BLOW" appears, collect breath sample;</li> <li>(7) When "PLEASE BLOW" appears, collect breath sample;</li> </ul>	(2)	Verify instrument displays time and date;
<ul> <li>(5) Verify instrument accuracy;</li> <li>(6) When "PLEASE BLOW" appears, collect breath sample;</li> <li>(7) When "PLEASE BLOW" appears, collect breath sample;</li> </ul>	(3)	Initiate breath test sequence;
<ul> <li>(6) When "PLEASE BLOW" appears, collect breath sample;</li> <li>(7) When "PLEASE BLOW" appears, collect breath sample;</li> </ul>	(4)	Enter information as prompted;
(7) When "PLEASE BLOW" appears, collect breath sample;	(5)	Verify instrument accuracy;
	(6)	When "PLEASE BLOW" appears, collect breath sample;
(8) Print test record;	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and	(9)	Run diagnostic program 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.	(10)	Verify that the ethanol gas canister is being changed before expiration date, or 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 November, 2023 the forgoing preventive maintenance procedure were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Hear and Human Services, and the instrument is functioning properly.	were performed	on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health
A STATE OF THE STA		TAR CAR
Signature of Certifying Official Certificate Number	THE SAME AND THE S	Signature of Certifying Official Certificate Number

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

DHHS 4080 (04/20)

CARTERET COUNTY DETENTION CENTER 150

Serial Number: 008605 Test Date: 11/20/2023

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	1:37pm
AIR BLK	.00	1:38pm
ACCY CHK	.08	1:39pm
AIR BLK	.00	1:40pm
SUB TEST	.00	1:41pm
AIR BLK	.00	1:42pm
SUB TEST	.00	1:43pm
AIR BLK	.00	1:44pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alu Zy Bons Analyst

#### CARTERET COUNTY DETENTION CENTER 150

Serial Number: 008605 Test Record Number: 4323 Test Date: 11/20/2023 Test Time: 1:45pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time	
AIR	Pass	1:46pm	

#### Printer Tests

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

Preventive Maintenance Status: Pass

ale 29 Barro 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	Instrument Location CASWell Co Defention CAR
Instrument Se	rial No. 008593 211 County PARK RO
	Yanceyuille NC
The preventive serial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on were performed and Human Ser	the
The most	Signature of Certifying Official Certificate Number

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

CASWELL COUNTY DETENTION CENTER 160

Serial Number: 008593 Test Date: 11/08/2023

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Barnes, Simon S Permit Number: 0014-6221

Effective:

10/01/2023-10/01/2025

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time	
DIAG	Pass	10:24am	
AIR BLK	.00	10:25am	
ACCY CHK	.07	10:25am	
AIR BLK	.00	10:26am	
SUB TEST	.00	10:27am	
AIR BLK	.00	10:28am	
SUB TEST	.00	10:29am	
AIR BLK	- 0.0	10.30am	

Reported AC: .00 g/210L

Court CVR

CASWELL COUNTY DETENTION CENTER 160

Serial Number: 008593 Test Record Number: 2140

System Check: Passed

Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time	
AIR	Pass	10:32am	

#### Printer Tests

Toot Status Mimo

TESC	Status	TIME
PRNT	Pass	10:32am
	CRC Tests	
Test	Status	Time

COMP	Pass	10:32am
CAL	Pass	10:32am

Preventive Maintenance Status: Pass

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

County CO	tawba Instrument Location Catawba County 80
Instrument Serial	No. 008687 Newton, NE
The preventive m	aintenance 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 th were performed of 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.
OF SALE OF THE SAL	Signature of Certifying Official Certificate Number

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

CATAWBA COUNTY CATAWBA COUNTY SO 170

Serial Number: 008687 Test Date: 11/07/2023

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00 .00 .00 .00	12:15pm 12:16pm 12:17pm 12:18pm 12:18pm 12:19pm 12:21pm
ATR BLK	- 00	12:22pm

eported AC: .00 g/210L

ignature of Chemical Analyst

Court CVR

#### CATAWBA COUNTY CATAWBA COUNTY SO 170

Serial Number: 008687 Test Record Number: 3749
Test Date: 11/07/2023 Test Time: 12:23pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:23pm
FLO	Pass	12:23pm
FC	Pass	12:23pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:23pm
SRC	Pass	12:23pm
DET	Pass	12:23pm
BAR	Pass	12:23pm
BT	Pass	12:23pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:24pr

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:24p
	CRC Tests	

Test	Status	Time
COMP	Pass Pass	12:24pm 12:24pm

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 Cat	awba Instrument Location Catawba County 80
Instrument Serial	No. 008821 Newton, 19C
The preventive m serial number 10,	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify that on t were performed and Human Serv	he day of lovember, 2023 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.
SELATION OF THE SELATION OF TH	House Holms (07/1

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

CATAWBA COUNTY CATAWBA COUNTY SO 170

Serial Number: 008821 Test Date: 11/07/2023

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

Subject'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: AG202601 Exp Date: 01/26/2024

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	12:14pm 12:15pm 12:15pm 12:17pm 12:17pm 12:18pm
SUB TEST	.00	12:20pm
ATR BLK	- 00	12:20pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### CATAWBA COUNTY CATAWBA COUNTY SO 170

Serial Number: 008821

Test Record Number: 2438

Test Date: 11/07/2023

Test Time: 12:21pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:21pm 12:21pm
FC	Pass	12:21pm

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass	12:21pm 12:21pm 12:21pm 12:21pm
$\mathtt{BT}$	Pass	12:21pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:22pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:22pm

#### CRC Tests

Test	Status	Time
COMP CAL	Pass Pass	12:22pm 12:22pm

Preventive Maintenance Status: Pass

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

County Co	ALUMBUS Instrument Location COLUMBUS COUNTY al No. 008875 DETENTION CENTER
Instrument Seri	al No. 008875 DETENTION CENTER
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performe	the 12 day of November, 2023 the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rvices, and the instrument is functioning properly.
	Signature of Certifying Official Certificate Number

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

DHHS 4080 (04/20)

#### COLUMBUS COUNTY DETENTION CENTER 230

Serial Number: 008875 Test Date: 11/12/2023

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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	6:26pm
AIR BLK	.00	6:27pm
ACCY CHK	.07	6:28pm
AIR BLK	.00	6:29pm
SUB TEST	.00	6:29pm
AIR BLK	.00	6:30pm
SUB TEST	.00	6:32pm
AIR BLK	.00	6:33pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alun 2 /3-Analyst

#### COLUMBUS COUNTY DETENTION CENTER 230

Serial Number: 008875 Test Record Number: 3017 Test Date: 11/12/2023 Test Time: 6:33pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	6:34pm
FLO	Pass	6:34pm
FC	Pass	6:34pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	6:34pm
SRC	Pass	6:34pm
DET	Pass	6:34pm
BAR	Pass	6:34pm
BT	Pass	6:34pm

#### Blank Tests

Test	Status	Time
AIR	Pass	6:35pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	6:35pm
	CRC Tests	
Test	Status	Time

6:35pm

6:35pm

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

Analyst

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

County Co	LUMBUS Instrument Location TABOR CITY
Instrument Scri	al No. 008886 POLICE DEPT
·	
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the 15 day of NOVEMBER, 20 23 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.
	Ol D. Brown Cours
- am va	Signature of Certifying Official Certificate Number

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

COLUMBUS COUNTY TABOR CITY PD 230

Serial Number: 008886 Test Date: 11/15/2023

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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	8:39pm
AIR BI	K .00	8:39pm
ACCY C	CHK .07	8:40pm
AIR BI	K .00	8:41pm
SUB TE	EST .00	8:42pm
AIR BI	K .00	8:42pm
SUB TE	EST .00	8:44pm
ATR BI	K _00	8:45pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### COLUMBUS COUNTY TABOR CITY PD 230

Serial Number: 008886 Test Record Number: 1680 Test Date: 11/15/2023 Test Time: 8:45pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	8:46pm
SRC	Pass	8:46pm
DET	Pass	8:46pm
BAR	Pass	8:46pm
BT	Pass	8:46pm

#### Blank Tests

Test	Status	Time
AIR	Pass	8:47pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:47pm
	CRC Tests	
Test	Status	Time

Pass

8:47pm

CAL Pass 8:47pm

Preventive Maintenance

Status: Pass

COMP

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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)

County C. Fa	Nen Instrument Location BAT mobile Unit 7
Instrument Serial	No. 008698 NC SHP
The preventive n serial number 10.	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed of	ne 17 day of November, 20 23 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ces, and the instrument is functioning properly.
THE STATE OF AND THE ST	ARCA ROSS

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

Signature of Certifying Official

Certificate Number

CRAVEN COUNTY BAT MOBILE UNIT 7 240

Serial Number: 008698 Test Date: 11/17/2023

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

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

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

Analyst's Name: Anderson, Mark G Permit Number: 0013-1517 Effective: 02/01/2022-02/01/2024

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	9:22pm 9:23pm 9:24pm
AIR BLK	.00	9:24pm
SUB TEST	.00	9:25pm
AIR BLK	.00	9:26pm
SUB TEST	.00	9:29pm
AIR BLK	.00	9:30pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

M Oute Analyst

CRAVEN COUNTY BAT MOBILE UNIT 7 240

Serial Number: 008698 Test Record Number: 2222
Test Date: 11/17/2023 Test Time: 9:30pm EST

System Check: Passed

Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test		Status	Time	
AI	R	Pass	9.32nm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:32pm
	CRC Tests	

Test	Status	Time
COMP	Pass	9:32pm
CAL	Pass	9:32pm

Preventive Maintenance Status: Pass

Analyst

M an

# 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. 208601  Instrument Location BAT Mobile Unit 4  MC 5HP
	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	the 17 day of 100000 do not the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rvices, and the instrument is functioning properly.



Signature of Certifying Official

Certificate Number

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

#### CURRITUCK COUNTY BAT MOBILE UNIT 4 260

Serial Number: 008601 Test Date: 11/17/2023

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Glasscock, Jerry D

Permit Number: 7180-9235

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:44pm
AIR BLK	.00	9:45pm
ACCY CHK	.08	9:46pm
AIR BLK	.00	9:47pm
SUB TEST	.00	9:47pm
AIR BLK	.00	9:48pm
SUB TEST	.00	9:49pm
AIR BLK	.00	9:50pm

Reported AC: . 0,0 g/210L

Signature of Chemical Analyst

Court CVR

Analyst Analyst

#### CURRITUCK COUNTY BAT MOBILE UNIT 4 260

Serial Number: 008601 Test Record Number: 1565
Test Date: 11/17/2023 Test Time: 9:51pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:52pm
FLO	Pass	9:52pm
FC	Pass	9:52pm

#### Temperature Tests

Status	Time
Pass	9:52pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	9:52pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:52pm
	CRC Tests	
Test	Status	Time

Test	Status	Time
COMP	Pass	9:53pm
CAL	Pass	9:53pm

Preventive Maintenance Status: Pass

Analyst

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

Instrument Ser	ial No. 008816  Instrument Location BAT Mabiles Unit 4  INC. SHP
The preventive serial number 1	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 alcohol breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.
were performe	the 17 day of 100000000000000000000000000000000000
O THE STATE OF	TO RECEIVE THE PROPERTY OF THE
AFRIC 12 TTE ASSE QUAM VIDEN	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 BAT MOBILE UNIT 4 260

Serial Number: 008816 Test Date: 11/17/2023

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	9:46pm
AIR BLK	.00	9:47pm
ACCY CHK	.08	9:47pm
AIR BLK	.00	9:48pm
SUB TEST	.00	9:48pm
AIR BLK	.00	9:49pm
SUB TEST	.00	9:51pm
AIR BLK	.00	9:52pm

Reported AC: .00 g/2101

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 Analyst

## CURRITUCK COUNTY BAT MOBILE UNIT 4 260

Serial Number: 008816 Test Record Number: 7673
Test Date: 11/17/2023 Test Time: 9:53pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	9:54pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:54pm
	CRC Tests	
Test	Status	Time

COMP	Pass	9:55pm
CAL	Pass	9:55pm

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 Cu	Instrument Location Currituck	5.0Corollo
Instrument Seria	No.008949 1123 Ocean	rail, Corolla, N.C
The preventive n	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Mode, 000 or higher) to be followed at least once every four months are:	el Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch breath simulator thermometer shows 34 degrees, plus or minus .2 degree ce	(psi) of pressure, or the alcoholic entigrade;
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of "Pas	ss"; and
(10)	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 A whichever occurs first.	on date, or the alcoholic breath lcoholic Breath Simulator tests,
I certify that on t were performed and Human Serv	heday of, 20, 20 the forgoing prevon the instrument indicated above, in accordance with current regulations o ices, and the instrument is functioning properly.	ventive maintenance procedures f the N.C. Department of Health
A THE STATE OF THE	The Happell	680
	Signature of Certifying Official	Certificate Number

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

CURRITUCK COUNTY SO-COROLLA 260

Serial Number: 008949 Test Date: 11/06/2023

Citation Number: M000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

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

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

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

Reported AC: .Q0 g/21QL

Signature of Chemical Analyst

Court CVR

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

Department of Health and Human Services Rev. 12/2007

#### CURRITUCK COUNTY SO-COROLLA 260

Serial Number: 008949 Test Record Number: 750 Test Date: 11/06/2023 Test Time: 11:14am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:15am
FLO	Pass	11:15am
FC	Pass	11:15am

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:15am
SRC	Pass	11:15am
DET	Pass	11:15am
BAR	Pass	11:15am
BT	Pass	11:15am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:16am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:16am
	CRC Tests	
Test	Status	Time

Pass

Pass

11:16am

11:16am

Preventive Maintenance Status: Pass

COMP

CAL

Analyst

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

County	DAVIE Instrument Location DAVIE COUNTY JAIL
Instrument Se	erial No. 008905 MOCKSVILLE, NC
The preventive serial number	we 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 were perform and Human S	on the 21 st day of NOVE WIBER, 2023 the forgoing preventive maintenance procedures and on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health dervices, and the instrument is functioning properly.
OF STATE OF	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)

DAVIE COUNTY DAVIE COUNTY JAIL 290

Serial Number: 008905 Test Date: 11/21/2023

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject'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 AIR BLK SUB TEST	Pass .00 .08 .00 .00	10:36am 10:37am 10:38am 10:39am 10:39am 10:40am
AIR BLK	.00	10:42am

Reported AC: .00 g/210L

Court CVR

Chemical Analys

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: 2930 Test Date: 11/21/2023 Test Time: 10:43am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:44am
FLO	Pass	10:44am
FC	Pass	10:44am

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:44am
SRC	Pass	10:44am
DET	Pass	10:44am
BAR	Pass	10:44am
BT	Pass	10:44am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:44am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:45am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:45am 10:45am

Preventive Maintenance Status: Pass

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

Analyst

Department of Health and Human Services

Rev. 12/2007

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

County Edg	ecombe Instrument Location Edgerorube Co. Magistrate's
	al No. 008603 Office, 3005 Anaconda Rd.
	Taboro, N.C
	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 breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify that on were performed and Human Serv	the
STATE ON THE PROPERTY OF THE P	
ALER QUAM VIDERS	Signature of Certifying Official Certificate Number
	Signature of Certifying Official Certificate Number

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

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008603 Test Date: 11/01/2023

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:
02/01/2022-02/01/2024

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 ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00 .00 .00 .00 .00	12:56pm 12:57pm 12:57pm 12:59pm 12:59pm 1:00pm 1:02pm 1:03pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Key D. S. Analyst

#### EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008603 Test Record Number: 2330 Test Date: 11/01/2023 Test Time: 1:04pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:04pm
FLO	Pass	1:04pm
FC	Pass	1:04pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:04pm
SRC	Pass	1:04pm
DET	Pass	1:04pm
BAR	Pass	1:04pm
BT	Pass	1:04pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:05pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:05pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:05pm 1:05pm

Preventive Maintenance Status: Pass

Analyst

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

County Edg	ecombe Instrument Location Edgeronhe (O. Magistrate's
Instrument Seri	Instrument Location Edgeronhe (O. Magistrate's  Office, 3005 Anaronda Rd.,  Tarboro, M.C.
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 Normber, 20 23 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
STATE OF STA	GA THE STATE OF TH
A LEG QUAM VIDEN	Key P. Apr. (043

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

Signature of Certifying Official

Certificate Number

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008851 Test Date: 11/02/2023

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

Subject'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:
02/01/2022-02/01/2024

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 AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00 .00	12:05pm 12:06pm 12:07pm 12:08pm 12:09pm
AIR BLK	.00	12:10pm
SUB TEST	.00	12:11pm
AIR BLK	.00	12:12pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008851 Test Record Number: 900 Test Date: 11/02/2023 Test Time: 12:14pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	12:15pm

#### Printer Tests

1650	Deacus	TIME
PRNT	Pass	12:15pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:15pm

Status Time

Pass 12:15pm

Preventive Maintenance Status: Pass

CAL

Analyst

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

County FRAN	Instrument Location FRANKIN 6. CEC
Instrument Seria	INO. ROBT38 285 T. KEMP Rd LOWISBURG, NC
	Louiszurs, NC
The preventive n serial number 10	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with ,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	he day of November, 20 23 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.
AND TO THE STATE OF ANY AND AND ANY AN	Signature of Certifying Official Certificate Number

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

DHHS 4080 (04/20)

FRANKLIN COUNTY FRANKLIN CO. LEC 340

Serial Number: 008738 Test Date: 11/13/2023

Citation Number: M0000000-0 Subject's Name:

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	2:06pm 2:07pm 2:08pm 2:09pm
SUB TEST	.00	2:09pm
AIR BLK	.00	2:10pm
SUB TEST	.00	2:11pm
AIR BLK	.00	2:13pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

FRANKLIN COUNTY FRANKLIN CO. LEC 340

Serial Number: 008738 Test Record Number: 1273
Test Date: 11/13/2023 Test Time: 2:13pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:13pm
FLO	Pass	2:13pm
FC	Pass	2:14pm

#### Temperature Tests

FC1 Pass 2:14pr SRC Pass 2:14pr DET Pass 2:14pr BAR Pass 2:14pr BT Pass 2:14pr	n n n

