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

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

County ALA	MANCE	Instrument Location	Alaman	45 G J	AIL
Instrument Ser	al No. 00 8853	9	109 5.	Made ST	GERMAN NE
The preventive serial number l	maintenance procedures for the l 0,000 or higher) to be followed a	Intoximeters, Model I t least once every fou	ntox EC/IR II r months are:	and Model Into	x EC/IR II (Enhanced with
(1)	Verify the ethanol gas canisto breath simulator thermometer	er displays at least 51 shows 34 degrees, p	pounds per squ us or minus .2	uare inch (psi) o degree centigra	of pressure, or the alcoholic de;
(2)	Verify instrument displays tir	ne and date;			
(3)	Initiate breath test sequence;				
(4)	Enter information as prompte	d;			
(5)	Verify instrument accuracy;				
(6)	When "PLEASE BLOW" app	ears, collect breath s	imple;		
(7)	When "PLEASE BLOW" app	pears, collect breath sa	imple;		
(8)	Print test record;				
(9)	Run diagnostic program and o	confirm preventive m	aintenance stat	us of "Pass"; an	d
(10)	Verify that the ethanol gas simulator solution is being whichever occurs first.	canister is being changed every four	anged before months or after	expiration date r 125 Alcohol	e, or the alcoholic breath ic Breath Simulator tests,
were performed	the day of	ve, in accordance wi	24 the forg	oing preventive	e maintenance procedures N.C. Department of Health
OF CHI VEGO	Some &	File Jan	25		662
	Si	gnature of Certifying	Official		Certificate Number

ALAMANCE COUNTY JAIL 000

Serial Number: 008853 Test Date: 09/16/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCCE

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

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

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

10/01/2023-10/01/2025

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

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Sman Steles Baces

#### ALAMANCE COUNTY JAIL 000

Serial Number: 008853 Test Record Number: 4721 Test Date: 09/16/2024 Test Time: 1:32pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
ATR	Dagg	1 • 3 3 mm

#### Printer Tests

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

COMP	Pass	1:33pm
CAL	Pass	1:33pm

Preventive Maintenance Status: Pass

Sum Ales Enus Analyst

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

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

County Alas	MANCE	Instrument Location Al Auran	ICE CO Jair
Instrument Ser	ial No. 008713	109 5.	Maple ST GRAHAM NE
The preventive serial number 1	maintenance procedures follo,000 or higher) to be follo	for the Intoximeters, Model Intox EC/IR II owed at least once every four months are:	and Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas breath simulator therm	canister displays at least 51 pounds per sq ometer shows 34 degrees, plus or minus .2	uare inch (psi) of pressure, or the alcoholic degree centigrade;
(2)	Verify instrument disp	lays time and date;	
(3)	Initiate breath test sequ	ience;	
(4)	Enter information as pr	rompted;	
(5)	Verify instrument accu	racy;	
(6)	When "PLEASE BLOV	W" appears, collect breath sample;	
(7)	When "PLEASE BLOV	W" appears, collect breath sample;	
(8)	Print test record;		
(9)	Run diagnostic program	n and confirm preventive maintenance stat	us of "Pass"; and
(10)	Verify that the ethano	ol gas canister is being changed before being changed every four months or aft-	expiration date, or the alcoholic breath er 125 Alcoholic Breath Simulator tests,
Contract Con	vices, and the instrument is	, 2027 the forged above, in accordance with current regular functioning properly.	oing preventive maintenance procedures alations of the N.C. Department of Health
The same of the sa	DMM	MARON TON	662

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008913 Test Date: 09/16/2024

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

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

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Somm After Brees Analyst

#### ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008913 Test Record Number: 5474
Test Date: 09/16/2024 Test Time: 1:32pm EDT

System Check: Passed

Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	1:33pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

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

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

	ial No. <u>608927</u>		TANK MOON	10	
The preventive			Taylogou	مله عد	
serial number	maintenance procedures for the 10,000 or higher) to be followed	Intoximeters, M at least once ever	odel Intox EC/IR II and ry four months are:	Model Intox EC/IR	. II (Enhanced with
(1)	Verify the ethanol gas canist breath simulator thermometer	er displays at lea r shows 34 degre	ast 51 pounds per square ees, plus or minus .2 deg	inch (psi) of pressu ree centigrade;	re, or the alcoholic
(2)	Verify instrument displays to	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 bro	eath sample;		
(7)	When "PLEASE BLOW" ap	pears, collect bro	eath sample;		
(8)	Print test record;				
(9)	Run diagnostic program and	confirm prevent	ive maintenance status o	f "Pass"; and	
(10)	Verify that the ethanol gas simulator solution is being whichever occurs first.				
were performe	the day of day of do not the instrument indicated abovices, and the instrument is func	ove, in accordar	nce with current regulati	g preventive maint ions of the N.C. De	enance procedures partment of Health

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: 008927 Test Date: 09/06/2024

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Fleming, Tina S

Permit Number: 0027-4970

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	10:31am
AIR BLK	.00	10:32am
ACCY CHK	.07	10:33am
AIR BLK	.00	10:34am
SUB TEST	.00	10:34am
AIR BLK	.00	10:35am
SUB TEST	.00	10:37am
AIR BLK	.00	10:38am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### ALEXANDER COUNTY ALEXANDER COUNTY SO 010

Serial Number: 008927 Test Record Number: 1121 Test Date: 09/06/2024 Test Time: 10:38am EDT

System Check: Passed

#### Baseline Tests

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

#### 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	
ATR	Pass	10 - 40 am	

#### Printer Tests

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

Preventive Maintenance Status: Pass

Pass

10:40am

CAL

Analyst

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

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

	e maintenance procedures for the Intoximeters, Mode 10,000 or higher) to be followed at least once every for	I Intox EC/IR II and Model Intox EC/IR II (Enhanced wit our months are:
(1)	Verify the ethanol gas canister displays at least 5 breath simulator thermometer shows 34 degrees,	1 pounds per square inch (psi) of pressure, or the alcoholi plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath	sample;
(7)	When "PLEASE BLOW" appears, collect breath	sample;
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive	maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being simulator solution is being changed every fou whichever occurs first.	changed before expiration date, or the alcoholic breatl r months or after 125 Alcoholic Breath Simulator tests
were performe	on the 30 day of SEPTEMBER.	the forgoing preventive maintenance procedure with current regulations of the N.C. Department of Healt

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

DHHS 4080 (04/20)

ALLEGHANY COUNTY ALLEGHANY CO JAIL 020

Serial Number: 008890 Test Date: 09/30/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Oligmueller, Leo A

Permit Number: 0035-3799

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:30am
AIR BLK	.00	9:31am
ACCY CHK	.07	9:32am
AIR BLK	.00	9:33am
SUB TEST	.00	9:33am
AIR BLK	.00	9:34am
SUB TEST	.00	9:36am
AIR BLK	.00	9:37am

.00 g/210L Reported AC:

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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

#### ALLEGHANY COUNTY ALLEGHANY CO JAIL 020

Serial Number: 008890 Test Record Number: 1006 Test Date: 09/30/2024 Test Time: 9:37am EDT

System Check: Passed

#### Baseline Tests

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

Test	Status	Time
AIR	Pass	9:39am

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:39am
	CRC Tests	
Test	Status	Time
COMP	Pass	9:39am
CAL	Pass	9:39am

Preventive Maintenance Status: Pass

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

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

	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced w 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the 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 bre simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator te whichever occurs first.
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BEAUFORT COUNTY BELHAVEN PD 060

Serial Number: 008928 Test Date: 09/12/2024

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

Driver's License Number: NONE Analyst's Name: Gray, Kelly D

Permit Number: 0037-7722 Effective: 10/01/2023-10/01/2025

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### BEAUFORT COUNTY BELHAVEN PD 060

Serial Number: 008928 Test Record Number: 563 Test Date: 09/12/2024 Test Time: 12:24pm EDT

System Check: Passed

#### Baseline Tests

Status	Time
Pass	12:25pm
Pass	12:25pm
Pass	12:25pm
	Pass Pass

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
ATR	Dage	12.25nm

#### Printer Tests

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

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

Preventive Maintenance Status: Pass

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

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

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

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: 09/09/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: GILLESPIE, PENTTI W

Permit Number: 9523-2149

Effective:

01/01/2024-01/01/2026

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

g/210L	Time
Pass	11:09am
.00	11:09am
	11:10am
.00	11:11am
	11:11am
	11:12am
.00	
.00	11:15am
	Pass .00 .07 .00 .00

Reported AC; 600 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

#### BRUNSWICK COUNTY OAK ISLAND PD 090

Serial Number: 008648 Test Record Number: 1947 Test Date: 09/09/2024 Test Time: 11:18am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:19am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:19am

#### CRC Tests

Test	Status	Time
COMP	Pass	11:19am
CAL	Pass	11:19am

Preventive Maintenance Status: Pass

Analyst

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

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

C	County Bu	ncombe Instrument Location Black Mountain PO
Ir	nstrument Ser	rial No.008697 Black Mountain, NC
T	he preventive	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced wit 10,000 or higher) to be followed at least once every four months are:
(	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholi breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	(2)	Verify instrument displays time and date;
	(3)	Initiate breath test sequence;
	(4)	Enter information as prompted;
	(5)	Verify instrument accuracy;
	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first,
	The second secon	the day of September, 2024 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
	on STATE OF	
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1/2		
3	COM LEG	668
		Signature of Certifying Official Certificate Number

BUNCOMBE COUNTY BLACK MOUNTAIN PD 100

Serial Number: 008697 Test Date: 09/04/2024

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

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	12:08pm
AIR BLK	.00	12:09pm
ACCY CHK	.07	12:10pm
AIR BLK	.00	12:11pm
SUB TEST	.00	12:12pm
AIR BLK	.00	12:13pm
SUB TEST	.00	12:14pm
AIR BLK	.00	12:15pm

Reported AC: .00 g/210L

Chemica Analyst

Court CVR

Analyst

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

Rev. 12/2007

#### BUNCOMBE COUNTY BLACK MOUNTAIN PD 100

Serial Number: 008697 Test Record Number: 7048 Test Date: 09/04/2024 Test Time: 12:16pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	12:17pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Pass

12:17pm

CAL

Analyst

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

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

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

CABARRUS COUNTY BAT MOBILE REGION 4

Serial Number: 008601 Test Date: 09/24/2024

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

Driver's License Number: NONE

Analyst's Name: 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

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Reported AC: .00 g/210L

Court CVR

Jung & Blasses

## CABARRUS COUNTY BAT MOBILE REGION 4 120

Serial Number: 008601 Test Record Number: 1658 Test Date: 09/24/2024 Test Time: 7:17pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	7:17pm 7:17pm
FC	Pass	7:17pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	7:17pm
SRC	Pass	7:17pm
DET	Pass	7:17pm
BAR	Pass	7:17pm
BT	Pass	7:17pm

#### Blank Tests

Test	Status	Time
AIR	Pass	7:18pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	7:18pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	7:18pm 7:18pm

Preventive Maintenance Status: Pass

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

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

The preventive serial number 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 periorine	the 34 day of September, 20 34 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rvices, and the instrument is functioning properly.

CABARRUS COUNTY BAT MOBILE REGION 4

Serial Number: 008615 Test Date: 09/24/2024

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

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

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

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

Test	g/210L	Time
DIAG	Pass	7:10pm
AIR BLK	.00	7:11pm
ACCY CHK	.07	7:11pm
AIR BLK	.00	7:12pm
SUB TEST	.00	7:13pm
AIR BLK	.00	7:14pm
SUB TEST	.00	7:15pm
AIR BLK	.00	7:16pm

Reported AC: %00 g/210b

Signature of Chemical Analyst

Court CVR

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

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Rev. 12/2007

## CABARRUS COUNTY BAT MOBILE REGION 4 120

Serial Number: 008615 Test Record Number: 5982

### System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	7:17pm
FLO	Pass	7:17pm
FC	Pass	7:17pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	7:17pm
SRC	Pass	7:17pm
DET	Pass	7:17pm
BAR	Pass	7:17pm
BT	Pass	7:17pm

#### Blank Tests

Test	Status	Time
AIR	Pass	7:18pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	7:18pm
	CRC Tests	
Test	Status	Time
COMP	Pass	7:18pm
CAL	Pass	7:18pm

Preventive Maintenance Status: Pass

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

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

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

CABARRUS COUNTY CABARRUS COUNTY SO 120

Serial Number: 008625 Test Date: 09/09/2024

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	11:06am
AIR BLK	.00	11:07am
ACCY CHK	.07	11:08am
AIR BLK	.00	11:09am
SUB TEST	.00	11:09am
AIR BLK	.00	11:10am
SUB TEST	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	11:12am
AIR BLK	.00	11:13am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### CABARRUS COUNTY CABARRUS COUNTY SO 120

Serial Number: 008625 Test Record Number: 6907 Test Date: 09/09/2024 Test Time: 11:14am EDT

System Check: Passed

Baseline Tests

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

#### Temperature Tests

Status	Time
Pass	11:14am
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	11:15am

#### Printer Tests

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

Pass

Pass

11:15am

11:15am

Preventive Maintenance Status: Pass

COMP

CAL

Analyst

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

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

Instrument Seri	abarrus Instrument Location BAT Mobile Region 4  ial No. 008736  Cabarrus 50
	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 34 day of September, 20 24 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rvices, and the instrument is functioning properly.

CABARRUS COUNTY BAT MOBILE REGION 4 120

> Serial Number: 008736 Test Date: 09/24/2024

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

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

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

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

Test	g/210L	Time
DIAG	Pass	7:12pm
AIR BLK	.00	7:13pm
ACCY CHK	.08	7:13pm
AIR BLK	.00	7:14pm
SUB TEST	.00	7:15pm
AIR BLK	.00	7:16pm
SUB TEST	.00	7:17pm
AIR BLK	.00	7:18pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

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#### CABARRUS COUNTY BAT MOBILE REGION 4 120

Serial Number: 008736 Test Record Number: 1331 Test Date: 09/24/2024 Test Time: 7:19pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	7:19pm
FLO	Pass	7:19pm
FC	Pass	7:19pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	7:19pm
SRC	Pass	7:19pm
DET	Pass	7:19pm
BAR	Pass	7:19pm
BT	Pass	7:19pm

#### Blank Tests

Test	Status	Time
AIR	Pass	7:20pm

#### Printer Tests

1000	Scacus	Time
PRNT	Pass	7:20pm
	CRC Tests	

#### CRC Tests

Test	Status	Time
COMP	Pass	7:20pm
CAL	Pass	7:20pm

Preventive Maintenance Status: Pass

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

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

	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
were performed	the 24 day of September, 2024 the forgoing preventive maintenance procedure d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rvices, and the instrument is functioning properly.

CABARRUS COUNTY BAT MOBILE REGION 4 120

> Serial Number: 008775 Test Date: 09/24/2024

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

Analyst's Name: 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 Tim	NC.
DIAG Pass 7:1	.6pm
	7pm
ACCY CHK .07 7:1	mq8.
AIR BLK .00 7:1	.9pm
SUB TEST .00 7:1	.9pm
AIR BLK .00 7:2	mq05
SUB TEST .00 7:2	2pm
AIR BLK .00 7:2	22pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

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#### CABARRUS COUNTY BAT MOBILE REGION 4 120

Serial Number: 008775 Test Record Number: 2184
Test Date: 09/24/2024 Test Time: 7:23pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time	
AIR	Pass	7:24pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	7:24pm
	CRC Tests	
Test	Status	Time
COMP	Pass	7:25pm

Pass 7:25pm

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

The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:				
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;				
(2)	Verify instrument displays time and date;				
(3)	Initiate breath test sequence;				
(4)	Enter information as prompted;				
(5)	Verify instrument accuracy;				
(6)	When "PLEASE BLOW" appears, collect breath sample;				
(7)	When "PLEASE BLOW" appears, collect breath sample;				
(8)	Print test record;				
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and				
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.				
were performed	the A4 day of September, 20 A4 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.				

CABARRUS COUNTY BAT MOBILE REGION 4

Serial Number: 008816 Test Date: 09/24/2024

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

Analyst's Name: 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	7:22pm
AIR BLK	.00	7:23pm
ACCY CHK	.08	7:23pm
AIR BLK	.00	7:24pm
SUB TEST	.00	7:25pm
AIR BLK	.00	7:26pm
SUB TEST	.00	7:28pm
AIR BLK	.00	7:28pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

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Rev. 12/2007

### CABARRUS COUNTY BAT MOBILE REGION 4 120

Serial Number: 008816 Test Record Number: 7770

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	7:34pm
FLO	Pass	7:34pm
FC	Pass	7:34pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	7:34pm
SRC	Pass	7:34pm
DET	Pass	7:34pm
BAR	Pass	7:34pm
BT	Pass	7:34pm

#### Blank Tests

Test	Status	Time
AIR	Pass	7:35pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	7:35pm
	CRC Tests	
Test	Status	Time
COMP	Pass	7:35pm

Pass 7:35pm

Preventive Maintenance Status: Pass

CAL

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

Instrument Seri	al No. 008929 Instrument Location BAT Mobile Region 4  Cabarrus SO
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the 24 day of September, 2024 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.

CABARRUS COUNTY BAT MOBILE REGION 4

Serial Number: 008929 Test Date: 09/24/2024

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

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

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

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

g/210L	Time
Pass	7:48pm
.00	7:49pm
.07	7:50pm
.00	7:51pm
.00	7:51pm
.00	7:53pm
.00	7:54pm
.00	7:55pm
	Pass .00 .07 .00 .00

Reported AC: , .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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#### CABARRUS COUNTY BAT MOBILE REGION 4 120

Serial Number: 008929 Test Record Number: 1466 Test Date: 09/24/2024 Test Time: 7:56pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	7:56pm
FLO	Pass	7:56pm
FC	Pass	7:56pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	7:57pm
SRC	Pass	7:57pm
DET	Pass	7:57pm
BAR	Pass	7:57pm
BT	Pass	7:57pm

#### Blank Tests

Test	Status	Time
AIR	Pass	7:57pm

#### Printer Tests

2	Test	Status	Time	
	PRNT	Pass	7:57pm	
		CRC Tests		
	Test	Status	Time	
	COMP	Pass	7:58pm	
	CWT	Pass	7:58pm	

Preventive Maintenance Status: Pass

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

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

### 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. 008719 LELLOIR NC	
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced wit 0,000 or higher) to be followed at least once every four months are:	
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholi breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;	
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and	
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.	
were performed	the day of day o	
OF STATE AND	June 8. Determing LAG	

CALDWELL COUNTY CALDWELL COUNTY JAIL 130

> Serial Number: 008719 Test Date: 09/06/2024

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Fleming, Tina S Permit Number: 0027-4970 Effective: 10/01/2023-10/01/2025

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

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

Test	g/210L	Time
DIAG	Pass	12:28pm
AIR BLK	.00	12:29pm
ACCY CHK	.08	12:30pm
AIR BLK	.00	12:31pm
SUB TEST	.00	12:32pm
AIR BLK	.00	12:33pm
SUB TEST	.00	12:34pm
AIR BLK	.00	12:35pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008719 Test Record Number: 3373 Test Date: 09/06/2024 Test Time: 12:36pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:36pm
FLO	Pass	12:36pm
FC	Pass	12:36pm

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	12:37pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:37pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:37pm 12:37pm

Preventive Maintenance Status: Pass

Analyst

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

County CAL	Instrument Location Cs	MANUSEL CONSET JAIL
Instrument Ser	ial No. <u>608863</u>	ELOND NC
The preventive	e maintenance procedures for the Intoximeters, Model Intox I 10,000 or higher) to be followed at least once every four mon	EC/IR II and Model Intox EC/IR II (Enhanced with this are:
(1)	Verify the ethanol gas canister displays at least 51 pound breath simulator thermometer shows 34 degrees, plus or	ds per square inch (psi) of pressure, 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	ance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed simulator solution is being changed every four month whichever occurs first.	
were performed	the day of, 2024, 2024, 2024, do not the instrument indicated above, in accordance with curvices, and the instrument is functioning properly.	the forgoing preventive maintenance procedures rrent regulations of the N.C. Department of Health
Our land	de 8. Dennie	CAto
	Signature of Certifying Offic	al Certificate Number

CALDWELL COUNTY CALDWELL COUNTY JAIL 130

> Serial Number: 008803 Test Date: 09/06/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	12:30pm
AIR BLK	.00	12:30pm
ACCY CHK	.07	12:31pm
AIR BLK	.00	12:32pm
SUB TEST	.00	12:33pm
AIR BLK	.00	12:34pm
SUB TEST	.00	12:35pm
AIR BLK	.00	12:36pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008803 Test Record Number: 847 Test Date: 09/06/2024 Test Time: 12:37pm EDT

System Check: Passed

Baseline Tests

Status	Time
Pass	12:37pm
200000000000000000000000000000000000000	12:37pm 12:37pm

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	12:38pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:38pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	12:38pm 12:38pm

Preventive Maintenance Status: Pass

Analyst

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

County C 43	well	Instrument Lo	cation CASUALI G	Delation Cha
Instrument Ser	ial No. 008553		211 County	Park 20
			YAMEYVILL	Park 120
The preventive serial number 1	maintenance procedures for 0,000 or higher) to be follow	or the Intoximeters, Nowed at least once eve	fodel Intox EC/IR II and cry four months are:	d Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas breath simulator therm	canister displays at le ometer shows 34 degr	ast 51 pounds per squar rees, plus or minus .2 de	re inch (psi) of pressure, or the alcoholic gree centigrade;
(2)	Verify instrument displ	lays time and date;		
(3)	Initiate breath test sequ	ence;		
(4)	Enter information as pr	ompted;		
(5)	Verify instrument accur	racy;		
(6)	When "PLEASE BLOV	W <sup>™</sup> appears, collect br	eath sample;	
(7)	When "PLEASE BLOV	W" appears, collect br	eath sample;	
(8)	Print test record;			
(9)	Run diagnostic program	n and confirm preven	tive maintenance status	of "Pass"; and
(10)	Verify that the ethano simulator solution is b whichever occurs first.	ol gas canister is be being changed every	ing changed before ex four months or after	piration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,
were periorinee	the 30 day of some	ed above, in accordar	ice with current regular	ng preventive maintenance procedures ions of the N.C. Department of Health
	Sim m	Ales !	Syrus fying Official	642

CASWELL COUNTY DETENTION CENTER 160

Serial Number: 008593 Test Date: 09/30/2024

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

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	8:18am
AIR BLK	.00	8:19am
ACCY CHK	.07	8:19am
AIR BLK	.00	8:20am
SUB TEST	.00	8:21am
AIR BLK	.00	8:22am
SUB TEST	.00	8:25am
ATR BLK	0.0	8 · 26am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CASWELL COUNTY DETENTION CENTER 160

Serial Number: 008593 Test Record Number: 2275
Test Date: 09/30/2024 Test Time: 8:26am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:27am
FLO	Pass	8:27am
FC	Pass	8:27am

#### Temperature Tests

Status	Time
Pass	8:27am
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time	
AIR	Pass	8:28am	

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:28am
	CRC Tests	
Test	Status	Time

	THE PROPERTY.
Pass	8:28am
Pass	8:28am
	Pass

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	atawba Instrument Location Catawba County 80 ial No. 008687 Newton, 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 breatt simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
	on the instrument indicated above, in accordance with current regulations of the N.C. Department of Healt vices, and the instrument is functioning properly.

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Certificate Number

Signature of Certifying Official

CATAWBA COUNTY CATAWBA COUNTY SO 170

Serial Number: 008687 Test Date: 09/10/2024

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	.00	2:59pm 3:00pm 3:01pm 3:02pm 3:03pm 3:04pm 3:05pm
AIR BLK	.00	3:06pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CATAWBA COUNTY CATAWBA COUNTY SO 170

Serial Number: 008687 Test Test Date: 09/10/2024 Tes

Test Record Number: 3996 Test Time: 3:06pm EDT

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	3:07pr

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:07pm

#### CRC Tests

Test	Status	Time
COMP	Pass	3:08pm
CAL	Pass	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 CO	itawba Instrument Location Catawba County 80 Newton, NC
The preventive serial number	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify that on	

and Human Services, and the instrument is functioning properly.



Certificate Number

CATAWBA COUNTY CATAWBA COUNTY SO 170

Serial Number: 008821 Test Date: 09/10/2024

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

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	2:51pm
AIR BLK	.00	2:51pm
ACCY CHK	.07	2:52pm
AIR BLK	.00	2:53pm
SUB TEST	.00	2:54pm
AIR BLK	.00	2:55pm
SUB TEST	.00	2:56pm
AIR BLK	.00	2:57pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

### CATAWBA COUNTY CATAWBA COUNTY SO 170

Serial Number: 008821 Test Date: 09/10/2024

Test Record Number: 2537 Test Time: 2:57pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:58pm
FLO	Pass	2:58pm
FC	Pass	2:58pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:58pm
SRC	Pass	2:58pm
DET	Pass	2:58pm
BAR	Pass	2:58pm
BT	Pass	2:58pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:58pm

#### Printer Tests

rest	Status	Time
PRNT	Pass	2:59pm
	CRC Tests	
Test	Status	Time

COMP	Pass	2:59pm
CAL	Pass	2:59pm

Preventive Maintenance Status: Pass

Analyst

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

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



Signature of Certifying Official

Certificate Number

CATAWBA COUNTY HICKORY PD 170

Serial Number: 008841 Test Date: 09/10/2024

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

10/01/2023-10/01/2025

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	2:00pm
AIR BLK	.00	2:00pm
ACCY CHK	.08	2:01pm
AIR BLK	.00	2:02pm
SUB TEST	.00	2:03pm
AIR BLK	.00	2:04pm
SUB TEST	.00	2:05pm
AIR BLK	.00	2:06pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### CATAWBA COUNTY HICKORY PD 170

Serial Number: 008841 Test Date: 09/10/2024 Test Record Number: 2435

Test Time: 2:07pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:07pm
FLO	Pass	2:07pm
FC	Pass	2:07pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:07pm
SRC	Pass	2:07pm
DET	Pass	2:07pm
BAR	Pass	2:07pm
BT	Pass	2:07pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:08pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:08pm
	CRC Tests	

Test	Status	Time
COMP	Pass	2:08pm
CAL	Pass	2:08pm

Preventive Maintenance Status: Pass

Analyst

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

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

Instrument Seria	al No. 008591 DETENTION CENTER
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the day of SEPTEMBER, 2021 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

CHATHAM COUNTY DETENTION CENTER 180

Serial Number: 008591 Test Date: 09/18/2024

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

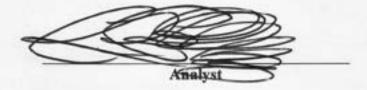
Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	10:59am
AIR BLK	.00	11:00am
ACCY CHE	80.3	11:00am
AIR BLK	.00	11:01am
SUB TEST	00. 1	11:02am
AIR BLK	.00	11:03am
SUB TEST	00. 1	11:04am
AIR BLK	.00	11:05am

Reported AC: 00 g/210L

Court CVR



#### CHATHAM COUNTY DETENTION CENTER 180

Serial Number: 008591 Test Record Number: 3141 Test Date: 09/18/2024 Test Time: 11:06am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Status	Time
Pass	11:06am
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	11:07an

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:07am
	CRC Tests	
Test	Status	Time
COMP	Page	11:07am

Pass 11:07am

Preventive Maintenance Status: Pass

CAL



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

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.

CHATHAM COUNTY BAT MOBILE REGION 4 180

Serial Number: 008601 Test Date: 09/01/2024

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

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

Analyst's Name: Glasscock, Jerry D Permit Number: 7180-9235 Effective:

10/01/2023-10/01/2025
Officer's Name: NONE, NONE
Type of Agency: FTA

Agency: DHHS Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	3:00pm
AIR BLK	.00	3:01pm
ACCY CHK	.08	3:01pm
AIR BLK	.00	3:02pm
SUB TEST	.00	3:03pm
AIR BLK	.00	3:04pm
SUB TEST	.00	3:06pm
AIR BLK	.00	3:06pm

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

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### CHATHAM COUNTY BAT MOBILE REGION 4 180

Serial Number: 008601 Test F Test Date: 09/01/2024 Test

Test Record Number: 1634 Test Time: 3:07pm EDT

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	Pass	3:08pm

Pass 3:08pm

Preventive Maintenance Status: Pass

CAL

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

	instrument Location BAT Mobile Region 4  No. 008615  Now RC
The preventive serial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on were performed and Human Serv	the day of September, 20 24 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.