#### Blank Tests

Test	Status	Time
AIR	Pass	2:14pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:14pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:15pm 2:15pm

Preventive Maintenance Status: Pass

Analyst

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

County FRA	Instrument Location Youngswille PD
Instrument Seria	
	134 ALL U.S.) Youngsville, NC
The preventive serial number 10	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on the were performed of and Human Servio	day of <u>Movember</u> , 20_22 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ces, and the instrument is functioning properly.
THE STATE OF ANY 20-100	A CARO
# STOP QUAM VIDEO *	Efforjoth (5)
	Signature of Certifying Official Certificate Number

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

DHHS 4080 (04/20)

FRANKLIN COUNTY YOUNGSVILLE PD 340

Serial Number: 008781 Test Date: 11/22/2023

Citation Number: M0000000-0 Subject's Name:

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

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

Driver's License Number: NONE

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

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

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

rest	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	3:04pm 3:05pm 3:06pm 3:07pm 3:07pm 3:08pm
SUB TEST	.00	3:09pm
AIR BLK	.00	3:10pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## FRANKLIN COUNTY YOUNGSVILLE PD 340

Serial Number: 008781

Test Record Number: 6264 

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:11pm
FLO	Pass	3:11pm
FC	Pass	3:11pm

### Temperature Tests

Test	Status	Time
FC1	Pass	3:12pm
SRC	Pass	3:12pm
DET	Pass	3:12pm
BAR	Pass	3:12pm
BT	Pass	3:12pm

#### Blank Tests

Test	Status	Time

AIR Pass 3:12pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:12pm
	CRC Tests	

Test	Status	Time
COMP	Pass	3:12pm
CAL	Pass	3:12pm

Preventive Maintenance Status: Pass

Analyst

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

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

County FRA	Instrument Location FRANKII, N G. LEC
Instrument Seria	285 TKEMP Rd. LOUISBURG, NC
	LouisBurg, NC
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 day of day of , 2023 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
THE STATE OF THE S	SORTH CAROLINE
TAME 12 1776 QUAM VIDER	Edde jet 1
	Signature of Certifying Official Certificate Number

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

DHHS 4080 (04/20)

FRANKLIN COUNTY FRANKLIN CO. LEC 340

Serial Number: 008933 Test Date: 11/13/2023

Citation Number: M0000000-0
Subject's Name:

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

Subject's Sex: Male

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

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

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

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

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

Reported AC: .00 g/210L

AIR BLK .00

Signature of Chemical Analyst

Court CVR

Analys

1:21pm

#### FRANKLIN COUNTY FRANKLIN CO. LEC 340

Serial Number: 008933 Test Record Number: 1483
Test Date: 11/13/2023 Test Time: 1:22pm EST

System Check: Passed

Baseline Tests

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

#### Temperature Tests

Status	Time
Pass	1:22pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	1:23pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:23pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:23pm 1:23pm

Preventive Maintenance Status: Pass

Analyst

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

Instrument Seri	ial No 008869	BAT MODILE A BELMONT	P.D.
		2000	
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Int 0,000 or higher) to be followed at least once every four in	ox EC/IR II and Model Intox I	EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 po breath simulator thermometer shows 34 degrees, plus	ounds per square inch (psi) of psi or minus .2 degree centigrade	pressure, or the alcoholic
(2)	Verify instrument displays time and date;		
(3)	Initiate breath test sequence;		
(4)	Enter information as prompted;		
(5)	Verify instrument accuracy;		
(6)	When "PLEASE BLOW" appears, collect breath san	nple;	
(7)	When "PLEASE BLOW" appears, collect breath san	nple;	
(8)	Print test record;		
(9)	Run diagnostic program and confirm preventive main	ntenance status of "Pass"; and	
(10)	Verify that the ethanol gas canister is being char simulator solution is being changed every four m whichever occurs first.	nged before expiration date, onths or after 125 Alcoholic	or the alcoholic breath Breath Simulator tests
were performed	the 18 day of November, 202 do not the instrument indicated above, in accordance with rvices, and the instrument is functioning properly.	the forgoing preventive current regulations of the N.	maintenance procedures C. Department of Health
STATE OF STA	CAROL		
100RR 12 1778	m.c. 76		676

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

GASTON COUNTY BAT MOBILE REGION 3 350

Serial Number: 008869 Test Date: 11/17/2023

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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 q/210L Time

	3,	
DIAG	Pass	10:28pm
AIR BLK	.00	10:29pm
ACCY CHK	.07	10:30pm
AIR BLK	.00	10:31pm
SUB TEST	.00	10:31pm
AIR BLK	.00	10:32pm

SUB TEST .00 10:34pm AIR BLK .00 10:35pm

Reported AC: .00 g/210L

Court CVR

MC Analyst

#### GASTON COUNTY BAT MOBILE REGION 3 350

Serial Number: 008869 Test Record Number: 1722 Test Date: 11/17/2023 Test Time: 10:37pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:38pm
FLO	Pass	10:38pm
FC	Pass	10:38pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:38pm
SRC	Pass	10:38pm
DET	Pass	10:38pm
BAR	Pass	10:38pm
BT	Pass	10:38pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:39pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Pass

10:39pm

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_	ates Instrument Location Gates	Co. S.O.
Instrument Seria	1No. 008588 202 Coun	+ St. Gatesvil
		N
The preventive r	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model,000 or higher) to be followed at least once every four months are:	el Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (breath simulator thermometer shows 34 degrees, plus or minus .2 degree ce	(psi) of pressure, or the alcoholic ntigrade;
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of "Pas	ss"; and
(10)	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Al whichever occurs first.	n date, or the alcoholic breath coholic Breath Simulator tests,
I certify that on t were performed and Human Serv	he day of , 20 day of	ventive maintenance procedures f the N.C. Department of Health
O WE STATE OF AN 20, 1775  WHITE TO THE PROPERTY OF AN AIR STATE OF AIR STATE OF AN AIR STATE OF AI	Signature of Certifying Official	Certificate Number
	/ Oxford July Official	Continuate Number

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

GATES COUNTY GATES CO SO 360

Serial Number: 008588 Test Date: 11/30/2023

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject'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 AIR BLK	Pass	10:19am 10:20am
ACCY CHK AIR BLK	.07	10:20am 10:21am
SUB TEST	.00	10:21am
AIR BLK	.00	10:23am
SUB TEST	.00	10:25am
AIR BLK	-00	10:25am

Reported AC: .00 g/210L

Agnature 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 Rev. 12/2007

#### GATES COUNTY GATES CO SO 360

Serial Number: 008588 Test Record Number: 1275 Test Date: 11/30/2023 Test Time: 10:27am EST

System Check: Passed

#### Baseline Tests

Status	Time
Pass	10:27am
Pass	10:27am
Pass	10:27am
	Pass Pass

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:27am
SRC	Pass	10:27am
DET	Pass	10:27am
BAR	Pass	10:27am
BT	Pass	10:27am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:28am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:28am
	CRC Tests	

Test	Status	Time
COMP	Pass	10:28am
CAL	Pass	10:28am

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

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

GATES COUNTY GATES CO SO 360

Serial Number: 008884 Test Date: 11/08/2023

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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	12:45pm
AIR BLK	.00	12:45pm
ACCY CHK	.08	12:46pm
AIR BLK	.00	12:47pm
SUB TEST	.00	12:48pm
AIR BLK	.00	12:49pm
SUB TEST	.00	12:50pm
AIR BLK	.00	12:51pm

Reported AC: .00 @/210L

Signature of Chemical Analyst

Court CVR

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

Department of Health and Human Services Rev. 12/2007

#### GATES COUNTY GATES CO SO 360

Serial Number: 008884 Test Record Number: 1145 

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:53pm
FLO	Pass	12:53pm
FC	Pass	12:53pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:53pm
SRC	Pass	12:53pm
DET	Pass	12:53pm
BAR	Pass	12:53pm
BT	Pass	12:53pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:53pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:54pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:54pm

Pass

12:54pm

12:54pm

Preventive Maintenance Status: Pass

CAL

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

Rev. 12/2007

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

County <u>GRA</u>	DUILLE Instrument Location GRADUILE CO. LEC
Instrument Seria	al No. 008635 525 Now COMMERCE DR
The preventive serial number 10	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on were performed and Human Serv	the day of November, 2023 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.
TO THE STATE OF TH	Signature of Certifying Official Certificate Number

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

DHHS 4080 (04/20)

GRANVILLE COUNTY GRANVILLE COUNTY LEC 380

Serial Number: 008635 Test Date: 11/21/2023

Citation Number: M0000000-0 Subject's Name:

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

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

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

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

Lot Number: AG303102 Exp Date: 01/31/2025

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00 .00	2:37pm 2:38pm 2:39pm 2:40pm 2:40pm
AIR BLK	.00	2:40pm 2:41pm
SUB TEST	.00	2:43pm
AIR BLK	.00	2:44pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

Rev. 12/2007

#### GRANVILLE COUNTY GRANVILLE COUNTY LEC 380

Serial Number: 008635 Test Record Number: 2127
Test Date: 11/21/2023 Test Time: 2:45pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:45pm 2:45pm
FC	Pass	2:45pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:46pm
SRC	Pass	2:46pm
DET	Pass	2:46pm
BAR	Pass	2:46pm
BT	Pass	2:46pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:46pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:46pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:46pm 2:46pm

Preventive Maintenance Status: Pass

Analyst

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

County GRAA	Instrument Location REED MOOR PD
Instrument Serie	1No. 008641 111 MASONIC ST CREEDMOOR, NO
	CREEDMOOR, NC
The preventive serial number 1	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with ,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	day of
THE STATE OF A	AT LANGUE TO THE PARTY OF THE P
A CO. QUAM VIDERIA	Extenset 1) 671
	Signature of Certifying Official Certificate Number

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

DHHS 4080 (04/20)

GRANVILLE COUNTY CREEDMOOR PD 380

Serial Number: 008641 Test Date: 11/21/2023

Citation Number: M0000000-0

Subject'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: Bryant, Earl A
Permit Number: 0017-9707
Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG303102 Exp Date: 01/31/2025

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	3:40pm 3:41pm 3:42pm 3:43pm 3:43pm
AIR BLK	.00	3:44pm
SUB TEST	.00	3:45pm
AIR BLK	.00	3:46pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures

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

### GRANVILLE COUNTY CREEDMOOR PD 380

Serial Number: 008641 Test Record Number: 1582

Test Date: 11/21/2023 Test Time: 3:47pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:47pm
FLO	Pass	3:47pm
FC	Pass	3:48pm

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	3:48pm 3:48pm 3:48pm 3:48pm 3:48pm
	1 455	3.40pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:48pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:48pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:49pm 3:49pm

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 GRAN	Instrument Location GRANVILLE CO. LEC
Instrument Seria	UNO. 008923 525 NOW COMMERCE DA.
The preventive reservation number 10	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on the were performed of and Human Servi	day of Movember, , 2023 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.
* 426 GITALE ON NORTH A STORY OF THE STATE O	Ethonost D 671
	Signature of Certifying Official Certificate Number

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

DHHS 4080 (04/20)

GRANVILLE COUNTY GRANVILLE COUNTY LEC 380

> Serial Number: 008923 Test Date: 11/21/2023

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

> Lot Number: AG303102 Exp Date: 01/31/2025

rest	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	2:46pm 2:46pm 2:47pm
AIR BLK	.00	2:48pm
SUB TEST	.00	2:49pm
AIR BLK	.00	2:50pm
SUB TEST	.00	2:51pm
AIR BLK	.00	2:52pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

Department of Health and Human Services

Rev. 12/2007

GRANVILLE COUNTY GRANVILLE COUNTY LEC 380

Serial Number: 008923

Test Record Number: 3232 

System Check: Passed

Baseline Tests

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

#### Temperature Tests

FC1 Pass 2:53pr SRC Pass 2:53pr DET Pass 2:53pr BAR Pass 2:53pr BT Pass 2:53pr	n n n

#### Blank Tests

Test	Status	Time
AIR	Pass	2:54pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:54pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:54pm 2:54pm

Preventive Maintenance Status: Pass

Analyst

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

County G	een l Instrument Location Gleene (o. S.O.
Instrument Seria	INO. DO 8670 301 W. Gleene St., Gow Hill,
	NC
The preventive reserval number 10	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on were performed and Human Serv	the 3 day of November, 20,33 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rices, and the instrument is functioning properly.
THE STATE OF THE PROPERTY OF T	7.100 / 100/3
Warman and a	Signature of Certifying Official Certificate Number
A signed origina	I of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

GREENE COUNTY GREENE CO SO 390

Serial Number: 008670 Test Date: 11/03/2023

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

02/01/2022-02/01/2024

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00 .00	12:07pm 12:08pm 12:09pm 12:10pm 12:11pm 12:13pm 12:14pm

Reported AC: .00 g/210L

Court CVR

Key P. Analyst

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

Rev. 12/2007

#### GREENE COUNTY GREENE CO SO 390

Serial Number: 008670 Test Record Number: 2382
Test Date: 11/03/2023 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 SRC	Pass Pass	12:15pm 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 CAL	Pass Pass	12:16pm 12:16pm

Preventive Maintenance Status: Pass

Analyst

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

CountyG	UILFORD Instrument Location 4/6/4 POINT JAIC
Instrument Serial	No. 008655 Instrument Location HIGH POINT, NC
	<u> </u>
	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 22 day of NOVEMBER, 2023 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.
OLIM 1800 ME	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)

GUILFORD COUNTY HIGH POINT JAIL 400

Serial Number: 008655 Test Date: 11/22/2023

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE
Subject'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	Pass .00 .08 .00 .00	12:03pm 12:04pm 12:05pm 12:06pm 12:07pm 12:08pm
SUB TEST	.00	12:09pm
AIR BLK	.00	12:10pm

Reported AC: .00 g/210L

Court CVR

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

Apatyst

Department of Health and Human Services

Rev. 12/2007

#### GUILFORD COUNTY HIGH POINT JAIL 400

Serial Number: 008655 Test Record Number: 3960 Test Date: 11/22/2023 Test Time: 12:11pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	12:12pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Pass

12:12pm

CAL

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

Asqalyst

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

County G	UILFORD Instrument Location BAT MOBILE REGION 3
Instrument Se	rial No. 008898 UNCG P.D.
The preventive serial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on were performed and Human Ser	the lo_day of November , 2023 the forgoing preventive maintenance procedures don the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
TOPAR 12 172	M. C. Jelen 676 Signature of Certifying Official Certificate Number

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

GUILFORD COUNTY BAT MOBILE REGION 3 400

Serial Number: 008898 Test Date: 11/10/2023

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

Subject'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

rest	g/210L	Time
DIAG	Pass	9:44pm
AIR BLK	.00	9:45pm
ACCY CHK	.07	9:46pm
AIR BLK	.00	9:47pm
SUB TEST	.00	9:47pm
AIR BLK	.00	9:48pm
SUB TEST	.00	9:50pm
AIR BLK	.00	9:51pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Mc Halyst

## GUILFORD COUNTY BAT MOBILE REGION 3 400

Serial Number: 008898 Test Record Number: 1726
Test Date: 11/10/2023 Test Time: 9:55pm EST

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	9:55pm
SRC	Pass	9:55pm
DET	Pass	9:55pm
BAR	Pass	9:55pm
BT	Pass	9:55pm

#### Blank Tests

Test	Status	Time
AIR	Pass	9.56nm

#### Printer Tests

rest	Status	Time
PRNT	Pass	9:56pm
	CRC Tests	

Test	Status	Time
COMP	Pass	9:56pm
CAL	Pass	9:56pm

Preventive Maintenance Status: Pass

Me He

# 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 MALIFIC	2× Co. 5.0.
Instrument Se	rial No. 00 8695 358	FERRILL LANE
The preventive serial number	re maintenance procedures for the Intoximeters, Model Intox EC/IR I 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 s breath simulator thermometer shows 34 degrees, plus or minus.	group in t. ( 2) c
(2)	Verify instrument displays time and date;	9,
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance sta	utus of "Pass": and
(10)	Verify that the ethanol gas canister is being changed before simulator solution is being changed every four months or aff whichever occurs first.	
	the day of November, 2022 the forget on the instrument indicated above, in accordance with current regrees, and the instrument is functioning properly.	going preventive maintenance procedures ulations of the N.C. Department of Health
THE STATE OF	TO THE PARTY OF TH	
*SGE QUAM VIDER	September 1	671
	Signature of Certifying Official	Certificate Number

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

DHHS 4080 (04/20)

HALIFAX CO. HALIFAX CO SO 410

Serial Number: 008695 Test Date: 11/06/2023

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Bryant, Earl A
Permit Number: 0017-9707
Effective:

10/01/2023-10/01/2025

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

Lot Number: AG303102 Exp Date: 01/31/2025

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00 .00	2:49pm 2:49pm 2:50pm 2:51pm 2:51pm 2:52pm 2:54pm 2:55pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analy

### HALIFAX CO. HALIFAX CO SO 410

Serial Number: 008695 Test Record Number: 3677

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:56pm
FLO	Pass	2:56pm
FC	Pass	2:56pm

### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	2:57pm 2:57pm 2:57pm 2:57pm 2:57pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:57pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:57pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:57pm 2:57pm

Preventive Maintenance Status: Pass

Analyst

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

County Ha	Instrument Location Harnett (	County
Instrument Seri	al No. 008729 Detention	n Center
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Mod 0,000 or higher) to be followed at least once every four months are:	lel 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 c	(psi) of pressure, or the alcoholic entigrade;
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of "Pa	ass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 A whichever occurs first.	
	the	eventive maintenance procedures of the N.C. Department of Health
THE STATE OF THE S	TO STORY OF THE ST	675
	Signature of Certifying Official	Certificate Number

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

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008729 Test Date: 11/03/2023

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Garner, Joel K

Permit Number: 0036-5156

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:30am
AIR BLK	.00	9:31am
ACCY CHK	.08	9:31am
AIR BLK	.00	9:32am
SUB TEST	.00	9:33am
AIR BLK	.00	9:34am
SUB TEST	.00	9:35am
ATR BLK	.00	9:36am

Reported AC: .00 g/210L

gnature of Chemical Analyst

Court CVR

Analyst

#### HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008729 Test Record Number: 2842 Test Date: 11/03/2023 Test Time: 9:37am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:37am
FLO	Pass	9:37am
FC	Pass	9:38am

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:38am
SRC	Pass	9:38am
DET	Pass	9:38am
BAR	Pass	9:38am
BT	Pass	9:38am

#### Blank Tests

Status	Time
Pass	9:38am

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:38am
	CRC Tests	
Test	Status	Time
COMP	Pass	9:38am

Preventive Maintenance Status: Pass

Analyst

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

County	ertford	Instrument Location_	BAT	Mobile	Unit 5
Instrument Seria	INO. 00 8575	_	NC	SHP	
		,			
	maintenance procedures for the 0,000 or higher) to be followed			and Model Intox	EC/IR II (Enhanced with
(1)	Verify the ethanol gas canist breath simulator thermometer				
(2)	Verify instrument displays ti	me and date;			
(3)	Initiate breath test sequence;				
(4)	Enter information as prompt	ed;			
(5)	Verify instrument accuracy;				
(6)	When "PLEASE BLOW" ap	pears, collect breath sar	mple;		
(7)	When "PLEASE BLOW" ap	pears, collect breath sar	mple;		
(8)	Print test record;				
(9)	Run diagnostic program and	confirm preventive mai	ntenance stat	us of "Pass"; and	
(10)	Verify that the ethanol gas simulator solution is being whichever occurs first.				
were performed	the 17 <sup>th</sup> day of Nove on the instrument indicated ab	ove, in accordance with	the forg	oing preventive	maintenance procedures C. Department of Health
STATE ON STA	CAROLL				684
CALL THE STATE OF		gnature of Certifying O	fficial	Ce	ertificate Number

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

## HERTFORD COUNTY BAT MOBILE UNIT 5 450

Serial Number: 008575 Test Date: 11/17/2023

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	2:57pm 2:58pm 2:59pm
SUB TEST	.00	3:00pm 3:01pm
AIR BLK	.00	3:02pm
SUB TEST AIR BLK	.00	3:03pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### HERTFORD COUNTY BAT MOBILE UNIT 5 450

Serial Number: 008575 Test Record Number: 1414
Test Date: 11/17/2023 Test Time: 3:05pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:05pm
FLO	Pass	3:05pm
FC	Pass	3:06pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:06pm
SRC	Pass	3:06pm
DET	Pass	3:06pm
BAR	Pass	3:06pm
BT	Pass	3:06pm

#### Blank Tests

Test	Status	Time
	Pass	3:06pm

#### Printer Tests

Test Status Time

PRNT	Pass	3:06pm
	CRC Tests	
Test	Status	Time

1000	Deacas	11110
COMP	Pass	3:06pm
CAL	Pass	3:06pm

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)

CountyH	erfford Instrument Location BAT M	nobile unit 5
Instrument Serial	No. 008616 NC St	10
	naintenance procedures for the Intoximeters, Model Intox EC/IR II and M ,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.	
	on the instrument indicated above, in accordance with current regulation ices, and the instrument is functioning properly.	preventive maintenance procedures as of the N.C. Department of Health
SIATE		( C.II
GIAM VO	Signature of Certifying Official	Certificate Number

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

#### HERTFORD COUNTY BAT MOBILE UNIT 5 450

Serial Number: 008616 Test Date: 11/17/2023

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

Subject'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	3:01pm
AIR BLK	-00	3:02pm
ACCY CHK	.08	3:03pm
AIR BLK	.00	3:04pm
SUB TEST	.00	3:04pm
AIR BLK	.00	3:05pm
SUB TEST	.00	3:07pm
AIR BLK	.00	3:08pm

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### HERTFORD COUNTY BAT MOBILE UNIT 5 450

Serial Number: 008616 Test Record Number: 2807 Test Date: 11/17/2023 Test Time: 3:08pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:08pm
FLO	Pass	3:08pm
FC	Pass	3:09pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:09pm
SRC	Pass	3:09pm
DET	Pass	3:09pm
BAR	Pass	3:09pm
BT	Pass	3:09pm

#### Blank Tests

Test	Status	Time	
		3:09pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:09rm

#### CRC Tests

Test	Status	Time
COMP	Pass	3:10pm
CAL	Pass	3:10pm

Preventive Maintenance Status: Pass

Analyst

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

County	Hertford Instrument Location BAT Mobile Unit
Instrument S	Perial No. 00 8647 NC SHP
	we maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with at 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were perform	on the 17 <sup>th</sup> day of November, 20 33 the forgoing preventive maintenance procedures need 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	684
QUAM VID	Signature of Certifying Official Certificate Number

HERTFORD COUNTY BAT MOBILE UNIT 5 450

Serial Number: 008647 Test Date: 11/17/2023

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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	3:05pm
AIR BLK	.00	3:06pm
ACCY CHK	.08	3:07pm
AIR BLK	.00	3:08pm
SUB TEST	.00	3:08pm
AIR BLK	.00	3:09pm
SUB TEST	.00	3:11pm
AIR BLK	.00	3:12pm

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HERTFORD COUNTY BAT MOBILE UNIT 5 450
Serial Number: 008647 Test Record Number: 2802
Test Date: 11/17/2023 Test Time: 3:12pm EST
System Check: Passed

com circoit. Labore

#### Baseline Tests

Test	Status	Time
IR	Pass	3:12pm
FLO	Pass	3:12pm
FC	Pass	3:13pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:13pm
SRC	Pass	3:13pm
DET	Pass	3:13pm
BAR	Pass	3:13pm
BT	Pass	3:13pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:13pm

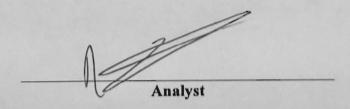
#### Printer Tests

Test	Status	Time
PRNT	Pass	3:13pm

#### CRC Tests

Test	Status	Time
COMP	Pass	3:14pm
CAL	Pass	3:14pm

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	Pertford Instrument Location BAT Mobile Unit 5
Instrument Seria	NC SHP
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced wir 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcohol breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.
were performed	the 17th day of November, 20 23 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.
TANK STATE O'A	
TO QUAM VIDENT	Signature of Certifying Official Certificate Number

#### HERTFORD COUNTY BAT MOBILE UNIT 5 450

Serial Number: 008704 Test Date: 11/17/2023

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00 .00	3:02pm 3:02pm 3:03pm 3:04pm 3:05pm
AIR BLK SUB TEST	.00	3:06pm 3:07pm
AIR BLK	.00	3:08pm

Reported AC. .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### HERTFORD COUNTY BAT MOBILE UNIT 5 450

Serial Number: 008704 Test Record Number: 848
Test Date: 11/17/2023 Test Time: 3:10pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:10pm
FLO	Pass	3:10pm
FC	Pass	3:10pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:10pm
SRC	Pass	3:10pm
DET	Pass	3:10pm
BAR	Pass	3:10pm
BT	Pass	3:10pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:11pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:11pm

#### CRC Tests

Test	Status	Time
COMP	Pass	3:11pm
CAL	Pass	3:11pm

Preventive Maintenance

Status: Pass

Analyst

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

County	Hertford Instrument Location BAT Mobile Unit 5
Instrument Se	rial No. 008707 NC SHP
	re maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were perform	on the 17th day of November, 2023 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.
THE STATE OF THE S	CS Y
Vara	Signature of Certifying Official Certificate Number

#### HERTFORD COUNTY BAT MOBILE UNIT 5 450

Serial Number: 008707 Test Date: 11/17/2023

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject'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	2:58pm
AIR BLK	.00	2:59pm
ACCY CHK	.08	3:00pm
AIR BLK	.00	3:01pm
SUB TEST	.00	3:02pm
AIR BLK	.00	3:03pm
SUB TEST	.00	3:04pm
AIR BLK	.00	3:05pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Analyst

Department of Health and Human Services Rev. 12/2007

#### HERTFORD COUNTY BAT MOBILE UNIT 5 450

Serial Number: 008707 Test Record Number: 2797
Test Date: 11/17/2023 Test Time: 3:06pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:06pm 3:06pm
FC	Pass	3:06pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:07pm
SRC	Pass	3:07pm
DET	Pass	3:07pm
EAR	Pass	3:07pm
BT	Pass	3:07pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:07pm

#### Printer Tests

2000	DUALUB	11100
PRNT	Pass	3:07pm
	CRC Tests	
Test	Status	Time

2556	DURLUD	1 1 11110
COMP	Pass	3:07pm
CAL	Pass	3:07pm

Preventive Maintenance Status: Pass

Analyst

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

County H	ertford Instrument Location BAT Mobile Unit 5
Instrument Seria	1NO. 00 8826 NC SHP
	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with ,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	he 17th day of November, 2023 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ices, and the instrument is functioning properly.
STATE ON AND TO STATE ON AND TO STATE OF AND T	Signature of Certifying Official Certificate Number

#### HERTFORD COUNTY BAT MOBILE UNIT 5 450

Serial Number: 008826 Test Date: 11/17/2023

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	2:59pm 3:00pm 3:01pm
AIR BLK	.00	3:01pm
SUB TEST	.00	3:02pm
AIR BLK	.00	3:03pm
SUB TEST	.00	3:04pm
AIR BLK	.00	3:05pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### HERTFORD COUNTY BAT MOBILE UNIT 5 450

Serial Number: 008826 Test Record Number: 8482 Test Date: 11/17/2023 Test Time: 3:06pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:07pm 3:07pm
FC	Pass	3:07pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:07pm
SRC	Pass	3:07pm
DET	Pass	3:07pm
BAR	Pass	3:07pm
BT	Pass	3:07pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:08pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:08pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:08pm 3:08pm

Preventive Maintenance Status: Pass

Analyst

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

County He	Instrument Location Murfo	eshoro P.D.
Instrument Seria	1No.008906 115 E. P	Broad St. Murfrees
_		No
The preventive reservation number 10	naintenance procedures for the Intoximeters, Model Intox EC/IR II and 0,000 or higher) to be followed at least once every four months are:	d Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square breath simulator thermometer shows 34 degrees, plus or minus .2 de	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 whichever occurs first.	piration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,
I certify that on t were performed and Human Serv	the day of day of the instrument indicated above, in accordance with current regulatices, and the instrument is functioning properly.	ng preventive maintenance procedures ions of the N.C. Department of Health
STATE OF AN 20, 127 THE AND THE STATE OF AN 20, 127 TH		680
	Signature of Certifying Official	Certificate Number

HERTFORD COUNTY MURFREESBORO PD 450

Serial Number: 008906 Test Date: 11/08/2023

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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 AIR BLK ACCY CHK AIR BLK	Pass .00 .08 .00	10:09am 10:10am 10:11am 10:12am
SUB TEST	.00	10:13am
AIR BLK	.00	10:14am
SUB TEST	.00	10:15am
AIR BLK	.00	10:16am

Reported AC:

.00 g/2/10L

Signature of Chemical Applyst

Court CVR

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

Department of Health and Human Services Rev. 12/2007

#### HERTFORD COUNTY MURFREESBORO PD 450

Serial Number: 008906 Test Record Number: 898
Test Date: 11/08/2023 Test Time: 10:19am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:19am
FLO	Pass	10:19am
FC	Pass	10:20am

#### Temperature Tests

Test S	tatus Time
FC1 P	ass 10:20am
SRC P	ass 10:20am
DET P	ass 10:20am
BAR P	ass 10:20am
BT P	ass 10:20am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:20am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:20am
	CRC Tests	

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

Preventive Maintenance Status: Pass

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

Department of Health and Human Services 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 Ho	Instrument Location Hoke County
Instrument Seri	al No. 008852 Detention Center
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on were performed and Human Ser	the day of day o
A THE STATE OF THE	ALAO 675
	Signature of Certifying Official Certificate Number

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008852 Test Date: 11/20/2023

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject'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:

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA
Agency: DHHS

Test Type: Breath Test

Lot Number: AG212402 Exp Date: 05/04/2024

Test	g/210L	Time
DIAG	Pass	10:04am
AIR BLK	.00	10:05am
ACCY CHK	.08	10:06am
AIR BLK	.00	10:07am
SUB TEST	.00	10:07am
AIR BLK	.00	10:08am
SUB TEST	.00	10:10am
ATR BLK	0.0	10 • 11 am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### HOKE COUNTY DETENTION CENTER 460

Serial Number: 008852 Test Record Number: 1532 Test Date: 11/20/2023 Test Time: 10:12am EST

System Check: Passed

Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:13am

#### Printer Tests

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

CAL Pass 10:13am

Preventive Maintenance Status: Pass

Analyst

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

County C	ke Instrument Location Hoke County
Instrument Seria	al No. 008855 Detention Center
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
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OF THE STATE OF TH	ALL CAS
	Signature of Certifying Official Certificate Number

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008855 Test Date: 11/20/2023

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Analyst's Name: Garner, Joel K

Permit Number: 0036-5156

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG212402 Exp Date: 05/04/2024

Test	g/210L	Time
DIAG	Pass	9:55am
AIR BLK	.00	9:56am
ACCY CHK	.08	9:56am
AIR BLK	.00	9:57am
SUB TEST	.00	9:58am
AIR BLK	.00	9:59am
SUB TEST	.00	10:00am
AIR BLK	.00	10:01am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### HOKE COUNTY DETENTION CENTER 460

Serial Number: 008855 Test Record Number: 1759
Test Date: 11/20/2023 Test Time: 10:02am EST

System Check: Passed

#### Baseline Tests

Test Status	Time
IR Pass	10:02am
FLO Pass	10:02am
FC Pass	10:02am

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:02am
SRC	Pass	10:02am
DET	Pass	10:02am
BAR	Pass	10:02am
BT	Pass	10:02am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:03am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:03am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:03am
CAL	Pass	10:03am

Preventive Maintenance Status: Pass

**Analyst** 

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

County Hy	de Instrument Location Hyde (o. 5,0,
Instrument Serie	al No. 008801 1223 Main St., Swan Quarter,
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 November, 2023 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
STATE OF STA	GO A CONTRACTOR OF THE PARTY OF
TOP QUAM VIDENT	ly P. Say 643
	Signature of Certifying Official Certificate Number

HYDE COUNTY HYDE CO SO SWAN QUAR 470

Serial Number: 008801 Test Date: 11/06/2023

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE Subject'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:
02/01/2022-02/01/2024

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 ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00	11:07am 11:08am 11:09am 11:10am 11:11am 11:13am
AIR BLK	.00	11:14am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HYDE COUNTY HYDE CO SO SWAN QUAR 470

Serial Number: 008801 Test Record Number: 709
Test Date: 11/06/2023 Test Time: 11:15am EST

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	11:16am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:16am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:17am 11:17am

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	Hy	le Instrument Location Hyde Co.	S.O. Ocrocoke
Instrum	ent Serial	No.008847 NC12, Oca	acoke, NC
The pre	eventive m	aintenance procedures for the Intoximeters, Model Intox EC/IR II and Mod 000 or higher) to be followed at least once every four months are:	el Intox EC/IR II (Enhanced with
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch breath simulator thermometer shows 34 degrees, plus or minus .2 degree co	(psi) of pressure, or the alcoholic entigrade;
	(2)	Verify instrument displays time and date;	
	(3)	Initiate breath test sequence;	
	(4)	Enter information as prompted;	
	(5)	Verify instrument accuracy;	
	(6)	When "PLEASE BLOW" appears, collect breath sample;	
	(7)	When "PLEASE BLOW" appears, collect breath sample;	
	(8)	Print test record;	
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pa	ss"; and
	(10)	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 A whichever occurs first.	on date, or the alcoholic breath alcoholic Breath Simulator tests,
were pe	erformed of	ne 24 day of 10	eventive maintenance procedures of the N.C. Department of Health
W. HATEL CREAT SET	STATE OF NO. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10		680
		Signature of Certifying Official	Certificate Number

HYDE COUNTY HYDE CO SO OCRACOKE 470

Serial Number: 008847 Test Date: 11/29/2023

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject'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	11:03am
AIR BLK	.00	11:04am
ACCY CHK	.08	11:05am
AIR BLK	.00	11:06am
SUB TEST	.00	11:06am
AIR BLK	.00	11:07am
SUB TEST	.00	11:09am
AIR BLK	.00	11:10am

Reported AC: .00 g/210L

Signature of Charical 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

#### HYDE COUNTY HYDE CO SO OCRACOKE 470

Serial Number: 008847 Test Record Number: 863 Test Date: 11/29/2023 Test Time: 11:11am EST

System Check: Passed

#### Baseline Tests

Status	Time
Pass	11:12am
Pass	11:12am
Pass	11:12am
	Pass Pass

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:12am

#### Printer Tests

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

	Double	11110
COMP	Pass	11:13am
CAL	Pass	11:13am

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)

anol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcohol tor thermometer shows 34 degrees, plus or minus .2 degree centigrade; nent displays time and date; test sequence; tion as prompted;
test sequence;
tion as prompted;
nent accuracy;
SE BLOW" appears, collect breath sample;
SE BLOW" appears, collect breath sample;
rd;
c program and confirm preventive maintenance status of "Pass"; and
he ethanol gas canister is being changed before expiration date, or the alcoholic breaution is being changed every four months or after 125 Alcoholic Breath Simulator testicurs first.
of November, 20,23 the forgoing preventive maintenance procedure in tindicated above, in accordance with current regulations of the N.C. Department of Heal trument is functioning properly.
tilli

JOHNSTON COUNTY BAT MOBILE UNIT 4 500

Serial Number: 008736 Test Date: 11/21/2023

Citation Number: M0000000-0

Subject's Name:

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

Subject's Sex: Male

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

Analyst's Name: Glasscock, Jerry D

Permit Number: 7180-9235

Effective:

10/01/2023-10/01/2025

Officer's Name: Glasscock, Jerry D

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG212402 Exp Date: 05/04/2024

Test	g/210L	Time
DIAG	Pass	8:27am
AIR BLK	.00	8:28am
ACCY CHK	.08	8:29am
AIR BLK	.00	8:30am
SUB TEST	.00	8:30am
AIR BLK	.00	8:31am
SUB TEST	.00	8:33am
AIR BLK	.00	8:33am