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

Signature of Certifying Official

CHATHAM COUNTY BAT MOBILE REGION 4 180

Serial Number: 008615 Test Date: 09/01/2024

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

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

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

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

Test	g/210L	Time
DIAG	Pass	2:58pm
AIR BLK	.00	2:59pm
ACCY CHE	( .07	3:00pm
AIR BLK	.00	3:01pm
SUB TEST	.00	3:01pm
AIR BLK	.00	3:02pm
SUB TEST	.00	3:04pm
AIR BLK	.00	3:05pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

# CHATHAM COUNTY BAT MOBILE REGION 4 180

Serial Number: 008615 Test Record Number: 5963

System Check: Passed

### Baseline Tests

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

### 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	3:07pm

#### Printer Tests

Test Status Time

		me
PRNT	Pass	3:07pm
	CRC Tests	
Test	Status	Time

COMP 3:07pm Pass CAL Pass 3:07pm

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. 008736 NCWRC
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.
I certify that or were performe and Human Ser	the day of

CHATHAM COUNTY BAT MOBILE REGION 4 180

Serial Number: 008736 Test Date: 09/01/2024

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

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

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

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

Test	g/210L	Time
DIAG	Pass	2:57pm
AIR BLK	.00	2:58pm
ACCY CHK	.08	2:59pm
AIR BLK	.00	3:00pm
SUB TEST	.00	3:01pm
AIR BLK	.00	3:02pm
SUB TEST	.00	3:04pm
AIR BLK	.00	3:05pm

Reported AC: .00 g/2101

Court CVR

# CHATHAM COUNTY BAT MOBILE REGION 4 180

Serial Number: 008736 Test Record Number: 1311

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:06pm
FLO	Pass	3:06pm
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
AIR	Pass	3:07pm

#### Printer Tests

Status	Time 3:07pm

#### CRC Tests

Test	Status	Time
COMP	Pass	3:07pm
CAL	Pass	3:07pm

Preventive Maintenance Status: Pass

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

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

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

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

Signature of Certifying Official

Certificate Number

CHATHAM COUNTY BAT MOBILE REGION 4 180

Serial Number: 008775 Test Date: 09/01/2024

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00 .00	3:01pm 3:02pm 3:02pm 3:03pm 3:04pm 3:05pm 3:06pm
		3:07pm

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

## CHATHAM COUNTY BAT MOBILE REGION 4 180

Serial Number: 008775 Test Record Number: 2167 Test Date: 09/01/2024 Test Time: 3:10pm EDT

System Check: Passed

#### Baseline Tests

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

### Temperature Tests

Test	Status	Time
FC1	Pass	3:11pm
SRC	Pass	3:11pm
DET	Pass	3:11pm
BAR	Pass	3:11pm
BT	Pass	3:11pm

#### Blank Tests

rest	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

Jun Holenseur

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

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

	Instrument Se	rial No. 008816 NCWRC
	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.
١	certify that on were performed and Human Ser	the day of

CHATHAM COUNTY BAT MOBILE REGION 4 180

Serial Number: 008816 Test Date: 09/01/2024

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

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## CHATHAM COUNTY BAT MOBILE REGION 4 180

Serial Number: 008816 Test Record Number: 7755

System Check: Passed

#### Baseline Tests

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

### 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	3:13pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:13pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:13pm

Pass

3:13pm

Preventive Maintenance Status: Pass

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

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

The preventive serial number 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.

#### CHATHAM COUNTY BAT MOBILE REGION 4 180

Serial Number: 008929 Test Date: 09/01/2024

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

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

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

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

Test	g/210L	Time
DIAG	Pass	3:05pm
AIR BLK	.00	3:07pm
ACCY CHK	.07	3:07pm
AIR BLK	.00	3:09pm
SUB TEST	.00	3:09pm
AIR BLK	.00	3:10pm
SUB TEST	.00	3:12pm
AIR BLK	.00	3:13pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst Notation Property Maintenance

## CHATHAM COUNTY BAT MOBILE REGION 4 180

Serial Number: 008929 Test Record Number: 1449
Test Date: 09/01/2024 Test Time: 3:14pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:14pm 3:14pm
FC	Pass	3:14pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:14pm
SRC	Pass	3:14pm
DET	Pass	3:14pm
BAR	Pass	3:14pm
BT	Pass	3:14pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:15pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:15pm
	CRC Tests	
Toot	Chabus	en i

Status	Time
Pass	3:15pm
Pass	3:15pm
	Pass

Preventive Maintenance Status: Pass

Jan D Harries

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

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

The preventive serial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performe	the 27 <sup>15</sup> day of Septenber, 2024 the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rvices, and the instrument is functioning properly.

COLUMBUS COUNTY BAT MOBILE REGION 6 230

> Serial Number: 008580 Test Date: 09/27/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	7:32pm
AIR BLK	.00	7:33pm
ACCY CHK	.07	7:34pm
AIR BLK	.00	7:35pm
SUB TEST	.00	7:36pm
AIR BLK	.00	7:36pm
SUB TEST	.00	7:38pm
AIR BLK	.00	7:39pm

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### COLUMBUS COUNTY BAT MOBILE REGION 6 230

Serial Number: 008580 Test Record Number: 3000 Test Date: 09/27/2024 Test Time: 7:39pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	7:39pm
FLO	Pass	7:39pm
FC	Pass	7:39pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	7:40pm
SRC	Pass	7:40pm
DET	Pass	7:40pm
BAR	Pass	7:40pm
BT	Pass	7:40pm

#### Blank Tests

Test	Status	Time
AIR	Pass	7:40pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	7:40pm
	CRC Tests	
Test	Status	Time
COMP	Pass	7:40pm

7:40pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

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

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

	County Co	1No. 00 8584	Instrument Location_	BAT	Nobile ourn f	legion 6 'D
		maintenance procedures for the			and Model Into	ox EC/IR II (Enhanced with
	serial number 10	),000 or higher) to be followed	d at least once every four	months are:		
	(1)	Verify the ethanol gas canis breath simulator thermomet				of pressure, or the alcoholic ade;
	(2)	Verify instrument displays	time and date;			
	(3)	Initiate breath test sequence	e;			
	(4)	Enter information as promp	nted;			
•	(5)	Verify instrument accuracy	5			
,	(6)	When "PLEASE BLOW" a	appears, collect breath sar	mple;		
	(7)	When "PLEASE BLOW" a	appears, collect breath sar	nple;		
	(8)	Print test record;				
	(9)	Run diagnostic program an	d confirm preventive mai	intenance stat	us of "Pass"; ar	nd
	(10)					e, or the alcoholic breath lic Breath Simulator tests,
	were performed	the 27 <sup>th</sup> day of Se on the instrument indicated a rices, and the instrument is fur	ibove, in accordance with	24 the forg	oing preventiv	e maintenance procedures N.C. Department of Health
	STATE ON					
1			n /	-		
	The com rece.	7	1			684
4			Signature of Certifying C	Official		Certificate Number

COLUMBUS COUNTY BAT MOBILE REGION 6

Serial Number: 008584 Test Date: 09/27/2024

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

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

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

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

Test	g/210L	Time
DIAG	Pass	7:27pm
AIR BLK	.00	7:28pm
ACCY CHK	.07	7:28pm
AIR BLK	.00	7:29pm
SUB TEST	.00	7:30pm
AIR BLK	.00	7:31pm
SUB TEST	.00	7:33pm
AIR BLK	.00	7:34pm

Reported AC: .00 g/210L

Signature & Chemical Analyst

Court CVR

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

Analyst

#### COLUMBUS COUNTY BAT MOBILE REGION 6 230

Serial Number: 008584 Test Record Number: 2750 Test Date: 09/27/2024 Test Time: 7:34pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time	
AIR	Pass	7:36pm	

#### Printer Tests

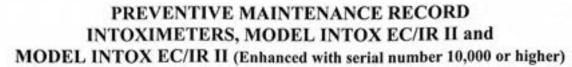
Test	Status	Time
PRNT	Pass	7:36pm
	CRC Tests	
Test	Status	Time
COMP	Pass	7:36pm
CAL	Pass	7:36pm

Preventive Maintenance Status: Pass

Analyst

#

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



Instrument Seri	erial No. 00 8637 Chadbone	PD
	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II and Mode 10,000 or higher) to be followed at least once every four months are:	I Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch ( breath simulator thermometer shows 34 degrees, plus or minus .2 degree ce	
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass	s"; and
(10)	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Ale whichever occurs first.	
	on the 27th day of	
CIM VEG	Signature of Certifying Official	684 Certificate Number

COLUMBUS COUNTY BAT MOBILE REGION 6

Serial Number: 008637 Test Date: 09/27/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	7:31pm
AIR BLK	.00	7:32pm
ACCY CHK	.08	7:33pm
AIR BLK	.00	7:34pm
SUB TEST	.00	7:34pm
AIR BLK	.00	7:35pm
SUB TEST	.00	7:37pm
AIR BLK	.00	7:38pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### COLUMBUS COUNTY BAT MOBILE REGION 6 230

Serial Number: 008637 Test Record Number: 3470 Test Date: 09/27/2024 Test Time: 7:38pm EDT

System Check: Passed

#### Baseline Tests

me
38pm
38pm
38pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	7:38pm
SRC	Pass	7:38pm
DET	Pass	7:38pm
BAR	Pass	7:38pm
BT	Pass	7:38pm

#### Blank Tests

Test	Status	Time
		- 20
ATR	Pass	7:39pm

#### Printer Tests

lest	Status	Time
PRNT	Pass	7:39pm
	CRC Tests	
Test	Status	Time
COMP	Pass	7:39pm

7:39pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

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

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

serial number	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performe	the 27 <sup>th</sup> day of September, 2024 the forgoing preventive maintenance procedures don the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rvices, and the instrument is functioning properly.

COLUMBUS COUNTY BAT MOBILE REGION 6

Serial Number: 008686 Test Date: 09/27/2024

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

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	7:30pm
AIR BLK	.00	7:31pm
ACCY CHK	.07	7:31pm
AIR BLK	.00	7:32pm
SUB TEST	.00	7:33pm
AIR BLK	.00	7:34pm
SUB TEST	.00	7:36pm
AIR BLK	.00	7:36pm

Reported AC: 00 g/2101

Signature of Chemical Analyst

Court CVR

Analyst

#### COLUMBUS COUNTY BAT MOBILE REGION 6 230

Serial Number: 008686 Test Record Number: 7109 Test Date: 09/27/2024 Test Time: 7:37pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	7:37pm
FLO	Pass	7:37pm
FC	Pass	7:37pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	7:37pm
SRC	Pass	7:37pm
DET	Pass	7:37pm
BAR	Pass	7:37pm
BT	Pass	7:37pm

#### Blank Tests

Test	Status	Time
AIR	Pass	7:38pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	7:38pm

#### CRC Tests

Test	Status	Time
COMP	Pass	7:38pm
CAL	Pass	7:38pm

Preventive Maintenance Status: Pass

Analyst

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

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

The preventive serial number	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performe	the 27th day of September, 20 24 the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rvices, and the instrument is functioning properly.

COLUMBUS COUNTY BAT MOBILE REGION 6 230

> Serial Number: 008776 Test Date: 09/27/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/19

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

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

Analyst's Name: 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: AG417803 Exp Date: 06/26/2026

Test	g/210L	Time
DIAG	Pass	7:27pm
AIR BLK	.00	7:28pm
ACCY CHK	.08	7:29pm
AIR BLK	.00	7:30pm
SUB TEST	.00	7:31pm
AIR BLK	.00	7:32pm
SUB TEST	.00	7:34pm
AIR BLK	.00	7:35pm

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### COLUMBUS COUNTY BAT MOBILE REGION 6 230

Serial Number: 008776 Test Record Number: 4064 Test Date: 09/27/2024 Test Time: 7:35pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time	
AIR	Pass	7:36pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	7:36pm
	CRC Tests	
Test	Status	Time
COMP	Pagg	7 - 36pm

Preventive Maintenance Status: Pass

Pass

7:36pm

CAL

Analyst

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



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

	ountyCounty_Co	al No. 008779 Instrument Location 15A1  Chad5	Mobile Region 6
T	he preventive erial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II a 0,000 or higher) to be followed at least once every four months are:	and Model Intox EC/IR II (Enhanced with
	(1)	Verify the ethanol gas canister displays at least 51 pounds per squi breath simulator thermometer shows 34 degrees, plus or minus .2 of	are inch (psi) of pressure, or the alcoholic degree centigrade;
	(2)	Verify instrument displays time and date;	
	(3)	Initiate breath test sequence;	
	(4)	Enter information as prompted;	
	(5)	Verify instrument accuracy;	
	(6)	When "PLEASE BLOW" appears, collect breath sample;	
	(7)	When "PLEASE BLOW" appears, collect breath sample;	
	(8)	Print test record;	
	(9)	Run diagnostic program and confirm preventive maintenance statu	s of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before simulator solution is being changed every four months or after whichever occurs first.	
W	ere performed	the 27th day of September, 2024 the forgot on the instrument indicated above, in accordance with current regulations, and the instrument is functioning properly.	
6	STATE		
183		DE DE LA CONTRACTION DE LA CON	684
	The state of the s	Signature of Certifying Official	Certificate Number

COLUMBUS COUNTY BAT MOBILE REGION 6 230

> Serial Number: 008779 Test Date: 09/27/2024

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Sharpe Jr., Robert J Permit Number: 1820-8591

Effective:

10/01/2023-10/01/2025

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	7:29pm
AIR BLK	.00	7:30pm
ACCY CHK	.07	7:30pm
AIR BLK	.00	7:31pm
SUB TEST	.00	7:32pm
AIR BLK	.00	7:33pm
SUB TEST	.00	7:34pm
ATR BLK	.00	7:35pm

Reported AC: 00 g/210L

Signature Chemical Analyst

Court CVR

Analyst

#### COLUMBUS COUNTY BAT MOBILE REGION 6 230

Serial Number: 008779 Test Record Number: 4013 

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	7:37pm
FLO	Pass	7:37pm
FC	Pass	7:37pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	7:37pm
SRC	Pass	7:37pm
DET	Pass	7:37pm
BAR	Pass	7:37pm
BT	Pass	7:37pm

#### Blank Tests

Test	Status	Time
AIR	Pass	7:37pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	7:37pm
	CRC Tests	

Test	Status	Time	
COMP	Pass	7:38pm	
CAL	Pass	7:38pm	

Preventive Maintenance Status: Pass

Analyst

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

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

he preventive	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced wit
rial number 1	0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholi breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.
vere performe	the 19 day of SEPTEMBER, 2024 the forgoing preventive maintenance procedure d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Healt rvices, and the instrument is functioning properly.
	Olm Rg Berns (648 Signature of Certifying Official Certificate Number

#### COLUMBUS COUNTY DETENTION CENTER 230

Serial Number: 008875 Test Date: 09/19/2024

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

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	1:53pm
AIR BLK	.00	1:54pm
ACCY CHK	.08	1:54pm
AIR BLK	.00	1:55pm
SUB TEST	.00	1:57pm
AIR BLK	.00	1:58pm
SUB TEST	.00	2:00pm
AIR BLK	.00	2:01pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alm Ry Ban Analyst

#### COLUMBUS COUNTY DETENTION CENTER 230

Serial Number: 008875 Test Record Number: 3186 Test Date: 09/19/2024 Test Time: 2:01pm EDT

System Check: Passed

Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	2:02pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

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

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

he preventive erial number 1	maintenance procedures for the Intoxime 0,000 or higher) to be followed at least on	ters, Model Into	x EC/IR II and Model Intox onths are:	EC/IR II (Enhanced wit
(1)	Verify the ethanol gas canister display breath simulator thermometer shows 3	ys at least 51 pou 34 degrees, plus o	nds per square inch (psi) of or minus .2 degree centigrad	pressure, or the alcoholi
(2)	Verify instrument displays time and da	ate;		
(3)	Initiate breath test sequence;			
(4)	Enter information as prompted;			
(5)	Verify instrument accuracy;			
(6)	When "PLEASE BLOW" appears, col	llect breath samp	le;	
(7)	When "PLEASE BLOW" appears, col	llect breath samp	le;	
(8)	Print test record;			
(9)	Run diagnostic program and confirm p	preventive mainte	enance status of "Pass"; and	
(10)	Verify that the ethanol gas canister simulator solution is being changed whichever occurs first.	is being chang every four mon	ed before expiration date, ths or after 125 Alcoholic	or the alcoholic breath Breath Simulator tests
ere performed	the 19 day of 56PTEMBS d on the instrument indicated above, in acryices, and the instrument is functioning pr	cordance with c	the forgoing preventive urrent regulations of the N.	maintenance procedure C. Department of Healt

#### COLUMBUS COUNTY DETENTION CENTER 230

Serial Number: 008886 Test Date: 09/19/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, ALVIN R

Permit Number: 0014-6279

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	1:55pm
AIR BLK	.00	1:56pm
ACCY CHK	.07	1:56pm
AIR BLK	.00	1:58pm
SUB TEST	.00	1:58pm
AIR BLK	.00	1:59pm
SUB TEST	.00	2:01pm
AIR BLK	.00	2:01pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alm Ry Ban Analyst

## COLUMBUS COUNTY DETENTION CENTER 230

Serial Number: 008886 Test Record Number: 1775 Test Date: 09/19/2024 Test Time: 2:02pm EDT

System Check: Passed

#### Baseline Tests

Status	Time
Pass Pass	2:03pm 2:03pm 2:03pm
	Pass

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:03pm
SRC	Pass	2:03pm
DET	Pass	2:03pm
BAR	Pass	2:03pm
BT	Pass	2:03pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:04pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:04pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:04pm 2:04pm

Preventive Maintenance Status: Pass

alun Ry Bones Analyst

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

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

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

Instrument Seri	al No. 008600	Craven	50
		e Intoximeters, Model Intox EC/IR II and d at least once every four months are:	Model Intox EC/IR II (Enhanced with
(1)		ster displays at least 51 pounds per square ter shows 34 degrees, plus or minus .2 deg	
(2)	Verify instrument displays	time and date;	
(3)	Initiate breath test sequence	e;	
(4)	Enter information as promp	oted;	
(5)	Verify instrument accuracy	G.	
(6)	When "PLEASE BLOW" a	appears, collect breath sample;	
(7)	When "PLEASE BLOW" a	appears, collect breath sample;	
(8)	Print test record;		
(9)	Run diagnostic program an	nd confirm preventive maintenance status of	of "Pass"; and
(10)		as canister is being changed before exp ig changed every four months or after 1	
		above, in accordance with current regulati	g preventive maintenance procedures ions of the N.C. Department of Health

CRAVEN COUNTY BAT MOBILE REGION 7 240

Serial Number: 008600 Test Date: 09/13/2024

Citation Number: M0000000-0 Subject's Name:

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

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

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

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

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

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

Reported AC: \_\_g/210L

Signature of Chemical Analyst

Court CVR

mark Analyst

#### CRAVEN COUNTY BAT MOBILE REGION 7 240

Serial Number: 008600 Test Record Number: 2848
Test Date: 09/13/2024 Test Time: 11:28pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Status	Time
Pass	11:29pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time	
AIR	Pass	11:30pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:30pm
	CRC Tests	
Test	Status	Time

Pass

Pass

11:30pm

11:30pm

Preventive Maintenance Status: Pass

COMP

CAL

79 and Analyst

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

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

Instrument Seri	ial No. 008698 Craven 50	
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.	



Signature of Certifying Official

Certificate Number

CRAVEN COUNTY BAT MOBILE REGION 7 240

Serial Number: 008698 Test Date: 09/13/2024

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

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	11:02pm
AIR BLK	.00	11:03pm
ACCY CHK	.07	11:04pm
AIR BLK	.00	11:05pm
SUB TEST	.00	11:06pm
AIR BLK	.00	11:07pm
SUB TEST	.00	11:09pm
AIR BLK	.00	11:10pm

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CRAVEN COUNTY BAT MOBILE REGION 7 240

Serial Number: 008698 Test Record Number: 2450 Test Date: 09/13/2024 Test Time: 11:10pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:11pm
SRC	Pass	11:11pm
DET	Pass	11:11pm
BAR	Pass	11:11pm
BT	Pass	11:11pm
		1, when he designed \$7000.00

#### Blank Tests

Test	Status	Time	
AIR	Pass	11:12pm	

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

mark

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

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

County Cr	al No. 008788 Instrument Location BAT mobile Region 7  Craven 50	
Institution Section		
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:	
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;	
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and	
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.	
I certify that of were performe and Human Se	n the 13 day of September, 2024 the forgoing preventive maintenance procedure of the instrument indicated above, in accordance with current regulations of the N.C. Department of Heal ervices, and the instrument is functioning properly.	
O'M STATE		
ELBANS.		
12 4/4		

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 REGION 7 240

Serial Number: 008788 Test Date: 09/13/2024

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

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

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

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

Test	g/210L	Time
DIAG	Pass	11:01pm
AIR BLK	.00	11:02pm
ACCY CHK	.08	11:02pm
AIR BLK	.00	11:03pm
SUB TEST	.00	11:04pm
AIR BLK	.00	11:05pm
SUB TEST	.00	11:06pm
ATR BLK	0.0	11 · 07mm

Signature of Chemical Analyst

Court CVR

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#### CRAVEN COUNTY BAT MOBILE REGION 7 240

Serial Number: 008788 Test Record Number: 2277 Test Date: 09/13/2024 Test Time: 11:10pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:10pm
FLO	Pass	11:10pm
FC	Pass	11:10pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:11pm
SRC	Pass	11:11pm
DET	Pass	11:11pm
BAR	Pass	11:11pm
BT	Pass	11:11pm
		ALTO TOUR DO DOUGHOUSE

#### Blank Tests

Test	Status	Time	
AIR		11:11pm	
MIR	Pass	1 1 2 1 1 1000	

#### Printer Tests

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

CAL Pass 11:11pm

Preventive Maintenance Status: Pass

M and

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

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

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

County Cu	int No. 008614 Instrument Location Hope Mills 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.
were performe	the 16 day of 500 day of 2024 the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rvices, and the instrument is functioning properly.
	Signature of Certifying Official Certificate Number

#### CUMBERLAND COUNTY HOPE MILLS PD 250

Serial Number: 008614 Test Date: 09/16/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	1:26pm
AIR BLK	.00	1:27pm
ACCY CHK	.07	1:27pm
AIR BLK	.00	1:28pm
SUB TEST	.00	1:29pm
AIR BLK	.00	1:30pm
SUB TEST	.00	1:31pm
AIR BLK	.00	1:32pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CUMBERLAND COUNTY HOPE MILLS PD 250

Serial Number: 008614 Test Record Number: 5046 Test Date: 09/16/2024 Test Time: 1:33pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	1:34pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:34pm
	CRC Tests	
Test	Status	Time

1:34pm

1:34pm

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

Analyst

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

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

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

	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholi- breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breatt 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 september, 20 the forgoing preventive maintenance procedure on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health

#### CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008632 Test Date: 09/16/2024

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

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	3:00pm
AIR BLK	.00	3:00pm
ACCY CHK	.07	3:01pm
AIR BLK	.00	3:02pm
SUB TEST	.00	3:03pm
AIR BLK	.00	3:04pm
SUB TEST	.00	3:06pm
AIR BLK	.00	3:07pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008632 Test Record Number: 4682 Test Date: 09/16/2024 Test Time: 3:08pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time	
AIR	Pass	3:09pm	

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

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

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcohol breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;  (2) Verify instrument displays time and date;  (3) Initiate breath test sequence;  (4) Enter information as prompted;  (5) Verify instrument accuracy;  (6) When "PLEASE BLOW" appears, collect breath sample;  (7) When "PLEASE BLOW" appears, collect breath sample;  (8) Print test record;  (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and  (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breasimulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.  I certify that on the			maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced w 0,000 or higher) to be followed at least once every four months are:
(3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.  I certify that on the day of day		(1)	
(4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.  I certify that on the		(2)	Verify instrument displays time and date;
(5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.  I certify that on the		(3)	Initiate breath test sequence;
(6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic brea simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.  I certify that on the		(4)	Enter information as prompted;
(7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic brea simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.  I certify that on the		(5)	Verify instrument accuracy;
(8) Print test record;  (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and  (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic brea simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.  I certify that on the		(6)	When "PLEASE BLOW" appears, collect breath sample;
(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and  (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic brea simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.  I certify that on the		(7)	When "PLEASE BLOW" appears, collect breath sample;
(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic brea simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.  I certify that on the day of day		(8)	Print test record;
simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.  I certify that on the		(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Heal		(10)	simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator te
and Human Services, and the instrument is functioning property.	were	e performed	
	B5F	MINE	2
	SE.	3/1 (5-2)	161

#### CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008633 Test Date: 09/16/2024

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Garner, Joel K
Permit Number: 0036-5156
Effective:

10/01/2023-10/01/2025

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	2:55pm
AIR BLK	.00	2:56pm
ACCY CHK	.07	2:57pm
AIR BLK	.00	2:58pm
SUB TEST	.00	2:59pm
AIR BLK	.00	3:00pm
SUB TEST	.00	3:01pm
AIR BLK	.00	3:02pm

Reported AC: .00 g/210L

ignature of Chemical Analyst

Court CVR

Analyst

#### CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008633 Test Record Number: 7063 Test Date: 09/16/2024 Test Time: 3:04pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:04pm
FLO	Pass	3:04pm
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	3:05pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:05pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:05pm

Preventive Maintenance Status: Pass

Analyst

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

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

	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
	the 16 day of September, 2004 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.

#### CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008672 Test Date: 09/16/2024

Citation Number: M0000000-0 Subject's Name:

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

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

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008672 Test Record Number: 8546 Test Date: 09/16/2024 Test Time: 3:09pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:09pm 3:09pm
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
AIR	Pass	3:10pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:10pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	3:10pm 3:10pm

Preventive Maintenance Status: Pass

Analyst

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

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

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

The state of the s	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the 30 day of 50 day of 2024 the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rvices, and the instrument is functioning properly.
and Human Ser	trees, and the moduliness is functioning property.

CUMBERLAND COUNTY FT LIBERTY LEC 250

Serial Number: 008863 Test Date: 09/30/2024

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

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

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

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

Reportéd AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CUMBERLAND COUNTY FT LIBERTY LEC 250

Serial Number: 008863 Test Record Number: 1035 Test Date: 09/30/2024 Test Time: 10:08am EDT

System Check: Passed

Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:10am

#### Printer Tests

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

CAL Pass 10:10am

Preventive Maintenance Status: Pass

Analyst

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

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

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

breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;  (2) Verify instrument displays time and date;  (3) Initiate breath test sequence;  (4) Enter information as prompted;  (5) Verify instrument accuracy;  (6) When "PLEASE BLOW" appears, collect breath sample;  (7) When "PLEASE BLOW" appears, collect breath sample;  (8) Print test record;  (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and  (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.	breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;  (2) Verify instrument displays time and date;  (3) Initiate breath test sequence;  (4) Enter information as prompted;  (5) Verify instrument accuracy;  (6) When "PLEASE BLOW" appears, collect breath sample;  (7) When "PLEASE BLOW" appears, collect breath sample;  (8) Print test record;  (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and  (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.		e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced 10,000 or higher) to be followed at least once every four months are:	with
(3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.  I certify that on the	(3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.  I certify that on the	(1)		holic
(4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before 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 49 day of 500 for the procedure were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health	(4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before 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 49 day of 500 for the alcoholic breath simulator tests, whichever occurs first.	(2)	Verify instrument displays time and date;	
(5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.  I certify that on the 49 day of 500 to 100 to	(5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.  I certify that on the	(3)	Initiate breath test sequence;	
(6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.  I certify that on the	(6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.  I certify that on the	(4)	Enter information as prompted;	
(7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.  I certify that on the	(7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  I certify that on the	(5)	Verify instrument accuracy;	
(8) Print test record;  (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and  (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.  I certify that on the	(8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.  I certify that on the	(6)	When "PLEASE BLOW" appears, collect breath sample;	
(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and  (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.  I certify that on the	(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and  (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.  I certify that on the	(7)	When "PLEASE BLOW" appears, collect breath sample;	
(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.  I certify that on the	(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.  I certify that on the	(8)	Print test record;	
simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.  I certify that on the	simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.  I certify that on the	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and	
were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Healt	were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health	(10)	simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator	
and rightan Services, and the instrument is functioning properly.	Star STATE ON THE STATE OF THE	were perform	ed on the instrument indicated above, in accordance with current regulations of the N.C. Department of H	dures lealth
		NOTE OF THE PERSON OF THE PERS	11/	
		GUAN OF	14/4 60	

CUMBERLAND COUNTY FORT LIBERTY LEC 250

Serial Number: 013868 Test Date: 09/19/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	11:17am
AIR BLK	.00	11:18am
ACCY CHK	.07	11:19am
AIR BLK	.00	11:20am
SUB TEST	.00	11:20am
AIR BLK	.00	11:21am
SUB TEST	.00	11:23am
ATR BLK	.00	11:24am

Report/ed AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CUMBERLAND COUNTY FORT LIBERTY LEC 250

Serial Number: 013868 Test Record Number: 1056 Test Date: 09/19/2024 Test Time: 11:24am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:25am
SRC	Pass	11:25am
DET	Pass	11:25am
BAR	Pass	11:25am
BT	Pass	11:25am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:26am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:26am
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	11:26am 11:26am

Preventive Maintenance Status: Pass

Analyst

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

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

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

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

#### CUMBERLAND COUNTY FORT LIBERTY LEC 250

Serial Number: 013870 Test Date: 09/19/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Garner, Joel K

Permit Number: 0036-5156

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG400301

Exp Date: 01/03/2026

Test	g/210L	Time

DIAG	Pass	11:16am
AIR BLK	.00	11:17am
ACCY CHE	.07	11:18am
AIR BLK	.00	11:19am
SUB TEST	.00	11:19am
AIR BLK	.00	11:20am
SUB TEST	.00	11:21am
AIR BLK	.00	11:22am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CUMBERLAND COUNTY FORT LIBERTY LEC 250

Serial Number: 013870 Test Record Number: 715 Test Date: 09/19/2024 Test Time: 11:23am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:24am
FLO	Pass	11:24am
FC	Pass	11:24am

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:24am
SRC	Pass	11:24am
DET	Pass	11:24am
BAR	Pass	11:24am
BT	Pass	11:24am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:24am

#### Printer Tests

Tost Status Time

1650	Dialus	TIME
PRNT	Pass	11:25am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:25am

CAL Pass 11:25am

Preventive Maintenance Status: Pass

Analyst

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

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

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

County	Dare Instrument Location Kill Devil Hills P.D.
Instrument Se	rial No. CO8844 102 Town Hall Da, Kill Dull
	re maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of were perform and Human S	on the day of Sopher, 2024 the forgoing preventive maintenance procedures and on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ervices, and the instrument is functioning properly.
STATE OF THE PARTY	Signature of Certifying Official Certificate Number

DARE COUNTY KILL DEVIL HILLS PD 270

Serial Number: 008844 Test Date: 09/16/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: Chappell, Mark A

Permit Number: 0020-6272

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	12:22pm
AIR BLK	.00	12:23pm
ACCY CHK	.08	12:23pm
AIR BLK	.00	12:24pm
SUB TEST	.00	12:25pm
AIR BLK	.00	12:26pm
SUB TEST	.00	12:28pm
ATR BLK	.00	12:29pm

Reported AC: .00 g/210L

Signature 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

#### DARE COUNTY KILL DEVIL HILLS PD 270

Serial Number: 008844 Test Record Number: 3169
Test Date: 09/16/2024 Test Time: 12:30pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	12:31pm

#### Printer Tests

Test	Status	Time	
PRNT	Pass	12:31pm	

#### CRC Tests

Test	Status	Time
COMP	Pass Pass	12:31pm 12:31pm

Preventive Maintenance Status: Pass

Analyst

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

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

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	whichever occurs first.  the 5 day of 6 day of 7

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

Signature of Certifying Official

DAVIDSON COUNTY BAT MOBILE REGION 4 280

> Serial Number: 008601 Test Date: 09/05/2024

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

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

Analyst's Name: 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

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Test	g/210L	Time
DIAG	Pass	9:10pm
AIR BLK	.00	9:11pm
ACCY CHK	.08	9:12pm
AIR BLK	.00	9:13pm
SUB TEST	.00	9:13pm
AIR BLK	.00	9:14pm
SUB TEST	.00	9:15pm
AIR BLK	.00	9:16pm

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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#### DAVIDSON COUNTY BAT MOBILE REGION 4 280

Serial Number: 008601 Test Record Number: 1636 Test Date: 09/05/2024 Test Time: 9:17pm EDT

System Check: Passed

#### Baseline Tests

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

#### 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
ATR	Pass	9:18pm

#### Printer Tests

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

Pass 9:18pm

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

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

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

Instrument Ser	ial No. 008601 Instrument Location BAT Mobile Region 4  Davidson 50
	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	whichever occurs first.  the 28 day of September, 2024 the forgoing preventive maintenance procedure d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rvices, and the instrument is functioning properly.