Reported AC: , .00 g/210L

Signature of Chemical Analyst

Court CVR

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

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Rev. 12/2007

#### JOHNSTON COUNTY BAT MOBILE UNIT 4 500

Serial Number: 008736 Test Record Number: 1208 

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	8:35am
FLO	Pass	8:35am
FC	Pass	8:35am

#### Temperature Tests

Test	Status	Time
FC1	Pass	8:35am
SRC	Pass	8:35am
DET	Pass	8:35am
BAR	Pass	8:35am
BT	Pass	8:35am

#### Blank Tests

Test	Status	Time
AIR	Pass	8:36am

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:36am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	8:36am 8:36am

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	Shaston Instrument Location Tohnston County
Instrument Seria	al No. 008810 Detention Center
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on were performed and Human Ser	the day of, 20 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
THE STATE OF THE S	AL A

Signature of Certifying Official

Certificate Number

JOHNSTON COUNTY DETENTION CENTER 500

Serial Number: 008810 Test Date: 11/22/2023

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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	12:43pm
AIR BLK	.00	12:44pm
ACCY CHK	.08	12:45pm
AIR BLK	.00	12:46pm
SUB TEST	.00	12:47pm
AIR BLK	.00	12:47pm
SUB TEST	.00	12:49pm
AIR BLK	.00	12:50pm

Reportéd AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### JOHNSTON COUNTY DETENTION CENTER 500

Serial Number: 008810 Test Record Number: 5658
Test Date: 11/22/2023 Test Time: 12:52pm EST

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	12:53pm

12:53pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

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

County	Shinston Instrument Location Johnston County	
Instrument Seria	No. 008846 Detention Center	
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:	
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;	
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and	
(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.		
	the 22 day of 2023 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.	
THE STATE OF THE S	ALL GARD	
Constraint and activities	Signature of Certifying Official Certificate Number	

#### JOHNSTON COUNTY DETENTION CENTER 500

Serial Number: 008846 Test Date: 11/22/2023

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE
Subject'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	12:45pm
AIR BLK	.00	12:46pm
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	12:52pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### JOHNSTON COUNTY DETENTION CENTER 500

Serial Number: 008846 Test Record Number: 6185
Test Date: 11/22/2023 Test Time: 12:56pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:56pm
FLO	Pass	12:56pm
FC	Pass	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	12:57pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:57pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:57pm

CAL Pass 12:57pm

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.
T	the 21 day of November, 2023 the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health

JOHNSTON COUNTY BAT MOBILE UNIT 4 500

Serial Number: 008929 Test Date: 11/21/2023

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

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

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

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### JOHNSTON COUNTY BAT MOBILE UNIT 4 500

Serial Number: 008929 Test Record Number: 1362
Test Date: 11/21/2023 Test Time: 8:32am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	8:32am
FLO	Pass	8:32am
FC	Pass	8:32am

#### Temperature Tests

Test	Status	Time
FC1	Pass	8:32am
SRC	Pass	8:32am
DET	Pass	8:32am
BAR	Pass	8:32am
BT	Pass	8:32am

#### Blank Tests

Test	Status	Time
AIR	Pass	8:33am

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:33am
	CRC Tests	
Test	Status	Time

Pass

Pass

8:33am

8:33am

Preventive Maintenance Status: Pass

COMP

CAL

See D Harry D

# 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>Le</u>	Instrument Location BAT mobile unit 7	
Instrument Seri	erial No. 008600 NC 3HP	
The preventive serial number	we maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II an	I (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;	e, or the alcoholic
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and	
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the simulator solution is being changed every four months or after 125 Alcoholic Breat whichever occurs first.	e alcoholic breath h Simulator tests,
were perform	on the 18 day of 2023 the forgoing preventive maintenance on the instrument indicated above, in accordance with current regulations of the N.C. Departures, and the instrument is functioning properly.	enance procedures partment of Health
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Super Straw Age		ate Number

LENOIR COUNTY BAT MOBILE UNIT 7 530

Serial Number: 008600 Test Date: 11/18/2023

Citation Number: M000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Anderson, Mark G Permit Number: 0013-1517 Effective:

02/01/2022-02/01/2024

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

Test Type: Breath Test

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

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

Signature of Chemical Analyst

Court CVR

Analyst

#### LENOIR COUNTY BAT MOBILE UNIT 7 530

Serial Number: 008600 Test Record Number: 2605
Test Date: 11/18/2023 Test Time: 9:15pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Status	Time
Pass	9:16pm
	Pass Pass Pass Pass

#### 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

Preventive Maintenance Status: Pass

Pass

9:17pm

CAL

mach

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 Len	Oir Instrument Location Kinston P.D.
Instrument Seria	al No. 008624 205 E. King St., Kinston, N.C.
The preventive serial 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.
were performed	the
STATE ON	
OF QUAN VIDOS	76 D Day 643
	Signature of Cortifying Official Certificate Number

LENOIR COUNTY KINSTON PD 530

Serial Number: 008624 Test Date: 11/27/2023

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

Subject'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:
02/01/2022-02/01/2024

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 ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00 .00	12:33pm 12:34pm 12:34pm 12:35pm 12:36pm 12:37pm
SUB TEST	.00	12:39pm
AIR RIK		1/-39011

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### LENOIR COUNTY KINSTON PD 530

Serial Number: 008624 Test Record Number: 2191
Test Date: 11/27/2023 Test Time: 12:41pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	12:42pm

#### Printer Tests

Test	Status	Time
PRNT	Pass .	12:42pm
	CRC Tests	
Test	Status	Time

Test	Status	Time
COMP	Pass	12:42pm
CAL	Pass	12:42pm

Preventive Maintenance Status: Pass

Zey O San 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	noir Instrument Location Lenvir Co. S.O.
Instrument Seri	Instrument Location Lenvir Co. S.O.  al No. 008639  130 Queen St., Kinston, N.C.
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on were performed and Human Ser	the 27 day of November, 2023 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.
M STATE OF	Service of the servic
A TOP QUAM VICENT	They I fay 643
	Signature of Certifying Official Certificate Number

LENOIR COUNTY LENOIR CO SO 530

Serial Number: 008639 Test Date: 11/27/2023

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

02/01/2022-02/01/2024

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 ACCY CHK AIR BLK	Pass .00 .07	1:21pm 1:22pm 1:22pm 1:24pm
SUB TEST	.00	1:24pm
AIR BLK	.00	1:25pm
SUB TEST	.00	1:27pm
AIR BLK	.00	1:28pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### LENOIR COUNTY LENOIR CO SO 530

Serial Number: 008639 Test Record Number: 3898
Test Date: 11/27/2023 Test Time: 1:28pm EST

System Check: Passed

#### Baseline Tests

Status	Time
Pass	1:29pm
Pass	1:29pm
Pass	1:29pm
	Pass Pass

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:29pm
SRC	Pass	1:29pm
DET	Pass	1:29pm
BAR	Pass	1:29pm
BT	Pass	1:29pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:30pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:30pm
	CRC Tests	

Test	Status	Time
COMP	Pass	1:30pm
CAL	Pass	1:30pm

Preventive Maintenance Status: Pass

Analyst

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

County Lincoln Instrument Location	incoln Co Jail
Instrument Serial No. 008823	lincolnton, NC
The preventive maintenance procedures for the Intoximeters, Model Intox serial number 10,000 or higher) to be followed at least once every four more	EC/IR II and Model Intox EC/IR II (Enhanced with arths are:
(1) Verify the ethanol gas canister displays at least 51 poun- breath simulator thermometer shows 34 degrees, plus or	ds per square inch (psi) of pressure, or the alcoholic minus .2 degree centigrade;
(2) Verify instrument displays time and date;	
(3) Initiate breath test sequence;	
(4) Enter information as prompted;	
(5) Verify instrument accuracy;	*
(6) When "PLEASE 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	nance 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.	d before expiration date, or the alcoholic breath as or after 125 Alcoholic Breath Simulator tests,
I certify that on the	the forgoing preventive maintenance procedures rrent regulations of the N.C. Department of Health
Signature of Certifying Offici	al Certificate Number

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

DHHS 4080 (04/20)

LINCOLN COUNTY LINCOLN COUNTY SO 540

Serial Number: 008823 Test Date: 11/14/2023

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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: AG212402 Exp Date: 05/04/2024

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

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

#### LINCOLN COUNTY LINCOLN COUNTY SO 540

Serial Number: 008823 Test Record Number: 1888
Test Date: 11/14/2023 Test Time: 11:16am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass 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
PRNT	Pass	11:17am

#### CRC Tests

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

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_	ncoln Instrument Location Lincoln Co Fail
Instrument Seria	Mag 27 Linealistes M.V.
The preventive r	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	theday of
ON SIATE ON THE CONTROL OF THE CONTR	Signature of Certifying Official Certificate Number
A signed origina	al of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

LINCOLN COUNTY LINCOLN COUNTY SO 540

Serial Number: 008827 Test Date: 11/14/2023

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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: AG212403 Exp Date: 05/04/2024

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

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

#### LINCOLN COUNTY LINCOLN COUNTY SO 540

Serial Number: 008827 Test Record Number: 4046
Test Date: 11/14/2023 Test Time: 11:14am EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:15am
SRC	Pass	11:15am
DET	Pass	11:15am
BAR	Pass	11:15am
BT	Pass	11:15am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:15am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:15am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:15am

Preventive Maintenance Status: Pass

Pass

11:15am

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_O	CKlenburg Instrument Location Markham PD
Instrument Seria	1NO. 008699 MORTHAUS, NC
The preventive r serial number 10	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 1,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on were performed and Human Serv	the <u>1 str</u> day of <u>November</u> , 20 <u>23</u> the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
NA SIATE OF A SIATE OF	Signature of Certifying Official Certificate Number
A signed origina	of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

MECKLENBURG COUNTY MATTHEWS PD 590

Serial Number: 008699 Test Date: 11/01/2023

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE Subject'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 AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00 .00 .00 .00	2:26pm 2:27pm 2:27pm 2:29pm 2:29pm 2:30pm 2:32pm
ATR BLK	- 00	2:32pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### MECKLENBURG COUNTY MATTHEWS PD 590

Serial Number: 008699 Test Record Number: 3167
Test Date: 11/01/2023 Test Time: 2:34pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:34pm 2:34pm
FC	Pass	2:34pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:34pm
SRC	Pass	2:34pm
DET	Pass	2:34pm
BAR	Pass	2:34pm
BT	Pass	2:34pm

#### Blank Tests

Test	Status	Time
ΔTD	Dagg	2.35pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:35pm
	CRC Tests	
Test	Status	Time

COMP	Pass	2:35pm
CAL	Pass	2:35pm

Preventive Maintenance Status: Pass

lnalyst

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

County MC	cklenburg Instrument Location Pineville Police Departme
Instrument Serial	No. 008703 Pinquille, NC
The preventive m serial number 10,	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on the were performed of and Human Servi	ne day of November, 2023 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ces, and the instrument is functioning properly.
THE STATE OF NO.	Signature of Certifying Official  Certificate Number

MECKLENBURG COUNTY PINEVILLE PD 590

Serial Number: 008703 Test Date: 11/06/2023

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

Subject'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: AG212403 Exp Date: 05/04/2024

Test	g/210L	Time
DIAG AIR BLK	Pass	11:39am 11:39am
ACCY CHK	.08	11:40am
AIR BLK SUB TEST	.00 .00	11:41am <b>11:41am</b>
AIR BLK	.00	11:41am
SUB TEST	.00	11:44am
ATR BLK	-00	11:45am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

#### MECKLENBURG COUNTY PINEVILLE PD 590

Serial Number: 008703 Test Record Number: 6227 Test Date: 11/06/2023 Test Time: 11:45am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:46am
FLO	Pass	11:46am
FC	Pass	11:46am

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	11:46am 11:46am 11:46am 11:46am 11:46am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:47am

#### Printer Tests

Test

CAL

PRNT	Pass	11:47am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:47am

Pass

Status Time

11:47am

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)

MODEL	THO ECITION ECITION OF THE PROPERTY
County MCK/e	nburg Instrument Location Huntersville PD
Instrument Serial No.	108747 Huntersville, NC
The preventive mainten serial number 10,000 or	nance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with r higher) to be followed at least once every four months are:
(1) Veri brea	ify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic ath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2) Veri	ify instrument displays time and date;
(3) Initia	ate breath test sequence;
(4) Ente	er information as prompted;
(5) Veri	fy instrument accuracy;
(6) Whe	en "PLEASE BLOW" appears, collect breath sample;
(7) Whe	en "PLEASE BLOW" appears, collect breath sample;
(8) Print	t test record;
(9) Run	diagnostic program and confirm preventive maintenance status of "Pass"; and
simul	fy that the ethanol gas canister is being changed before expiration date, or the alcoholic breath lator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, hever occurs first.
I certify that on the were performed on the i	1th day of November, 2023 the forgoing preventive maintenance procedures instrument indicated above, in accordance with current regulations of the N.C. Department of Health

Signature of Certifying Official

Certificate Number

MECKLENBURG HUNTERSVILLE PD 590

Serial Number: 008747 Test Date: 11/27/2023

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject'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: AG212402 Exp Date: 05/04/2024

Test	g/210L	Time
DIAG AIR BLK	Pass	4:42pm 4:43pm
ACCY CHK	.08	4:44pm
AIR BLK	.00	4:44pm
SUB TEST	.00	4:45pm
AIR BLK	.00	4:46pm
SUB TEST	.00	4:48pm
AIR BLK	.00	4:48pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### MECKLENBURG HUNTERSVILLE PD 590

Test Record Number: 3187 Serial Number: 008747 

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	4:49pm 4:49pm
FC	Pass	4:49pm

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	4:49pm 4:49pm 4:49pm 4:49pm
BT	Pass	4:49pm

#### Blank Tests

Test	Status	Time	
ATR	Pass	4:50pm	

#### Printer Tests

CAL

Test	Status	Time
PRNT	Pass	4:50pm
	CRC Tests	
Test	Status	Time
COMP	Pass	4:50pm

4:50pm

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)

	erial No. 008869	_	CMPD	
The preventive serial number	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 months are:	Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas cani- breath simulator thermome	ster displays at least 51 p ter shows 34 degrees, plu	ounds per square inch (ps s or minus .2 degree cent	si) of pressure, or the alcoholic igrade;
(2)	Verify instrument displays	time and date;		
(3)	Initiate breath test sequence	<b>;</b>		
(4)	Enter information as promp	ited;		
(5)	Verify instrument accuracy	;		
(6)	When "PLEASE BLOW" a	ppears, collect breath sar	nple;	
(7)	When "PLEASE BLOW" a	ppears, collect breath sar	nple;	
(8)	Print test record;			
(9)	Run diagnostic program and	l confirm preventive mai	ntenance status of "Pass":	and
(10)	Verify that the ethanol ga	s canister is being cha	nged before expiration	date, or the alcoholic breath holic Breath Simulator tests,
I certify that on were performed and Human Ser	a the day of	pove, in accordance with etioning properly.	3 the forgoing prevent current regulations of th	tive maintenance procedures e N.C. Department of Health
Charles and the Control of the Contr		ignature of Certifying Of		6 16

MECKLENBURG COUNTY BAT MOBILE REGION 3
590

Serial Number: 008869 Test Date: 11/01/2023

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

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

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

M. C. J.C.

## MECKLENBURG COUNTY BAT MOBILE REGION 3 590

Serial Number: 008869 Test Record Number: 1719
Test Date: 11/01/2023 Test Time: 11:19pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:20pm 11:20pm
FC	Pass	11:20pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:20pm
SRC	Pass	11:20pm
DET	Pass	11:20pm
BAR	Pass	11:20pm
BT	Pass	11:20pm

#### Blank Tests

Deacab	Time
Pass	11:20pm
	Status

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:21pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:21pm 11:21pm

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)

mst ument se	erial No. 008898 CmPO
The preventiv	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.
certify that on vere performed Human Ser	the Olday of November, 2023 the forgoing preventive maintenance procedures and the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.  M. C. Signature of Certifying Official  Certificate Number

MECKLENBURG COUNTY BAT MOBILE REGION 3
590

Serial Number: 008898 Test Date: 11/01/2023

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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	9:09pm
AIR BLK	.00	9:10pm
ACCY CHK	.07	9:10pm
AIR BLK	.00	9:12pm
SUB TEST	.00	9:12pm
AIR BLK	.00	9:13pm
SUB TEST	.00	9:15pm
AIR BLK	.00	9:16pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

M.C. Llo Analyst

## MECKLENBURG COUNTY BAT MOBILE REGION 3 590

Serial Number: 008898 Test Record Number: 172
Test Date: 11/01/2023 Test Time: 9:17pm EDT Test Record Number: 1715

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	9:18pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:19pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:19pm

Pass 9:19pm

Preventive Maintenance Status: Pass

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

Instrument Se	rial No. 008898 Instrument Location BAT MOBILE REGION 3  CMP0
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 62 day of NOVEMBER, 20 23 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.  M.C. Allan 626

MECKLENBURG COUNTY BAT MOBILE REGION 3
590

Serial Number: 008898 Test Date: 11/02/2023

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE
Subject'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	9:26pm
AIR BLK	.00	9:27pm
ACCY CHK	.07	9:28pm
AIR BLK	.00	9:29pm
SUB TEST	.00	9:31pm
AIR BLK	.00	9:32pm
SUB TEST	.00	9:34pm
AIR BLK	.00	9:35pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Mc Ales

## MECKLENBURG COUNTY BAT MOBILE REGION 3 590

Serial Number: 008898 Test Record Number: 1718 Test Date: 11/02/2023 Test Time: 9:37pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass	9:37pm
FC	Pass	9:37pm
1.0	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 · 38mm

#### Printer Tests

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

Preventive Maintenance Status: Pass

MC He 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. 008939 CMPO
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.
or o periorine	the Olday of November , 2023 the forgoing preventive maintenance procedures don the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
TO QUAM VICEN	M.C. Hon 676  Signature of Certifying Official Certificate Number
	Signature of Certifying Official Certificate Number

MECKLENBURG COUNTY BAT MOBILE REGION 3 590

Serial Number: 008939 Test Date: 11/01/2023

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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 AIR BLK	Pass	11:00pm 11:01pm
ACCY CHK	.08	11:02pm
AIR BLK	.00	11:03pm
SUB TEST	.00	11:03pm
AIR BLK	.00	11:04pm
SUB TEST	.00	11:06pm
AIR BLK	.00	11:07pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

M. C. Jely Analyst

MECKLENBURG COUNTY BAT MOBILE REGION 3 590

Serial Number: 008939 Test Record Number: 1573
Test Date: 11/01/2023 Test Time: 11:07pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	11:08pm
FLO	Pass	11:08pm
FC	Pass	11:08pm

## Temperature Tests

Test	Status	Time
FC1	Pass	11:08pm
SRC	Pass	11:08pm
DET	Pass	11:08pm
BAR	Pass	11:08pm
BT	Pass	11:08pm

#### Blank Tests

Test	Status	Time
AIR	Pass	11:08pm

### Printer Tests

Test	Status	Time
PRNT	Pass	11:09pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:09pm 11:09pm

Preventive Maintenance Status: Pass

Analysi

## 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	No. 008628 Police Department +
The preventive r	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with ,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	he <u>Z1St</u> <u>November</u> , 20 <u>Z3</u> 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.
	Select And 670

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

Signature of Colifying Official

Certificate Number

DHHS 4080 (04/20)

NEW HANOVER COUNTY WILMINGTON PD 640

Serial Number: 008628 Test Date: 11/21/2023

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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	1:50pm
AIR BLK	.00	1:51pm
ACCY CHK	.07	1:51pm
AIR BLK	.00	1:52pm
SUB TEST	.00	1:53pm
AIR BLK	.00	1:54pm
SUB TEST	.00 ~	1:55pm
AIR POR	1.00/	1:56pm
/		

Reported Age /.00 g/210L

Signature of Memical Analyst

Court CVR

Analyst

Serial Number: 008628 Test Record Number: 6542 Test Date: 11/21/2023 Test Time: 1:58pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
rest	Status	TTIME

AIR Pass 1:59pm

#### Printer Tests

Test	Status	Time

PRNT Pass 1:59pm

CRC Tests

Status Time Test

COMP 1:59pm Pass CAL Pass 1:59pm

Preventive Maintenance Status, Fass

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

County NORT	THANIPTON Instrument Location NORTHAMPION (0.5.0.
Instrument Seria	ial No. CO8607 105 WEST JEFFRSON ST JACKSON, NC
	Jackson, NC
The preventive serial number 10	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 alcoholibreath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify that on a were performed and Human Serv	the
SEC CHAMADON MANUAL PROPERTY AND A SECOND PROPERTY OF THE PROP	CA (C)
	Signature of Certifying Official Certificate Number

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

DHHS 4080 (04/20)

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008607 Test Date: 11/14/2023

Citation Number: M000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	9:13am 9:14am 9:14am
AIR BLK	.00	9:15am
SUB TEST	.00	9:16am
AIR BLK	.00	9:17am
SUB TEST	.00	9:19am
AIR BLK	.00	9:20am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008607 Test Record Number: 1264
Test Date: 11/14/2023 Test Time: 9:21am EST

System Check: Passed

Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	9:21am 9:21am 9:21am 9:21am 9:21am

#### Blank Tests

Test	Status	Time
AIR	Pass	9:22am

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County NORTHA	Instrument Location NORTHAMPTON Co. S.O.
Instrument Serial	No. 008682 105 WEST TEEFERSON ST JACKSON, NC
	JACKSON, NC
The preventive m serial number 10,	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the 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 of	day of
TOTAL STATE OF 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)

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008688 Test Date: 11/14/2023

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

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

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

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008688 Test Record Number: 1068
Test Date: 11/14/2023 Test Time: 9:09am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:10am 9:10am
FC	Pass	9:10am

#### Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	9:10am 9:10am
DET	Pass	9:10am
BAR BT	Pass Pass	9:10am 9:10am

#### Blank Tests

Test	Status	Time
AIR	Pass	9:10am

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:10am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:11am 9:11am

Preventive Maintenance Status: Pass

Analyst

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

County OA	Instrument Location ONSLOW COUNTY  SNEADS FERZY SUBSTA	-
Instrument Seria	al No. 008518 SNEADS FERZY GUBSTA	7,
The preventive serial number 10	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:	with
(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;	ıolic
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program 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 to whichever occurs first.	eath ests,
were performed	the 21 day of November , 2023 the forgoing preventive maintenance proceder on the instrument indicated above, in accordance with current regulations of the N.C. Department of Herices, and the instrument is functioning properly.	ures alth
The same same	alu Les Benes 648	
	Signature of Certifying Official Certificate Number	

ONSLOW COUNTY SNEADS FERRY SUB 660

Serial Number: 008578 Test Date: 11/21/2023

Citation Number: M0000000-0 Subject's Name:

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	1:06pm
AIR BLK	.00	1:07pm
ACCY CHK	.07	1:07pm
AIR BLK	.00	1:08pm
SUB TEST	.00	1:09pm
AIR BLK	.00	1:10pm
SUB TEST	.00	1:12pm
AIR BLK	.00	1:13pm

Reported AC: .00 g/210L

Court CVR

alu 129 Bans This form is used when performing Preventive Maintenance procedures

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

#### ONSLOW COUNTY SNEADS FERRY SUB 660

Serial Number: 008578 Test Record Number: 3499
Test Date: 11/21/2023 Test Time: 1:13pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:13pm
FLO	Pass	1:13pm
FC	Pass	1:13pm

#### Temperature Tests

Status	Time
Pass	1:14pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time	
AIR	Pass	1:14pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:14pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:14pm

Preventive Maintenance Status: Pass

Pass

1:14pm

CAL

ale 12 3\_\_\_\_\_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_OA	BLOW	Instrument Location_			
Instrument Seria	No. <u>008919</u>	-	NEW	RIVER	PMO
	naintenance procedures for the			intox EC/IR II (En	hanced with
(1)	Verify the ethanol gas canis breath simulator thermomet				he alcoholic
(2)	Verify instrument displays	time and date;			
(3)	Initiate breath test sequence	»;			
(4)	Enter information as promp	ited;			
(5)	Verify instrument accuracy	i			
(6)	When "PLEASE BLOW" a	ppears, collect breath sam	nple;		
(7)	When "PLEASE BLOW" a	ppears, collect breath sam	nple;		
(8)	Print test record;				
(9)	Run diagnostic program and	d confirm preventive main	ntenance status of "Pass"	; and	
(10)	Verify that the ethanol gas simulator solution is being whichever occurs first.				
were performed	the Al day of Nove on the instrument indicated a ices, and the instrument is fun	bove, in accordance with	2.3 the forgoing prever	ntive maintenance he N.C. Departmen	procedures at of Health
	<u>al</u>	Read Sectifying O	fficial	648 Certificate Nur	nber

ONSLOW COUNTY MCAS NEW RIVER 660

Serial Number: 008919 Test Date: 11/21/2023

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: BARNES, ALVIN R

Permit Number: 0014-6279

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	11:25am
AIR BLK	.00	11:25am
ACCY CHK	.07	11:26am
AIR BLK	.00	11:27am
SUB TEST	.00	11:28am
AIR BLK	.00	11:29am
SUB TEST	.00	11:30am
AIR BLK	.00	11:31am

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

#### ONSLOW COUNTY MCAS NEW RIVER 660

Test Record Number: 876 Serial Number: 008919 

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time	
AIR	Pass	11:33am	

#### Printer Tests

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

Preventive Maintenance Status: Pass

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	NSLOW Instrument Location CAMP LEJEUNE  OMO
Instrument Seri	al No. 008922 PMO
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 13 day of DOVEMBER, 2023 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	01 7 3 1 149
QUAN VOL	Signature of Certifying Official Certificate Number

ONSLOW COUNTY CAMP LEJEUNE PMO 660

Serial Number: 008922 Test Date: 11/13/2023

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

Subject'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 AIR BLK	Pass	7:57pm 7:57pm
ACCY CHK	.08	7:58pm
AIR BLK	.00	7:59pm
SUB TEST AIR BLK	.00 .00	8:00pm 8:01pm
SUB TEST	.00	8:02pm
AIR BLK	.00	8:03pm

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

### ONSLOW COUNTY CAMP LEJEUNE PMO 660

Serial Number: 008922 Test Record Number: 789
Test Date: 11/13/2023 Test Time: 8:03pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	8:04pm 8:04pm
FLO FC	Pass Pass	8:04pm
	1400	0.010

#### 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

Pass Pass 8:05pm

8:05pm

Preventive Maintenance Status: Pass

COMP

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)

he preventive	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:		
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
(2)	Verify instrument displays time and date;		
(3)	Initiate breath test sequence;		
(4)	Enter information as prompted;		
(5)	Verify instrument accuracy;		
(6)	When "PLEASE BLOW" appears, collect breath sample;		
(7)	When "PLEASE BLOW" appears, collect breath sample;		
(8)	Print test record;		
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and		
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
certify that or	the <u>21</u> day of <u>DOVERNSER</u> , 20 <u>23</u> 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.		
vere performe	Conf.		

ONSLOW COUNTY JACKSONVILLE PD 660

Serial Number: 008930 Test Date: 11/21/2023

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE Subject'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	10:20am
AIR BLK	.00	10:21am
ACCY CHK	.08	10:22am
AIR BLK	.00	10:23am
SUB TEST	.00	10:24am
AIR BLK	.00	10:25am
SUB TEST	.00	10:26am
AIR BLK	.00	10:27am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

#### ONSLOW COUNTY JACKSONVILLE PD 660

Serial Number: 008930 Test Record Number: 2257
Test Date: 11/21/2023 Test Time: 10:28am EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:29am

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County_OA	Instrument Location ON SLOW COUNTY  DETENTION CENTER
Instrument Seria	INO. DO 8931 DETENTION CENTER
The preventive reserval 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 <u>20</u> day of <u>Novembea</u> , 20 <u>23</u> 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.
	al_ 2, Bane 648
	Signature of Certifying Official Certificate Number

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

DHHS 4080 (04/20)

ONSLOW COUNTY DETENTION CENTER 660

Serial Number: 008931 Test Date: 11/20/2023

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	6:11pm
AIR BLK	.00	6:12pm
ACCY CHK	.07	6:13pm
AIR BLK	.00	6:14pm
SUB TEST	.00	6:15pm
AIR BLK	.00	6:16pm
SUB TEST	.00	6:17pm
ATR BLK	-00	6:18pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services Rev. 12/2007

#### ONSLOW COUNTY DETENTION CENTER 660

Serial Number: 008931 Test Record Number: 4543
Test Date: 11/20/2023 Test Time: 6:18pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	6:19pm
FLO	Pass	6:19pm
FC	Pass	6:19pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	6:19pm
SRC	Pass	6:19pm
DET	Pass	6:19pm
BAR	Pass	6:19pm
BT	Pass	6:19pm

#### Blank Tests

Test	Status	Time
AIR	Pass	6:20pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	6:20pm
	CRC Tests	
Test	Status	Time
COMP	Pass	6:20pm
CAL	Pass	6:20pm

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 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.
vere performed	the <u>10</u> day of <u>Novem3Ea</u> , 20 <u>23</u> the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.

ONSLOW COUNTY DETENTION CENTER 660

Serial Number: 008932 Test Date: 11/20/2023

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, ALVIN R

Permit Number: 0014-6279

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	6:04pm
AIR BLK	.00	6:05pm
ACCY CHK	.08	6:06pm
AIR BLK	.00	6:07pm
SUB TEST	.00	6:08pm
AIR BLK	.00	6:08pm
SUB TEST	.00	6:10pm
AIR BLK	.00	6:11pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alm Ry Barro Analyst

## ONSLOW COUNTY DETENTION CENTER 660

Serial Number: 008932 Test Date: 11/20/2023 Test Record Number: 7179 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

Test	Status	Time
AIR	Pass	6:13pm

#### 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

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

County	Sayotank Instrument Location Elizabeth City P.D
Instrument Seria	No.008941 315 Main St. Elizabeth Cit
	NC
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify that on were performed and Human Ser	the day of day o
A THE STATE OF THE	74/19 (80)
	Signature of Certifying Official Certificate Number

PASQUOTANK COUNTY ELIZABETH CITY 690

Serial Number: 008941 Test Date: 11/09/2023

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	10:59am
AIR BLK	.00	11:00am
ACCY CHK	.07	11:01am
AIR BLK	.00	11:02am
SUB TEST	.00	11:03am
AIR BLK	.00	11:04am
SUB TEST	.00	11:05am
AIR BLK	.00	11:06am

Reported AC: Q0 g/210L

Signature of Chemital Ahalyst

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

## PASQUOTANK COUNTY ELIZABETH CITY 690

Serial Number: 008941 Test Record Number: 1631 Test Date: 11/09/2023 Test Time: 11:07am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass	11:07am
	Pass	11:07am
FC	Pass	11:08am

### Temperature Tests

Test	Status	Time
FC1	Pass	11:08am
SRC	Pass	11:08am
DET	Pass	11:08am
BAR	Pass	11:08am
BT	Pass	11:08am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:08am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:08am
	CRC Tests	

COMP	Pass	11:09am
CAL	Pass	11:09am

Test Status Time

Preventive Maintenance Status: Pass

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

Rev. 12/2007

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

County P	Instrument Location Pasquetank Co. Public Sofety B
Instrument Se	erial No. 008950 200 E. Colonial Ave.
	Elizabeth City, NC
The preventive serial number	re maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were perform	on the ZZ day of November, 20Z3 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.
THE STATE OF THE S	M 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Signature of Certifying Official Certificate Number

PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690

Serial Number: 008950 Test Date: 11/22/2023

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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	9:35am
AIR BLK	.00	9:36am
ACCY CHK	.07	9:36am
AIR BLK	.00	9:37am
SUB TEST	.00	9:38am
AIR BLK	.00	9:39am
SUB TEST	.00	9:40am
ATR BLK	0.0	9:41am

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

#### PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690

Serial Number: 008950 Test Record Number: 2077
Test Date: 11/22/2023 Test Time: 9:42am EST

System Check: Passed

#### Baseline Tests

IR Pass 9:42am	1
FLO Pass 9:42am	1
FC Pass 9:43am	1

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	9:43am

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:43am
	CRC Tests	
Test	Status	Time

COMP Pass 9:44am Pass 9:44am

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)

	inty <b>Pe n</b> trument Seria	Instrument Location BOT mobile Unit 7  Burgan 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.
we	re performed	the <u>3</u> day of <u>Neverlandary</u> , 20 <u>23</u> the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
ME GREAT SE	O THE STATE OF THE	OBERT CAROLINE
	QUAM VIDE	Signature of Contifuing Official Contifuents Number

PENDER COUNTY BAT MOBILE UNIT 7 700

Serial Number: 008698 Test Date: 11/03/2023

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: Anderson, Mark G

Permit Number: 0013-1517

Effective:

02/01/2022-02/01/2024

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	8:21pm
AIR BLK	.00	8:22pm
ACCY CHK	.07	8:23pm
AIR BLK	.00	8:24pm
SUB TEST	.00	8:24pm
AIR BLK	.00	8:25pm
SUB TEST	.00	8:27pm
AIR BLK	.00	8:28pm

Reported AC: 90 g/210L

Signature of Chemical Analyst

Court CVR

77 Carl Analyst

#### PENDER COUNTY BAT MOBILE UNIT 7 700

Serial Number: 008698 Test Record Number: 2219
Test Date: 11/03/2023 Test Time: 8:40pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	8:41pm
SRC	Pass	8:41pm
DET	Pass	8:41pm
BAR	Pass	8:41pm
BT	Pass	8:41pm

#### Blank Tests

Test	Status	Time
AIR	Pass	8:42pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

24 Contained 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 21 day of Hovem3E12, 2023 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

PENDER COUNTY DETENTION CENTER 700

Serial Number: 008935 Test Date: 11/21/2023

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

Subject'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	7:37pm
AIR BLK	.00	7:37pm
ACCY CHK	.07	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	7:43pm

Reported AC: .00 g/210L

Court CVR

Cl Ry Banalyst This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch Department of Health and Human Services

Rev. 12/2007

#### PENDER COUNTY DETENTION CENTER 700

Serial Number: 008935 Test Record Number: 3387 Test Date: 11/21/2023 Test Time: 7:44pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time	
IR	Pass	7:44pm	
FLO	Pass	7:44pm	
FC	Pass	7:44pm	

#### Temperature Tests

Test	Status	Time
FC1	Pass	7:44pm
SRC	Pass	7:44pm
DET	Pass	7:44pm
BAR	Pass	7:44pm
BT	Pass	7:44pm

#### Blank Tests

Test	Status	Time
AIR	Pass	7:45pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	7:45pm
	CRC Tests	
Test	Status	Time
COMP	Pass	7:45pm
CAL	Pass	7:45pm

Preventive Maintenance Status: Pass

Analyst

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

County P	ENDER Instrument Location PENDER COUNTY
Instrument Seria	Instrument Location PENDER COUNTY  ON CO8948  GOVERNMENT ANNEX
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	he <u>21</u> day of <u>November</u> , 2023 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.
	Ol- Ra Bano 648
	Signature of Certifying Official Certificate Number

#### PENDER COUNTY GOVERNMENT ANNEX 700

Serial Number: 008948 Test Date: 11/21/2023

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE
Subject'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	2:26pm
AIR BLK	.00	2:27pm
ACCY CHK	.07	2:27pm
AIR BLK	.00	2:28pm
SUB TEST	.00	2:29pm
AIR 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

Analyst

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

Department of Health and Human Services Rev. 12/2007

#### PENDER COUNTY GOVERNMENT ANNEX 700

Serial Number: 008948 Test Record Number: 1443
Test Date: 11/21/2023 Test Time: 2:32pm EST