Signature of Certifying Official

Certificate Number

DAVIDSON COUNTY BAT MOBILE REGION 4 280

> Serial Number: 008601 Test Date: 09/28/2024

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

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	7:35pm
AIR BLK	.00	7:37pm
ACCY CHK	.08	7:37pm
AIR BLK	.00	7:38pm
SUB TEST	.00	7:39pm
AIR BLK	.00	7:40pm
SUB TEST	.00	7:41pm
AIR BLK	.00	7:42pm

Reported AC: 1.00 g/210b

Signatur 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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#### DAVIDSON COUNTY BAT MOBILE REGION 4 280

Serial Number: 008601 Test Record Number: 1662 Test Date: 09/28/2024 Test Time: 7:43pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass	7:43pm
FC	Pass	7:43pm 7:43pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	7:43pm
SRC	Pass	7:43pm
DET	Pass	7:43pm
BAR	Pass	7:43pm
BT	Pass	7:43pm

#### Blank Tests

Test	Status	Time
AIR	Pass	7:44pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	7:44pm
	CRC Tests	
Test	Status	Time
COMP	Pass	7:44pm

Preventive Maintenance Status: Pass

CAL

Pass 7:44pm

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



Signature of Certifying Official

Certificate Number

DAVIDSON COUNTY BAT MOBILE REGION 4 280

> Serial Number: 008615 Test Date: 09/05/2024

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

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

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

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

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

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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## DAVIDSON COUNTY BAT MOBILE REGION 4 280

Serial Number: 008615 Test Record Number: 5966 Test Date: 09/05/2024 Test Time: 9:16pm EDT

System Check: Passed

## Baseline Tests

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

## Temperature Tests

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

## Blank Tests

Test	Status	Time
AIR	Pass	9:17pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:17pm

#### CRC Tests

Test	Status	Time
COMP	Pass	9:17pm
CAL	Pass	9:17pm

Preventive Maintenance Status: Pass

Analyst

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

	ial No. 008615 Instrument Location BAT Mobile Region?  Davidson So
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
were performe	the 28 day of September, 2024 the forgoing preventive maintenance procedures of the instrument indicated above, in accordance with current regulations of the N.C. Department of Health revices, and the instrument is functioning properly.

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Signature of Certifying Official Certificate Num

DAVIDSON COUNTY BAT MOBILE REGION 4 280

> Serial Number: 008615 Test Date: 09/28/2024

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

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

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

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

Test a/2101 Time

rest	9/2101	Time
DIAG	Pass	7:36pm
AIR BLK	.00	7:37pm
ACCY CHK	.07	7:38pm
AIR BLK	.00	7:39pm
SUB TEST	.00	7:39pm
AIR BLK	.00	7:40pm
SUB TEST	.00	7:41pm
AIR BLK	.00	7:42pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## DAVIDSON COUNTY BAT MOBILE REGION 4 280

Serial Number: 008615 Test Record Number: 5986 Test Date: 09/28/2024 Test Time: 7:43pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	7:43pm
FLO	Pass	7:43pm
FC	Pass	7:43pm

## Temperature Tests

Test	Status	Time
FC1	Pass	7:43pm
SRC	Pass	7:43pm
DET	Pass	7:43pm
BAR	Pass	7:43pm
BT	Pass	7:43pm

## Blank Tests

Test	Status	Time
AIR	Pass	7:44pm

## Printer Tests

Test	Status	Time
PRNT	Pass	7:44pm
	CRC Tests	
Test	Status	Time
COMP	Pass	7:44pm

CAL Pass 7:44pm

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	ial No. 008736 Instrument Location BAT Mobile Region 4  Davidson 50
	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 5 day of September, 2024 the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rvices, and the instrument is functioning properly.

DAVIDSON COUNTY BAT MOBILE REGION 4 280

> Serial Number: 008736 Test Date: 09/05/2024

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	9:09pm
AIR BLK	.00	9:10pm
ACCY CHK	.08	9:10pm
AIR BLK	.00	9:11pm
SUB TEST	.00	9:12pm
AIR BLK	.00	9:13pm
SUB TEST	.00	9:14pm
AIR BLK	.00	9:15pm

Reported AC: .00 g/210L

Signature of Chemical Analyse

Court CVR

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

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## DAVIDSON COUNTY BAT MOBILE REGION 4 280

Serial Number: 008736 Test Record Number: 1313 Test Date: 09/05/2024 Test Time: 9:16pm EDT

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

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

## Blank Tests

Test	Status	Time
ATR	Pass	9 - 1 8 mm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:18pm
	CRC Tests	

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

Preventive Maintenance Status: Pass

Jung D. Hasseuce

## 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. 008736  Instrument Location BAT Mobile Region 4  Davidson 50
	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 28 day of September, 2024 the forgoing preventive maintenance procedure d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health revices, and the instrument is functioning properly.



DAVIDSON COUNTY BAT MOBILE REGION 4 280

> Serial Number: 008736 Test Date: 09/28/2024

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

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

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

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

Test	g/210L	Time
DIAG	Pass	7:37pm
AIR BLK	.00	7:38pm
ACCY CHK	.08	7:38pm
AIR BLK	.00	7:39pm
SUB TEST	.00	7:40pm
AIR BLK	.00	7:41pm
SUB TEST	.00	7:42pm
AIR BLK	.00	7:43pm

Acces D Manager

Signature of Chemical Analyst

Court CVR

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Forensic Tests for Alcohol Branch
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#### DAVIDSON COUNTY BAT MOBILE REGION 4 280

Serial Number: 008736 Test Record Number: 1335 Test Date: 09/28/2024 Test Time: 7:43pm EDT

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 Pass	Time	
AIR		7:45pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	7:45pm
	CRC Tests	
Test	Status	Time
COMP	Pass	7:45pm

Pass 7:45pm

Preventive Maintenance Status: Pass

CAL

Jun D Allessun 5

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

nce procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with higher) to be followed at least once every four months are:  y the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic in simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;  y instrument displays time and date; the breath test sequence;
simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; y instrument displays time and date;
te breath test sequence;
information as prompted;
y instrument accuracy;
"PLEASE BLOW" appears, collect breath sample;
"PLEASE BLOW" appears, collect breath sample;
test record;
liagnostic program and confirm preventive maintenance status of "Pass"; and
y that the ethanol gas canister is being changed before expiration date, or the alcoholic breath ator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, never occurs first.
day of September, 2024 the forgoing preventive maintenance procedures instrument indicated above, in accordance with current regulations of the N.C. Department of Health dithe instrument is functioning properly.

Signature of Certifying Official Certificate Number

DAVIDSON COUNTY BAT MOBILE REGION 4 280

> Serial Number: 008775 Test Date: 09/05/2024

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

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

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

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

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

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

g/210L	Time
Pass	9:19pm
.00	9:20pm
.07	9:20pm
.00	9:21pm
.00	9:22pm
.00	9:22pm
.00	9:24pm
.00	9:25pm
	Pass .00 .07 .00 .00

Reported AC: 1.00 g/210L

Signature of Chemical Analyst

Court CVR

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

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### DAVIDSON COUNTY BAT MOBILE REGION 4 280

Serial Number: 008775 Test Record Number: 2169 Test Date: 09/05/2024 Test Time: 9:27pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:27pm
FLO	Pass	9:27pm
FC	Pass	9:27pm

## Temperature Tests

Test	Status	Time
FC1	Pass	9:27pm
SRC	Pass	9:27pm
DET	Pass	9:27pm
BAR	Pass	9:27pm
BT	Pass	9:27pm

#### Blank Tests

Test	Status	Time
AIR	Pass	9:28pm

## Printer Tests

Test	Status	Time
PRNT	Pass	9:28pm
	CRC Tests	
Test	Status	Time
COMP	Pass	9:28pm
CAL	Pass	9:28pm

Preventive Maintenance Status: Pass

Jug D Harnell

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

	Instrument Location BAT Hobile Region 4  Javidson 50  Davidson 50
	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	simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests



Certificate Number

DAVIDSON COUNTY BAT MOBILE REGION 4 280

> Serial Number: 008775 Test Date: 09/28/2024

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

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

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

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

Test	g/210L	Time
DIAG	Pass	7:37pm
AIR BLK	.00	7:38pm
ACCY CHK	.07	7:39pm
AIR BLK	.00	7:40pm
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

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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## DAVIDSON COUNTY BAT MOBILE REGION 4 280

Serial Number: 008775 Test Record Number: 2188 Test Date: 09/28/2024 Test Time: 7:44pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	7:44pm
FLO	Pass	7:44pm
FC	Pass	7:44pm

## Temperature Tests

Test	Status	Time
FC1	Pass	7:45pm
SRC	Pass	7:45pm
DET	Pass	7:45pm
BAR	Pass	7:45pm
BT	Pass	7:45pm

## Blank Tests

Test	Status	Time
AIR	Pass	7:45pm

## Printer Tests

Test	Status	Time
PRNT	Pass	7:45pm

## CRC Tests

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

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	al No. 008816 Instrument Location BAT Mobile Region 4  Davidson SO
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the 5 day of September, 2024 the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

DAVIDSON COUNTY BAT MOBILE REGION 4

Serial Number: 008816 Test Date: 09/05/2024

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

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

Analyst's Name: 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	9:11pm
AIR BLK	.00	9:12pm
ACCY CHK	.08	9:13pm
AIR BLK	.00	9:14pm
SUB TEST	.00	9:14pm
AIR BLK	.00	9:15pm
SUB TEST	.00	9:17pm
AIR BLK	.00	9:18pm

Reported AC: .00 g/210L

Signature of Chemical Arthryst

Court CVR

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## DAVIDSON COUNTY BAT MOBILE REGION 4 280

Serial Number: 008816 Test Record Number: 7757 Test Date: 09/05/2024 Test Time: 9:19pm EDT

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1	Pass	9:20pm
SRC	Pass	9:20pm
DET	Pass	9:20pm
BAR	Pass	9:20pm
BT	Pass	9:20pm

#### Blank Tests

Test	Status	Time
AIR	Pass	9:20pm

## Printer Tests

Test	Status	Time
PRNT	Pass	9:20pm
	CRC Tests	

Test	Status	Time
COMP	Pass	9:20pm
CAL	Pass	9:20pm

Preventive Maintenance Status: Pass

Lough Allesseul

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

County E	Davidson Instrument Location BAT Mobile Region 4  Davidson 50
The preventive serial number	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first,
were performed	the 28 day of September, 2024 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

DAVIDSON COUNTY BAT MOBILE REGION 4 280

> Serial Number: 008816 Test Date: 09/28/2024

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

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

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

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

Test	g/210L	Time
DIAG	Pass	7:38pm
AIR BLK	.00	7:39pm
ACCY CHK	.08	7:40pm
AIR BLK	.00	7:41pm
SUB TEST	.00	7:41pm
AIR BLK	.00	7:42pm
SUB TEST	.00	7:43pm
AIR BLK	.00	7:44pm

Reported AC: .00 g/210L

Signature 6 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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## DAVIDSON COUNTY BAT MOBILE REGION 4 280

Serial Number: 008816 Test Record Number: 7774
Test Date: 09/28/2024 Test Time: 7:46pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	7:47pm
FLO FC	Pass	7:47pm 7:47pm

## Temperature Tests

Test	Status	Time
FC1	Pass	7:47pm
SRC	Pass	7:47pm
DET	Pass	7:47pm
BAR	Pass	7:47pm
BT	Pass	7:47pm

## Blank Tests

Test	Status	Time
AIR	Pass	7:47pm

## Printer Tests

rest	Status	Time
PRNT	Pass	7:47pm
	CRC Tests	

Test	Status	Time
COMP	Pass	7:48pm
CAL	Pass	7:48pm

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 Location DAVIDSON COUNTY JAIL  LEXINGTON, NC
The preventive serial number I	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the 13 <sup>rd</sup> day of SEPTEMBER, 20 24 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
	Signal Certificate Number

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

DHHS 4080 (04/20)

DAVIDSON COUNTY DAVIDSON COUNTY JAIL 280

> Serial Number: 008845 Test Date: 09/13/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Effective:

10/01/2023-10/01/2025

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

Agency: DHHS Test Type: Breath Test

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

AIR BLK .00 11:22am ACCY CHK .08 11:23am AIR BLK .00 11:24am SUB TEST .00 11:24am AIR BLK .00 11:25am SUB TEST .00 11:27am	Test	g/210L	Time
AIR DLR .UU     1   28am	AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	.00 .08 .00 .00	11:21am 11:22am 11:23am 11:24am 11:25am 11:25am 11:27am

Reported AC: .00 g/210L

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Court CVR

DAVIDSON COUNTY DAVIDSON COUNTY JAIL 280

Serial Number: 008845 Test Record Number: 4330 Test Date: 09/13/2024 Test Time: 11:28am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:29am

#### Printer Tests

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

Preventive Maintenance Status: Pass

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

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

The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy,
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performe	the 13 day of SEPTEMBER, 20 24 the forgoing preventive maintenance procedured on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health revices, and the instrument is functioning properly.

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

DHHS 4080 (04/20)

DAVIDSON COUNTY THOMASVILLE PD 280

Serial Number: 008872 Test Date: 09/13/2024

Citation Number: M0000000-0 Subject's Name:

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

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

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

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

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

Test	g/210L	Time
ACCY CHK AIR BLK SUB TEST	.00 .08 .00	9:52am 9:53am 9:54am 9:55am 9:55am 9:56am
AIR BLK SUB TEST	.00	9:58am 9:59am
AIR BLK	.00	J. J. J. J. a. III

Reported AC: .00 g/210L

Court CVR

## DAVIDSON COUNTY THOMASVILLE PD 280

Serial Number: 008872 Test Record Number: 1830 Test Date: 09/13/2024 Test Time: 10:00am EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:00am 10:00am
FC	Pass	10:00am

## Temperature Tests

Test	Status	Time
FC1	Pass	10:00am
SRC	Pass	10:00am
DET	Pass	10:00am
BAR	Pass	10:00am
BT	Pass	10:00am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:01am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:01am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:01am

Preventive Maintenance Status: Pass

Pass

10:01am

CAL

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

	ANIOSON Instrument Location LEXINGTON POLICE  al No. 008883  DEPARTMENT
The preventive serial number I	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the 13 <sup>TM</sup> day of SEPTEMBER, 2024 the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rvices, and the instrument is functioning properly.
	Signature of Signature Official Certificate Number

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

DHHS 4080 (04/20)

DAVIDSON COUNTY LEXINGTON PD 280

Serial Number: 008883 Test Date: 09/13/2024

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

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

Subject's Sex: Male

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	10:42am 10:43am 10:43am 10:44am 10:45am
AIR BLK SUB TEST AIR BLK	.00 .00	10:46am 10:48am 10:49am

.00 g/210L Reported AC:

Court CVR

## DAVIDSON COUNTY LEXINGTON PD 280

Serial Number: 008883 Test Record Number: 2887 Test Date: 09/13/2024 Test Time: 10:49am EDT

System Check: Passed

## Baseline Tests

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

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:50am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:50am
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	10:51am 10:51am

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 Seri	al No. 008929 Instrument Location BAT Mobile Region 4  Davidson 50
	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 5 day of September, 2024 the forgoing preventive maintenance procedure d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health revices, and the instrument is functioning properly.

## DAVIDSON COUNTY BAT MOBILE REGION 4

Serial Number: 008929 Test Date: 09/05/2024

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

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

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

g/210L	Time
Pass	9:18pm
.00	9:19pm
.08	9:20pm
.00	9:21pm
.00	9:21pm
.00	9:22pm
.00	9:24pm
.00	9:25pm
	Pass .00 .08 .00 .00

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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## DAVIDSON COUNTY BAT MOBILE REGION 4 280

Serial Number: 008929 Test Record Number: 1451 Test Date: 09/05/2024 Test Time: 9:29pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:29pm
FLO	Pass	9:29pm
FC	Pass	9:30pm

## Temperature Tests

Test	Status	Time
FC1	Pass	9:30pm
SRC	Pass	9:30pm
DET	Pass	9:30pm
BAR	Pass	9:30pm
BT	Pass	9:30pm

## Blank Tests

Test	Status T	Time
AIR	Pass	9:30pm

## Printer Tests

Test	Status	Time
PRNT	Pass	9:30pm
	CRC Tests	
Test	Status	Time
COMP	Pass	9:31pm
CAL	Pass	9:31pm

Preventive Maintenance Status: Pass

Analyst

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

	ial No. 008929 Instrument Location BAT Mobile Region 4  Devidson 50
	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 28 day of September, 2024 the forgoing preventive maintenance procedured on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rvices, and the instrument is functioning properly.
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DAVIDSON COUNTY BAT MOBILE REGION 4 280

> Serial Number: 008929 Test Date: 09/28/2024

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

Driver's License Number: NONE

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

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

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

Test	g/210L	Time
DIAG	Pass	7:39pm
AIR BLK	.00	7:40pm
ACCY CHK	.07	7:41pm
AIR BLK	.00	7:42pm
SUB TEST	.00	7:42pm
AIR BLK	.00	7:43pm
SUB TEST	.00	7:45pm
AIR BLK	.00	7:46pm

Reported AC: . Q0 g/21QL

Signature 61 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

D Kasseng Analyst

# DAVIDSON COUNTY BAT MOBILE REGION 4 280

Serial Number: 008929 Test Record Number: 1470 Test Date: 09/28/2024 Test Time: 7:46pm EDT

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	7:47pm
FLO	Pass	7:47pm
FC	Pass	7:47pm

# Temperature Tests

Test	Status	Time
FC1	Pass	7:47pm
SRC	Pass	7:47pm
DET	Pass	7:47pm
BAR	Pass	7:47pm
BT	Pass	7:47pm

## Blank Tests

Test	Status	Time
AIR	Pass	7:48pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	7:48pm
	CRC Tests	
Test	Status	Timo

Status	Time
Pass	7:48pm
Pass	7:48pm
	Pass

Preventive Maintenance Status: Pass

D Klassen

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

The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify that or	the 18 day of SEPTEMBER, 2024 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.

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: 09/18/2024

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	11:15am
AIR BLK	.00	11:16am
ACCY CHK	.08	11:17am
AIR BLK	.00	11:17am
SUB TEST	.00	11:18am
AIR BLK		11:19am
SUB TEST		11:20am
AIR BLK		11:21am

Reported AC: .00 g/210L

ure chemical Analyst

Court CVR

## DAVIE COUNTY DAVIE COUNTY JAIL 290

Serial Number: 008905 Test Record Number: 3075 Test Date: 09/18/2024 Test Time: 11:22am EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	11:22am
FLO	Pass	11:22am
FC	Pass	11:22am

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:22am
SRC	Pass	11:22am
DET	Pass	11:22am
BAR	Pass	11:22am
BT	Pass	11:22am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:23am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:23am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:23am

11:23am

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)

,	County]	Duchan	Instrument Location_	BAT	Mobile	Region	6
1	Instrument Seri	al NoOO 8580	-	Durhan	Count	y 50	_
		maintenance procedures for th 0,000 or higher) to be followed			d Model Intox E	C/IR II (Enhance	d with
	(1)	Verify the ethanol gas cani- breath simulator thermome				essure, or the alc	oholic
	(2)	Verify instrument displays	time and date;				
	(3)	Initiate breath test sequence	9				
	(4)	Enter information as promp	ited;				
)	(5)	Verify instrument accuracy	:				
50.	(6)	When "PLEASE BLOW" a	ppears, collect breath sar	mple;			
	(7)	When "PLEASE BLOW" a	ppears, collect breath sar	mple;			
	(8)	Print test record;					
	(9)	Run diagnostic program an	d confirm preventive ma	intenance status	of "Pass"; and		
	(10)	Verify that the ethanol gas simulator solution is being whichever occurs first.					
3	were performed	the 20th day of Sold on the instrument indicated a vices, and the instrument is fur	bove, in accordance wit		ng preventive m tions of the N.C.		
Office and of the last		CAR					
-	TO TO					684	
	3000000		Signature of Certifying C	Official	Cert	ificate Number	

DURHAM COUNTY BAT MOBILE REGION 6 310

Serial Number: 008580 Test Date: 09/20/2024

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	8:35pm
AIR BLK	.00	8:36pm
ACCY CHK	.07	8:36pm
AIR BLK	.00	8:37pm
SUB TEST	.00	8:38pm
AIR BLK	.00	8:39pm
SUB TEST	.00	8:40pm
AIR BLK	.00	8:41pm

Reported AC: \_\_\_00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## DURHAM COUNTY BAT MOBILE REGION 6 310

Serial Number: 008580 Test Record Number: 2996 Test Date: 09/20/2024 Test Time: 8:42pm EDT

System Check: Passed

#### Baseline Tests

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

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:43pm
	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)

		enance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with
	1) Ve	or higher) to be followed at least once every four months are:  rify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic eath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
C		rify instrument displays time and date;
		tiate breath test sequence;
(4	4) En	ter information as prompted;
(5	5) Ve	rify instrument accuracy;
(6	6) W	hen "PLEASE BLOW" appears, collect breath sample;
(7	) W	hen "PLEASE BLOW" appears, collect breath sample;
(8	3) Pri	int test record;
(9	) Ru	n diagnostic program and confirm preventive maintenance status of "Pass"; and
(1	sin	rify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath nulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests ichever occurs first.
were perf	ormed on th	day of September, 2024 the forgoing preventive maintenance procedures instrument indicated above, in accordance with current regulations of the N.C. Department of Health and the instrument is functioning properly.

# DURHAM COUNTY BAT MOBILE REGION 6 310

Serial Number: 008584 Test Date: 09/20/2024

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

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	8:31pm
AIR BLK	.00	8:32pm
ACCY CHK	.07	8:32pm
AIR BLK	.00	8:33pm
SUB TEST	.00	8:34pm
AIR BLK	.00	8:35pm
SUB TEST	.00	8:37pm
AIR BLK	.00	8:38pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

## DURHAM COUNTY BAT MOBILE REGION 6 310

Serial Number: 008584 Test Record Number: 2746 Test Date: 09/20/2024 Test Time: 8:38pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	8:39pm
FLO	Pass	8:39pm
FC	Pass	8:39pm

## Temperature Tests

Test	Status	Time
FC1	Pass	8:39pm
SRC	Pass	8:39pm
DET	Pass	8:39pm
BAR	Pass	8:39pm
BT	Pass	8:39pm

#### Blank Tests

Status	Time
Pass	8:39pm
	Status

## Printer Tests

Test Status Time

1656	Deacus	Line
PRNT	Pass	8:40pm
	CRC Tests	

Test	Status	Time
COMP	Pass	8:40pm
CAL	Pass	8:40pm

Preventive Maintenance Status: Pass

Analyst

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

	ial No. 008637 Instrument Location BAT Mobile Region 6
Instrument 3	ial No. 008637 Durhan County SO
	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced v 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcohoreath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy,
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic bre simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator te whichever occurs first.
were perfort	the 2014 day of Scotember 2024 the forgoing preventive maintenance procedud on the instrument indicated above, in accordance with current regulations of the N.C. Department of Hestroices, and the instrument is functioning properly.
	684

# DURHAM COUNTY BAT MOBILE REGION 6 770

Serial Number: 008637 Test Date: 09/20/2024

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	8:34pm
AIR BLK	.00	8:35pm
ACCY CHK	.08	8:35pm
AIR BLK	.00	8:36pm
SUB TEST	.00	8:37pm
AIR BLK	.00	8:38pm
SUB TEST	.00	8:39pm
AIR BLK	.00	8:40pm

Reported AC: 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

## DURHAM COUNTY BAT MOBILE REGION 6 770

Serial Number: 008637 Test Record Number: 3466 Test Date: 09/20/2024 Test Time: 8:42pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	8:42pm
FLO	Pass	8:42pm
FC	Pass	8:42pm

# Temperature Tests

Test	Status	Time
FC1	Pass	8:42pm
SRC	Pass	8:42pm
DET	Pass	8:42pm
BAR	Pass	8:42pm
BT	Pass	8:42pm

#### Blank Tests

Test	Status	Time	
AIR	Pass	8:43pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:43pm
	CRC Tests	
Test	Chatne	Time

Test	Status	Time
COMP	Pass	8:43pm
CAL	Pass	8:43pm

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)

0.0	County	Durhan	Instrument Location_	BAT		Region 6
9	Instrument Seria	al No		Durham	County	_Š0
			for the Intoximeters, Model In lowed at least once every four		Model Intox EC/	R II (Enhanced with
	(1)		canister displays at least 51 p nometer shows 34 degrees, plu			sure, or the alcoholic
	(2)	Verify instrument disp	plays time and date;			
	(3)	Initiate breath test seq	uence,			
	(4)	Enter information as p	prompted;			
à	(5)	Verify instrument acc	uracy;			
,	(6)	When "PLEASE BLO	W" appears, collect breath sar	mple;		
	(7)	When "PLEASE BLO	W" appears, collect breath sar	mple;		
	(8)	Print test record;				
	(9)	Run diagnostic progra	m and confirm preventive mai	intenance status o	of "Pass"; and	
	(10)		nol gas canister is being cha being changed every four n			
- 14	were performed	on the instrument indica	eptender , 20 g sted above, in accordance with is functioning properly.	the forgoin h current regulati	g preventive mai ons of the N.C. I	ntenance procedures Department of Health
* Sugar					6	84
			Signature of Certifying C	Official	Certif	icate Number

# DURHAM COUNTY BAT MOBILE REGION 6 310

Serial Number: 008686 Test Date: 09/20/2024

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

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	8:33pm
AIR BLK	.00	8:34pm
ACCY CHK	.07	8:34pm
AIR BLK	.00	8:35pm
SUB TEST	.00	8:35pm
AIR BLK	.00	8:36pm
SUB TEST	.00	8:38pm
AIR BLK	.00	8:39pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

is form is used when performing Preventive Maintenance p

#### DURHAM COUNTY BAT MOBILE REGION 6 310

Serial Number: 008686 Test Record Number: 7105 Test Date: 09/20/2024 Test Time: 8:39pm EDT

System Check: Passed

## Baseline Tests

Status	Time	
Pass	8:40pm	
Pass	8:40pm	
Pass	8:40pm	
	Pass Pass	

## Temperature Tests

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

## Blank Tests

Test	Status	Time
AIR	Pass	8:41pm

#### Printer Tests

1000	Deacus	11110
PRNT	Pass	8:41pm

## CRC Tests

Test	Status	Time
COMP	Pass	8:41pm
CAL	Pass	8:41pm

Preventive Maintenance Status: Pass

Analyst

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

to D	urhan	Instrument Location_	BAT	Mobile	legion 6
ament Serial	No. 00 8776		Durham	Count	legion 6 y SO
preventive n	naintenance procedures for the ,000 or higher) to be followed	Intoximeters, Model Ir at least once every four	ntox EC/IR II and months are;	Model Intox EC	C/IR II (Enhanced with
(1)	Verify the ethanol gas canis breath simulator thermomet	ter displays at least 51 per shows 34 degrees, plu	oounds per square is or minus .2 deg	inch (psi) of proceed centigrade;	essure, or the alcoholic
(2)	Verify instrument displays	ime and date;			
(3)	Initiate breath test sequence	;			
(4)	Enter information as promp	ted;			
(5)	Verify instrument accuracy				
(6)	When "PLEASE BLOW" a	ppears, collect breath sa	mple;		
(7)	When "PLEASE BLOW" a	ppears, collect breath sa	mple;		
(8)	Print test record;				
(9)	Run diagnostic program and	d confirm preventive ma	intenance status o	of "Pass"; and	
(10)	Verify that the ethanol gas simulator solution is being whichever occurs first.	as canister is being changed every four n	anged before exp nonths or after 1	oiration date, or 25 Alcoholic E	r the alcoholic breath Breath Simulator tests,
performed	on the instrument indicated a	Bove, in accordance wit	24 the forgoing h current regulati	g preventive m ons of the N.C.	aintenance procedures Department of Health
			_	(	584
	(6) (7) (8) (9) (10)  fly that on the performed of the control of	(6) When "PLEASE BLOW" a  (7) When "PLEASE BLOW" a  (8) Print test record;  (9) Run diagnostic program and  (10) Verify that the ethanol gasimulator solution is being whichever occurs first.  fy that on the day of performed on the instrument indicated a luman Services, and the instrument is fun	(6) When "PLEASE BLOW" appears, collect breath sat (7) When "PLEASE BLOW" appears, collect breath sat (8) Print test record; (9) Run diagnostic program and confirm preventive ma (10) Verify that the ethanol gas canister is being chasimulator solution is being changed every four method whichever occurs first.  (6) Print test record; (9) Run diagnostic program and confirm preventive ma (10) Verify that the ethanol gas canister is being chasimulator solution is being changed every four method whichever occurs first.  (8) Print test record; (9) Run diagnostic program and confirm preventive ma (10) Verify that the ethanol gas canister is being chasimulator solution is being changed every four method whichever occurs first.	(6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of the confirming of the collection of the sample; (10) Verify that the ethanol gas canister is being changed before experimental solution is being changed every four months or after 1 whichever occurs first.  (6) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of the confirming that the ethanol gas canister is being changed before experimental solution is being changed every four months or after 1 whichever occurs first.	(6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, o simulator solution is being changed every four months or after 125 Alcoholic E whichever occurs first.  (6) The print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, o simulator solution is being changed every four months or after 125 Alcoholic E whichever occurs first.  (6) The print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, o simulator solution is being changed every four months or after 125 Alcoholic E whichever occurs first.  (7) The print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, o simulator solution is being changed every four months or after 125 Alcoholic E whichever occurs first.