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	2:34pm

#### 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

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 Pers	60n	Instrument Location	Deson Co	1EC
Instrument Seri	al No. <u>008693</u>		O Court SI	ROXBORO, NC
The preventive serial number 1	maintenance procedures fo 0,000 or higher) to be follo	r the Intoximeters, Model Intox wed at least once every four mo	EC/IR II and Moonths are:	del Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas of breath simulator thermo	anister displays at least 51 pou meter shows 34 degrees, plus of	nds per square inch or minus .2 degree	n (psi) of pressure, or the alcoholic centigrade;
(2)	Verify instrument displa	ays time and date;		
(3)	Initiate breath test seque	ence;		
(4)	Enter information as pro	ompted;		
(5)	Verify instrument accur	acy;		
(6)	When "PLEASE BLOW	" appears, collect breath samp	le;	
(7)	When "PLEASE BLOW	V" appears, collect breath samp	le;	
(8)	Print test record;			
(9)	Run diagnostic progran	and confirm preventive maint	enance status of "P	ass"; and
(10)				ion date, or the alcoholic breath Alcoholic Breath Simulator tests,
were performed	d on the instrument indicat	ed above, in accordance with of functioning properly.	current regulations	eventive maintenance procedures of the N.C. Department of Health
W STATE OF THE PROPERTY OF THE	CAROLINA W	11. 5		
A SOUTH THE PARTY OF THE PARTY	Dunn	Signature of Certifying Off	icial	Certificate Number

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008693 Test Date: 11/03/2023

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Barnes, Simon S Permit Number: 0014-6221 Effective:

10/01/2023-10/01/2025

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

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

Test	g/210L	Time
DIAG	Pass	1:53pm
AIR BLK	.00	1:54pm
ACCY CHK	.07	1:54pm
AIR BLK	.00	1:55pm
SUB TEST	.00	1:56pm
AIR BLK	.00	1:57pm
SUB TEST	.00	1:58pm
AIR BLK	.00	1:59pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008693 Test Record Number: 2088
Test Date: 11/03/2023 Test Time: 2:00pm EDT

System Check: Passed

Baseline Tests

Status	Time
Pass	2:00pm
Pass	2:00pm
Pass	2:00pm
	Pass Pass

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time	
ATR	Pass	2:01pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:01pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:01pm

Preventive Maintenance Status: Pass

2:01pm

CAL 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_P	Instrument Location Rox BORO	PD
Instrument Ser	erial No. 008880 109 N. LAu	1AR ST
-	ROXRDRO,	IAR ST
The preventive serial number	we maintenance procedures for the Intoximeters, Model Intox EC/IR II and Mor 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	ch (psi) of pressure, or the alcoholic e centigrade;
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of "	Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expira simulator solution is being changed every four months or after 125 whichever occurs first.	tion date, or the alcoholic breath Alcoholic Breath Simulator tests,
were performe	on the	preventive maintenance procedures s of the N.C. Department of Health
THE CAREAT	Smun Akes Barres	662
	Signature of Certifying Official	Certificate Number

PERSON COUNTY ROXBORO POLICE DEPT 720

Serial Number: 008880 Test Date: 11/08/2023

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

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

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

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

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

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

g/210L	Time
Pass	9:16am
.00	9:17am
.08	9:17am
.00	9:18am
.00	9:19am
.00	9:20am
.00	9:21am
.00	9:22am
	Pass .00 .08 .00 .00 .00 .00 .00

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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## PERSON COUNTY ROXBORO POLICE DEPT 720

Serial Number: 008880 Test Record Number: 2133
Test Date: 11/08/2023 Test Time: 9:30am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:30am
FLO	Pass	9:30am
FC	Pass	9:31am

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
ATR	Pagg	0 • 31 am

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:31am
	CRC Tests	
Test	Status	Time
COMP	Pass	9:31am

9:31am

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)

Inst	rument Seri	al No. 008580 Instrument Location BAT Mobile Unit 6
		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 breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
wer	re performed	the
13	STATE OF THE STATE OF	A Company of the Comp
GREAT		CAROL
16	TANK 12 UTTO	E/1 F T 673

PITT COUNTY BAT MOBILE UNIT 6 730

Serial Number: 008580 Test Date: 11/17/2023

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: Barrier, Dennis J

Permit Number: 0014-7953

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG202601 Exp Date: 01/26/2024

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00 .00	10:37pm 10:38pm 10:38pm 10:39pm 10:39pm 10:40pm 10:42pm
AIR BLK	.00	10:43pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## PITT COUNTY BAT MOBILE UNIT 6 730

Serial Number: 008580 Test Record Number: 2897
Test Date: 11/17/2023 Test Time: 10:43pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:44pm 10:44pm
FC	Pass	10:44pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:44pm
SRC	Pass	10:44pm
DET	Pass	10:44pm
BAR	Pass	10:44pm
BT	Pass	10:44pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:45pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:45pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:45pm

Pass

10:45pm

Preventive Maintenance Status: Pass

CAL

Analyst

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

	ial No. <u>00</u> 8584 <u>NCSHP</u>
The preventives	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 alcohol breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.
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W STATE	And the second s
S TO THE	
a limit vag	

#### PITT COUNTY BAT MOBILE UNIT 6 730

Serial Number: 008584 Test Date: 11/17/2023

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

10/01/2023-10/01/2025

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

Lot Number: AG202601 Exp Date: 01/26/2024

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00 .00	10:34pm 10:35pm 10:35pm 10:36pm 10:37pm
AIR BLK	.00	10:38pm
SUB TEST	.00	10:39pm
AIR BLK	.00	10:40pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### PITT COUNTY BAT MOBILE UNIT 6 730

Serial Number: 008584 Test Record Number: 2665
Test Date: 11/17/2023 Test Time: 10:42pm EST

System Check: Passed

#### Baseline Tests

Status	Time
Pass	10:42pm
Pass	10:42pm
Pass	10:42pm
	Pass Pass

#### Temperature Tests

Test	Status	Time
FC1 SRC	Pass	10:42pm
DET	Pass Pass	10:42pm 10:42pm
BAR	Pass	10:42pm
BT	Pass	10:42pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:43pm

#### Printer Tests

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

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	P. H County Instrument Location BAT Mobile Unit 6
	Instrument Seria	al No. 00 8637 NCSAP
	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
	THE STATE OF	
		T CAR
	The state of the s	Signature of Certifying Official Certificate Number

PITT COUNTY BAT MOBILE UNIT 6 730

Serial Number: 008637 Test Date: 11/17/2023

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Barrier, Dennis J

Permit Number: 0014-7953

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	10:35pm
AIR BLK	.00	10:36pm
ACCY CHK	.08	10:37pm
AIR BLK	.00	10:39pm
SUB TEST	.00	10:39pm
AIR BLK	.00	10:40pm
SUB TEST	.00	10:42pm
AIR BLK	.00	10:43pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### PITT COUNTY BAT MOBILE UNIT 6 730

Serial Number: 008637 Test Record Number: 3354 Test Date: 11/17/2023 Test Time: 10:43pm EST

System Check: Passed

#### Baseline Tests

Status	Time
Pass	10:44pm
Pass	10:44pm
Pass	10:44pm
	Pass Pass

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:44pm
SRC	Pass	10:44pm
DET	Pass	10:44pm
BAR	Pass	10:44pm
BT	Pass	10:44pm

#### Blank Tests

Test	Status	Time	
ATR	Pass	10.45pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:45pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:45pm 10:45pm

Preventive Maintenance Status: Pass

Analyst

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

County PiH		(o. Detention Center
Instrument Seria	1No. 008662 124N	en Hope Rd. (yrenville
The preventive reserval number 10	maintenance procedures for the Intoximeters, Model Intox EC/I, 000 or higher) to be followed at least once every four months a	R II and Model Intox EC/IR II (Enhanced with are:
(1)	Verify the ethanol gas canister displays at least 51 pounds pe breath simulator thermometer shows 34 degrees, plus or minu	or square inch (psi) of pressure, or the alcoholic us .2 degree centigrade;
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance	e status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed be simulator solution is being changed every four months of whichever occurs first.	fore expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,
I certify that on t were performed and Human Serv	he day of November, 2023 the on the instrument indicated above, in accordance with current ices, and the instrument is functioning properly.	forgoing preventive maintenance procedures regulations of the N.C. Department of Health
STATE ON THE PROPERTY OF THE P	ALTH CAROLI	
TARE IZ THE	Key P. Lay	643
	Signature of Certifying Official	Certificate Number

PITT COUNTY PITT CO DETENTION 703

Serial Number: 008662 Test Date: 11/28/2023

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: Gray, Kelly D
Permit Number: 0037-7722
Effective:
02/01/2022-02/01/2024

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

Lot Number: AG202601 Exp Date: 01/26/2024

Test	g/210L	Time
DIAG AIR BLK	Pass .00	10:29am 10:30am
ACCY CHK	.08	10:31am
AIR BLK	.00	10:32am
SUB TEST	.00	10:33am
AIR BLK	.00	10:34am
SUB TEST	.00	10:35am
AIR BLK	.00	10:36am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst 0

PITT COUNTY PITT CO DETENTION 703

Serial Number: 008662 Test Record Number: 1377
Test Date: 11/28/2023 Test Time: 10:37am EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time	
AIR	Pass	10:38am	

#### Printer Tests

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

COMP Pass 10:38am CAL Pass 10:38am

Preventive Maintenance Status: Pass

They P. Say

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

Count	ty Pi	H Instrument Location Agden P.D.
Instru	ment Seri	Instrument Location Agden P.D.  al No. 0086660 4144 West Ave., Agden N.C.
		maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	(2)	Verify instrument displays time and date;
	(3)	Initiate breath test sequence;
	(4)	Enter information as prompted;
	(5)	Verify instrument accuracy;
	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
WEIG	performed	the <u>JB</u> day of <u>November</u> , 20 <u>J</u> the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
THE CORPAL SERVICE SER	WE STATE OF	The Change 1443
	William Co.	Signature of Certifying Official Certificate Number
A -:-		al of the preventive maintenance record shall be kent on file for at least the

PITT COUNTY AYDEN PD 730

Serial Number: 008666 Test Date: 11/28/2023

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

02/01/2022-02/01/2024

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

DT3G D--- 11-25-

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 11:39am SUB TEST .00 11:41am

AIR BLK .00 11:41am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### PITT COUNTY AYDEN PD 730

Serial Number: 008666 Test Record Number: 1516
Test Date: 11/28/2023 Test Time: 11:43am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:43am
FLO	Pass	11:43am
FC	Pass	11:43am

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:43am
SRC	Pass	11:43am
DET	Pass	11:43am
BAR	Pass	11:43am
BT	Pass	11:43am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:44am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:44am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:44am

CAL Pass 11:44am

Preventive Maintenance Status: Pass

Analyst

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

County R	CHMOND Instrument Location RKHMOND COUNTY
Instrument Ser	al No. 008701 MAGISTRATE'S OFFICE
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the day of, 20 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
THE STATE OF	OR THE CARD
WANT IN	Signature of Certifying Official Certificate Number

RICHMOND COUNTY MAGISTRATE'S OFFICE 760

> Serial Number: 008701 Test Date: 11/09/2023

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: 02/01/2022-02/01/2024

> 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	10:28am
AIR BLK	.00	10:29am
ACCY CHK	.07	10:29am
AIR BLK	.00	10:30am
SUB TEST	.00	10:32am
AIR BLK	.00	10:33am
SUB TEST	.00	10:34am
AIR BLK	.00	10:35am

Reported AC: .00 g/210L

Signature of

Court CVR

### RICHMOND COUNTY MAGISTRATE'S OFFICE 760

Serial Number: 008701 Test Record Number: 1400 Test Date: 11/09/2023 Test Time: 10:36am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:36am
FC	Pass	10:36am

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:36am
SRC	Pass	10:36am
DET	Pass	10:36am
BAR	Pass	10:36am
BT	Pass	10:36am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:37am

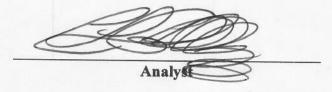
#### Printer Tests

Test	Status	Time
PRNT	Pass	10:37am

#### CRC Tests

Test	Status	Time
COMP	Pass	10:37am
CAL	Pass	10:37am

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)

County_	ICHMOND Instrument Location RICHMOND COUNTY
Instrument Ser	ial No. 008840 MAGISTRATE'S OFFICE
The preventive	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with
serial number	0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the day of, 20 the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
THE STATE OF THE S	
ASSE OF AN VIOLE	
	Signature of Certifying Official Certificate Number

RICHMOND COUNTY MAGISTRATE'S OFFICE 760

Serial Number: 008840 Test Date: 11/09/2023

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

02/01/2022-02/01/2024

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	10:29am
AIR BLK	.00	10:30am
ACCY CHK	.07	10:31am
AIR BLK	.00	10:32am
SUB TEST	.00	10:34am
AIR BLK	.00	10:34am
SUB TEST	.00	10:36am
AIR BLK	.00	10:37am

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

## RICHMOND COUNTY MAGISTRATE'S OFFICE 760

Serial Number: 008840 Test Record Number: 2957 Test Date: 11/09/2023 Test Time: 10:39am EST

System Check: Passed

#### Baseline Tests

Status	Time
Pass	10:39am
Pass	10:39am
Pass	10:39am
	Pass Pass

### Temperature Tests

Test	Status	Time
FC1	Pass	10:39am
SRC	Pass	10:39am
DET	Pass	10:39am
BAR	Pass	10:39am
BT	Pass	10:39am

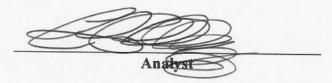
#### Blank Tests

Test	Status	Time
AIR	Pass	10:40am

#### Printer Tests

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

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_ Ro	Deson Instrument Location	BAT 1	Tobile Unit 5
Instrument Seri	al No. 00 8575	20beson	County So
	maintenance procedures for the Intoximeters, Model Intox 0,000 or higher) to be followed at least once every four more		Todel Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 poun breath simulator thermometer shows 34 degrees, plus or		
(2)	Verify instrument displays time and date;		
(3)	Initiate breath test sequence;		
(4)	Enter information as prompted;		
(5)	Verify instrument accuracy;		
(6)	When "PLEASE BLOW" appears, collect breath sample	e;	
(7)	When "PLEASE BLOW" appears, collect breath sample	e;	
(8)	Print test record;		
(9)	Run diagnostic program and confirm preventive mainter	nance status of	'Pass''; and
(10)	Verify that the ethanol gas canister is being change simulator solution is being changed every four mont whichever occurs first.		
were performed	the 3-d day of November, 2023 on the instrument indicated above, in accordance with cuvices, and the instrument is functioning properly.	the forgoing partent regulation	preventive maintenance procedures s of the N.C. Department of Health
THE STATE OF A STATE O	Report of the second of the se		
* STE QUAM VIDEN		•6.4	684
	Signature of Certifying Offic	iai	Certificate Number

ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008575 Test Date: 11/03/2023

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

1656	9/2101	TIME
DIAG	Pass	8:35pm
AIR BLK	.00	8:36pm
ACCY CHK	.08	8:37pm
AIR BLK	.00	8:38pm
SUB TEST	.00	8:38pm
AIR BLK	.00	8:39pm
SUB TEST	.00	8:41pm
AIR BLK	.00	8:42pm

a/2101. Time

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: 1410
Test Date: 11/03/2023 Test Time: 8:42pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	8:44pm

#### Printer Tests

Test Status Time

PRNT	Pass	8:44pm
	CRC Tests	
Test	Status	Time
COMP	Pass	8:44pm

Preventive Maintenance Status: Pass

Pass

8:44pm

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	Robeson Instrument Location BAT Mobile Unit 5
Instrumen	t Serial No. 008616 Robeson County SO
	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with ber 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 perfo	at on the 3-d day of November, 20 23 the forgoing preventive maintenance procedures rmed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health Services, and the instrument is functioning properly.
A COLUMN TO THE STATE OF THE ST	ATE OF THE STATE O
A GO QUAN	Signature of Certifying Official Certificate Number

#### ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008616 Test Date: 11/03/2023

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG132002 Exp Date: 11/16/2023

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	8:40pm 8:41pm 8:42pm 8:43pm
SUB TEST	.00	8:43pm
AIR BLK	.00	8:44pm
SUB TEST	.00	8:46pm
AIR BLK	.00	8:47pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008616 Test Record Number: 2798
Test Date: 11/03/2023 Test Time: 8:48pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	8:49pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:49pm
	CRC Tests	

Test	Status	Time
COMP	Pass	8:50pm
CAL	Pass	8:50pm

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)

County Rok	Deson Instrument Location Lumberton Police
Instrument Seria	al No. 008629 Department
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on were performed and Human Ser	the day of day o
WE STATE OF MAN 20 172	OR THE CARD AND A STATE OF THE
STORY VIDEN	Signature of Certifying Official Certificate Number
	Signature of Certifying Official Certificate Number

ROBESON COUNTY LUMBERTON PD 770

Serial Number: 008629 Test Date: 11/20/2023

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Garner, Joel K

Permit Number: 0036-5156

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG212402

Exp Date: 05/04/2024

Test	g/210L	Time
DIAG	Pass	3:08pm
AIR BLK	.00	3:08pm
ACCY CHK	.07	3:09pm
AIR BLK	.00	3:10pm
SUB TEST	.00	3:11pm
AIR BLK	.00	3:12pm
SUB TEST	.00	3:13pm
AIR BLK	.00	3:14pm

Report/ed AC: .00 g/210L

gignature of Chemical Analyst

Court CVR

Analyst

#### ROBESON COUNTY LUMBERTON PD 770

Serial Number: 008629 Test Record Number: 1289
Test Date: 11/20/2023 Test Time: 3:15pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:15pm
FLO	Pass	3:15pm
FC	Pass	3:15pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:15pm
SRC	Pass	3:15pm
DET	Pass	3:15pm
BAR	Pass	3:15pm
BT	Pass	3:15pm

#### Blank Tests

Test	Status	Time	
AIR	Pass	3:16pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:16pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:16pm 3:16pm

Preventive Maintenance Status: Pass

Analyst

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

County	Robeson Instrument Location BAT Mobile Unit 5
Instrument Se	erial No. 00 8647 Robeson County SO
	we maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were perform	on the 30 day of November, 20 23 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.
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QUAM VID	Sidestana of Cartificina Official  C 8 1
	Signature of Certifying Official Certificate Number

ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008647 Test Date: 11/03/2023

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG132002

Exp Date: 11/16/2023

Test	g/210L	Time
DIAG	Pass	8:45pm
AIR BLK	.00	8:46pm
ACCY CHK	.08	8:47pm
AIR BLK	.00	8:47pm
SUB TEST	.00	8:48pm
AIR BLK	.00	8:49pm
SUB TEST	.00	8:53pm
ATR BLK	0.0	8 · 53pm

Reported AC:

Signature of Chemical Analyst

Court CVR

Analyst

ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008647 Test Record Number: 2796
Test Date: 11/03/2023 Test Time: 9:00pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:01pm
FLO	Pass	9:01pm
FC	Pass	9:01pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:01pm
SRC	Pass	9:01pm
DET	Pass	9:01pm
BAR	Pass	9:01pm
BT	Pass	9:01pm

#### Blank Tests

Test	Status	Time
AIR	Pass	9:02pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:02pm

#### CRC Tests

Test	Status	Time
COMP	Pass	9:02pm
CAL	Pass	9:02pm

Preventive Maintenance Status: Pass

Analyst

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

County	Robeson Instrument Location BAT Mobile Unit 5		
Instrument	Robeson Instrument Location BAT Mobile Unit 5  Serial No. 00 8704  Robeson County SO		
	tive 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 perior	t on the 3-d day of November, 20 dd 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.		
WASTA OF THE PROPERTY OF THE P	G8Y		
	Signature of Certifying Official Certificate Number		

ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008704 Test Date: 11/03/2023

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG132002 Exp Date: 11/16/2023

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	8:41pm 8:42pm 8:42pm
AIR BLK	.00	8:43pm
SUB TEST	.00	8:44pm
AIR BLK	.00	8:45pm
SUB TEST	.00	8:46pm
AIR BLK	.00	8:47pm

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008704 Test Record Number: 838 Test Date: 11/03/2023 Test Time: 8:52pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	8:53pm

#### Printer Tests

rest	Status	Time
PRNT	Pass	8:53pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	8:53pm 8:53pm

Preventive Maintenance Status: Pass

Analyst

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

County Ros	e Son	Instrument Location_	BAT	Mobile	Unit	5
Instrument Serial	No. 00 8707	-	Robes	son Co	nty s	50_
The preventive m serial number 10,	aintenance procedures for the 000 or higher) to be followed	Intoximeters, Model In at least once every four	ntox EC/IR II	and Model Intox	EC/IR II (Enha	nced with
(1)	Verify the ethanol gas canist breath simulator thermometer	ter displays at least 51 per shows 34 degrees, pl	pounds per sq us or minus .2	uare inch (psi) of degree centigrad	pressure, or the e;	alcoholic
(2)	Verify instrument displays to	ime and date;				
(3)	Initiate breath test sequence;					
(4)	Enter information as prompt	ed;				
(5)	Verify instrument accuracy;					
(6)	When "PLEASE BLOW" ap	pears, collect breath sa	mple;			
(7)	When "PLEASE BLOW" ap	pears, collect breath sa	mple;			
(8)	Print test record;					
(9)	Run diagnostic program and	confirm preventive ma	intenance sta	tus of "Pass"; and		
(10)	Verify that the ethanol gas simulator solution is being whichever occurs first.	canister is being changed every four r	anged before nonths or aft	expiration date, er 125 Alcoholic	or the alcohol Breath Simula	ic breath ator tests,
were performed o	the instrument indicated aboves, and the instrument is func	ove, in accordance wit	23 the forg	going preventive ulations of the N.	maintenance pr C. Department	rocedures of Health
STATE OF THE STATE	CARO				684	
-41111	Si	gnature of Certifying (	Official	C	ertificate Numbe	er

ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008707 Test Date: 11/03/2023

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG132002 Exp Date: 11/16/2023

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	8:36pm 8:37pm 8:38pm 8:39pm 8:40pm 8:41pm
SUB TEST	.00	8:43pm
AIR BLK	.00	8:44pm

Reported AC. .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008707 Test Record Number: 2783
Test Date: 11/03/2023 Test Time: 8:45pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time	
ATR	Pass	8:46pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:46pm

#### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

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

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

County_ Rol	Se So ↑ Instrument Location	BAT	Mobile	Unit	5
Instrument Seria	INO. 00 8707	Robes	on Cou	anty.	<u>so</u>
	naintenance procedures for the Intoximeters, Model Intox, 0000 or higher) to be followed at least once every four model.		d Model Intox EC	C/IR II (Enhanc	ed with
(1)	Verify the ethanol gas canister displays at least 51 pour breath simulator thermometer shows 34 degrees, plus of	ands per squar or minus .2 de	re inch (psi) of pre egree centigrade;	essure, or the a	lcoholic
(2)	Verify instrument displays time and date;				
(3)	Initiate breath test sequence;				
(4)	Enter information as prompted;				
(5)	Verify instrument accuracy;				
(6)	When "PLEASE BLOW" appears, collect breath samp	le;			
(7)	When "PLEASE BLOW" appears, collect breath samp	le;			
(8)	Print test record;				
(9)	Run diagnostic program and confirm preventive mainte	enance status	of "Pass"; and		
(10)	Verify that the ethanol gas canister is being chang simulator solution is being changed every four mon whichever occurs first.				
were performed	the Stage day of November, 2023 on the instrument indicated above, in accordance with cices, and the instrument is functioning properly.	the forgoingurrent regulate	ng preventive mations of the N.C.	intenance pro Department of	cedures Health
THE STATE OF ANY MAN 20. 1725 ANY MAN 20	AROUND DE LA CARONIA DE LA CAR			284	
Was and a	Signature of Certifying Offi	cial		ficate Number	

#### ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008707 Test Date: 11/08/2023

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	3:54pm 3:55pm 3:55pm
AIR BLK	.00	3:56pm
SUB TEST	.00	3:57pm
AIR BLK	.00	3:58pm
SUB TEST	.00	3:59pm
AIR BLK	.00	4:00pm

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: 2795
Test Date: 11/08/2023 Test Time: 4:02pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	4:02pm
FLO	Pass	4:02pm
FC	Pass	4:02pm

#### Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	4:02pm 4:02pm
DET	Pass	4:02pm
BAR	Pass	4:02pm
BT	Pass	4:02pm

#### Blank Tests

Test	Status	Time
AIR	Pass	4:03pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:03pm
	CRC Tests	
Test	Status	Time

TCBC	Deacab	TIME
COMP	Pass	4:03pm
CAL	Pass	4:03pm

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 Rol	Deson Instrument Location Robeson County
Instrument Seri	al No. 008805 Detention Center
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
	the 20 day of 100 day of 2023 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
THE STATE OF THE S	ALA (575
	Signature of Certifying Official Certificate Number

ROBESON COUNTY DETENTION CENTER 770

Serial Number: 008805 Test Date: 11/20/2023

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

Subject'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	2:06pm
AIR BLK	.00	2:07pm
ACCY CHK	.07	2:08pm
AIR BLK	.00	2:09pm
SUB TEST	.00	2:10pm
AIR BLK	.00	2:11pm
SUB TEST	.00	2:12pm
AIR BLK	.00	2:13pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### ROBESON COUNTY DETENTION CENTER 770

Serial Number: 008805 Test Record Number: 5482 Test Date: 11/20/2023 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

		Time	
AIR	Pass	2:15pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:15pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:15pm 2:15pm

Preventive Maintenance Status: Pass

Analyst

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

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

County Roll	Deson Instrument Location 5+ Pauls
Instrument Seri	al No.008814 Police Department
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before 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 20 day of 100 day
THE STATE OF THE S	ALA 675
	Signature of Certifying Official Certificate Number

ROBESON COUNTY ST PAULS PD 770

Serial Number: 008814 Test Date: 11/20/2023

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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	4:05pm
AIR BLK	.00	4:05pm
ACCY CHK	.08	4:06pm
AIR BLK	.00	4:07pm
SUB TEST	.00	4:08pm
AIR BLK	.00	4:09pm
SUB TEST	.00	4:10pm
AIR BLK	.00	4:11pm

Reported AC: .00 g/210L

Sygnature of Chemical Analyst

Court CVR

Analyst

#### ROBESON COUNTY ST PAULS PD 770

Serial Number: 008814 Test Record Number: 939
Test Date: 11/20/2023 Test Time: 4:12pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	4:12pm
FLO	Pass	4:12pm
FC	Pass	4:12pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	4:12pm
SRC	Pass	4:12pm
DET	Pass	4:12pm
BAR	Pass	4:12pm
BT	Pass	4:12pm

#### Blank Tests

Test	Status	Time	
AIR	Pass	4:13pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:13pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	4:13pm 4:13pm

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	lobeson Instrum	ent Location	BAT	Mosile	Unit 5
Instrument So	erial No. <u>OO 8826</u>	_	Robes	on Con	nty so
	ve maintenance procedures for the Intoxime r 10,000 or higher) to be followed at least or			d Model Intox E	C/IR II (Enhanced with
(1)	Verify the ethanol gas canister display breath simulator thermometer shows 3				essure, or the alcoholic
(2)	Verify instrument displays time and d	ate;			
(3)	Initiate breath test sequence;				
(4)	Enter information as prompted;				
(5)	Verify instrument accuracy;				
(6)	When "PLEASE BLOW" appears, co	llect breath sam	ple;		
(7)	When "PLEASE BLOW" appears, co	llect breath sam	ple;		
(8)	Print test record;				
(9)	Run diagnostic program and confirm	preventive mair	ntenance status	of "Pass"; and	
(10)	Verify that the ethanol gas canister simulator solution is being changed whichever occurs first.				
were perform	on the 3rd day of Novembered on the instrument indicated above, in a dervices, and the instrument is functioning p	ccordance with			
THE STATE OF THE S					
* SSE QUAM VIO	TO THE STATE OF TH				684
	<del>S</del> ignature of	of Certifying Of	ficial	Cert	ificate Number

#### ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008826 Test Date: 11/03/2023

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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: AG132002 Exp Date: 11/16/2023

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00	8:37pm 8:38pm 8:39pm 8:39pm 8:40pm 8:41pm 8:42pm
AIR BLK	.00	8.43pm

Reported AC:

.00 g/210I

Signature of Chemical Analyst

Court CVR

Analyst

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#### ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008826 Test Record Number: 8475
Test Date: 11/03/2023 Test Time: 8:45pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	8:46pm
SRC	Pass	8:46pm
DET	Pass	8:46pm
BAR	Pass	8:46pm
BT	Pass	8:46pm

#### Blank Tests

Test	Status	Time
ΔTD	Pagg	8 · 47nm

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:47pm

#### CRC Tests

Test	Status	Time
COMP	Pass	8:47pm
CAL	Pass	8:47pm

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 Roll	Instrument Location Robeson County
Instrument Ser	ial No. 008836 Detention Center
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performe	the 20 day of 00000000000000000000000000000000000
OF THE STATE OF TH	
The state of the s	Signature of Certifying Official Certificate Number

ROBESON COUNTY DETENTION CENTER 770

Serial Number: 008836 Test Date: 11/20/2023

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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	2:09pm
AIR BLK	.00	2:09pm
ACCY CHK	.08	2:10pm
AIR BLK	.00	2:11pm
SUB TEST	.00	2:12pm
AIR BLK	.00	2:13pm
SUB TEST	.00	2:15pm
ATR BLK	- 00	2:16pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### ROBESON COUNTY DETENTION CENTER 770

Serial Number: 008836 Test Record Number: 7293
Test Date: 11/20/2023 Test Time: 2:17pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time	
AIR	Pass	2:19pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:19pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:19pm 2:19pm

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)

County Rob	eson Instrument Location Pembroke Police		
Instrument Seri	al No. 608837 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 performe	the 20 day of 1000 beauty, 2023 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.		
THE STATE OF THE S			
	Signature of Certifying Official Certificate Number		

ROBESON COUNTY PEMBROKE POLICE DEPT 770

Serial Number: 008837 Test Date: 11/20/2023

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

Subject'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

Togt a/2101 Time

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### ROBESON COUNTY PEMBROKE POLICE DEPT 770

Serial Number: 008837 Test Record Number: 1240 Test Date: 11/20/2023 Test Time: 1:13pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:13pm
FLO	Pass	1:13pm
FC	Pass	1:13pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:13pm
SRC	Pass	1:13pm
DET	Pass	1:13pm
BAR	Pass	1:13pm
BT	Pass	1:13pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:14pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:14pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:14pm

Preventive Maintenance Status: Pass

CAL Pass 1:14pm

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 Rol	Deson Instrument Location Red Springs
Instrument Seria	al No. 008857 Police Department
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 20 day of November, 2023 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 OF STA	AL.
2000	Signature of Certifying Official Certificate Number

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

ROBESON COUNTY RED SPRINGS PD 770

Serial Number: 008857 Test Date: 11/20/2023

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Analyst's Name: Garner, Joel K

Permit Number: 0036-5156

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	12:20pm 12:21pm
ACCY CHK	.08	12:22pm
AIR BLK SUB TEST	.00	12:23pm 12:23pm
AIR BLK	.00	12:24pm
SUB TEST AIR BLK	.00	<b>12:26pm</b> 12:27pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### ROBESON COUNTY RED SPRINGS PD 770

Serial Number: 008857 Test Record Number: 774
Test Date: 11/20/2023 Test Time: 12:27pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:28pm
FLO	Pass	12:28pm
FC	Pass	12:28pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:28pm
SRC	Pass	12:28pm
DET	Pass	12:28pm
BAR	Pass	12:28pm
BT	Pass	12:28pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:28pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:29pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:29pm

Pass 12:29pm

Preventive Maintenance Status: Pass

CAL

Analyst

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

County ROC	KINGHAM Instrument Location ROCKINGHAM COUNTY JAIL
Instrument Seria	Instrument Location ROCKINGHAM COUNTY JAIL  al No. 608796  WENTWORTH, NC
	·
The preventive reservations are serial number 10	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on t were performed and Human Serv	the 29 day of NNENBER, 2023 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 ON	669
	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)

ROCKINGHAM COUNTY ROCKINGHAM CO JAIL 780

Serial Number: 008796 Test Date: 11/29/2023

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00	1:43pm 1:44pm 1:45pm 1:46pm 1:47pm 1:48pm 1:49pm
AIR BLK	.00	1:50pm

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

Analyst

Rev. 12/2007

#### ROCKINGHAM COUNTY ROCKINGHAM CO JAIL 780

Serial Number: 008796 Test Record Number: 3655
Test Date: 11/29/2023 Test Time: 1:52pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	1:53pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:53pm
	CRC Tests	
Test	Status	Time

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

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 Roc	KINGHAM Instrument Location NIADISON POLICE
Instrument Serial	NO. 008802 DFPARTMENT
The preventive m serial number 10,	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed of	the 29 day of NOVEMISER, 2023 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ces, and the instrument is functioning properly.
STATE	Signature of Sertifying 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)

ROCKINGHAM COUNTY MADISON PD 780

Serial Number: 008802 Test Date: 11/29/2023

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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	Pass .00 .08 .00 .00	3:36pm 3:37pm 3:38pm 3:39pm 3:40pm 3:42pm 3:43pm
221	• • •	o. ropin

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

#### ROCKINGHAM COUNTY MADISON PD 780

Serial Number: 008802 Test Record Number: 1035
Test Date: 11/29/2023 Test Time: 3:43pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:43pm
FLO FC	Pass Pass	3:43pm 3:43pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:44pm
SRC	Pass	3:44pm
DET	Pass	3:44pm
BAR	Pass	3:44pm
BT	Pass	3:44pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:44pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:44pm
	CRC Tests	
Test	Status	Time

COMP	Pass	3:44pm
CAL	Pass	3:44pm

Preventive Maintenance Status: Pass

oforming Proventive Meintenance

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

	Manager 1994 9 100 10 100 100 100 100 100 100 100 10
County St	any Instrument Location Stanly County 80
Instrument Serial	1No.008824 Albernarie, 90C
The preventive n	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced wit ,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholi breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify that on t were performed and Human Serv	he day of NOVEMBEY, 20 23 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ices, and the instrument is functioning properly.
STATE OAK	A A A A A A A A A A A A A A A A A A A

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

STANLY COUNTY STANLY COUNTY SO 830

Serial Number: 008824 Test Date: 11/09/2023

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG212403 Exp Date: 05/04/2024

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	1:53pm 1:53pm 1:54pm 1:55pm 1:56pm 1:57pm
SUB TEST	.00	1:59pm
ATR BLK	- 0.0	2 · 00pm

eported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

**Department of Health and Human Services** 

Rev. 12/2007

#### STANLY COUNTY STANLY COUNTY SO 830

Serial Number: 008824 Test Record Number: 2049
Test Date: 11/09/2023 Test Time: 2:00pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	2:01pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:01pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:01pm

Preventive Maintenance

Status: Pass

Pass

2:01pm

CAL

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Analyst

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

County S-	tanly Instrument Location Stanly County 80
Instrument Seri	al No. 008842 Albernarle, 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 9th day of November, 2023 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 OF THE STATE	Signature of Certifying Official Certificate Number
A signed origin	nal of the preventive maintenance record shall be kept on file for at least three years
a signed origin	141 OF the preventive maintenance record shall be kent on file for at least three years

DHHS 4080 (04/20)

STANLY COUNTY STANLY COUNTY SO 830

Serial Number: 008842 Test Date: 11/09/2023

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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	1:59pm
AIR BLK	.00	1:59pm
ACCY CHK	.08	2:00pm
AIR BLK	.00	2:01pm
SUB TEST	.00	2:02pm
AIR BLK	.00	2:03pm
SUB TEST	.00	2:04pm
AIR BLK	.00	2:05pm

Reported AC: , .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Department of Health and Human Services Rev. 12/2007

#### STANLY COUNTY STANLY COUNTY SO 830

Serial Number: 008842 Test Record Number: 2893 Test Date: 11/09/2023 Test Time: 2:05pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	2:06pm 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 CAL	Pass Pass	2:07pm 2:07pm

Preventive Maintenance Status: Pass

Analyst

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

Rev. 12/2007

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

County St	anly Instrument Location Stanly County 80
Instrument Serial	No. 008927 Alberrarle, NC
The preventive m serial number 10,	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	ne <u>27th</u> day of <u>November</u> , 20 <u>23</u> 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.