# DURHAM COUNTY BAT MOBILE REGION 6 310

Serial Number: 008776 Test Date: 09/20/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Analyst's Name: 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: AG417803 Exp Date: 06/26/2026

Test	g/210L	Time
DIAG	Pass	8:31pm
AIR BLK	.00	8:32pm
ACCY CHK	.08	8:33pm
AIR BLK	.00	8:34pm
SUB TEST	.00	8:35pm
AIR BLK	.00	8:36pm
SUB TEST	.00	8:37pm
AIR BLK	.00	8:39pm

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# DURHAM COUNTY BAT MOBILE REGION 6 310

Serial Number: 008776 Test Record Number: 4060 Test Date: 09/20/2024 Test Time: 8:39pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	8:39pm
FLO	Pass	8:39pm
FC	Pass	8:39pm

# Temperature Tests

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

#### Blank Tests

Test	Status	Time	
AIR	Pass	8:40pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:40pm
	CRC Tests	
Test	Status	Time
COMP	Pass	8:40pm
CAL	Pass	8:40pm

Preventive Maintenance Status: Pass

Analyst

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

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

FRANKLIN COUNTY BAT MOBILE REGION 4 340

> Serial Number: 008601 Test Date: 09/06/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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	9:58pm
AIR BLK	.00	9:59pm
ACCY CHK	.08	10:00pm
AIR BLK	.00	10:01pm
SUB TEST	.00	10:01pm
AIR BLK	.00	10:02pm
SUB TEST	.00	10:04pm
AIR BLK	.00	10:05pm

Reported AC: .00 g/210b

Signature of Chemical Analyst

Court CVR

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

D Glassier

Department of Health and Human Services Rev. 12/2007

## FRANKLIN COUNTY BAT MOBILE REGION 4 340

Serial Number: 008601 Test Record Number: 1638
Test Date: 09/06/2024 Test Time: 10:06pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time	
IR FLO	Pass Pass	10:06pm 10:06pm	
FC	Pass	10:06pm	

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:06pm
SRC	Pass	10:06pm
DET	Pass	10:06pm
BAR	Pass	10:06pm
BT	Pass	10:06pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:07pm

#### Printer Tests

Test Status Time

PRNT	Pass	10:07pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:07pm

Preventive Maintenance Status: Pass

Pass

10:07pm

CAL

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

	anklin Instrument Location BAT Mobile Region 4  No.008615 Youngsville PD
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify that or were performe	n the day of September, 2024 the forgoing preventive maintenance procedure of on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health process, and the instrument is functioning properly.

FRANKLIN COUNTY BAT MOBILE REGION 4 340

> Serial Number: 008615 Test Date: 09/06/2024

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

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

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

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

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

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

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

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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## FRANKLIN COUNTY BAT MOBILE REGION 4 340

Serial Number: 008615 Test Record Number: 5970 Test Date: 09/06/2024 Test Time: 10:12pm EDT

System Check: Passed

## Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:13pm
SRC	Pass	10:13pm
DET	Pass	10:13pm
BAR	Pass	10:13pm
BT	Pass	10:13pm
		500 C S C C C C C C C C C C C C C C C C C

## Blank Tests

Test	Status	Time
AIR	Pass	10:14pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

San Harris

# 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. 008736 Instrument Location_BAT Mobile Region 4  Youngsuille PD
The preventive serial number	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performe	the day of September, 2024 the forgoing preventive maintenance procedures of the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rvices, and the instrument is functioning properly.

FRANKLIN COUNTY BAT MOBILE REGION 4 340

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	9:56pm
AIR BLK	.00	9:57pm
ACCY CHK	.08	9:57pm
AIR BLK	.00	9:58pm
SUB TEST	.00	9:59pm
AIR BLK	.00	9:59pm
SUB TEST	.00	10:01pm
AIR BLK	.00	10:02pm

Reported AC: .00 g/210L-

Signature of Chemical Analyst

Court CVR

# FRANKLIN COUNTY BAT MOBILE REGION 4 340

Serial Number: 008736 Test Record Number: 1315 Test Date: 09/06/2024 Test Time: 10:03pm EDT

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	10:03pm
FLO	Pass	10:03pm
FC	Pass	10:03pm

# Temperature Tests

Test	Status	Time
FC1	Pass	10:03pm
SRC	Pass	10:03pm
DET	Pass	10:03pm
BAR	Pass	10:03pm
BT	Pass	10:03pm

## Blank Tests

Status	Time
Pass	10:04pm

## Printer Tests

Status	Time
Pass	10:04pm
CRC Tests	
Status	Time
Pass	10:04pm 10:04pm
	Pass CRC Tests Status

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)

OTENTION CONTRACTOR	ial No. 008775 Instrument Location BAT Mobile Region 4 Youngsville 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.
	the 6 day of September, 2024 the forgoing preventive maintenance procedure d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rvices, and the instrument is functioning properly.
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Signature of Certifying Official

Certificate Number

FRANKLIN COUNTY BAT MOBILE REGION 4 340

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	10:20pm
AIR BLK	.00	10:21pm
ACCY CHK	.07	10:22pm
AIR BLK	.00	10:23pm
SUB TEST	.00	10:23pm
AIR BLK	.00	10:24pm
SUB TEST	.00	10:26pm
AIR BLK	.00	10:27pm

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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## FRANKLIN COUNTY BAT MOBILE REGION 4 340

Serial Number: 008775 Test Record Number: 2171
Test Date: 09/06/2024 Test Time: 10:28pm EDT

System Check: Passed

#### Baseline Tests

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

# Temperature Tests

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

## Blank Tests

Test	Status	Time
AIR	Pass	10:29pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:29pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:29pm

Preventive Maintenance Status: Pass

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

Instrument Se	rial No. 008816 Instrument Location BAT Mobile Region 4  Poungsville PD
	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 perform	on the 6 day of September, 2024 the forgoing preventive maintenance procedures and on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ervices, and the instrument is functioning properly.

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Signature of Certifying Official

Certificate Number

FRANKLIN COUNTY BAT MOBILE REGION 4 340

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

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

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

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

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

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

Reported AC: .00 g/21QL

Signature of Chemical Analyst

Court CVR

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Department of Health and Human Services

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#### FRANKLIN COUNTY BAT MOBILE REGION 4 340

Serial Number: 008816 Test Record Number: 7759 Test Date: 09/06/2024 Test Time: 10:26pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:27pm
FLO	Pass	10:27pm
FC	Pass	10:27pm

## Temperature Tests

Status	Time
Pass	10:27pm
	Pass Pass Pass Pass

## Blank Tests

Test	Status	Time
AIR	Pass	10:28pm

#### Printer Tests

Test Status Time

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

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)

100	anklin Instrument Location BAT Mobile Region 4  al No.008929 Youngsville PD
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
were performe	the 6 day of Septem 2, 2024 the forgoing preventive maintenance procedured on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rvices, and the instrument is functioning properly.

FRANKLIN COUNTY BAT MOBILE REGION 4 340

> Serial Number: 008929 Test Date: 09/06/2024

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

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

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

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

Test	g/210L	Time
DIAG	Pass	10:25pm
AIR BLK	.00	10:26pm
ACCY CHK	.07	10:26pm
AIR BLK	.00	10:28pm
SUB TEST	.00	10:28pm
AIR BLK	.00	10:29pm
SUB TEST	.00	10:31pm
AIR BLK	.00	10:32pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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#### FRANKLIN COUNTY BAT MOBILE REGION 4 340

Serial Number: 008929 Test Record Number: 1453 Test Date: 09/06/2024 Test Time: 10:32pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Status	Time
Pass	10:33pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time	
AIR	Pass	10:34pm	

#### Printer Tests

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

Preventive Maintenance Status: Pass

Pass

10:34pm

CAL

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

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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)

	al No. 008601 BAT Mobile Region 4  Gastonia PD
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
were performed	the <u>20</u> day of <u>September</u> , 20 <u>24</u> the forgoing preventive maintenance procedured on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health revices, and the instrument is functioning properly.

Shanature of Certifying Official

Certificate Number

GASTON COUNTY BAT MOBILE REGION 4 350

Serial Number: 008601 Test Date: 09/20/2024

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

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

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

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

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

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

g/210L	Time
Pass	7:22pm
.00	7:24pm
.08	7:24pm
.00	7:25pm
.00	7:26pm
.00	7:27pm
.00	7:28pm
.00	7:29pm
	Pass .00 .08 .00 .00

Reported AC: , .00 g/210L

Signature of Chemical Analyst

Court CVR

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#### GASTON COUNTY BAT MOBILE REGION 4 350

Serial Number: 008601 Test Record Number: 1648
Test Date: 09/20/2024 Test Time: 7:32pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	7:32pm
FLO	Pass	7:32pm
FC	Pass	7:32pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	7:32pm
SRC	Pass	7:32pm
DET	Pass	7:32pm
BAR	Pass	7:32pm
BT	Pass	7:32pm

#### Blank Tests

Test	Status	Time	
AIR	Pass	7:33pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	7:33pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	7:33pm 7:33pm

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)

Instrumer	nt Seria	Instrument Location BAT Mobile Region 4  INO. 008615  Gastonia PD
The preve	entive 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	1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2	2)	Verify instrument displays time and date;
(3	3)	Initiate breath test sequence;
(4	(1)	Enter information as prompted;
(5	5)	Verify instrument accuracy;
(6	5)	When "PLEASE BLOW" appears, collect breath sample;
(7	7)	When "PLEASE BLOW" appears, collect breath sample;
(8	3)	Print test record;
(9	9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(1	10)	Verify that the ethanol gas canister is being changed before 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 perf	formed	the Oday of September . 2024 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.

#### GASTON COUNTY BAT MOBILE REGION 4 350

Serial Number: 008615 Test Date: 09/20/2024

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	7:24pm
AIR BLK	.00	7:25pm
ACCY CHK	.07	7:25pm
AIR BLK	.00	7:26pm
SUB TEST	.00	7:27pm
AIR BLK	.00	7:28pm
SUB TEST	.00	7:29pm
AIR BLK	.00	7:30pm

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

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#### GASTON COUNTY BAT MOBILE REGION 4 350

Serial Number: 008615 Test Record Number: 5976 Test Date: 09/20/2024 Test Time: 7:32pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	7:32pm
FLO	Pass	7:32pm
FC	Pass	7:32pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	7:32pm
SRC	Pass	7:32pm
DET	Pass	7:32pm
BAR	Pass	7:32pm
BT	Pass	7:32pm

#### Blank Tests

Test	Status	Time
AIR	Pass	7:33pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	7:33pm

#### CRC Tests

Test	Status	Time
COMP	Pass	7:33pm
CAL	Pass	7:33pm

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 (1)	aston Instrument Location Gaston Gounty Jail Gastonia, No. County Jail	
	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 the U day of OPHENDEV. 20 24 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



GASTON COUNTY GASTON COUNTY SO 350

Serial Number: 008684 Test Date: 09/10/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	11:32am
AIR BLK	.00	11:33am
ACCY CHK	.08	11:33am
AIR BLK		11:35am
SUB TEST		11:35am
AIR BLK	.00	11:36am
SUB TEST	.00	11:38am
AIR BLK	.00	11:38am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

# GASTON COUNTY GASTON COUNTY SO 350

Serial Number: 008684 Test Record Number: 6370 Test Date: 09/10/2024 Test Time: 11:39am EDT

System Check: Passed

Baseline Tests

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

# Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:40am

#### Printer Tests

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

Preventive Maintenance Status: Pass

Pass

11:40am

CAL

Analyst

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

Instrument Seri	aston Instrument Location BAT Mobile Region 4  al No. 008736 Gastonia PD
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the 20 day of September, 2024 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.



Signature of Certifying Official

Certificate Number

GASTON COUNTY BAT MOBILE REGION 4 350

Serial Number: 008736 Test Date: 09/20/2024

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	7:25pm
AIR BLK	.00	7:26pm
ACCY CHK	.08	7:27pm
AIR BLK	.00	7:28pm
SUB TEST	.00	7:30pm
AIR BLK	.00	7:30pm
SUB TEST	.00	7:32pm
AIR BLK	.00	7:33pm

Reported AC: .00 g/210L

Signature of Chemical Analysi

Court CVR

#### GASTON COUNTY BAT MOBILE REGION 4 350

Serial Number: 008736 Test Record Number: 1323 Test Time: 7:34pm EDT Test Date: 09/20/2024

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	7:34pm
FLO	Pass	7:34pm
FC	Pass	7:34pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	7:34pm
SRC.	Pass	7:34pm
DET	Pass	7:34pm
BAR	Pass	7:34pm
BT	Pass	7:34pm

#### Blank Tests

Test	Status	Time
AIR	Pass	7:35pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	7:35pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	7:35pm 7:35pm
CUL	rass	1.35pm

Preventive Maintenance Status: Pass

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

Instrument Seri	al No. 008775 Gastonia PD
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the 20 day of September, 2024 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.



#### GASTON COUNTY BAT MOBILE REGION 4 350

Serial Number: 008775 Test Date: 09/20/2024

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

Driver's License Number: NONE

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

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

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

Test	g/210L	Time
DIAG	Pass	7:31pm
AIR BLK	.00	7:32pm
ACCY CHK	.07	7:32pm
AIR BLK	.00	7:33pm
SUB TEST	.00	7:34pm
AIR BLK	.00	7:35pm
SUB TEST	.00	7:36pm
AIR BLK	.00	7:37pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Sen D Classeul

#### GASTON COUNTY BAT MOBILE REGION 4 350

Serial Number: 008775 Test Record Number: 2178
Test Date: 09/20/2024 Test Time: 7:40pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	7:40pm
FLO	Pass	7:40pm
FC	Pass	7:40pm
2.0	rass	7:40pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	7:40pm
SRC	Pass	7:40pm
DET	Pass	7:40pm
BAR	Pass	7:40pm
BT	Pass	7:40pm

#### Blank Tests

Test	Status	Time
ATR	Pass	7 · 41 mm

#### Printer Tests

Test	Status	Time
PRNT	Pass	7:41pm
	CRC Tests	
Test	Status	Time

Preventive Maintenance Status: Pass

Pass

Pass

7:41pm

7:41pm

COMP

CAL

Sen Hasseul

# 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	aston Instrument Location BAT Mobile Region 4 al No. 008816  Gastonia PD
The	preventive al 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.
wer	e performed	the 20 day of September, 2024 the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.

# GASTON COUNTY BAT MOBILE REGION 4 350

Serial Number: 008816 Test Date: 09/20/2024

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	7:33pm
AIR BLK	.00	7:34pm
ACCY CHK	.08	7:35pm
AIR BLK	.00	7:36pm
SUB TEST	.00	7:37pm
AIR BLK	.00	7:37pm
SUB TEST	.00	7:39pm
AIR BLK	.00	7:40pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Department of Health and Human Services
Rev. 12/2007

#### GASTON COUNTY BAT MOBILE REGION 4 350

Serial Number: 008816 Test Record Number: 7765 Test Date: 09/20/2024 Test Time: 7:41pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	7:41pm
FLO	Pass	7:41pm
FC	Pass	7:41pm

# Temperature Tests

Test	Status	Time
FC1	Pass	7:41pm
SRC	Pass	7:41pm
DET	Pass	7:41pm
BAR	Pass	7:41pm
BT	Pass	7:41pm

#### Blank Tests

Test	Status	Time
AIR	Pass	7:42pm

#### Printer Tests

rest	Status	Time
PRNT	Pass	7:42pm
	CRC Tests	

Test	Status	Time
COMP	Pass	7:42pm
CAL	Pass	7:42pm

Preventive Maintenance Status: Pass

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

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 Oday of September, 20 Hithe 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

# GASTON COUNTY BAT MOBILE REGION 4 350

Serial Number: 008929 Test Date: 09/20/2024

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

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

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

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

Test	g/210L	Time
DIAG	Pass	7:35pm
AIR BLK	.00	7:36pm
ACCY CHK	.08	7:37pm
AIR BLK	.00	7:38pm
SUB TEST	.00	7:39pm
AIR BLK	.00	7:40pm
SUB TEST	.00	7:41pm
AIR BLK	.00	7:42pm

Reported AC: .00 g/21QL

Signature of Chemical Analyst

Court CVR

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# GASTON COUNTY BAT MOBILE REGION 4 350

Serial Number: 008929 Test Record Number: 1461 Test Date: 09/20/2024 Test Time: 7:43pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	7:43pm
FLO	Pass	7:43pm
FC	Pass	7:43pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	7:43pm
SRC	Pass	7:43pm
DET	Pass	7:43pm
BAR	Pass	7:43pm
BT	Pass	7:43pm

#### Blank Tests

Test	Status	Time
AIR	Pass	7:44pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	7:44pm
	CRC Tests	
Test	Status	Time
COMP	Pass	7:44pm
CAL	Pass	7:44 pm

Preventive Maintenance Status: Pass

Analyst

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

	Tial No. 008635 525 NOW COMMERCE DR DXFORD, 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

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Signature of Certifying Official

Certificate Number...

GRANVILLE COUNTY GRANVILLE COUNTY LEC 380

> Serial Number: 008635 Test Date: 09/04/2024

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

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

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

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

Test	g/210L	Time
DIAG	Pass	3:08pm
	.00	3:08pm
AIR BLK	.00	3:14pm
ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	.08 .00 .00	3:09pm 3:10pm 3:10pm 3:11pm 3:13pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

#### GRANVILLE COUNTY GRANVILLE COUNTY LEC 380

Serial Number: 008635 Test Record Number: 2213 Test Date: 09/04/2024 Test Time: 3:19pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:19pm 3:19pm
FC	Pass	3:20pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:20pm
SRC	Pass	3:20pm
DET	Pass	3:20pm
BAR	Pass	3:20pm
BT	Pass	3:20pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:20pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:20pm
	CRC Tests	

Test	Status	Time
COMP	Pass	3:20pm
CAL	Pass	3:20pm

Preventive Maintenance Status: Pass

Malyst

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

(1) Verify the breath si (2) Verify in (3) Initiate b (4) Enter init (5) Verify in (6) When "I (7) When "I (8) Print test (9) Run diag (10) Verify the simulator whichever	Procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with her) to be followed at least once every four months are:  we ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic mulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;  strument displays time and date;  reath test sequence;  formation as prompted;  strument accuracy;  ILEASE BLOW" appears, collect breath sample;
(1) Verify the breath si (2) Verify in (3) Initiate b (4) Enter init (5) Verify in (6) When "I (7) When "I (8) Print test (9) Run diag (10) Verify the simulator whichever	her) to be followed at least once every four months are:  the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic mulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;  strument displays time and date;  treath test sequence;  formation as prompted;  strument accuracy;
(2) Verify in (3) Initiate b (4) Enter init (5) Verify in (6) When "I (7) When "I (8) Print test (9) Run diag (10) Verify t simulato whichev	mulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; strument displays time and date; reath test sequence; formation as prompted; strument accuracy;
(3) Initiate by (4) Enter initiate by (5) Verify in (6) When "I (7) When "I (8) Print test (9) Run diag (10) Verify the simulator whichever I certify that on the	reath test sequence; formation as prompted; strument accuracy;
(4) Enter in (5) Verify in (6) When "I (7) When "I (8) Print test (9) Run diag (10) Verify t simulato whichev	formation as prompted;
(5) Verify in (6) When "I (7) When "I (8) Print tes (9) Run diag (10) Verify t simulato whichev	istrument accuracy,
(6) When "I (7) When "I (8) Print tes (9) Run diag (10) Verify t simulato whichev	WALLES AND THE TOTAL OF STREET AND A STREET
(7) When *I (8) Print tes (9) Run diag (10) Verify t simulato whichev	LEASE BLOW" appears, collect breath sample;
(8) Print tes (9) Run diag (10) Verify t simulato whichev	
(9) Run diag (10) Verify t simulato whichev	LEASE BLOW" appears, collect breath sample;
(10) Verify t simulato whichev	record;
simulato whichev	nostic program and confirm preventive maintenance status of "Pass"; and
I certify that on the 4	hat the ethanol gas canister is being changed before expiration date, or the alcoholic breath r solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, er occurs first.
and Human Services, and th	day of September 20 The forgoing preventive maintenance procedures rument indicated above, in accordance with current regulations of the N.C. Department of Health e instrument is functioning properly.
Sum ran	

GRANVILLE COUNTY CREEDMOOR PD 380

Serial Number: 008641 Test Date: 09/04/2024

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

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

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

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

Test	g/210L	Time
DIAG	Pass	1:48pm
AIR BLK	.00	1:49pm
ACCY CHK	.07	1:50pm
AIR BLK	.00	1:51pm
SUB TEST	.00	1:51pm
AIR BLK	.00	1:52pm
SUB TEST	.00	1:54pm
AIR BLK	.00	1:55pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### GRANVILLE COUNTY CREEDMOOR PD 380

Serial Number: 008641 Test Record Number: 1630 Test Date: 09/04/2024 Test Time: 1:55pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:56pm
FLO	Pass	1:56pm
FC	Pass	1:56pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:56pm
SRC	Pass	1:56pm
DET	Pass	1:56pm
BAR	Pass	1:56pm
BT	Pass	1:56pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:57pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:57pm
	CRC Tests	
Test	Status	Time

COMP	Pass	1:57pm
CAL	Pass	1:57pm

Preventive Maintenance Status: Pass

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

Rev. 12/2007

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

Instrument Seri		P
/	CX FORD, NC	
The preventive serial number 1	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhance 10,000 or higher) to be followed at least once every four months are:	d with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the all breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;	coholic
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and	
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.	breath or tests,
were performed	the day of september, 2029 the forgoing preventive maintenance produced on the instrument indicated above, in accordance with current regulations of the N.C. Department of revices, and the instrument is functioning properly.	cedures Health

GRANVILLE COUNTY GRANVILLE COUNTY LEC 380

> Serial Number: 008923 Test Date: 09/04/2024

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

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

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

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

Test	g/210L	Time
DIAG	Pass	3:06pm
AIR BLK	.00	3:07pm
ACCY CHK	.07	3:08pm
AIR BLK	.00	3:09pm
SUB TEST	.00	3:09pm
AIR BLK	.00	3:10pm
SUB TEST	.00	3:12pm
AIR BLK	.00	3:13pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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#### GRANVILLE COUNTY GRANVILLE COUNTY LEC 380

Serial Number: 008923 Test Record Number: 3401 Test Date: 09/04/2024 Test Time: 3:13pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:14pm
FLO	Pass	3:14pm
FC	Pass	3:14pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:14pm
SRC	Pass	3:14pm
DET	Pass	3:14pm
BAR	Pass	3:14pm
BT	Pass	3:14pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:15pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:15pm
	CRC Tests	

Test	Status	Time
COMP	Pass Pass	3:15pt 3:15pt

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	ial No. 008601 Instrument Location_BAT Hobile Region 4  Gibsonville PD
The preventive serial number	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the 26 day of September, 2024 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
STATE	V 2 c. 2 c. 1 c. 1 c. 1 c. 1 c. 1 c. 1 c.

STATE

Signature of Certifying Official

Certificate Number

GUILFORD COUNTY BAT MOBILE REGION 4 400

> Serial Number: 008601 Test Date: 09/26/2024

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

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

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

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

Test	g/210L	Time
DIAG	Pass	7:47am
AIR BLK	.00	7:48am
ACCY CHK	.08	7:49am
AIR BLK	.00	7:50am
SUB TEST	.00	7:51am
AIR BLK	.00	7:51am
SUB TEST	.00	7:53am
AIR BLK	.00	7:54am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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# GUILFORD COUNTY BAT MOBILE REGION 4 400

Serial Number: 008601 Test Record Number: 1660 Test Date: 09/26/2024 Test Time: 7:55am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass	7:56am
FC	Pass Pass	7:56am 7:56am
4.50	rass	/ . DO attil

#### Temperature Tests

Test	Status	Time
FC1	Pass	7:56am
SRC	Pass	7:56am
DET	Pass	7:56am
BAR	Pass	7:56am
BT	Pass	7:56am

#### Blank Tests

Status	Time	
Pass	7:56am	
	- 20	

#### Printer Tests

Test	Status	Time
PRNT	Pass	7:57am
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	7:57am 7:57am
Contract .	rass	/ . 2 / dill

Preventive Maintenance Status: Pass

Sun D Harrison

# 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. 008615 Instrument Location BAT Mobile Region 4  Gibsonville PD		
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:		
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
(2)	Verify instrument displays time and date;		
(3)	Initiate breath test sequence;		
(4)	Enter information as prompted;		
(5)	Verify instrument accuracy;		
(6)	When "PLEASE BLOW" appears, collect breath sample;		
(7)	When "PLEASE BLOW" appears, collect breath sample;		
(8)	Print test record;		
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and		
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
were performe	the 212 day of September, 2024 the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rvices, and the instrument is functioning properly.		

GUILFORD COUNTY BAT MOBILE REGION 4 400

> Serial Number: 008615 Test Date: 09/26/2024

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	7:48am
AIR BLK	.00	7:49am
ACCY CHK	.07	7:50am
AIR BLK	.00	7:51am
SUB TEST	.00	7:51am
AIR BLK	.00	7:52am
SUB TEST	.00	7:53am
AIR BLK	.00	7:54am

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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#### GUILFORD COUNTY BAT MOBILE REGION 4 400

Serial Number: 008615 Test Record Number: 5984 Test Date: 09/26/2024 Test Time: 7:55am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	7:56am
FLO	Pass	7:56am
FC	Pass	7:56am

#### Temperature Tests

Test	Status	Time
FC1	Pass	7:56am
SRC	Pass	7:56am
DET	Pass	7:56am
BAR	Pass	7:56am
BT	Pass	7:56am

#### Blank Tests

Test	Status	Time
AIR	Pass	7:57am

#### Printer Tests

Test	Status	Time
PRNT	Pass	7:57am
	CRC Tests	
Test	Status	Time

COMP	Pass	7:57am
CAL	Pass	7:57am

Preventive Maintenance Status: Pass

Analyst

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

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

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

DHHS 4080 (04/20)

GUILFORD COUNTY GREENSBORO PD 400

Serial Number: 008725 Test Date: 09/03/2024

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	9:33am 9:34am
ACCY CHK AIR BLK	.08	9:35am 9:36am
SUB TEST	.00	9:37am 9:38am
AIR BLK SUB TEST	.00	9:39am
AIR BLK	.00	9:40am

Reported AC: .00 g/210L

Court CVR

#### GUILFORD COUNTY GREENSBORO PD 400

Serial Number: 008725 Test Record Number: 4911 Test Date: 09/03/2024 Test Time: 9:42am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:42am 9:42am
FC	Pass	9:42am

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:42am
SRC	Pass	9:42am
DET	Pass	9:42am
BAR	Pass	9:42am
BT	Pass	9:42am

#### 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 Pass	9:43am 9:43am

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	ial No. 008736 Instrument Location BAT Mobile Region 4  Gibsonville 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 breatl simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.



GUILFORD COUNTY BAT MOBILE REGION 4 400

> Serial Number: 008736 Test Date: 09/26/2024

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

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	7:49am
AIR BLK	.00	7:50am
ACCY CHK	.08	7:51am
AIR BLK	.00	7:52am
SUB TEST	.00	7:52am
AIR BLK	.00	7:53am
SUB TEST	.00	7:55am
AIR BLK	.00	7:56am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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Analyst

#### GUILFORD COUNTY BAT MOBILE REGION 4 400

Serial Number: 008736 Test Record Number: 1333 Test Date: 09/26/2024 Test Time: 7:56am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	7:57am
FLO	Pass	7:57am
FC	Pass	7:57am

#### Temperature Tests

Test	Status	Time
FC1	Pass	7:57am
SRC	Pass	7:57am
DET	Pass	7:57am
BAR	Pass	7:57am
BT	Pass	7:57am

#### Blank Tests

Test	Status	Time
AIR	Pass	7:58am

#### Printer Tests

Test	Status	Time
PRNT	Pass	7:58am
	CRC Tests	

Test	Status	Time
COMP	Pass	7:58am
CAL	Pass	7:58am

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)

nanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholi tor thermometer shows 34 degrees, plus or minus .2 degree centigrade;
SACTORAL GRAVITAGE SACTOR DE SEC
ment displays time and date;
test sequence;
ation as prompted;
ment accuracy;
SE BLOW" appears, collect breath sample;
SE BLOW" appears, collect breath sample;
ord;
ic program and confirm preventive maintenance status of "Pass"; and
the ethanol gas canister is being changed before expiration date, or the alcoholic breat lution is being changed every four months or after 125 Alcoholic Breath Simulator test curs first.
ma E.A.

GUILFORD COUNTY BAT MOBILE REGION 4 400

> Serial Number: 008775 Test Date: 09/26/2024

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

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	7:50am
AIR BLK	.00	7:51am
ACCY CHK	.07	7:52am
AIR BLK	.00	7:53am
SUB TEST	.00	7:53am
AIR BLK	.00	7:54am
SUB TEST	.00	7:56am
AIR BLK	.00	7:56am

Reported AC: .00 g/210L

SignaCircor Chemical Analyst

Court CVR

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Forensic Tests for Alcohol Branch
Department of Health and Human Services
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#### GUILFORD COUNTY BAT MOBILE REGION 4 400

Serial Number: 008775 Test Record Number: 2186 Test Date: 09/26/2024 Test Time: 7:57am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	7:57am
FLO	Pass	7:57am
FC	Pass	7:57am

#### Temperature Tests

Test	Status	Time
FC1	Pass	7:58am
SRC	Pass	7:58am
DET	Pass	7:58am
BAR	Pass	7:58am
BT	Pass	7:58am

#### Blank Tests

Test	Status	Time
AIR	Pass	7:58am

#### Printer Tests

Test	Status	Time
PRNT	Pass	7:58am
	CRC Tests	

Test	Status	Time
COMP	Pass	7:58am
CAL	Pass	7:58am

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)

	ial No. 008816  Instrument Location BAT Mobile Region 4  Gibsonville PD
The preventive serial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced wit 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholi breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
were performed	the 26 day of September, 2024 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.

GUILFORD COUNTY BAT MOBILE REGION 4

Serial Number: 008816 Test Date: 09/26/2024

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

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

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

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

g/210L	Time
Pass	7:52am
.00	7:53am
.08	7:54am
.00	7:55am
.00	7:56am
.00	7:57am
.00	7:58am
.00	7:59am
	.00 .08 .00 .00

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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Forensic Tests for Alcohol Branch
Department of Health and Human Services
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# GUILFORD COUNTY BAT MOBILE REGION 4 400

Serial Number: 008816 Test Record Number: 7772

System Check: Passed

#### Baseline Tests

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#### Temperature Tests

Test	Status	Time
FC1	Pass	8:00am
SRC	Pass	8:00am
DET	Pass	8:00am
BAR	Pass	8:00am
BT	Pass	8:00am

#### Blank Tests

Test	Status	Time
AIR	Pass	8:01am

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:01am
	CRC Tests	
Test	Status	Time
COMP	Pass	8:01am
CAL	Pass	8:01am

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 Seri	al No. 008929 Gibsonville PD
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.



Signature of Certifying Official

Certificate Number

GUILFORD COUNTY BAT MOBILE REGION 4 400

> Serial Number: 008929 Test Date: 09/26/2024

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

Driver's License Number: NONE

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

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

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

Test	g/210L	Time
DIAG	Pass	7:55am
AIR BLK	.00	7:56am
ACCY CHK	.07	7:57am
AIR BLK	.00	7:58am
SUB TEST	.00	7:58am
AIR BLK	.00	7:59am
SUB TEST	.00	8:01am
AIR BLK	.00	8:02am

Reported AC: #09 g/210L

Signature of Chemical Analyst

Court CVR

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Forensic Tests for Alcohol Branch
Department of Health and Human Services

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#### GUILFORD COUNTY BAT MOBILE REGION 4 400

Serial Number: 008929 Test Record Number: 1468
Test Date: 09/26/2024 Test Time: 8:02am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	8:03am
FLO	Pass	8:03am
FC	Pass	8:03am

#### Temperature Tests

Test	Status	Time
FC1	Pass	8:03am
SRC	Pass	8:03am
DET	Pass	8:03am
BAR	Pass	8:03am
BT	Pass	8:03am

#### Blank Tests

Test	Status	Time
AIR	Pass	8:04am

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:04am
	CRC Tests	
Test	Status	Time
COMP	Pass	8:04am

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 F/G	Instrument Location Holisay Co. 5.0.
Instrument Seri	al No. 008695 355 FERRELL LANE
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 5 day of 56076MBEA 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.
	SAR AL TO
0.00	Signature of Certifying Official Certificate Number
	Certificate Number

HALIFAX CO. HALIFAX CO SO 410

Serial Number: 008695 Test Date: 09/05/2024

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

Analyst's Name: 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	Pass	5:34pm
AIR BLK	.00	5:35pm
ACCY CHK	.07	5:36pm
AIR BLK	.00	5:37pm
SUB TEST	.00	5:37pm
AIR BLK	.00	5:38pm
SUB TEST	.00	5:39pm
AIR BLK	.00	5:40pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### HALIFAX CO. HALIFAX CO SO 410

Serial Number: 008695 Test Record Number: 3819 Test Date: 09/05/2024 Test Time: 5:41pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	5:42pm
FLO	Pass	5:42pm
FC	Pass	5:42pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	5:42pm
SRC	Pass	5:42pm
DET	Pass	5:42pm
BAR	Pass	5:42pm
BT	Pass	5:42pm

#### Blank Tests

Test	Status	Time
AIR	Pass	5:42pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	5:42pm
	CRC Tests	

Test	Status	Time
COMP	Pass	5:43pm
CAL	Pass	5:43pm

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)

Instrument Seri	INO.CONOCCE THE PROPERTY OF CENTER	
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced 10,000 or higher) to be followed at least once every four months are:	d 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;	oholic
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and	
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic l simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.	
	the	
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1 . Can 10 100	1 1/1	

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008852 Test Date: 09/03/2024

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

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

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

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

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

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

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

Reported AC: .00 g/210L

gignature of Chemical Analyst

Court CVR

Analyst

#### HOKE COUNTY DETENTION CENTER 460

Serial Number: 008852 Test Record Number: 1716 Test Date: 09/03/2024 Test Time: 1:16pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	1:17pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

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

#### IREDELL COUNTY BAT MOBILE REGION 4 480

Serial Number: 008601 Test Date: 09/22/2024

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

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

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

Analyst's Name: 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	9:24pm
AIR BLK	.00	9:25pm
ACCY CHK	.08	9:26pm
AIR BLK	.00	9:27pm
SUB TEST	.00	9:27pm
AIR BLK	.00	9:28pm
SUB TEST	.00	9:30pm
AIR BLK	.00	9:31pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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#### IREDELL COUNTY BAT MOBILE REGION 4 480

Serial Number: 008601 Test Record Number: 1650 Test Date: 09/22/2024 Test Time: 9:31pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:31pm
FLO	Pass	9:31pm
FC	Pass	9:32pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:32pm
SRC	Pass	9:32pm
DET	Pass	9:32pm
BAR	Pass	9:32pm
BT	Pass	9:32pm

#### Blank Tests

Test	AND CONTRACTOR OF THE	Time
AIR		9:32pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:32pm
	CRC Tests	
Test	Status	Time
COMP	Pass	9:33pm
CAL	Pass	9:33pm

Preventive Maintenance Status: Pass

Analyst

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

The preventive	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with
serial number 16	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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Certifying Official Certificate Number

IREDELL COUNTY BAT MOBILE REGION 4 480

Serial Number: 008601 Test Date: 09/30/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Driver's License Number: NONE

Analyst's Name: Glasscock, Jerry D Permit Number: 7180-9235

mit 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	1:44pm
AIR BLK	.00	1:45pm
ACCY CHK	.08	1:46pm
AIR BLK	.00	1:47pm
SUB TEST	.00	1:48pm
AIR BLK	.00	1:49pm
SUB TEST	.00	1:51pm
AIR BLK	.00	1:52pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Jan Dollesacuel

# IREDELL COUNTY BAT MOBILE REGION 4 480

Serial Number: 008601 Test Record Number: 1664
Test Date: 09/30/2024 Test Time: 1:52pm EDT

System Check: Passed

Baseline Tests

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

# Temperature Tests

Test	Status	Time
FC1	Pass	1:53pm
SRC	Pass	
DET	Pass	
BAR	Pass	
BT	Pass	1:53pm
SRC DET BAR	Pass Pass Pass	1:53pm 1:53pm 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
COMP CAL	Pass Pass	1:54pm 1:54pm

Preventive Maintenance Status: Pass

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

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

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

Signature of Certifying Official

IREDELL COUNTY BAT MOBILE REGION 4 480

Serial Number: 008615 Test Date: 09/22/2024

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	9:25pm
AIR BLK	.00	9:26pm
ACCY CHK	.07	9:27pm
AIR BLK	.00	9:28pm
SUB TEST	.00	9:28pm
AIR BLK	.00	9:29pm
SUB TEST	.00	9:31pm
AIR BLK	.00	9:32pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
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#### IREDELL COUNTY BAT MOBILE REGION 4 480

Serial Number: 008615 Test Record Number: 5978 Test Date: 09/22/2024 Test Time: 9:32pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:33pm
FLO	Pass	9:33pm
FC	Pass	9:33pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:33pm
SRC	Pass	9:33pm
DET	Pass	9:33pm
BAR	Pass	9:33pm
BT	Pass	9:33pm

#### Blank Tests

Test	Status	Time
AIR	Pass	9:33pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:34pm
	CRC Tests	
	was a second and	

lest	Status	Time
COMP	Pass	9:34pm
CAL	Pass	9:34pm

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)

CountyC	ial No. 008615 Instrument Location BAT Mobile Region 4  Mooresuile PD
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholi- breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
were performed	the 30 day of September, 2024 the forgoing preventive maintenance procedure d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Healt revices, and the instrument is functioning properly.



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Certificate Number

#### IREDELL COUNTY BAT MOBILE REGION 4 480

Serial Number: 008615 Test Date: 09/30/2024

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

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

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

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

rest	g/210L	Time
DIAG	Pass	1:45pm
AIR BLK	.00	1:46pm
ACCY CHK	.07	1:47pm
AIR BLK	.00	1:48pm
SUB TEST	.00	1:48pm
AIR BLK	.00	1:49pm
SUB TEST	.00	1:51pm
AIR BLK	.00	1:52pm

Reported AC: .00 g/210L

Signature of Chemical Analyse

Court CVR

This form is used when performing Preventive Maintenance procedures
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#### IREDELL COUNTY BAT MOBILE REGION 4 480

Serial Number: 008615 Test Record Number: 5988 Test Date: 09/30/2024 Test Time: 1:52pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	1:54pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:54pm
	CRC Tests	
Test	Status	Time

Status	Time
Pass	1:54pm
Pass	1:54pm
	Pass

Preventive Maintenance Status: Pass

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

County 7	instrument Location BAT Mobile Region 4 al No. 008736  NCSHP
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the 22 day of September, 2024 the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.

#### PEDELL COUNTY BAT MOBILE REGION 4 480

Serial Number: 008736 Test Date: 09/22/2024

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	9:27pm
AIR BLK	.00	9:28pm
ACCY CHK	.08	9:28pm
AIR BLK	.00	9:29pm
SUB TEST	.00	9:30pm
AIR BLK	.00	9:31pm
SUB TEST	.00	9:32pm
AIR BLK	.00	9:33pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

# IREDELL COUNTY BAT MOBILE REGION 4 480

Serial Number: 008736 Test Record Number: 1325 Test Date: 09/22/2024 Test Time: 9:34pm EDT

System Check: Passed

#### Baseline Tests

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

### Temperature Tests

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

### Blank Tests

Test	Status	Time	
ATR	Pass	9 - 35pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:35pm

### CRC Tests

Test	Status	Time	
COMP	Pass	9:35pm	
CAL	Pass	9:35pm	

Preventive Maintenance Status: Pass

This form is used when performing Preventive Maintenance procedures
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Department of Health and Human Services

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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 Location BAT Mobile Region 4  INO. 008736  Mooccsville PD
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:
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;
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.

Separature of Certifying Official

Certificate Number

IREDELL COUNTY BAT MOBILE REGION 4 480

Serial Number: 008736 Test Date: 09/30/2024

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

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

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

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

Test	g/210L	Time
DIAG	Pass	1:46pm
AIR BLK	.00	1:47pm
ACCY CHK	.08	1:47pm
AIR BLK	.00	1:48pm
SUB TEST	.00	1:49pm
AIR BLK	.00	1:49pm
SUB TEST	.00	1:51pm
AIR BLK	.00	1:52pm

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
Department of Health and Human Services
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# IREDELL COUNTY BAT MOBILE REGION 4 480

Serial Number: 008736 Test Record Number: 1337 Test Date: 09/30/2024 Test Time: 1:53pm EDT

System Check: Passed

#### Baseline Tests

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

# Temperature Tests

Test	Status	Time
FC1	Pass	1:53pm
SRC	Pass	1:53pm
DET	Pass	Company of the Port of the United States
BAR	Pass	
BT	Pass	1:53pm
DET	Pass Pass	1:53pm 1:53pm

### Blank Tests

Test	Status	Time
AIR	Pass	1:54pm

### Printer Tests

Test	Status	Time
PRNT	Pass	1:54pm

### CRC Tests

Test	Status	Time
COMP	Pass	1:54pm
CAL	Pass	1:54pm

Preventive Maintenance Status: Pass

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

The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the 22 day of September, 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.

REDELL COUNTY BAT MOBILE REGION 4 480

Serial Number: 008775 Test Date: 09/22/2024

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

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

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

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

Test	g/210L	Time
DIAG	Pass	9:29pm
AIR BLK	.00	9:30pm
ACCY CHK	.07	9:30pm
AIR BLK	.00	9:31pm
SUB TEST	.00	9:32pm
AIR BLK	.00	9:33pm
SUB TEST	.00	9:34pm
AIR BLK	.00	9:35pm

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
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# IREDELL COUNTY BAT MOBILE REGION 4 480

Serial Number: 008775 Test Record Number: 2180

Test Date: 09/22/2024 Test Time: 9:36pm EDT

System Check: Passed

# Baseline Tests

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

# Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	9:37pm

### Printer Tests

Test	Status	Time
PRNT	Pass	9:37pm

#### CRC Tests

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

Preventive Maintenance Status: Pass

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

	Instrument Location BAT Mobile Region 4  ial No. 008775  Mooresuille PD
The preventive serial number !	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholi breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
were performed	the 30 day of September, 2024 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

# IREDELL COUNTY BAT MOBILE REGION 4 480

Serial Number: 008775 Test Date: 09/30/2024

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

Analyst's Name: 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	1:46pm
AIR BLK	.00	1:47pm
ACCY CHK	.07	1:48pm
AIR BLK	.00	1:49pm
SUB TEST	.00	1:49pm
AIR BLK	.00	1:50pm
SUB TEST	.00	1:52pm
AIR BLK	.00	1:53pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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# IREDELL COUNTY BAT MOBILE REGION 4 480

Serial Number: 008775 Test Record Number: 2190 Test Date: 09/30/2024 Test Time: 1:54pm EDT

System Check: Passed

# Baseline Tests

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

# Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	1:55pm

# Printer Tests

Test	Status	Time
PRNT	Pass	1:55pm
	CRC Tests	
Test	Status	Time

COMP Pass 1:55pm CAL Pass 1:55pm

Preventive Maintenance Status: Pass

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

The preventive serial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
ere periorine	the 22 day of September, 2024 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.

EDELL COUNTY BAT MOBILE REGION 4 480

Serial Number: 008816 Test Date: 09/22/2024

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

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

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

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

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

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

Reported AC: .00 g/210b

Signature of Chemical Analyst

Court CVR

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# IREDELL COUNTY BAT MOBILE REGION 4 480

Serial Number: 008816 Test Record Number: 7767

System Check: Passed

# Baseline Tests

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

# Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	10:11pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

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

Instrument Ser	ial No. 008816 Instrument Location BAT Mobile Region 4  Mooresville PD
The preventive serial number	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
The second second	the 30 day of September, 2024 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.



Sgrature of Certifying Official

Certificate Number

IREDELL COUNTY BAT MOBILE REGION 4 480

Serial Number: 008816 Test Date: 09/30/2024

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

Analyst's Name: 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	1:47pm
AIR BLK	.00	1:48pm
ACCY CHK	.08	1:48pm
AIR BLK	.00	1:49pm
SUB TEST	.00	1:50pm
AIR BLK	.00	1:51pm
SUB TEST	.00	1:53pm
AIR BLK	.00	1:53pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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# IREDELL COUNTY BAT MOBILE REGION 4 480

Serial Number: 008816 Test Record Number: 7776
Test Date: 09/30/2024 Test Time: 1:56pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	1:56pm
FLO	Pass	1:56pm
FC	Pass	1:56pm

# Temperature Tests

Test	Status	Time
FC1	Pass	1:56pm
SRC	Pass	1:56pm
DET	Pass	1:56pm
BAR	Pass	1:56pm
BT	Pass	1:56pm

### Blank Tests

Test	Status	Time
AIR	Pass	1:57pm

# Printer Tests

Test	Status	Time
PRNT	Pass	1:57pm

#### CRC Tests

Test	Status	Time
COMP	Pass	1:57pm
CAL	Pass	1:57pm

Preventive Maintenance Status: Pass

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

Analyst

Rev. 12/2007

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

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

### EDELL COUNTY BAT MOBILE REGION 4 480

Serial Number: 008929 Test Date: 09/22/2024

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	9:36pm
AIR BLK	.00	9:37pm
ACCY CHK	.07	9:38pm
AIR BLK	.00	9:39pm
SUB TEST	.00	9:39pm
AIR BLK	.00	9:40pm
SUB TEST	.00	9:42pm
AIR BLK	.00	9:43pm

Reported AC: 4.00 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 Analyst

### IREDELL COUNTY BAT MOBILE REGION 4 480

Serial Number: 008929 Test Record Number: 1463 Test Date: 09/22/2024 Test Time: 9:51pm EDT

System Check: Passed

#### Baseline Tests

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

### Temperature Tests

Test	Status	Time
FC1	Pass	9:52pm
SRC	Pass	9:52pm
DET	Pass	9:52pm
BAR	Pass	9:52pm
BT	Pass	9:52pm

#### Blank Tests

Test	Status	Time
AIR	Pass	9:53pm

### Printer Tests

Test	Status	Time
PRNT	Pass	9:53pm
	CRC Tests	
Test	Status	Time
COMP	Pass	9:53pm
CAL	Pass	9:53pm

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 Ser	ial No. 308929  Instrument Location BAT Mobile Region 4  Mooresville PD
The preventive serial number	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performe	the 30 day of September, 2024 the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rvices, and the instrument is functioning properly.

SAAR

Signiture of Certifying Official

Certificate Number

# IREDELL COUNTY BAT MOBILE REGION 4 480

Serial Number: 008929 Test Date: 09/30/2024

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

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

Analyst's Name: 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	1:47pm
AIR BLK	.00	1:49pm
ACCY CHK	.08	1:49pm
AIR BLK	.00	1:50pm
SUB TEST	.00	1:51pm
AIR BLK	.00	1:52pm
SUB TEST	.00	1:53pm
AIR BLK	.00	1:54pm

Reported AC: .00 g/210L

Court CVR

Analyst Analyst

### IREDELL COUNTY BAT MOBILE REGION 4 480

Serial Number: 008929 Test Record Number: 1472 Test Date: 09/30/2024 Test Time: 1:56pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:56pm
FLO	Pass	1:56pm
FC	Pass	1:56pm

### Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	1:57pm

### Printer Tests

Test	Status	Time
PRNT	Pass	1:57pm

### CRC Tests

Test	Status	Time
COMP	Pass	1:58pm
CAL	Pass	1:58pm

Preventive Maintenance Status: Pass

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

breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;  (2) Verify instrument displays time and date;  (3) Initiate breath test sequence;  (4) Enter information as prompted;  (5) Verify instrument accuracy;  (6) When "PLEASE BLOW" appears, collect breath sample;  (7) When "PLEASE BLOW" appears, collect breath sample;  (8) Print test record;  (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and  (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.	Z- Z-	
breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;  (2) Verify instrument displays time and date;  (3) Initiate breath test sequence;  (4) Enter information as prompted;  (5) Verify instrument accuracy;  (6) When "PLEASE BLOW" appears, collect breath sample;  (7) When "PLEASE BLOW" appears, collect breath sample;  (8) Print test record;  (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and  (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.  I certify that on the		
(3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breasimulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.  I certify that on the	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.  I certify that on the	(2)	Verify instrument displays time and date;
(5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.  I certify that on the	(3)	Initiate breath test sequence;
(6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.  I certify that on the	(4)	Enter information as prompted;
(7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.  I certify that on the	(5)	Verify instrument accuracy;
(8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.  I certify that on the	(6)	When "PLEASE BLOW" appears, collect breath sample;
(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and  (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.  I certify that on the	(7)	When "PLEASE BLOW" appears, collect breath sample;
(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	(8)	Print test record;
simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes whichever occurs first.  I certify that on the day of day of, 20	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Hea	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	were performed	d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health
STATE OF THE STATE	STATE OF	
	Services Services	125
C75	The state of the s	Signature of Certifying Official Certificate Number

JOHNSTON COUNTY DETENTION CENTER 500

Serial Number: 008810 Test Date: 09/09/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Garner, Joel K

Permit Number: 0036-5156

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG405102

Exp Date: 02/20/2026

Test g/210L Time

	91.0.00	
DIAG	Pass	1:58pm
AIR BLK	.00	1:59pm
ACCY CHK	.08	1:59pm
AIR BLK	.00	2:00pm
SUB TEST	.00	2:01pm
AIR BLK	.00	2:02pm
SUB TEST	.00	2:03pm

AIR BLK .00 2:04pm Reported AC: .00 g/210L

gnature of Chemical Analyst

Court CVR

Analyst

### JOHNSTON COUNTY DETENTION CENTER 500

Serial Number: 008810 Test Record Number: 6036 Test Date: 09/09/2024 Test Time: 2:05pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:06pm
FLO	Pass	2:06pm
FC	Pass	2:06pm

### Temperature Tests

Status	Time
Pass	2:06pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	2:06pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:06pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	2:07pm 2:07pm

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)

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

JOHNSTON COUNTY DETENTION CENTER 500

Serial Number: 008846 Test Date: 09/09/2024

Citation Number: M0000000-0 Subject's Name:

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	1:56pm
AIR BLK	.00	1:57pm
ACCY CHK	.08	1:58pm
AIR BLK	.00	1:59pm
SUB TEST	.00	2:00pm
AIR BLK	.00	2:01pm
SUB TEST	.00	2:02pm
AIR BLK	.00	2:03pm

Reported AC: .00 g/210L

gighature of Chemical Analyst

Court CVR

Analyst

# JOHNSTON COUNTY DETENTION CENTER 500

Serial Number: 008846 Test Record Number: 6324 Test Date: 09/09/2024 Test Time: 2:04pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:05pm 2:05pm
FC	Pass	2:05pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:05pm
SRC	Pass	2:05pm
DET	Pass	2:05pm
BAR	Pass	2:05pm
BT	Pass	2:05pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:05pm

### Printer Tests

Test	Status	Time
PRNT	Pass	2:06pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:06pm
CAL	Pass	2:06pm

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)

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

LENOIR COUNTY KINSTON PD 530

Serial Number: 008624 Test Date: 09/16/2024

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

Subject's Date of Birth: 11/11/1911 Subject's Sex: Male Driver's License State: XX

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

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

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

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

Test	g/210L	Time
DIAG	Pass	10:10am
AIR BLK	.00	10:11am
ACCY CHE	.07	10:11am
AIR BLK	.00	10:12am
SUB TEST	.00	10:13am
AIR BLK	.00	10:14am
SUB TEST		10:15am
ATR BLK	.00	10:16am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# LENOIR COUNTY KINSTON PD 530

Serial Number: 008624 Test Record Number: 2297 Test Date: 09/16/2024 Test Time: 10:17am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:18am
FLO	Pass	10:18am
FC	Pass	10:18am

#### Temperature Tests

Test	Status	
FC1	Pass	10:18am
SRC	Pass	10:18am
DET	Pass	10:18am
BAR	Pass	10:18am
BT	Pass	10:18am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:18am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:18am

#### CRC Tests

Test	Status	Time
COMP	Pass	10:19am
CAL	Pass	10:19am

Preventive Maintenance Status: Pass

Analyst

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

Instrument Ser	rial No. 008639	nstrument Location_C	queen s	o, S.O. Sty Kinston,	NC.
The preventive serial number	e maintenance procedures for the In 10,000 or higher) to be followed at	toximeters, Model Intox least once every four mo	EC/IR II and Mod nths are:	iel Intox EC/IR II (Enhanc	ed with
(1)	Verify the ethanol gas canister breath simulator thermometer s	displays at least 51 pour hows 34 degrees, plus or	ds per square inch r minus .2 degree c	(psi) of pressure, or the a entigrade;	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 sample;				
(7)	When *PLEASE BLOW" appea	ars, collect breath sample	e;		
(8)	Print test record;				
(9)	Run diagnostic program and co	nfirm preventive mainter	nance status of "Pa	ss"; and	
(10)	Verify that the ethanol gas co- simulator solution is being ch- whichever occurs first.				
were performed	the 16 day of Septe d on the instrument indicated above rvices, and the instrument is function	e, in accordance with Cu	the forgoing pre	ventive maintenance pro of the N.C. Department of	cedures Health
		L. 01 -		1.112	
- amin	Sign	ature of Certifying Offic	ial	Certificate Number	

LENOIR COUNTY LENOIR CO SO 530

Serial Number: 008639 Test Date: 09/16/2024

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

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### LENOIR COUNTY LENOIR CO SO 530

Serial Number: 008639 Test Record Number: 4080 Test Date: 09/16/2024 Test Time: 11:17am EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	11:17am
FLO FC	Pass	11:17am 11:17am
FC	Pass	11:1/am

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
ATD	Dage	11-18am

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

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

County //	rial No. 008789 Instrument Location Macon Co. Jail Franklin, NC		
	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:		
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcohol breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
(2)	Verify instrument displays time and date;		
(3)	Initiate breath test sequence;		
(4)	Enter information as prompted;		
(5)	Verify instrument accuracy;		
(6)	When "PLEASE BLOW" appears, collect breath sample;		
(7)	When "PLEASE BLOW" appears, collect breath sample;		
(8)	Print test record;		
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and		
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.		
were performe	the 25 day of September, 2024 the forgoing preventive maintenance procedure d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health revices, and the instrument is functioning properly.		



Oil R. Cuta

Signature of Certifying Official

Certificate Number

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008789 Test Date: 09/25/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	12:00pm
AIR BLK	.00	12:01pm
ACCY CHK AIR BLK	.00	12:01pm 12:02pm
SUB TEST		12:03pm
AIR BLK	.00	12:04pm
SUB TEST	.00	12:05pm
AIR BLK	.00	12:06pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Dif R. Lath

#### MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008789 Test Record Number: 909 Test Date: 09/25/2024 Test Time: 12:07pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:07pm
FC	Pass	12:07pm 12:07pm

#### Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	12:08pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:08pm
	CRC Tests	
Test	Status	Time

	50000	22110
COMP	Pass	12:08pm
CAL	Pass	12:08pm

Preventive Maintenance Status: Pass

Analyst

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

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

Instrument Seria	al No. 005588	ion, NC
The preventive serial number 10	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Mode 0,000 or higher) to be followed at least once every four months are:	el Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch of 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 "Pa	ss"; and
(10)	Verify that the ethanol gas canister is being changed before expirated 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 or were performe and Human Se	the, 20_2 4_ the forgoing pred on the instrument indicated above, in accordance with current regulations or rvices, and the instrument is functioning properly.	eventive maintenance procedure of the N.C. Department of Health
STATE OF		
		2.10
OF CHILD	Jan XV	668
	Signature of Certifying Official	Certificate Number

DHHS 4080 (04/20)

MCDOWELL COUNTY MCDOWELL COUNTY JAIL 580

Serial Number: 008888 Test Date: 09/03/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	10:14am
AIR BLK	.00	10:15am
ACCY CHK	.07	10:15am
AIR BLK	.00	10:16am
SUB TEST	.00	10:17am
AIR BLK	.00	10:18am
SUB TEST	.00	10:19am
AIR BLK	.00	10:20am

Reported AC: .00 g/210L

Signature of Chemical Avalyst

Court CVR

Analyst

# MCDOWELL COUNTY MCDOWELL COUNTY JAIL 580

Serial Number: 008888 Test Record Number: 1747 Test Date: 09/03/2024 Test Time: 10:21am EDT

System Check: Passed

Baseline Tests

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

#### Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	10:22am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:22am
	CRC Tests	

Test	Status	Time
COMP	Pass Pass	10:22am 10:22am

Preventive Maintenance Status: Pass

Analyst

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

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

Instrument Ser	rial No. 008892	Tarion, NC
The preventive serial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and 10,000 or higher) to be followed at least once every four months are:	Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square breath simulator thermometer shows 34 degrees, plus or minus .2 deg	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	f "Pass": and
(10)	Verify that the ethanol gas canister is being changed before exp simulator solution is being changed every four months or after 12 whichever occurs first.	
The second second second	the 3 day of 5 endem ht 2024 the forgoing on the instrument indicated above, in accordance with current regulation vices, and the instrument is functioning properly.	preventive maintenance procedures ons of the N.C. Department of Health
VIII		2
GIVE ASEA	1 9 IN	7

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

DHHS 4080 (04/20)

MCDOWELL COUNTY MCDOWELL COUNTY JAIL 580

Serial Number: 008892 Test Date: 09/03/2024

Citation Number: M0000000-0 Subject's Name:

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	10:13am
AIR BLK	.00	10:14am
ACCY CHK	.07	10:14am
AIR BLK	.00	10:15am
SUB TEST	.00	10:16am
AIR BLK	.00	10:17am
SUB TEST	.00	10:18am
AIR BLK	.00	10:19am

Reported AC: .00 g/210L,

Signature of Chemical Analysi

Court CVR

Analysi

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

Rev. 12/2007

## MCDOWELL COUNTY MCDOWELL COUNTY JAIL 580

Serial Number: 008892 Test Record Number: 1397 Test Date: 09/03/2024 Test Time: 10:19am EDT

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:21am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:21am
	CRC Tests	

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

Preventive Maintenance Status: Pass

Analyst

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

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

County 1	CKlenburg Instrument Location CMPD LEC Charlotte, NC
The preventive serial number	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced wit 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcohol breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic brea simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.
I certify that on	the 13th day of September, 20 24 the forgoing preventive maintenance procedure



MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008594 Test Date: 09/13/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: Helms, Bryce A

Permit Number: 0084-9845

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	12:21pm
AIR BLK	.00	12:21pm
ACCY CHK	.07	12:22pm
AIR BLK	.00	12:23pm
SUB TEST	.00	12:23pm
AIR BLK	.00	12:24pm
SUB TEST	.00	12:26pm
AIR BLK	.00	12:27pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

> Department of Health and Human Services Rev. 12/2007

### MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008594 Test Record Number: 6018 Test Date: 09/13/2024 Test Time: 12:27pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:27pm
FLO	Pass	12:27pm
FC	Pass	12:28pm

#### Temperature Tests

Test	Status	Time	
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	12:28pm 12:28pm 12:28pm 12:28pm 12:28pm	

#### Blank Tests

Test	Status	Time	
AIR	Pass	12:28pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:28pm
	CDC Tosts	

#### CRC Tests

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

Preventive Maintenance

Status: Pass,

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

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

County	al No. 008699 Instrument Location Madthows PD  Madthows, NC
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
	the 30 day of September, 2024 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health roices, and the instrument is functioning properly.