Signature of Certifying Official

Certificate Number

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

STANLY COUNTY STANLY COUNTY SO 830

Serial Number: 008927 Test Date: 11/27/2023

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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 AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00 .00 .00 .00	2:57pm 2:57pm 2:58pm 2:59pm 2:59pm 3:00pm 3:02pm
AIR BLK	.00	3:03pm

.00 g/210L Reported AC:

Signature of Chemical Analyst

Court CVR

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

Department of Health and Human Services Rev. 12/2007

## STANLY COUNTY STANLY COUNTY SO 830

Serial Number: 008927 Test Record Number: 1033
Test Date: 11/27/2023 Test Time: 3:03pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:03pm
FLO	Pass	3:03pm
FC	Pass	3:04pm

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	3:04pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:04pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:04pm 3:04pm

Preventive Maintenance Status: Pass

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

Instrument Seri	Instrument Location BAT Mobile Unit 4  al No.008615  NC SHP
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performe	the 18 day of November, 2023 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.
STATE OF THE STATE	John Caro

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

TYRELL COUNTY BAT MOBILE UNIT 4 880

Serial Number: 008615 Test Date: 11/18/2023

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: Glasscock, Jerry D

Permit Number: 7180-9235 Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA
Agency: DHHS

Test Type: Breath Test

Lot Number: AG212401 Exp Date: 05/04/2024

Test	g/210L	Time
DIAG	Pass	6:28pm
AIR BLK	.00	6:29pm
ACCY CHK	.07	6:29pm
AIR BLK	.00	6:30pm
SUB TEST	.00	6:31pm
AIR BLK	.00	6:32pm
SUB TEST	.00	6:33pm
ATR BLK	0.0	6.34pm

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

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Rev. 12/2007

#### TYRELL COUNTY BAT MOBILE UNIT 4 880

Serial Number: 008615 Test Record Number: 5882
Test Date: 11/18/2023 Test Time: 6:36pm EST

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	
Tect	Status	Time

rest	Status	Time	
COMP	Pass	6:37pm	
CAL	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)

Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
Verify instrument displays time and date;
Initiate breath test sequence;
Enter information as prompted;
Verify instrument accuracy;
When "PLEASE BLOW" appears, collect breath sample;
When "PLEASE BLOW" appears, collect breath sample;
Print test record;
Run diagnostic program and confirm preventive maintenance status of "Pass"; and
Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
day of November, 2023 the forgoing preventive maintenance procedures the instrument indicated above, in accordance with current regulations of the N.C. Department of Health's, and the instrument is functioning properly.

Certificate Number

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

TYRELL COUNTY BAT MOBILE UNIT 4 880

Serial Number: 008736 Test Date: 11/18/2023

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

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

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

Lot Number: AG212402 Exp Date: 05/04/2024

Test	g/210L	Time
DIAG	Pass	6:29pm
AIR BLK	.00	6:30pm
ACCY CHK	.08	6:31pm
AIR BLK	.00	6:32pm
SUB TEST	.00	6:32pm
AIR BLK	.00	6:33pm
SUB TEST	.00	6:35pm
AIR BLK	.00	6:35pm

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 Casuel

### TYRELL COUNTY BAT MOBILE UNIT 4 880

Serial Number: 008736 Test Record Number: 1206
Test Date: 11/18/2023 Test Time: 6:36pm EST

System Check: Passed

#### Baseline Tests

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

#### 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

Pass 6:37pm

Preventive Maintenance Status: Pass

CAL

Analyst 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	Tyre// Instrument Location_BAT Mobile Upit 4
Instrument Ser	Instrument Location BAT Mobile Up it 4  ial No. B08775  WC SHP
The preventive serial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performe	the <u>18</u> day of <u>November</u> , 2023 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.
THE STATE OF	AND THE CANON OF T
A STOR QUAM VIDEO	Suy Edasous (83
	Signature of Certifying Official Certificate Number

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

TYRELL COUNTY BAT MOBILE UNIT 4 880

Serial Number: 008775 Test Date: 11/18/2023

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

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

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

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

Lot Number: AG302702 Exp Date: 06/27/2025

Test	g/210L	Time
DIAG	Pass	6:30pm
AIR BLK	.00	6:31pm
ACCY CHK	.07	6:32pm
AIR BLK	.00	6:33pm
SUB TEST	.00	6:33pm
AIR BLK	.00	6:34pm
SUB TEST	.00	6:36pm
AIR BLK	.00	6:37pm

Reported AC: .00 g/210L ignature of Chemical Analyst

Court CVR

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### TYRELL COUNTY BAT MOBILE UNIT 4 880

Serial Number: 008775 Test Record Number: 2051
Test Date: 11/18/2023 Test Time: 6:37pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	6:38pm
FLO	Pass	6:38pm
FC	Pass	6:38pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	6:38pm
SRC	Pass	6:38pm
DET	Pass	6:38pm
BAR	Pass	6:38pm
BT	Pass	6:38pm

#### Blank Tests

ATP Dage 6.20m	Test	Status	Time
	ATR	Pass	6.39nm

#### Printer Tests

Test	Status	Time
PRNT	Pass	6:39pm
	CRC Tests	
Test	Status	Time
COMP	Pass	6:39pm

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	Instrument Location Tyrrell (o. S.O.
Instrument Seri	al No. 008902 412 Main St., Columbia, 1
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
THE STATE OF THE PROPERTY OF T	The state of the s
GEAM VIDES	Signature of Certifying Official Certificate Number
	Settificate realistic

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

TYRRELL COUNTY SHERIFF'S OFFICE 880

Serial Number: 008902 Test Date: 11/14/2023

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

Subject'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:
02/01/2022-02/01/2024

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	12:59pm
AIR BLK	.00	1:00pm
ACCY CHK	.07	1:00pm
AIR BLK	.00	1:01pm
SUB TEST	.00	1:02pm
AIR BLK	.00	1:03pm
SUB TEST	.00	1:05pm
ATR BLK	.00	1:06pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Kuy A L.
Analyst

TYRRELL COUNTY SHERIFF'S OFFICE 880

Serial Number: 008902 Test Record Number: 1145
Test Date: 11/14/2023 Test Time: 1:07pm EST

System Check: Passed

#### Baseline Tests

Status	Time
Pass	1:07pm
Pass	1:07pm
Pass	1:07pm
	Pass Pass

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	1:08pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:08pm

#### CRC Tests

Test	Status	Time
COMP	Pass	1:08pm
CAL	Pass	1:08pm

Preventive Maintenance Status: Pass

Analyst

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

County Un	ion Instrument Location Stallings PD
Instrument Serial	No.008694 Stallings, NC
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 of and Human Servi	the last day of November, 20 23 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.
SELECTION OF THE SELECT	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)

UNION COUNTY STALLINGS PD 890

Serial Number: 008694 Test Date: 11/16/2023

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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: AG212403 Exp Date: 05/04/2024

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

Reported AC: , .00 g/210L

Signature of Chemical Analyst

Court CVR

#### UNION COUNTY STALLINGS PD 890

Serial Number: 008694 Test Record Number: 1767
Test Date: 11/16/2023 Test Time: 10:29am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:29am
FC	Pass	10:29am

#### Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	10:29am 10:29am
DET	Pass	10:29am
BAR	Pass	10:29am
BT	Pass	10:29am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:30am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:30am

#### CRC Tests

Test	Status	Time
COMP	Pass	10:30am
CAL	Pass	10:30am

Preventive Maintenance
7 Status: Pass 1

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 Wak	Instrument Location RALEIGH PD WORTHEAST DIST
Instrument Seria	RALEICH, NC
	RALEICH, NC
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify that on were performed and Human Ser	the day of day of , 20 23 the forgoing preventive maintenance procedured on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
THE STATE OF THE S	CAROLL COLUMN CO
STAWN ALDER	Signature of Certifying Official Certificate Number

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

DHHS 4080 (04/20)

WAKE COUNTY NORTH EAST DISTRICT 910

Serial Number: 008623 Test Date: 11/08/2023

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

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

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

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

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

Lot Number: AG303102 Exp Date: 01/31/2025

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	1:39pm 1:39pm 1:40pm 1:41pm 1:42pm
AIR BLK	.00	1:42pm
SUB TEST	.00	1:44pm
AIR BLK	.00	1:45pm

Reported, AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## WAKE COUNTY NORTH EAST DISTRICT 910

Serial Number: 008623 Test Record Number: 4742
Test Date: 11/08/2023 Test Time: 1:45pm EST

System Check: Passed

#### Baseline Tests

TR Pass 1:45	
FLO Pass 1:45	om
FC Pass 1:46	المار

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:46pm
SRC	Pass	1:46pm
DET	Pass	1:46pm
BAR	Pass	1:46pm
BT	Pass	1:46pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:46pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:46pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	1:47pm 1:47pm

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)

County WAKE	Instrument Location KNU	"CHTDALE PD
Instrument Serial	No. <u>008838</u> 87	79 STEEDLE SKUARE CT
	KA	NICHT DALF, NC
The preventive maserial number 10,0	uintenance procedures for the Intoximeters, Model Intox E000 or higher) to be followed at least once every four month	EC/IR II and Model Intox EC/IR II (Enhanced with oths are:
(1)	Verify the ethanol gas canister displays at least 51 pounds breath simulator thermometer shows 34 degrees, plus or n	ds per square inch (psi) of pressure, or the alcoholic minus .2 degree centigrade;
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	;
(7)	When "PLEASE BLOW" appears, collect breath sample;	;
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintena	nance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed simulator solution is being changed every four months whichever occurs first.	d before expiration date, or the alcoholic breath as or after 125 Alcoholic Breath Simulator tests,
I certify that on the were performed or and Human Service	day of Novement, 20 23 to the instrument indicated above, in accordance with curres, and the instrument is functioning properly.	the forgoing preventive maintenance procedures rrent regulations of the N.C. Department of Health
A SEE GIVAN ADDRAY	CARO	
QUAM VIDA	Signature of Certifying Officia	ial Certificate Number
	John Strain in S	Continuate Fullion

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

DHHS 4080 (04/20)

WAKE COUNTY KNIGHTDALE PD 910

Serial Number: 008838 Test Date: 11/06/2023

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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	12:57pm
AIR BLK	.00	12:57pm
ACCY CHK	.07	12:58pm
AIR BLK	.00	12:59pm
SUB TEST	.00	12:59pm
AIR BLK	.00	1:00pm
SUB TEST	.00	1:02pm
AIR BLK	.00	1:03pm

Reported AC: .00 g/210L

Signature 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

### WAKE COUNTY KNIGHTDALE PD 910

Serial Number: 008838

Test Record Number: 2573 

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:04pm
FLO	Pass	1:04pm
FC	Pass	1:04pm

### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	1:04pm 1:04pm 1:04pm 1:04pm 1:04pm
		-

#### Blank Tests

Test	Status	Time
AIR	Pass	1:05pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:05pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:05pm 1:05pm

Preventive Maintenance Status: Pass

Effret 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 Raisingh PI	Downtown Dist
Instrument Seria	al No. 008907 218 W. CA	BARUS ST
**************************************	Roleigh, a	)(
	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 expir simulator solution is being changed every four months or after 125 whichever occurs first.	
were performe	day of	preventive maintenance procedures as of the N.C. Department of Health
W STATE OF THE PROPERTY OF THE	TO CAROLINE CALL COLOR CALL CALL CALL CALL CALL CALL CALL CAL	662
OCIAM VICE	Signature of Certifying Official	Certificate Number

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

WAKE COUNTY RALEIGH PD DOWNTOWN 910

Serial Number: 008907 Test Date: 11/09/2023

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAITENANCE

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

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

Analyst's Name: Barnes, Simon S Permit Number: 0014-6221

Effective:

10/01/2023-10/01/2025

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

Agency: DHHS
Test Type: Breath Test

Lot Number: AG313102 Exp Date: 01/31/2025

Test	g/210L	Time
DIAG	Pass	1:17pm
AIR BLK	.00	1:17pm
ACCY CHK	.08	1:18pm
AIR BLK	.00	1:19pm
SUB TEST	.00	1:20pm
AIR BLK	.00	1:21pm
SUB TEST	.00	1:22pm
ATR BLK	0.0	1:23pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### WAKE COUNTY RALEIGH PD DOWNTOWN 910

Serial Number: 008907 Test Record Number: 1273
Test Date: 11/09/2023 Test Time: 1:24pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:24pm
SRC	Pass	1:24pm
DET	Pass	1:24pm
BAR	Pass	1:24pm
BT	Pass	1:24pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:25pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:25pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:25pm 1:25pm

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 Se	Instrument Location BAT Mobile Unit 4  Perial No. 608929  Morrisville PD
The preventive serial number	re maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
were perform	on the 27 day of November, 2023 the forgoing preventive maintenance procedures and on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health Pervices, and the instrument is functioning properly.

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

WAKE COUNTY BAT MOBILE UNIT 4 910

Serial Number: 008929 Test Date: 11/27/2023

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Glasscock, Jerry D

Permit Number: 7180-9235

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	5:23pm
AIR BLK	.00	5:24pm
ACCY CHK	.08	5:25pm
AIR BLK	.00	5:26pm
SUB TEST	.00	5:26pm
AIR BLK	.00	5:27pm
SUB TEST	.00	5:29pm
AIR BLK	.00	5:30pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

## WAKE COUNTY BAT MOBILE UNIT 4 910

Serial Number: 008929 Test Record Number: 1364
Test Date: 11/27/2023 Test Time: 5:31pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	5:31pm
FLO	Pass	5:31pm
FC	Pass	5:31pm

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	5:32pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	5:32pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	5:32pm 5:32pm

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 WAR	REN Instrument Location WARREN CO	LEC
Instrument Seria	1 No. 008793 128 PAFTER	SLAME
	WARREISTORY,	NC
The preventive reserval number 10	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model,000 or higher) to be followed at least once every four months are:	del Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch breath simulator thermometer shows 34 degrees, plus or minus .2 degree c	a (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 "Pa	ass"; and
(10)	Verify that the ethanol gas canister is being changed before expirate simulator solution is being changed every four months or after 125 A whichever occurs first.	on date, or the alcoholic breath Alcoholic Breath Simulator tests,
I certify that on twere performed and Human Serv	the day of Move 350, 2023 the forgoing present instrument indicated above, in accordance with current regulations or cices, and the instrument is functioning properly.	eventive maintenance procedures of the N.C. Department of Health
THE STATE OF A		
AFER QUAM VIOLED A	Edfant 1	671
	Signature of Certifying Official	Certificate Number

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

DHHS 4080 (04/20)

WARREN COUNTY WARREN COUNTY JAIL 920

Serial Number: 008793 Test Date: 11/08/2023

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	3:27pm 3:28pm 3:28pm 3:29pm 3:30pm
	.00	3:31pm
SUB TEST	.00	3:32pm
ATR BLK	0.0	3 · 33nm

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

# WARREN COUNTY WARREN COUNTY JAIL 920

Serial Number: 008793 Test Record Number: 2076
Test Date: 11/08/2023 Test Time: 3:34pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:34pm
FLO	Pass	3:34pm
FC	Pass	3:34pm

## Temperature Tests

Test	Status	Time
FC1	Pass	3:34pm
SRC	Pass	3:34pm
DET	Pass	3:34pm
BAR	Pass	3:34pm
BT	Pass	3:34pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:35pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County Wo	Instrument Location Seymour Johnson AFB
Instrument Seri	
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 21 day of November, 20x3 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.
W SIAIL CO	7/11 O 1
The same of the sa	Signature of Certifying Official Certificate Number
A -id origin	al of the preventive maintenance record shall be kent on file for at least three years

#### WAYNE COUNTY SEYMOUR JOHNSON AFB 950

Serial Number: 008786 Test Date: 11/21/2023

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:
02/01/2022-02/01/2024

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### WAYNE COUNTY SEYMOUR JOHNSON AFB 950

Serial Number: 008786 Test Record Number: 441
Test Date: 11/21/2023 Test Time: 11:15am EST

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	11:16am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:17am
	CRC Tests	

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

Preventive Maintenance Status: Pass

Kuy O. Ser 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 Vad  Instrument Seria	Instrument Location Yadkin Co. Jail  1 No. 008854  Vadknville, vC
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the <u>9</u> day of <u>November</u> , 2023 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
STATE OF STA	Sell Constant of the Constant

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

YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008854 Test Date: 11/09/2023

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

Subject'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	Pass .00 .08 .00 .00	3:00pm 3:01pm 3:02pm 3:03pm 3:03pm 3:04pm
SUB TEST	.00	3:06pm
AIR BLK	.00	3:06pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008854 Test Record Number: 879
Test Date: 11/09/2023 Test Time: 3:07pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:07pm
FLO	Pass	3:07pm
FC	Pass	3:07pm

#### Temperature Tests

FC1 Pass 3:07pm SRC Pass 3:07pm DET Pass 3:07pm BAR Pass 3:07pm BT Pass 3:07pm	Test	Status	Time
DI Fass 3.07pm	SRC DET BAR	Pass Pass Pass	3:07pm 3:07pm 3:07pm
		1 420	5.07pm

#### Blank Tests

Test	Status	Time
AIŖ	Pass	3:08pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:08pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:08pm

3:08pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

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

County Yad	Kin Instrument Location Yudkin Co. Jail
Instrument Seria	INO. OO 8944 Vadkinville, NC
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on the were performed and Human Service	the <u>Jay of November</u> , 20 <u>23</u> 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.
ON STATE OF THE PROPERTY OF TH	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: 11/09/2023

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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

DIAG	Pass	2:59pm
AIR BLK	.00	3:00pm
ACCY CHK	.07	3:01pm
AIR BLK	.00	3:02pm
SUB TEST	.00	3:02pm

g/210L

Time

AIR BLK .00 3:03pm

SUB TEST .00 3:05pm AIR BLK .00 3:06pm

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008944 Test Record Number: 1860

Test Date: 11/09/2023 Test Time: 3:06pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:06pm
FLO	Pass	3:06pm
FC	Pass	3:07pm

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	3:07pm 3:07pm 3:07pm 3:07pm
$\mathtt{BT}$	Pass	3:07pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:07pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:07pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:08pm

Preventive Maintenance Status: Pass

Pass

3:08pm

CAL

**Analyst**