#### MECKLENBURG COUNTY MATTHEWS PD 590

Serial Number: 008699 Test Date: 09/30/2024

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

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

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

Analyst's Name: 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	1:07pm
AIR BLK	.00	1:07pm
ACCY CHK	.08	1:08pm
AIR BLK	.00	1:09pm
SUB TEST	.00	1:10pm
AIR BLK	.00	1:11pm
SUB TEST	.00	1:12pm
AIR BLK	.00	1:13pm

Reported AC: .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 MATTHEWS PD 590

Serial Number: 008699 Test Record Number: 3335 Test Date: 09/30/2024 Test Time: 1:14pm EDT

System Check: Passed

Baseline Tests

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

#### Temperature Tests

Test	Status	Time	
FC1 SRC DET	Pass Pass	1:14pm 1:14pm	
BAR	Pass Pass	1:14pm 1:14pm	
BT	Pass	1:14pm	

#### Blank Tests

Test	Status	Time	
AIR	Pass	1:15pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:15pm
	CDC Mosts	

#### CRC Tests

Test	Status	Time	
COMP	Pass Pass	1:15pm 1:15pm	

Preventive Maintenance

Status: Pass

Analyst

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

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

County CO	CKIE BURCY	Instrument L	ocation Hust	ERWILLE AS
Instrument Ser	ial No. <u>668147</u>	_	HUNETE	DERVILLE LC
	maintenance procedures for 0,000 or higher) to be follow			I and Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas of breath simulator thermo	anister displays at l meter shows 34 de	least 51 pounds per se grees, plus or minus	quare inch (psi) of pressure, or the alcoholic 2 degree centigrade;
(2)	Verify instrument displa	ys time and date;		
(3)	Initiate breath test seque	ence;		
(4)	Enter information as pro	ompted;		
(5)	Verify instrument accuracy;			
(6)	When "PLEASE BLOW" appears, collect breath sample;			
(7)	When "PLEASE BLOW	" appears, collect b	oreath sample;	
(8)	Print test record;			
(9)	Run diagnostic program	and confirm preve	ntive maintenance sta	atus of "Pass"; and
(10)				e expiration date, or the alcoholic breath ter 125 Alcoholic Breath Simulator tests,
were performed		d above, in accord	ance with current reg	going preventive maintenance procedures gulations of the N.C. Department of Health
The state of the s	- Colum	Signature of Cer	tifying Official	Certificate Number

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

DHHS 4080 (04/20)

MECKLENBURG HUNTERSVILLE PD 590

Serial Number: 008747 Test Date: 09/16/2024

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

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

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

Analyst's Name: Fleming, Tina S
Permit Number: 0027-4970
Effective:
10/01/2023-10/01/2025

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

Test Type: Breath Test

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

:39am
:40am
:40am
:41am
:42am
:43am
:44am
:45am
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Reported AC: .00 g/210L

Signature of Chemical Ayalyst

Court CVR

Analyst

#### MECKLENBURG HUNTERSVILLE PD 590

Serial Number: 008747 Test Record Number: 3309 Test Date: 09/16/2024 Test Time: 10:46am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:47am
FLO	Pass	10:47am
FC	Pass	10:47am

### Temperature Tests

Test	Status	Time
FC1	Pass	10:47am
SRC	Pass	10:47am
DET	Pass	10:47am
BAR	Pass	10:47am
BT	Pass	10:47am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:47am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:47am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:48am

Preventive Maintenance Status: Pass

Pass

10:48am

CAL

Analyst

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

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

County	Nash	Instrument Location	BAT	Mobile	Region 6
Instrument	Serial No. 008580		Rocky	Mount	PD
	tive maintenance procedures fo er 10,000 or higher) to be follo			Model Intox EC/	IR II (Enhanced with
(1)		canister displays at least 51 po ometer shows 34 degrees, plus			sure, or the alcoholi
(2)	Verify instrument displ	ays time and date;			
(3)	Initiate breath test sequ	ence;			
(4)	Enter information as pr	ompted;			
(5)	Verify instrument accur	тасу;			
(6)	When "PLEASE BLOV	W" appears, collect breath sam	iple;		
(7)	When "PLEASE BLOV	V" appears, collect breath san	iple;		
(8)	Print test record;				
(9)	Run diagnostic program	and confirm preventive main	ntenance status o	f "Pass"; and	
(10)		d gas canister is being char eing changed every four me			
were perfor	t on the day of med on the instrument indicate Services, and the instrument is	ed above, in accordance with	4 the forgoing current regulation	preventive main	ntenance procedure Department of Healt
100 g					
		~ /	_		
A COLL		A			84

NASH COUNTY BAT MOBILE REGION 6 630

Serial Number: 008580 Test Date: 09/02/2024

Citation Number: M0000000-0 Subject's Name:

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

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

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

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

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

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

Analyst

#### NASH COUNTY BAT MOBILE REGION 6 630

Serial Number: 008580 Test Record Number: 2992 Test Date: 09/02/2024 Test Time: 9:51pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:52pm
SRC	Pass	9:52pm
DET	Pass	9:52pm
BAR	Pass	9:52pm
BT	Pass	9:52pm

#### Blank Tests

Test	Status	Time
AIR	Pass	9:53pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:53pm

#### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

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

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

	ounty	ial No. 00 8584	Instrument Location	Rocky	Mount	Region (
		maintenance procedures for t 0,000 or higher) to be follows			Model Intox EC/IR	t II (Enhanced with
	(1)		nister displays at least 51 p eter shows 34 degrees, plu			ire, or the alcoholic
	(2)	Verify instrument display	s time and date;			
	(3)	Initiate breath test sequen	ce;			
	(4)	Enter information as pron	npted;			
	(5)	Verify instrument accurac	y;			
	(6)	When "PLEASE BLOW"	appears, collect breath san	mple;		
	(7)	When "PLEASE BLOW"	appears, collect breath san	mple;		
	(8)	Print test record;				
	(9)	Run diagnostic program a	nd confirm preventive mai	ntenance status of	"Pass"; and	
	(10)	Verify that the ethanol simulator solution is being whichever occurs first.	gas canister is being cha ng changed every four m			
W	ere performed	the day of d on the instrument indicated vices, and the instrument is fu	above, in accordance with	24 the forgoing	preventive maint	tenance procedures partment of Health
6	SLATE					
GE		TE X	n	_		
1					(	84

NASH COUNTY BAT MOBILE REGION 6 630

Serial Number: 008584 Test Date: 09/02/2024

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

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

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

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

Test	g/210L	Time
DIAG	Pass	9:30pm
AIR BLK	.00	9:31pm
ACCY CHK	.07	9:31pm
AIR BLK	.00	9:32pm
SUB TEST	.00	9:33pm
AIR BLK	.00	9:34pm
SUB TEST	.00	9:36pm
AIR BLK	.00	9:37pm

Reported AC: .00-4/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

## NASH COUNTY BAT MOBILE REGION 6 630

Serial Number: 008584 Test Record Number: 2740 Test Date: 09/02/2024 Test Time: 9:37pm EDT

System Check: Passed

#### Baseline Tests

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

### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	9:39pm

#### Printer Tests

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

Test	Status	Time
COMP	Pass	9:39pm
CAL	Pass	9:39pm

Preventive Maintenance Status: Pass

Analyst

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

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

strument Seri	al No. 00 8630	4 9	222 S. WA	ISIMBRON ST.
	- 1 Tal 7 / 1		NASIVILLES ,	NC
	maintenance procedures for 0,000 or higher) to be follow			el Intox EC/IR II (Enhanced wi
(1)			east 51 pounds per square inch rees, plus or minus .2 degree co	(psi) of pressure, or the alcoholentigrade;
(2)	Verify instrument display	ys time and date;		
(3)	Initiate breath test sequen	sce;		
(4)	Enter information as pro-	mpted;		
(5)	Verify instrument accura	cy;		
(6)	When *PLEASE BLOW	" appears, collect be	reath sample;	
(7)	When *PLEASE BLOW	appears, collect be	reath sample;	
(8)	Print test record;			
(9)	Run diagnostic program	and confirm preven	tive maintenance status of "Pa	ss"; and
(10)				on date, or the alcoholic brea decholic Breath Simulator test
ere performed	the day of for the instrument indicated vices, and the instrument is f	l above, in accorda	ince with current regulations of	ventive maintenance procedur of the N.C. Department of Heal
	SICAL	1 AL	/	171

NASH COUNTY NASH DETENTION CTR 630

Serial Number: 008630 Test Date: 09/06/2024

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

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

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

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

Test	g/210L	Time
DIAG	Pass	6:08pm
AIR BLK		6:09pm
ACCY CHK	.07	6:10pm
AIR BLK	.00	6:11pm
SUB TEST	.00	6:11pm
AIR BLK	.00	6:12pm
SUB TEST	.00	6:14pm
ATR BLK	.00	6:14pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

#### NASH COUNTY NASH DETENTION CTR 630

Serial Number: 008630 Test Record Number: 6216 Test Date: 09/06/2024 Test Time: 6:16pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	6:16pm
FLO	Pass	6:16pm
FC	Pass	6:16pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	6:16pm
SRC	Pass	6:16pm
DET	Pass	6:16pm
BAR	Pass	6:16pm
BT	Pass	6:16pm

#### Blank Tests

Test	Status	Time	
AIR	Pass	6:17pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	6:17pm
	CRC Tests	

1696	Status	11100
COMP	Pass	6:17pm
CAL	Pass	6:17pm

Preventive Maintenance Status: Pass

Analyst

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

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County	Na	Sh	Instrument Location_	BAT	Mobile	Region 6
Instrument S	erial No	008637	_	Rocky	Mount	PD
The prevent	ive mainten er 10,000 or	ance procedures for the higher) to be followed	Intoximeters, Model Int at least once every four	tox EC/IR II and	Model Intox EC/I	IR II (Enhanced with
(1)	Veri brea	fy the ethanol gas canis th simulator thermomet	ster displays at least 51 p er shows 34 degrees, plu	ounds per square s or minus .2 des	inch (psi) of pres gree centigrade;	sure, or the alcoholic
(2)	Veri	fy instrument displays	time and date;			
(3)	Initia	ate breath test sequence	14			
(4)	Ente	r information as promp	ted;			
(5)	Veri	fy instrument accuracy	:			
(6)	Whe	n "PLEASE BLOW" a	ppears, collect breath sar	nple;		
(7)	Who	en "PLEASE BLOW" a	ppears, collect breath san	mple;		
(8)	Prin	t test record;				
(9)	Run	diagnostic program an	d confirm preventive mai	ntenance status	of "Pass"; and	
(10)	simu	ify that the ethanol graduator solution is being chever occurs first.	as canister is being cha g changed every four m	nged before ex- conths or after	piration date, or 125 Alcoholic Bro	the alcoholic breath eath Simulator tests
were perform	med on the	instrument indicated a	bove, in accordance with	n current regulat	g preventive mai	ntenance procedures Department of Health
SO 9	100					
		/	0/	-		
in our		U	4		6	64
200 1000	100		Signature of Certifying C	Official	Certif	icate Number

NASH COUNTY BAT MOBILE REGION 6 630

Serial Number: 008637 Test Date: 09/02/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Sharpe Jr., Robert J Permit Number: 1820-8591 Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG308101 Exp Date: 03/22/2025

Test	g/210L	Time
DIAG	Pass	9:39pm
AIR BLK	.00	9:40pm
ACCY CHK	.08	9:40pm
AIR BLK	.00	9:41pm
SUB TEST	.00	9:42pm
AIR BLK	.00	9:43pm
SUB TEST	.00	9:44pm
AIR BLK	.00	9:45pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Analyst

#### NASH COUNTY BAT MOBILE REGION 6 630

Serial Number: 008637 Test Record Number: 3459 Test Date: 09/02/2024 Test Time: 9:47pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	9:47pm
FLO	Pass	9:47pm
FC	Pass	9:47pm

## Temperature Tests

Test	Status	Time
FC1	Pass	9:48pm
SRC	Pass	9:48pm
DET	Pass	9:48pm
BAR	Pass	9:48pm
BT	Pass	9:48pm

#### Blank Tests

Test	Status	Time	
ATR	Pass	9 · 4 8 mm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:48pm
	CRC Tests	
Test	Status	Time
COMP	Pass	9:48pm
CAL	Pass	9:48pm

Preventive Maintenance Status: Pass

Analyst

## DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County_	Nas	sh	Instrument Location_	BAT	Mobile	Region 6
Instrumen	t Serial No	00 868	_	locky	Mount	PD
			for the Intoximeters, Model In lowed at least once every four		nd Model Intox E	C/IR II (Enhanced with
(1			s canister displays at least 51 p nometer shows 34 degrees, plu			essure, or the alcoholic
(2	) Ve	rify instrument dis	plays time and date;			
(3	) Ini	tiate breath test sec	juence;			
(4	) Ent	ter information as p	prompted;			
(5	) Ve	rify instrument acc	suracy;			
(6	) Wh	nen "PLEASE BLO	OW* appears, collect breath sar	mple;		
(7	) Wh	en "PLEASE BLO	OW" appears, collect breath sar	mple;		
(8)	) Pri	nt test record;				
(9	) Ru	n diagnostic progra	am and confirm preventive mai	intenance statu	s of "Pass"; and	
(1	sim	rify that the ethan nulator solution is ichever occurs firs	nol gas canister is being cha being changed every four m t.	anged before on the conths or after	expiration date, or 125 Alcoholic I	r the alcoholic breath Breath Simulator tests,
were perfe	ormed on the	e instrument indica	September, 20 ated above, in accordance with is functioning properly.	24 the forgo	ing preventive m lations of the N.C.	aintenance procedures Department of Health
[8]			Signature of Certifying O		6	SY tificate Number

NASH COUNTY BAT MOBILE REGION 6 630

Serial Number: 008686 Test Date: 09/02/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Sharpe Jr., Robert J Permit Number: 1820-8591 Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG302702 Exp Date: 01/27/2025

Test	g/210L	Time
DIAG	Pass	9:36pm
AIR BLK	.00	9:37pm
ACCY CHK	.07	9:37pm
AIR BLK	.00	9:38pm
SUB TEST	.00	9:39pm
AIR BLK	.00	9:40pm
SUB TEST	.00	9:42pm
AIR BLK	.00	9:42pm

Reported AC: 000g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

Analyst

#### NASH COUNTY BAT MOBILE REGION 6 630

Serial Number: 008686 Test Record Number: 7099 Test Date: 09/02/2024 Test Time: 9:44pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:44pm
FLO	Pass	9:44pm
FC	Pass	9:44pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:44pm
SRC	Pass	9:44pm
DET	Pass	9:44pm
BAR	Pass	9:44 pm
BT	Pass	9:44pm

#### Blank Tests

Test	Status	Time 9:45pm
AIR		

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:45pm
	CRC Tests	
Test	Status	Time
COMP	Pass	9:45pm

Pass

9:45pm

Preventive Maintenance Status: Pass

CAL

Analyst

# DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH



		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;
C	2)	Verify instrument displays time and date;
(C	3)	Initiate breath test sequence;
(-	4)	Enter information as prompted;
(	5)	Verify instrument accuracy;
(	6)	When "PLEASE BLOW" appears, collect breath sample;
(	7)	When "PLEASE BLOW" appears, collect breath sample;
(	8)	Print test record;
C	9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(	10)	Verify that the ethanol gas canister is being changed before 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 per	formed o	the and day of, 20_24 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Healthces, and the instrument is functioning properly.

NASH COUNTY BAT MOBILE REGION 6 630

Serial Number: 008776 Test Date: 09/02/2024

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Sharpe Jr., Robert J Permit Number: 1820-8591 Effective: 10/01/2023-10/01/2025

> Officer's Name: NONE, NONE Type of Agency: FTA Agency: DHHS Test Type: Breath Test

> > Lot Number: AG225701 Exp Date: 09/14/2024

Test	g/210L	Time
DIAG	Pass	9:34pm
AIR BLK	.00	9:35pm
ACCY CHK	.08	9:36pm
AIR BLK	.00	9:36pm
SUB TEST	.00	9:37pm
AIR BLK	.00	9:38pm
SUB TEST	.00	9:40pm
AIR BLK	.00	9:41pm

Reported AC: . 90 g/240L

Signature of Chemical Analyst

Court CVR

Analyst

#### NASH COUNTY BAT MOBILE REGION 6 630

Serial Number: 008776 Test Record Number: 4055 Test Date: 09/02/2024 Test Time: 9:42pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	9:42pm
FLO	Pass	9:42pm
FC	Pass	9:43pm

### Temperature Tests

Test	Status	Time
FC1	Pass	9:43pm
SRC	Pass	9:43pm
DET	Pass	9:43pm
BAR	Pass	9:43pm
BT	Pass	9:43pm

#### Blank Tests

Test	Status	Time	
ATR	Pass	9 - 4 3 mm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:43pm
	CRC Tests	
Test	Status	Time
COMP	Pass	9:44pm
CAL	Pass	9 - 44 mm

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 l	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on were performed	the 5th day of September . 2024 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health roices, and the instrument is functioning properly.

A signed original of the preventive maintenance record shall be kept on file for at least three years,

NEW HANOVER COUNTY WILMINGTON PD 640

Serial Number: 008628 Test Date: 09/05/2024

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: 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: AG417802 Exp Date: 06/26/2026

Test	g/210L	Time
DIAG	Pass	12:03pm
AIR BLK	.00	12:04pm
ACCY CHK	.07	12:04pm
AIR BLK	.00	12:06pm
SUB TEST	.00	12:06pm
AIR BEN	.00	12:07pm
SUB TEST	.00 /	12:09pm
AIR BLK	.00 / /	12:09pm

Reported 307 .90 g/2101

Signature of Chemical Analyst

Court CVR

Analysi

## NEW HANOVER COUNTY WILMINGTON PD 640

Serial Number: 008628 Test Record Number: 6877 Test Date: 09/05/2024 Test Time: 12:10pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:11pm
FLO	Pass	12:11pm
FC	Pass	12:11pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:11pm
SRC	Pass	12:11pm
DET	Pass	12:11pm
BAR	Pass	12:11pm
BT	Pass	12:11pm

## Blank Tests

Test	Status	Time
AIR	Pass	12:11pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:11pm
	CDC Toote	

Test	Status	Time
COMP	Pass	12:12pm
CAL	Pass	12:12pm

Preventive Maintenance Status: Pags)

Analyst

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

	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 SEPTEMBER, 2024 the forgoing preventive maintenance procedures of the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.

A signed original of the preventive maintenance record shall be kept on file for at least three years.

NEW HANOVER COUNTY WRIGHTSVILLE BCH PD 640

> Serial Number: 008667 Test Date: 09/13/2024

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R
Permit Number: 0014-6279
Effective:
10/01/2023-10/01/2025

Officer's Name: NONE, NONE Type of Agency: FTA Agency: DHHS Test Type: Breath Test

> Lot Number: AG417802 Exp Date: 06/26/2026

Test	g/210L	Time
DIAG	Pass	1:13pm
AIR BLK	.00	1:14pm
ACCY CHK	.08	1:15pm
AIR BLK	.00	1:16pm
SUB TEST	.00	1:16pm
AIR BLK	.00	1:17pm
SUB TEST	.00	1:19pm
AIR BLK	.00	1:19pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alu Ry Bunes Analyst

#### NEW HANOVER COUNTY WRIGHTSVILLE BCH PD 640

Serial Number: 008667 Test Record Number: 2775 Test Date: 09/13/2024 Test Time: 1:20pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	1:20pm
FLO	Pass	1:20pm
FC	Pass	1:20pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:21pm
SRC	Pass	1:21pm
DET	Pass	1:21pm
BAR	Pass	1:21pm
BT	Pass	1:21pm

## Blank Tests

Test	Status	Time	
AIR	Pass	1:21pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:21pm
	CRC Tests	

Test	Status	Time	
COMP	Pass	1:21pm	
CAL	Pass	1:21pm	

Preventive Maintenance Status: Pass

Alu Za Barro

# 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. 008578 Instrument Location ONSLOW COUNTY  SNEADS FERRY SUBSTATION
The preventive serial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
ere performed	the 17 day of SEPTEMBER, 2024 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
	Signature of Certifying Official Certificate Number
signed printer	of the preventive maintenance record shall be kept on file for at least three years.

ONSLOW COUNTY SNEADS FERRY SUB 660

Serial Number: 008578 Test Date: 09/17/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX Driver's License Number: NONE

Analyst's Name: GILLESPIE, PENTTI W

Permit Number: 9523-2149

Effective:

01/01/2024-01/01/2026

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS Test Type: Breath Test

Lot Number: AG308101 Exp Date: 03/22/2025

Test	g/210L	Time
DIAG	Pass	2:34pm
AIR BLK	.00	2:35pm
ACCY CHK	.08	2:35pm
AIR BLK		2:36pm
SUB TEST	.00	2:37pm
AIR BLK	.00	2:38pm
SUB TEST		2:39pm
ATR BLK	.00	2:40pm

Reported &C: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### ONSLOW COUNTY SNEADS FERRY SUB 660

Serial Number: 008578 Test Record Number: 3573 Test Date: 09/17/2024 Test Time: 2:40pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:41pm
FLO	Pass	2:41pm
FC	Pass	2:41pm

## Temperature Tests

Test	Status	Time
FC1	Pass	2:41pm
SRC	Pass	2:41pm
DET	Pass	2:41pm
BAR	Pass	2:41pm
BT	Pass	2:41pm

## Blank Tests

Test	Status	Time
AIR	Pass	2:41pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:41pm
	CRC Test	s

Test	Status	Time
COMP	Pass Pass	2:42pm 2:42pm

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County C	nslow	Instrument Location BAT ma	bile Region 7
Instrument Se	rial No. 008600	<u>onslo</u> s	- 50
The preventive serial number	e maintenance procedures for 10,000 or higher) to be follow	the Intoximeters, Model Intox EC/IR II ed at least once every four months are:	and Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas can breath simulator thermom	nister displays at least 51 pounds per squeter shows 34 degrees, plus or minus 2	quare inch (psi) of pressure, or the alcoholic 2 degree centigrade;
(2)	Verify instrument display		
(3)	Initiate breath test sequen	ce;	
(4)	Enter information as pron	opted;	
(5)	Verify instrument accurac	y;	
(6)	When "PLEASE BLOW"	appears, collect breath sample;	
(7)	When "PLEASE BLOW"	appears, collect breath sample;	
(8)	Print test record;		
(9)	Run diagnostic program ar	nd confirm preventive maintenance state	us of "Pass": and
(10)	Verify that the ethanol of	as canister is being channel but	expiration date, or the alcoholic breath er 125 Alcoholic Breath Simulator tests,
certify that on were performed and Human Ser			oing preventive maintenance procedures lations of the N.C. Department of Health
SOM IED	- 2	noul	665
		Signature of Certifying Official	Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

ONSLOW COUNTY BAT MOBILE REGION 7 660

Serial Number: 008600 Test Date: 09/05/2024

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE Subject's Date of Birth: 11/11/1911 Subject's Sex: Male

Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Anderson, Mark G Permit Number: 0013-1517 Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE Type of Agency: FTA Agency: DHHS Test Type: Breath Test

Lot Number: AG405103 Exp Date: 02/20/2026

Test	g/210L	Time
DIAG	Pass	10:02pm
AIR BLK		10:03pm
ACCY CHK	.07	10:04pm
AIR BLK	.00	10:05pm
SUB TEST	.00	10:05pm
AIR BLK	.00	10:06pm
SUB TEST	.00	10:08pm
AIR BLK	.00	10:08pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# ONSLOW COUNTY BAT MOBILE REGION 7 660

Serial Number: 008600 Test Record Number: 2840 Test Date: 09/05/2024 Test Time: 10:10pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	10:11pm
FLO	Pass	10:11pm
FC	Pass	10:11pm

# Temperature Tests

Test	Status	Time
FC1	Pass	10:11pm
SRC	Pass	10:11pm
DET	Pass	10:11pm
BAR	Pass	10:11pm
BT	Pass	10:11pm

## Blank Tests

Test	Status	Time
AIR	Pass	10:11pm

## Printer Tests

Test	Status	Time
PRNT	Pass	10:11pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:12pm 10:12pm

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)

Instrument Ser	ial No. 008600	Helly	Ridge	PJ
The preventive serial number	e maintenance procedures for the In 10,000 or higher) to be followed at	toximeters, Model Intox EC/I	R II and Model I	ntox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister breath simulator thermometer	displays at least 51 pounds pe	er square inch (ps	i) of pressure, or the alcoholic grade;
(2)	Verify instrument displays tim	e and date;		
(3)	Initiate breath test sequence;			
(4)	Enter information as prompted			
(5)	Verify instrument accuracy;			
(6)	When "PLEASE BLOW" appe	ars, collect breath sample;		
(7)	When "PLEASE BLOW" appe	ars, collect breath sample;		
(8)	Print test record;			
(9)	Run diagnostic program and co	onfirm preventive maintenance	e status of "Pass";	and
(10)	Verify that the ethanol gas of simulator solution is being cl whichever occurs first.	canister is being changed be nanged every four months or	fore expiration of r after 125 Alco	date, or the alcoholic breath holic Breath Simulator tests,
were performe	the day of	e, in accordance with current	forgoing preven regulations of th	tive maintenance procedures e N.C. Department of Health

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

Certificate Number

ONSLOW COUNTY BAT MOBILE REGION 7 660

Serial Number: 008600 Test Date: 09/07/2024

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Anderson, Mark G Permit Number: 0013-1517 Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG405103 Exp Date: 02/20/2026

Test	g/210L	Time
DIAG	Pass	6:39pm
AIR BLK	.00	6:40pm
ACCY CHK	.07	6:40pm
AIR BLK		6:41pm
SUB TEST	.00	6:42pm
AIR BLK	.00	6:43pm
SUB TEST	.00	6:45pm
AIR BLK	.00	6:46pm

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ONSLOW COUNTY BAT MOBILE REGION 7 660

Serial Number: 008600 Test Record Number: 2846 Test Date: 09/07/2024 Test Time: 6:54pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass	6:55pm
FC	Pass Pass	6:55pm 6:55pm

## Temperature Tests

Test	Status	Time
FCl	Pass	6:55pm
SRC	Pass	6:55pm
DET	Pass	6:55pm
BAR	Pass	6:55pm
BT	Pass	6:55pm

#### Blank Tests

Test	Test	Status	Time	
AIR	Pass	6:56pm		

#### Printer Tests

Test	Status	Time
PRNT	Pass	6:56pm
	CRC Tests	

Test	Status	Time
COMP	Pass Pass	6:56pm
COL	Fass	6:56pm

Preventive Maintenance Status: Pass

mark Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County 0 ~	ial No. 608600	Instrument Location BAT mob	
		0,1,1,0	
The preventive serial number	maintenance procedures for ti 10,000 or higher) to be followe	he Intoximeters, Model Intox EC/IR II and I ed at least once every four months are:	Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas can breath simulator thermome	ister displays at least 51 pounds per square i eter shows 34 degrees, plus or minus .2 degr	inch (psi) of pressure, or the alcoholic ee centigrade;
(2)	Verify instrument displays	s time and date;	
(3)	Initiate breath test sequence	e;	
(4)	Enter information as prom	pted;	
(5)	Verify instrument accuracy	y;	
(6)	When "PLEASE BLOW"	appears, collect breath sample;	
(7)	When "PLEASE BLOW"	appears, collect breath sample;	
(8)	Print test record;		
(9)	Run diagnostic program ar	nd confirm preventive maintenance status of	"Pass"; and
(10)	Verify that the ethanol g simulator solution is bein whichever occurs first.	as canister is being changed before expiring changed every four months or after 12.	ration date, or the alcoholic breath 5 Alcoholic Breath Simulator tests,
mere personnee	vices, and the instrument is fur		preventive maintenance procedures as of the N.C. Department of Health
GUM AND	man	Signature of Certifying Official	665

A signed original of the preventive maintenance record shall be kept on file for at least three years.

ONSLOW COUNTY BAT MOBILE REGION 7 660

Serial Number: 008600 Test Date: 09/04/2024

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Anderson, Mark G Permit Number: 0013-1517 Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG405103 Exp Date: 02/20/2026

Test	g/210L	Time
DIAG	Pass	8:21pm
AIR BLK	.00	8:22pm
ACCY CHK	.08	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 .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# ONSLOW COUNTY BAT MOBILE REGION 7 660

Serial Number: 008600 Test Record Number: 2837

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	8:28pm
FLO	Pass	8:28pm
FC	Pass	8:29pm

## Temperature Tests

Test	Status	Time
FC1	Pass	8:29pm
SRC	Pass	8:29pm
DET	Pass	8:29pm
BAR	Pass	8:29pm
BT	Pass	8:29pm
		Control of the Contro

## Blank Tests

Test	Status	Time	
AIR	Pass	8 - 29mm	

## Printer Tests

Test	Status	Time
PRNT	Pass	8:29pm

#### CRC Tests

Test	Status	Time
COMP	Pass	8:30pm
CAL	Pass	8:30pm

Preventive Maintenance Status: Pass

Analyst

mark

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

Ins	strument Ser	al No. 008698 ons low 50	
Th	e preventive	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC 0,000 or higher) to be followed at least once every four months are:	/IR II (Enhanced with
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pre breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;	ssure, 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 simulator solution is being changed every four months or after 125 Alcoholic Br whichever occurs first.	the alcoholic breath reath Simulator tests,
	e berrormen	the	intenance procedures Department of Health
18	GOW VEN	mad	
			GGS icate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

## ONSLOW COUNTY BAT MOBILE REGION 7 660

Serial Number: 008698 Test Date: 09/04/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Anderson, Mark G Permit Number: 0013-1517 Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG302703 Exp Date: 01/27/2025

Test	g/210L	Time
DIAG	Pass	8:32pm
AIR BLK	.00	8:33pm
ACCY CHK	.07	8:33pm
AIR BLK	.00	8:34pm
SUB TEST	.00	8:35pm
AIR BLK	.00	8:36pm
SUB TEST	.00	8:38pm
AIR BLK	.00	8:39pm

Reported ACr .00 g/210L

Signature of Chemical Analyst

Court CVR

M Chally Analyst

## ONSLOW COUNTY BAT MOBILE REGION 7 660

Serial Number: 008698 Test Record Number: 2441

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	8:40pm
FLO	Pass	8:40pm
FC	Pass	8:40pm

## Temperature Tests

Test	Status	Time
FC1	Pass	8:40pm
SRC	Pass	8:40pm
DET	Pass	8:40pm
BAR	Pass	8:40pm
BT	Pass	8:40pm

## Blank Tests

Test	Status	Time
AIR	Pass	8:41pm

## Printer Tests

Test	Status	Time	
PRNT	Pass	8:41pm	

#### CRC Tests

Test	Status	Time
COMP	Pass	8:41pm
CAL	Pass	8:41pm

Preventive Maintenance Status: Pass

Analyst

maker

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

150	rial No. 008698	Instrument Location BAT mobile Region 7
The difference of	10. 503678	onslowso
The preventive serial number	e maintenance procedures for the 10,000 or higher) to be followed:	Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced wat least once every four months are:
(1)	Verify the ethanol gas canist breath simulator thermomete	er displays at least 51 pounds per square inch (psi) of pressure, or the alcohor shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays ti	me and date;
(3)	Initiate breath test sequence;	
(4)	Enter information as prompte	d;
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" app	pears, collect breath sample;
(7)	When "PLEASE BLOW" app	pears, collect breath sample;
(8)	Print test record;	
(9)	Run diagnostic program and o	confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas	canister is being changed before expiration date, or the alcoholic breachanged every four months or after 125 Alcoholic Breath Simulator test
The Property of Street	the day of	ve, in accordance with current regulations of the N.C. Department of Heal oning properly.
COM IN	The Con	111

A signed original of the preventive maintenance record shall be kept on file for at least three years.

ONSLOW COUNTY BAT MOBILE REGION 7 660

Serial Number: 008698 Test Date: 09/05/2024

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Anderson, Mark G Permit Number: 0013-1517 Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG302703 Exp Date: 01/27/2025

Test	g/210L	Time
DIAG	Pass	10:03pm
AIR BLK	.00	10:04pm
ACCY CHK	.07	10:05pm
AIR BLK	.00	10:05pm
SUB TEST	.00	10:06pm
AIR BLK	.00	10:07pm
SUB TEST	.00	10:08pm
AIR BLK	.00	10:09pm

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

The Contained Analyst

# ONSLOW COUNTY BAT MOBILE REGION 7 660

Serial Number: 008698 Test Record Number: 2444
Test Date: 09/05/2024 Test Time: 10:10pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	10:10pm
FLO	Pass	10:10pm
FC	Pass	10:10pm

## Temperature Tests

Test	Status	Time
FC1	Pass	10:10pm
SRC	Pass	10:10pm
DET	Pass	10:10pm
BAR	Pass	10:10pm
BT	Pass	10:10pm

#### Blank Tests

Test	Status	Time	
AIR	Pass	10 - 11 mm	

## Printer Tests

Test	Status	Time
PRNT	Pass	10:11pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	10:11pm 10:11pm

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

Instrument Se	rial No. 008698 Holly Ridge PD
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.
were performed	the 7 day of 5-6-6

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

Certificate Number

ONSLOW COUNTY BAT MOBILE REGION 7 660

Serial Number: 008698 Test Date: 09/07/2024

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Anderson, Mark G Permit Number: 0013-1517 Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG302703 Exp Date: 01/27/2025

Test	g/210L	Time
DIAG	Pass	6:39pm
AIR BLK	.00	6:40pm
ACCY CHK	.07	6:41pm
AIR BLK	.00	6:42pm
SUB TEST	.00	6:43pm
AIR BLK	.00	6:44pm
SUB TEST	.00	6:46pm
AIR BLK	.00	6:46pm

Reported AC: 000 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# ONSLOW COUNTY BAT MOBILE REGION 7 660

Serial Number: 008698 Test Record Number: 2448
Test Date: 09/07/2024 Test Time: 6:48pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	6:49pm
FLO	Pass	6:49pm
FC	Pass	6:49pm

# Temperature Tests

Test	Status	Time
FC1	Pass	6:49pm
SRC	Pass	6:49pm
DET	Pass	6:49pm
BAR	Pass	6:49pm
BT	Pass	6:49pm

## Blank Tests

Test	Status	Time
AIR	Pass	6:50pm

## Printer Tests

Test	Status	Time
PRNT	Pass	6:50pm
	CRC Tests	

Test	Status	Time	
COMP	Pass	6:50pm	
CAL	Pass	6:50pm	

Preventive Maintenance Status: Pass

M Carley 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. o o 8788	onslow so
The preventive serial number	e maintenance procedures for the Intoxim 10,000 or higher) to be followed at least of	neters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced wit
(1)	Verify the ethanol gas canister displa	ays at least 51 pounds per square inch (psi) of pressure, or the alcoholi 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and	date;
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, or	ollect breath sample;
(7)	When "PLEASE BLOW" appears, co	ollect breath sample;
(8)	Print test record;	
(9)	Run diagnostic program and confirm	preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas caniste	r is being changed before expiration date, or the alcoholic breath l every four months or after 125 Alcoholic Breath Simulator tests
vere performed	the 4 day of 5 day of d	, 20 24 the forgoing preventive maintenance procedures accordance with current regulations of the N.C. Department of Health properly.
N 980   F 300	1/51	
	\\$]	

A signed original of the preventive maintenance record shall be kept on file for at least three years.

ONSLOW COUNTY BAT MOBILE REGION 7 660

Serial Number: 008788 Test Date: 09/04/2024

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Anderson, Mark G Permit Number: 0013-1517 Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG302703 Exp Date: 01/27/2025

Test	g/210L	Time
DIAG	Pass	8:34pm
AIR BLK	.00	8:35pm
ACCY CHK	.07	8:36pm
AIR BLK	.00	8:37pm
SUB TEST	.00	8:37pm
AIR BLK	.00	8:38pm
SUB TEST	.00	8:41pm
AIR BLK	.00	8:42pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

M fred Analyst

ONSLOW COUNTY BAT MOBILE REGION 7 660

Serial Number: 008788 Test Record Number: 2269
Test Date: 09/04/2024 Test Time: 8:43pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:43pm
FLO	Pass	8:43pm
FC	Pass	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
CAL	Pass	8:44pm

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)

Cour	nty_O	nslow	Instrument Location BAT Mo	bile Region 7
Instru	ument Ser	rial No. 00 8788	onslow	- 50
The p	preventive I number	e maintenance procedures for the 10,000 or higher) to be followed	e Intoximeters, Model Intox EC/IR II at least once every four months are:	and Model Intox EC/IR II (Enhanced with
	(1)	Verify the ethanol gas canis breath simulator thermomet	ster displays at least 51 pounds per squ ter shows 34 degrees, plus or minus .2	uare inch (psi) of pressure, or the alcoholic degree centigrade;
	(2)	Verify instrument displays t	time and date;	
	(3)	Initiate breath test sequence	5	
	(4)	Enter information as prompt	ted;	
	(5)	Verify instrument accuracy;		
	(6)	When "PLEASE BLOW" ap	ppears, collect breath sample;	
	(7)	When "PLEASE BLOW" ap	ppears, collect breath sample;	
	(8)	Print test record;		
	(9)	Run diagnostic program and	confirm preventive maintenance statu	us of "Pass"; and
	(10)	Verify that the ethanol gas simulator solution is being whichever occurs first.	s canister is being changed before changed every four months or afte	expiration date, or the alcoholic breath or 125 Alcoholic Breath Simulator tests,
were	performed	the	pove, in accordance with current regulationing properly.	oing preventive maintenance procedures lations of the N.C. Department of Health
	-		ignature of Certifying Official	Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

ONSLOW COUNTY BAT MOBILE REGION 7 660

Serial Number: 008788 Test Date: 09/05/2024

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male

Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Anderson, Mark G Permit Number: 0013-1517 Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG302703 Exp Date: 01/27/2025

Test	g/210L	Time
DIAG	Pass	10:04pm
AIR BLK	.00	10:05pm
ACCY CHK	.07	10:06pm
AIR BLK	.00	10:07pm
SUB TEST	.00	10:07pm
AIR BLK	.00	10:08pm
SUB TEST	.00	10:10pm
AIR BLK	.00	10:11pm

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

mark

# ONSLOW COUNTY BAT MOBILE REGION 7 660

Serial Number: 008788 Test Record Number: 2271
Test Date: 09/05/2024 Test Time: 10:11pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:12pm 10:12pm
FC	Pass	10:12pm

## Temperature Tests

Test	Status	Time
FC1	Pass	10:12pm
SRC	Pass	10:12pm
DET	Pass	10:12pm
BAR	Pass	10:12pm
BT	Pass	10:12pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:13pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:13pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:13pm

Preventive Maintenance Status: Pass

Pass

10:13pm

CAL

make

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

nstrument Se	rial No. 008788 Instrument Location BAT mobile Region 7 Holly Ridge PD
he preventiverial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
as beingines	the 7 day of September . 2024 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.

665

Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

m and

ONSLOW COUNTY BAT MOBILE REGION 7 660

Serial Number: 008788 Test Date: 09/07/2024

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Anderson, Mark G Permit Number: 0013-1517 Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG302703 Exp Date: 01/27/2025

Test	g/210L	Time
DIAG	Pass	6:40pm
AIR BLK	.00	6:41pm
ACCY CHK	.07	6:42pm
AIR BLK	.00	6:43pm
SUB TEST	.00	6:43pm
AIR BLK	.00	6:44pm
SUB TEST	.00	6:46pm
AIR BLK	.00	6:47pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

M Charles Analyst

ONSLOW COUNTY BAT MOBILE REGION 7 660

Serial Number: 008788 Test Record Number: 2275
Test Date: 09/07/2024 Test Time: 6:48pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	6:49pm
FLO	Pass	6:49pm
FC	Pass	6:49pm

## Temperature Tests

Test	Status	Time
FC1	Pass	6:49pm
SRC	Pass	6:49pm
DET	Pass	6:49pm
BAR	Pass	6:49pm
BT	Pass	6:49pm

## Blank Tests

Test	Status	Time
AIR	Pass	6:49pm

## Printer Tests

Test	Status	Time
PRNT	Pass	6:49pm
	CRC Tests	

Status	Time
Pass Pass	6:50pm 6:50pm
	The state of

Preventive Maintenance Status: Pass

Analyst

Man

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County	MSLOW Instrument Location MCAS
Instrument Ser	IND. 008919 NEW RIVER PMO
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced wi 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcohol breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic brea simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes whichever occurs first.
were performed	the 17 day of SEPTEMBER, 2024 the forgoing preventive maintenance procedule on the instrument indicated above, in accordance with current regulations of the N.C. Department of Heavyices, 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)

ONSLOW COUNTY MCAS NEW RIVER 660

Serial Number: 008919 Test Date: 09/17/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: GILLESPIE, PENTTI W

Permit Number: 9523-2149

Effective:

01/01/2024-01/01/2026

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS Test Type: Breath Test

Lot Number: AG308704 Exp Date: 03/28/2025

Test	g/210L	Time
DIAG	Pass	9:28am
AIR BLK	.00	9:29am
ACCY CHK	.07	9:29am
AIR BLK	.00	9:30am
SUB TEST	.00	9:31am
AIR BLK	.00	9:32am
SUB TEST	.00	9:33am
AIR BLK	.00	9:34am

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

#### ONSLOW COUNTY MCAS NEW RIVER 660

Serial Number: 008919 Test Record Number: 915 Test Date: 09/17/2024 Test Time: 9:35am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:35am 9:35am
FC	Pass	9:35am

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:35am
SRC	Pass	9:35am
DET	Pass	9:35am
BAR	Pass	9:35am
BT	Pass	9:35am

#### Blank Tests

reac	Status	TTIME
AIR	Pass	9:36am

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:36am

#### CRC Tests

Test	Status	Time
COMP	Pass Pass	9:36am

Preventive Maintenance

Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

	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 17 day of SETIEMBER, 2024 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.

ONSLOW COUNTY CAMP LEJEUNE PMO 660

Serial Number: 008920 Test Date: 09/17/2024

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: GILLESPIE, PENTTI W
Permit Number: 9523-2149
Effective:
01/01/2024-01/01/2026

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG400301 Exp Date: 01/03/2026

Test	g/210L	Time
DIAG	Pass	1:24pm
AIR BLK	.00	1:25pm
ACCY CHK	.08	1:25pm
AIR BLK	.00	1:26pm
SUB TEST	.00	1:27pm
AIR BLK	.00	1:28pm
SUB TEST	.00	1:29pm
AIR BLK	.00	1 - 3 0 mm

Reported AC/ .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### ONSLOW COUNTY CAMP LEJEUNE PMO 660

Serial Number: 008920 Test Record Number: 2270 Test Date: 09/17/2024 Test Time: 1:31pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:31pm
FLO	Pass	1:31pm
FC	Pass	1:32pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:32pm
SRC	Pass	1:32pm
DET	Pass	1:32pm
BAR	Pass	1:32pm
BT	Pass	1:32pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:32pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:32pm
	CRC Tests	

Test	Status	Time
COMP	Pass Pass	1:32pm 1:32pm

Preventive Maintenance Status: Pass

Analyst

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

The preventive serial number I	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the 17 day of September, 2024 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.

ONSLOW COUNTY JACKSONVILLE PD 660

Serial Number: 008930 Test Date: 09/17/2024

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: GILLESPIE, PENTTI W Permit Number: 9523-2149 Effective: 01/01/2024-01/01/2026

> Officer's Name: NONE, NONE Type of Agency: FTA Agency: DHHS Test Type: Breath Test

> > Lot Number: AG405102 Exp Date: 02/20/2026

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-/21AT

Tit ma

Test	g/210L	Lyme
DIAG	Pass	11:28am
AIR BLK	.00	11:29am
ACCY CHK	.08	11:29am
AIR BLK	.00	11:30am
SUB TEST	.00	11:31am
AIR BLK	.00	11:32am
SUB TEST	.00	11:33am
AIR BLK	.00	11:34am

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

#### ONSLOW COUNTY JACKSONVILLE PD 660

Serial Number: 008930 Test Record Number: 2306 Test Date: 09/17/2024 Test Time: 11:34am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:35am
FLO	Pass	11:35am
FC	Pass	11:35am

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:35am
SRC	Pass	11:35am
DET	Pass	11:35am
BAR	Pass	11:35am
BT	Pass	11:35am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:36am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:36am
	CRC Tests	

Test	Status	Time
COMP	Pass	11:36am
CAL	Pass	11:36am

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

The preventive serial number	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
ere performed	the 17 day of SEPTEMBER 2024 the forgoing preventive maintenance procedure on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.

ONSLOW COUNTY DETENTION CENTER 660

Serial Number: 008931 Test Date: 09/17/2024

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: GILLESPIE, PENTTI W
Permit Number: 9523-2149
Effective:
01/01/2024-01/01/2026

Officer's Name: NONE, NONE Type of Agency: FTA Agency: DHHS Test Type: Breath Test

> Lot Number: AG417802 Exp Date: 06/26/2026

Test	g/210L	Time
DIAG	Pass	10:39am
AIR BLK	.00	10:40am
ACCY CHK		
AIR BLK		10:42am
SUB TEST	.00	10:43am
AIR BLK	.00	10:44am
SUB TEST	.00	10:45am
AIR BLK	.00	10:46am

Reported 40: .00 g/210L

Signature of Chemical Analyst

Court CVR

The state of the s

Analyst

#### ONSLOW COUNTY DETENTION CENTER 660

Serial Number: 008931 Test Record Number: 4905 Test Date: 09/17/2024 Test Time: 10:46am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass	10:47am
FC	Pass	10:47am

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:47am
SRC	Pass	10:47am
DET	Pass	10:47am
BAR	Pass	10:47am
BT	Pass	10:47am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:47am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:48am

#### CRC Tests

Test	Status	Time
COMP	Pass Pass	10:48am 10:48am

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County_ O	NSLOW Instrument Location ONSLOW COUNTY
Instrument Ser	TETENTION CENTER
The preventive serial number	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
ere performed	the 17 day of SEPTEMBER 2024 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
	505
	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: 008932 Test Date: 09/17/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: GILLESPIE, PENTTI W

Permit Number: 9523-2149

Effective: 01/01/2024-01/01/2026

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG417802 Exp Date: 06/26/2026

Test	g/210L	Time
DIAG .	Pass	. 10:44am
AIR BLK	.00	10:45am
ACCY CHK		
AIR BLK		10:47am
SUB TEST		
AIR BLK	.00	10:48am
SUB TEST	.00	10:50am
AIR BLK	.00	10:51am

Reported AQ: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### ONSLOW COUNTY DETENTION CENTER 660

Serial Number: 008932 Test Record Number: 7516 Test Date: 09/17/2024 Test Time: 10:52am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:52am
FLO	Pass	10:52am
FC	Pass	10:52am

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:52am
SRC	Pass	10:52am
DET	Pass	10:52am
BAR	Pass	10:52am
BT	Pass	10:52am

#### Blank Tests

Test	Status	Time
ATP	Page	10.53am

#### Printer Tests

	Test	Status	Time
	PRNT	Pass	10:53am
•	* x	CRC Tests	
	Test	Status	Time
	COMP	Pass	10:53am
	CAL	Pass	10:53am

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Of	PAMSE Instrument Location CArrbo	oro PD
Instrument Se	rial No. 00 88 15 100 N. Gr.	eensborn ST
	CAILBU	eunsborn ST
The preventive serial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II 10,000 or higher) to be followed at least once every four months are:	and Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per squ breath simulator thermometer shows 34 degrees, plus or minus .2	pare inch (psi) of pressure, or the alcoholic degree centigrade;
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance statu	us of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before simulator solution is being changed every four months or after whichever occurs first.	expiration date, or the alcoholic breath r 125 Alcoholic Breath Simulator tests,
	the 17 day of September , 2024 the forgo on the instrument indicated above, in accordance with current regularices, and the instrument is functioning properly.	oing preventive maintenance procedures lations of the N.C. Department of Health
	Smm States Frances	662
	Signature of Certifying Official	Certificate Number

ORANGE COUNTY CARRBORO PD 670

Serial Number: 008945 Test Date: 09/17/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Barnes, Simon S Permit Number: 0014-6221 Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG308004 Exp Date: 03/21/2025

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00 .00	12:08pm 12:08pm 12:09pm 12:10pm 12:11pm 12:13pm 12:14pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ORANGE COUNTY CARRBORO PD 670

Serial Number: 008945 Test Record Number: 812 Test Date: 09/17/2024 Test Time: 12:14pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:14pm
FLO	Pass	12:14pm
FC	Pass	12:14pm

### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	12:15pm 12:15pm 12:15pm 12:15pm 12:15pm
		and the first

#### Blank Tests

Test	Status	Time
AIR	Pass	12:15pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:15pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:15pm 12:15pm

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)

Count	Ps	quotank Instrument Location Elizabeth City P.D.
Instru	ment Serial	No. 008851 315 Main St. Elizabeth City
		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		he day of September, 2024 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ices, and the instrument is functioning properly.
THE OWNER OF THE PERSON NAMED IN COLUMN TO P	SIATE	MARA 680
		Signature of Certifying Official Certificate Number

PASQUOTANK COUNTY ELIZABETH CITY 690

Serial Number: 008851 Test Date: 09/19/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Chappell, Mark A
Permit Number: 0020-6272
Effective:
10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG405101 Exp Date: 02/20/2026

Test	g/210L	Time
DIAG	Pass	1:09pm
AIR BLK	.00	1:10pm
ACCY CHK	.08	1:11pm
AIR BLK	.00	1:12pm
SUB TEST	.00	1:12pm
AIR BLK	.00	1:13pm
SUB TEST	.00	1:15pm
AIR BLK	.00	1:16pm

Reported AC+ .00 g/210L

Signature of Chimical 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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#### PASQUOTANK COUNTY ELIZABETH CITY 690

Serial Number: 008851 Test Record Number: 1087 Test Date: 09/19/2024 Test Time: 1:17pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:17pm
FLO	Pass	1:17pm
FC	Pass	1:17pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:17pm
SRC	Pass	1:17pm
DET	Pass	1:17pm
BAR	Pass	1:17pm
BT	Pass	1:17pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:18pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:18pm
	CRC Tests	

Test	Status	Time
COMP	Pass	1:18pm
CAL	Pass	1:18pm

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

Instrument Seri	al No. 008921 110 N. Church St. Hertford
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or were performe and Human Sei	the 5 day of Soptember, 2024 the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

PERQUIMANS COUNTY PERQUIMANS CO SO 710

Serial Number: 008921 Test Date: 09/05/2024

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: 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	11:59am
AIR BLK		12:00pm
ACCY CHK	.07	12:00pm
AIR BLK	.00	12:01pm
SUB TEST	.00	12:02pm
AIR BLK	.00	12:03pm
SUB TEST	.00	12:04pm
AIR BLK	.00	12:05pm

Reported AC: 00 g/210L

Signature of Chamical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch

Department of Health and Human Services Rev. 12/2007

#### PERQUIMANS COUNTY PERQUIMANS CO SO 710

Serial Number: 008921 Test Record Number: 1319 Test Date: 09/05/2024 Test Time: 12:15pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:16pm 12:16pm
FLO FC	Pass Pass	12:16pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:16pm
SRC	Pass	12:16pm
DET	Pass	12:16pm
BAR	Pass	12:16pm
BT	Pass	12:16pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:17pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:17pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:17pm

Pass 12:17pm

Preventive Maintenance Status: Pass

CAL

This form is used when performing Preventive Maintenance procedures Forensic Tests for Alcohol Branch

Analyst

Department of Health and Human Services

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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	al No. 008693 [20 Court 5	To Roxboro, NC
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and 0,000 or higher) to be followed at least once every four months are:	Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square breath simulator thermometer shows 34 degrees, plus or minus .2 degrees.	e inch (psi) of pressure, or the alcoholic gree centigrade;
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status	of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before ex simulator solution is being changed every four months or after whichever occurs first.	piration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,
were performe	the 30 day of September 2029 the forgoin on the instrument indicated above, in accordance with current regular vices, and the instrument is functioning properly.	ng preventive maintenance procedures tions of the N.C. Department of Health
A CONTRACTOR OF THE PARTY OF TH	3 (11.2)	662
Name of the last o	Signature of Certifying Official	Certificate Number

PERSON COUNTY PERSON COUNTY LEC 720

Serial Number: 008693 Test Date: 09/30/2024

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Barnes, Simon S Permit Number: 0014-6221 Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG400301 Exp Date: 01/03/2026

Test	g/210L	Time
DIAG	Pass	6:30am
AIR BLK	.00	6:31am
ACCY CHK	.07	6:31am
AIR BLK	.00	6:32am
SUB TEST		6:33am
AIR BLK	.00	6:34am
SUB TEST	.00	6:35am
AIR BLK	.00	6:36am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

Analyst

#### PERSON COUNTY PERSON COUNTY LEC 720

Serial Number: 008693 Test Record Number: 2152 Test Date: 09/30/2024 Test Time: 6:37am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	6:37am 6:37am
FC	Pass	6:37am

#### Temperature Tests

Test	Status	Time
FC1	Pass	6:37am
SRC	Pass	6:37am
DET	Pass	6:37am
BAR	Pass	6:37am
BT	Pass	6:37am

#### Blank Tests

Test	Status	Time
AIR	Pass	6:38am

#### Printer Tests

rest	Status	Time
PRNT	Pass	6:38am
	CDC Monto	

#### CRC Tests

Status	Time
Pass	6:38am
Pass	6:38am
	Pass

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County B	150m	Instrument Location Roxhoe	0 20
Instrument Se	rial No. <u>008880</u>	109 N.	Lange St
		Roxboe	LAMAR ST
The preventive serial number	e maintenance procedure 10,000 or higher) to be fo	s for the Intoximeters, Model Intox EC/IR II ollowed at least once every four months are:	and Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol ga	as canister displays at least 51 pounds per squ mometer shows 34 degrees, plus or minus .2	uare inch (psi) of pressure, or the alcoholic degree centigrade;
(2)	Verify instrument di	splays time and date;	San
(3)	Initiate breath test se	quence;	
(4)	Enter information as	prompted;	
(5)	Verify instrument ac	curacy;	
(6)	When "PLEASE BLO	OW" appears, collect breath sample;	
(7)		OW" appears, collect breath sample;	
(8)	Print test record;	5. U.S. 14-94565 5. 15 (1. 1994) 1. 17 (1. 1994) 1. 17 (1. 1994) 1. 17 (1. 1994) 1. 17 (1. 1994) 1. 17 (1. 19	
(9)	Run diagnostic progr	am and confirm preventive maintenance statu	as of "Pass": and
(10)	Verify that the etha	nol gas canister is being changed before being changed every four months or after	anning to the second
	the 30 day of day of don the instrument indicativices, and the instrument	ated above, in accordance with current regular is functioning properly.	oing preventive maintenance procedures lations of the N.C. Department of Health
	CABO		
STATE OF THE PARTY	Smin	Hotes Barres	662
		Signature of Certifying Official	Certificate Number

PERSON COUNTY ROXBORO POLICE DEPT 720

Serial Number: 008880 Test Date: 09/30/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Barnes, Simon S Permit Number: 0014-6221 Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG308703 Exp Date: 03/28/2025

Test	g/210L	Time
AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00	7:00am 7:00am 7:01am 7:02am 7:02am 7:03am 7:05am
AIR BLK	.00	7:06am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Sum Ades Breezes

# PERSON COUNTY ROXBORO POLICE DEPT 720

Serial Number: 008880 Test Record Number: 2313 Test Date: 09/30/2024 Test Time: 7:06am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO FC	Pass Pass	7:07am 7:07am
2.6	Pass	7:07am

# Temperature Tests

Test	Status	Time
FC1	Pass	7:07am
SRC	Pass	7:07am
DET	Pass	7:07am
BAR	Pass	7:07am
BT	Pass	7:07am

#### Blank Tests

Test	Status	Time
AIR	Pass	7:08am

#### Printer Tests

Test	Status	Time
PRNT	Pass	7:08am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	7:08am 7:08am

Preventive Maintenance Status: Pass

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

The preventive serial number l	maintenance procedures for the Intoximeters, Model Intox EC/IR II and 0,000 or higher) to be followed at least once every four months are:	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.		
	the 19 <sup>th</sup> day of September, 20 2 I the forgoin on the instrument indicated above, in accordance with current regulativices, and the instrument is functioning properly.	g preventive maintenance procedures ions of the N.C. Department of Health	
	1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /	643	
The same of the sa	Rignature of Certifying Official	Certificate Number	

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008646 Test Date: 09/19/2024

Citation Number: M00000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Gray, Kelly D Permit Number: 0037-7722 Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE Type of Agency: FTA Agency: DHHS Test Type: Breath Test

> Lot Number: AG400303 Exp Date: 01/03/2026

Test	g/210L	Time
DIAG	Pass	10:21am
AIR BLK	.00	10:22am
ACCY CHK	.07	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

### PITT COUNTY PITT CO DETENTION 730

Serial Number: 008646 Test Record Number: 4969 Test Date: 09/19/2024 Test Time: 10:28am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:29am
FLO	Pass	10:29am
FC	Pass	10:29am

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:29am
SRC	Pass	10:29am
DET	Pass	10:29am
BAR	Pass	10:29am
BT	Pass	10:29am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:29am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:30am
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	10:30am 10:30am

Preventive Maintenance Status: Pass

Analyst

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

	ial No. DO 8662  Instrument Location PH (o. Defendion Cereber)  Instrume
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or were performe and Human Ser	the 19th day of September 2021 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.

Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

PITT COUNTY PITT CO DETENTION 703

Serial Number: 008662 Test Date: 09/19/2024

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Gray, Kelly D Permit Number: 0037-7722 Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE Type of Agency: FTA Agency: DHHS Test Type: Breath Test

> Lot Number: AG302702 Exp Date: 01/27/2025

Test	g/210L	Time
DIAG	Pass	10:35am
AIR BLK	.00	10:36am
ACCY CHK	.08	10:37am
AIR BLK		4 6 6 6
SUB TEST	.00	10:38am
AIR BLK	.00	10:39am
SUB TEST	.00	10:41am
ATR BLK	.00	10:42am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### PITT COUNTY PITT CO DETENTION 703

Serial Number: 008662 Test Record Number: 1420 Test Date: 09/19/2024 Test Time: 10:43am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:43am
FLO	Pass	10:43am
FC	Pass	10:43am

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:43am
SRC	Pass	10:43am
DET	Pass	10:43am
BAR	Pass	10:43am
BT	Pass	10:43am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:44an

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:44am
	CRC Tests	
Test	Status	Time

CAL Pass 10:44am

Preventive Maintenance
Status: Pass

Pass

10:44am

111/1/2

COMP

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

Instrument Seri	isl No. DO 8666 Instrument Location Agden P.D.  4144 West Ave., Agden, 1	U(
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced 10,000 or higher) to be followed at least once every four months are:	with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcol breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;	holic
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and	
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic br simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator t whichever occurs first.	eath lests,
I certify that on were performed and Human Ser	the 19 <sup>th</sup> day of September . 2024 the forgoing preventive maintenance proceed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Hervices, and the instrument is functioning properly.	lures ealth
	V. D. 643	
The state of the s	Signature of Certifying Official Certificate Number	_

DHHS 4080 (04/20)

PITT COUNTY AYDEN PD 730

Serial Number: 008666 Test Date: 09/19/2024

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Gray, Kelly D Permit Number: 0037-7722 Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE Type of Agency: FTA Agency: DHHS Test Type: Breath Test

> Lot Number: AG302702 Exp Date: 01/27/2025

Test	g/210L	Time
AIR BLK ACCY CHK	Pass .00 .07 .00 .00 .00	3:44pm 3:45pm 3:46pm 3:47pm 3:47pm 3:50pm 3:51pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### PITT COUNTY AYDEN PD 730

Serial Number: 008666 Test Record Number: 1570 Test Date: 09/19/2024 Test Time: 3:52pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:52pm
FLO	Pass	3:52pm
FC	Pass	3:52pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:52pm
SRC	Pass	3:52pm
DET	Pass	3:52pm
BAR	Pass	3:52pm
BT	Pass	3:52pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:53pm

#### Printer Tests

277		7.77
Test	Status	Time
PRNT	Pass	3:53pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:53pm 3:53pm

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County	Po 1K Instrument Location P	olk County Ja. 1
Instrument Se	erial No. 008832	Columbus, NC
The preventive serial number	re maintenance procedures for the Intoximeters, Model Intox l 10,000 or higher) to be followed at least once every four mon	EC/IR II and Model Intox EC/IR II (Enhanced wit
(1)	Verify the ethanol gas canister displays at least 51 pound breath simulator thermometer shows 34 degrees, plus or	ds per square inch (psi) of pressure, or the alcoholi minus .2 degree centigrade;
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE 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	ance 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.	before expiration date, or the alcoholic breath s or after 125 Alcoholic Breath Simulator tests,
The same of the sa	the day of seed above, in accordance with current vices, and the instrument is functioning properly.	ent regulations of the N.C. Department of Health
- Constitution	Signature of Certifying Officia	1 Certificate Number

POLK COUNTY POLK COUNTY JAIL 740

Serial Number: 008832 Test Date: 09/16/2024

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Loftis, Benjamin C Permit Number: 0024-4987 Effective: 10/01/2023-10/01/2025

> Officer's Name: NONE, NONE Type of Agency: FTA Agency: DHHS Test Type: Breath Test

> > Lot Number: AG308704 Exp Date: 03/28/2025

Test	g/210L	Time
DIAG	Pass	10:48am
AIR BLK	.00	10:49am
ACCY CHK	.08	10:49am
AIR BLK	.00	10:50am
SUB TEST	.00	10:51am
AIR BLK	.00	10:52am
SUB TEST	.00	10:53am
AIR BLK	.00	10:54am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVI

Analysi

This form is used when performing Preventive Maintenance procedures Forensic Tests for Alcohol Branch Department of Health and Human Services

Rev. 12/2007

# POLK COUNTY POLK COUNTY JAIL 740

Serial Number: 008832 Test Record Number: 1888

System Check: Passed

# Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:55am 10:55am
FC	Pass	10:55am

#### Temperature Tests

Status	Time
Pass	10:55am
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	10:56am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:56am

#### CRC Tests

Test	Status	Time
COMP	Pass	10:56am
CAL	Pass	10:56am

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County	Polk Instrument Location Polk County Jail
Instrument Se	crial No. 008881 Columbus, NC
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.
I certify that on were performed and Human Ser	the day of september, 20 2 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
	Signature of Certifying Official Certificate Number

POLK COUNTY POLK COUNTY JAIL 740

Serial Number: 008881 Test Date: 09/16/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Loftis, Benjamin C Permit Number: 0024-4987 Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG308704 Exp Date: 03/28/2025

Test	g/210L	Time
DIAG	Pass	10:47am
AIR BLK		10:48am
ACCY CHK		10:48am
AIR BLK	.00	10:49am
SUB TEST	.00	10:50am
AIR BLK	.00	10:51am
SUB TEST	.00	10:52am
AIR BLK	.00	10.53am

Reported AC: .00 g/210L

Signature of Chemical that

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

# POLK COUNTY POLK COUNTY JAIL 740

Serial Number: 008881 Test Record Number: 1225

Test Date: 09/16/2024 Test Time: 10:54am EDT

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	10:54am
FLO	Pass	10:54am
FC	Pass	10:54am

# Temperature Tests

Test	Status	Time
FC1	Pass	10:54am
SRC	Pass	10:54am
DET	Pass	10:54am
BAR	Pass	10:54am
BT	Pass	10:54am

#### Blank Tests

Test	Status	Time	
AIR	Pass	10:55am	

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:55am
	CRC Tests	
Test	Status	Time

COMP Pass 10:55am CAL Pass 10:55am

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	Robeson	Instrument Location	BAT MOS	ile Region 6
Instrument Se	rial No. 00 % 5 %0		Robeson	ile Region 6 County SO
The preventiv	e maintenance procedures fo 10,000 or higher) to be follo	or the Intoximeters, Model Into	ox EC/IR II and Model nonths are:	Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas of breath simulator thermo	canister displays at least 51 po ometer shows 34 degrees, plus	unds per square inch (p or minus .2 degree cen	si) of pressure, or the alcoholi tigrade;
(2)	Verify instrument displ	ays time and date;		
(3)	Initiate breath test sequ	ence;		
(4)	Enter information as pr	ompted;		
(5)	Verify instrument accur	racy;		
(6)	When "PLEASE BLOV	V" appears, collect breath sam	ple;	
(7)	When "PLEASE BLOV	V" appears, collect breath sam	ple;	
(8)	Print test record;			
(9)	Run diagnostic progran	and confirm preventive main	tenance status of "Pass"	; and
(10)				date, or the alcoholic breath pholic Breath Simulator tests
were performe	n the 18th day of	ed above, in accordance with	4 the forgoing preve current regulations of t	ntive maintenance procedures he N.C. Department of Health
		1		684
		Asignature of Certifying Of	ficial	Certificate Number

ROBESON COUNTY BAT MOBILE REGION 6 770

Serial Number: 008580 Test Date: 09/18/2024

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Sharpe Jr., Robert J Permit Number: 1820-8591 Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG400303 Exp Date: 01/03/2026

Test	g/210L	Time
DIAG	Pass	3:09pm
AIR BLK	.00	3:10pm
ACCY CHK	.07	3:11pm
AIR BLK	.00	3:12pm
SUB TEST	.00	3:12pm
AIR BLK	.00	3:13pm
SUB TEST	.00	3:15pm
AIR BLK	.00	3:16pm

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# ROBESON COUNTY BAT MOBILE REGION 6 770

Serial Number: 008580 Test Record Number: 2994
Test Date: 09/18/2024 Test Time: 3:17pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:17pm
FLO	Pass	3:17pm
FC	Pass	3:17pm

# Temperature Tests

Test	Status	Time
FC1	Pass	3:17pm
SRC	Pass	3:17pm
DET	Pass	3:17pm
BAR	Pass	3:17pm
BT	Pass	3:17pm

#### Blank Tests

Test	Status	Time	
AIR	Pass	3:18pm	

#### Printer Tests

Status	Time
Pass	3:18pm
CRC Tests	
Status	Time
Pass Pass	3:18pm 3:18pm
	Pass CRC Tests Status Pass

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

Instrument Serial No. OO 8580  Instrument Location BAT Mobile Legal Research County  The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enserial 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 breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;  (2) Verify instrument displays time and date;  (3) Initiate breath test sequence;  (4) Enter information as prompted;  (5) Verify instrument accuracy;  (6) When "PLEASE BLOW" appears, collect breath sample;  (7) When "PLEASE BLOW" appears, collect breath sample;  (8) Print test record;  (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and  (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcost simulator solution is being changed every four months or after 125 Alcoholic Breath Sim whichever occurs first.  I certify that on the 25th day of Scotenser, 20 24th the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department and Human Services, and the instrument is functioning properly.	on 6	obile Rea	n	BAT	Instrument Location_		y Robes	County_
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 breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;  (2) Verify instrument displays time and date;  (3) Initiate breath test sequence;  (4) Enter information as prompted;  (5) Verify instrument accuracy;  (6) When "PLEASE BLOW" appears, collect breath sample;  (7) When "PLEASE BLOW" appears, collect breath sample;  (8) Print test record;  (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and  (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholismulator solution is being changed every four months or after 125 Alcoholic Breath Sim whichever occurs first.  I certify that on the 25th day of 2024 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department and Human Services, and the instrument is functioning properly.	٥٥	County	501	Robe	_	008580	ment Serial No	Instrume
breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;  (2) Verify instrument displays time and date;  (3) Initiate breath test sequence;  (4) Enter information as prompted;  (5) Verify instrument accuracy;  (6) When "PLEASE BLOW" appears, collect breath sample;  (7) When "PLEASE BLOW" appears, collect breath sample;  (8) Print test record;  (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and  (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcohosimulator solution is being changed every four months or after 125 Alcoholic Breath Sim whichever occurs first.  I certify that on the 25 <sup>15</sup> day of Section 20, 20, 21 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department and Human Services, and the instrument is functioning properly.	hanced with	iel Intox EC/IR II (E						
(3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcohosimulator solution is being changed every four months or after 125 Alcoholic Breath Sim whichever occurs first.  I certify that on the 25th day of September 20 24 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department and Human Services, and the instrument is functioning properly.	the alcoholic							
(4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcohosimulator solution is being changed every four months or after 125 Alcoholic Breath Simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator solution in the accordance with current regulations of the N.C. Department and Human Services, and the instrument is functioning properly.					time and date;	fy instrument displays t	(2) Verif	
(5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcohosimulator solution is being changed every four months or after 125 Alcoholic Breath Simulator solution that the end of the sample of the sample; (10) I certify that on the 25 <sup>15</sup> day of 2021 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department and Human Services, and the instrument is functioning properly.					S .	te breath test sequence;	(3) Initia	
(6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholismulator solution is being changed every four months or after 125 Alcoholic Breath Sim whichever occurs first.  I certify that on the 25 <sup>15</sup> day of 2000 accordance with current regulations of the N.C. Department and Human Services, and the instrument is functioning properly.					ted;	r information as prompt	(4) Enter	
(7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcohosimulator solution is being changed every four months or after 125 Alcoholic Breath Simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator occurs first.  I certify that on the 25th day of Solution in accordance with current regulations of the N.C. Department and Human Services, and the instrument is functioning properly.						fy instrument accuracy;	(5) Verif	
(8) Print test record;  (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and  (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcohosimulator solution is being changed every four months or after 125 Alcoholic Breath Sim whichever occurs first.  I certify that on the 35th day of Scoter 2024 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department and Human Services, and the instrument is functioning properly.				nple;	ppears, collect breath sa	n "PLEASE BLOW" ap	(6) When	
(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and  (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcohosimulator solution is being changed every four months or after 125 Alcoholic Breath Simulator occurs first.  I certify that on the				nple;	ppears, collect breath sa	n "PLEASE BLOW" ap	(7) Whe	
(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator occurs first.  I certify that on the 25th day of						test record;	(8) Print	
simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.  I certify that on the 25 <sup>15</sup> day of		iss"; and	atus of "P	ntenance st	d confirm preventive ma	diagnostic program and	(9) Run	
were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department and Human Services, and the instrument is functioning properly.						lator solution is being	simu	
	procedures	eventive maintenance of the N.C. Departm	rgoing pr gulations	the for current re	Bove, in accordance wit	instrument indicated af	performed on the	were pe
(axy					n /			
Signature of Certifying Official Certificate Nun		684		001			The Com water	01.00

#### ROBESON COUNTY BAT MOBILE REGION 6 770

Serial Number: 008580 Test Date: 09/25/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Sharpe Jr., Robert J Permit Number: 1820-8591 Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG400303 Exp Date: 01/03/2026

Test	g/210L	Time
DIAG	Pass	3:21pm
AIR BLK	.00	3:22pm
ACCY CHK	.07	3:22pm
AIR BLK	.00	3:23pm
SUB TEST	.00	3:24pm
AIR BLK	.00	3:25pm
SUB TEST	.00	3:27pm
AIR BLK	.00	3:28pm

Reported AC; 00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Analyst

#### ROBESON COUNTY BAT MOBILE REGION 6 770

Serial Number: 008580 Test Record Number: 2998 Test Date: 09/25/2024 Test Time: 3:29pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:29pm
FLO	Pass	3:29pm
FC	Pass	3:29pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:29pm
SRC	Pass	3:29pm
DET	Pass	3:29pm
BAR	Pass	3:29pm
BT	Pass	3:29pm

#### Blank Tests

Test	Status	Time	
202			
AIR	Pass	3 · 3 0 mm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:30pm

#### CRC Tests

Test	Status	Time
COMP	Pass	3:30pm
CAL	Pass	3:30pm

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)

CountyR	obeson	Instrument Location_	BAT	166ile	Region 6 nty SO
Instrument Seri	ial No. 008584	_	Robeson	Conf	nty SO
The preventive serial number 1	maintenance procedures for the total (0,000 or higher) to be followed	ne Intoximeters, Model Int d at least once every four	tox EC/IR II and N months are:	Model Intox E	C/IR II (Enhanced with
(1)	Verify the ethanol gas can breath simulator thermome				ressure, or the alcoholi
(2)	Verify instrument displays	time and date;			
(3)	Initiate breath test sequence	e;			
(4)	Enter information as prom	pted;			
(5)	Verify instrument accuracy	y;			
(6)	When "PLEASE BLOW"	appears, collect breath san	mple;		
(7)	When "PLEASE BLOW"	appears, collect breath san	mple;		
(8)	Print test record;				
(9)	Run diagnostic program a	nd confirm preventive mai	ntenance status of	"Pass"; and	
(10)	Verify that the ethanol g simulator solution is being whichever occurs first.				
were performed	the 18th day of Sed on the instrument indicated rvices, and the instrument is fu	above, in accordance with	24 the forgoing a current regulation	preventive m	aintenance procedures Department of Health
STATE OF	18				
		0		1	284
	-	Signature of Certifying O	fficial	-	tificate Number

#### ROBESON COUNTY BAT MOBILE REGION 6 770

Serial Number: 008584 Test Date: 09/18/2024

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sev. Male

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Sharpe Jr., Robert J Permit Number: 1820-8591 Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG400303 Exp Date: 01/03/2026

g/210L	Time
Pass	3:12pm
.00	3:13pm
.07	3:14pm
.00	3:15pm
.00	3:16pm
.00	3:17pm
.00	3:18pm
.00	3:19pm
	Pass .00 .07 .00 .00

Reported AC: /.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# ROBESON COUNTY BAT MOBILE REGION 6 770

Serial Number: 008584 Test Record Number: 2744
Test Date: 09/18/2024 Test Time: 3:20pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:21pm
FLO	Pass	3:21pm
FC	Pass	3:21pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:21pm
SRC	Pass	3:21pm
DET	Pass	3:21pm
BAR	Pass	3:21pm
BT	Pass	3:21pm

#### Blank Tests

Test	Status	Time	
AIR	Pass	3:22pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:22pm
	CRC Tests	
Test	Status	Time

Test	Status	Time
COMP	Pass	3:22pm
CAL	Pass	3:22pm

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performe	the 25th day of September, 2024 the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rvices, and the instrument is functioning properly.

#### ROBESON COUNTY BAT MOBILE REGION 6 770

Serial Number: 008584 Test Date: 09/25/2024

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: YY

Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Sharpe Jr., Robert J
Permit Number: 1820-8591
Effective:
10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG400303 Exp Date: 01/03/2026

Test	g/210L	Time
DIAG	Pass	3:27pm
AIR BLK	.00	3:28pm
ACCY CHK	.07	3:28pm
AIR BLK	.00	3:29pm
SUB TEST	.00	3:30pm
AIR BLK	.00	3:31pm
SUB TEST	.00	3:33pm
AIR BLK	.00	3:34pm

Reported AC: /.00 g/210L

Signatur of Chemical Analyst

Court CVR

#### ROBESON COUNTY BAT MOBILE REGION 6 770

Serial Number: 008584 Test Record Number: 2748
Test Date: 09/25/2024 Test Time: 3:35pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:35pm
FLO	Pass	3:35pm
FC	Pass	3:35pm

#### Temperature Tests

Status	Time
Pass	3:35pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time	
AIR	Pass	3:36pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:36pm
	CRC Tests	
Test	Status	Time

Status	Time
Pass	3:36pm
Pass	3:36pm
	Pass

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County	Lobeson	Instrument Location_	BAT	Mobile	Regi	on 6
Instrument Seri	ial No. 00 8637	- 1-	BAT	Cou	nty	So
The preventive serial number 1	maintenance procedures for th 0,000 or higher) to be followed	e Intoximeters, Model In i at least once every four	tox EC/IR II and	i Model Intox	EC/IR II (E	inhanced with
(1)	Verify the ethanol gas cani breath simulator thermome					the alcoholic
(2)	Verify instrument displays	time and date;				
(3)	Initiate breath test sequence	e;				
(4)	Enter information as promp	oted;				
(5)	Verify instrument accuracy	5				
(6)	When "PLEASE BLOW"	appears, collect breath sa	mple;			
(7)	When "PLEASE BLOW"	appears, collect breath sa	mple;			
(8)	Print test record;					
(9)	Run diagnostic program an	d confirm preventive ma	intenance status	of "Pass"; and		
(10)	Verify that the ethanol g simulator solution is bein whichever occurs first.					
were performe	the 18th day of State on the instrument indicated a		24 the forgoin	ng preventive tions of the N.	maintenan C. Departn	ce procedures nent of Health
STATE OF						
The same was	3				(84	
The same of the sa	V	Signature of Certifying (	Official	c	ertificate N	umber

ROBESON COUNTY BAT MOBILE REGION 6

Serial Number: 008637 Test Date: 09/18/2024

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male

Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Sharpe Jr., Robert J Permit Number: 1820-8591 Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG308703 Exp Date: 03/28/2025

Test	g/210L	Time
DIAG	Pass	3:08pm
AIR BLK	.00	3:09pm
ACCY CHK	.08	3:10pm
AIR BLK	.00	3:10pm
SUB TEST	.00	3:11pm
AIR BLK	.00	3:12pm
SUB TEST	.00	3:14pm
AIR BLK	.00	3:15pm

Reported AC: \_09 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### ROBESON COUNTY BAT MOBILE REGION 6 770

Serial Number: 008637 Test Record Number: 3464 Test Date: 09/18/2024 Test Time: 3:16pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:16pm
FLO	Pass	3:16pm
FC	Pass	3:16pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:17pm
SRC	Pass	3:17pm
DET	Pass	3:17pm
BAR	Pass	3:17pm
BT	Pass	3:17pm
		The second secon

#### Blank Tests

Test	Status	Time	
AIR	Pass	3:17pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:17pm
	CRC Tests	

Test	Status	Time
COMP	Pass	3:17pm
CAL	Pass	3:17pm

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

CountyK	(obeson Instrument Location	SAT Mobil	e Region 6
Instrument Seri	rial No. 00 8637 L	obeson (	e Region 6 ounty SO
The preventive serial number l	re maintenance procedures for the Intoximeters, Model Intox E 10,000 or higher) to be followed at least once every four mon	EC/IR II and Model ths are:	Intox EC/IR II (Enhanced wit
(1)	Verify the ethanol gas canister displays at least 51 pound breath simulator thermometer shows 34 degrees, plus or	ls per square inch (p: minus .2 degree cent	si) of pressure, or the alcoholi igrade;
(2)	Verify instrument displays time and date;		
(3)	Initiate breath test sequence;		
(4)	Enter information as prompted;		
(5)	Verify instrument accuracy;		
(6)	When "PLEASE BLOW" appears, collect breath sample		
(7)	When "PLEASE BLOW" appears, collect breath sample;		
(8)	Print test record;		
(9)	Run diagnostic program and confirm preventive mainten	ance status of "Pass"	; and
(10)	Verify that the ethanol gas canister is being changed simulator solution is being changed every four month whichever occurs first.	d before expiration as or after 125 Alco	date, or the alcoholic breat pholic Breath Simulator tests
I certify that or were performe and Human Se	on the 25 <sup>th</sup> day of September, 2024 ed on the instrument indicated above, in accordance with cur ervices, and the instrument is functioning properly.	the forgoing prever trent regulations of t	ntive maintenance procedure he N.C. Department of Healt
STATE OF THE PARTY			
I The same	15)		684

ROBESON COUNTY BAT MOBILE REGION 6

Serial Number: 008637 Test Date: 09/25/2024

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Sharpe Jr., Robert J
Permit Number: 1820-8591
Effective:
10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG308703 Exp Date: 03/28/2025

Test	g/210L	Time
DIAG	Pass	3:29pm
AIR BLK	.00	3:30pm
ACCY CHK	.08	3:30pm
AIR BLK	.00	3:31pm
SUB TEST	.00	3:32pm
AIR BLK	.00	3:33pm
SUB TEST	.00	3:34pm
AIR BLK	.00	3:35pm

Reported &C: .09 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

#### ROBESON COUNTY BAT MOBILE REGION 6 770

Serial Number: 008637 Test Record Number: 3468 Test Date: 09/25/2024 Test Time: 3:35pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:36pm
FLO	Pass	3:36pm
FC	Pass	3:36pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:36pm
SRC	Pass	3:36pm
DET	Pass	3:36pm
BAR	Pass	3:36pm
BT	Pass	3:36pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:36pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:37pm
	CRC Tests	
-		m.i.

Test	Status	Time
COMP	Pass	3:37pm
CAL	Pass	3:37pm

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

Co	ounty_ Co	5000	_ Instrument Location_	BAT	No5-1c	Region 6
ln	strument Seria	al No. 00 8686	-	Roberon	Nobile County	Sò
Th	ne preventive rial number 10	maintenance procedures for t 0,000 or higher) to be follow	the Intoximeters, Model Intended at least once every four	tox EC/IR II and M months are:	fodel Intox EC/IR	II (Enhanced with
	(1)	Verify the ethanol gas car breath simulator thermom	nister displays at least 51 peter shows 34 degrees, plu	ounds per square is s or minus .2 degre	nch (psi) of pressur ee centigrade;	e, or the alcoholic
	(2)	Verify instrument display	s time and date;			
	(3)	Initiate breath test sequen	ce;			
	(4)	Enter information as pron	npted;			
	(5)	Verify instrument accurac	ey;			
	(6)	When "PLEASE BLOW"	appears, collect breath san	mple;		
	(7)	When "PLEASE BLOW"	appears, collect breath san	mple;		
	(8)	Print test record;				
	(9)	Run diagnostic program a	and confirm preventive mai	ntenance status of	"Pass"; and	
	(10)	Verify that the ethanol simulator solution is bei whichever occurs first.	gas canister is being cha ng changed every four m	nged before expir conths or after 12:	ation date, or the 5 Alcoholic Breatl	alcoholic breath Simulator tests,
W	ere performed	the 18th day ofS on the instrument indicated vices, and the instrument is fi	above, in accordance with	the forgoing current regulation	preventive mainte ns of the N.C. Dep	nance procedures artment of Health
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- 633	A COM ALCO				6	84

ROBESON COUNTY BAT MOBILE REGION 6 770

Serial Number: 008686 Test Date: 09/18/2024

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Sharpe Jr., Robert J Permit Number: 1820-8591 Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG302702 Exp Date: 01/27/2025

Test	g/210L	Time
DIAG	Pass	3:11pm
AIR BLK	.00	3:12pm
ACCY CHK	.07	3:12pm
AIR BLK	.00	3:13pm
SUB TEST	.00	3:14pm
AIR BLK	.00	3:15pm
SUB TEST	.00	3:16pm
AIR BLK	.00	3:17pm

Reported AC: . 90 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### ROBESON COUNTY BAT MOBILE REGION 6 770

Serial Number: 008686 Test Record Number: 7103 Test Date: 09/18/2024 Test Time: 3:20pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:20pm
FLO	Pass	3:20pm
FC	Pass	3:20pm

# Temperature Tests

Test	Status	Time
FC1	Pass	3:21pm
SRC	Pass	3:21pm
DET	Pass	3:21pm
BAR	Pass	3:21pm
BT	Pass	3:21pm

#### Blank Tests

Test	Status	Time 3:21pm	
AIR	Pass		

#### Printer Tests

Test	Status	Time	
PRNT	Pass	3:21pm	

#### CRC Tests

Test	Status	Time
COMP	Pass	3:21pm
CAL	Pass	3:21pm

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	(	obeson	Instrument Location_	ISAT	Mobile	Regio	n 6
Instrum	ent Seria	INO008686	_	Robes	Mobile n Co	unty .	9
The pre	ventive t	naintenance procedures for the 1,000 or higher) to be followed	Intoximeters, Model Int at least once every four r	ox EC/IR II an	d Model Intox	EC/IR II (En	hanced with
	(1)	Verify the ethanol gas canist breath simulator thermomete					the alcoholic
	(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 san	iple;			
	(7)	When "PLEASE BLOW" ap	pears, 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 simulator solution is being whichever occurs first.	canister is being char changed every four m	nged before e onths or after	xpiration date, 125 Alcoholic	or the alco Breath Sin	holic breath ulator tests
were pe	erformed	he 25 <sup>11</sup> day ofSecond the instrument indicated absices, and the instrument is fund		24 the forgoi	ing preventive	maintenance C. Departme	procedure ent of Healt
(\$\hat{6}	SIATE	A CONTRACTOR					
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Miles.	CHANGE OF THE PARTY OF THE PART				6	584	
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#### ROBESON COUNTY BAT MOBILE REGION 6 770

Serial Number: 008686 Test Date: 09/25/2024

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Sharpe Jr., Robert J
Permit Number: 1820-8591
Effective:
10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG302702 Exp Date: 01/27/2025

Test	g/210L	Time
DIAG	Pass	3:24pm
AIR BLK	.00	3:25pm
ACCY CHK	.08	3:25pm
AIR BLK	.00	3:26pm
SUB TEST	.00	3:27pm
AIR BLK	.00	3:28pm
SUB TEST	.00	3:29pm
AIR BLK	.00	3:30pm

Reported ACM .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### ROBESON COUNTY BAT MOBILE REGION 6 770

Serial Number: 008686 Test Record Number: 7107 Test Date: 09/25/2024 Test Time: 3:32pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:33pm
FLO	Pass	3:33pm
FC	Pass	3:33pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:33pm
SRC	Pass	3:33pm
DET	Pass	3:33pm
BAR	Pass	3:33pm
BT	Pass	3:33pm

#### Blank Tests

Test	Status	3:34pm	
AIR	Pass		

#### Printer Tests

rest	Status	Time
PRNT	Pass	3:34pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:34pm

Preventive Maintenance Status: Pass

Pass

3:34pm

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	Lobeson	Instrument Location	BAT	Mobile	Region	6
Instrument Seri	al No. 008776	_	Robeson	Con	ity sc	
The preventive serial number 1	maintenance procedures for t 0,000 or higher) to be followe	he Intoximeters, Model Inted at least once every four r	ox EC/IR II and nonths are:	Model Intox EC	ZIR II (Enhance	ed with
(1)		nister displays at least 51 po eter shows 34 degrees, plus			essure, or the ak	coholic
(2)	Verify instrument display	s time and date;				
(3)	Initiate breath test sequen	ce;				
(4)	Enter information as pron	npted;				
(5)	Verify instrument accurac	y;				
(6)	When "PLEASE BLOW"	appears, collect breath sam	iple;			
(7)	When "PLEASE BLOW"	appears, collect breath sam	iple;			
(8)	Print test record;					
(9)	Run diagnostic program a	nd confirm preventive main	ntenance status o	f "Pass"; and		
(10)		gas canister is being char ng changed every four me				
were performe	the 18th day of day of do not the instrument indicated rvices, and the instrument is fulfilled.	above, in accordance with	the forgoing current regulation	ons of the N.C.	Department of	edures
The Com Man	0	-		(	-84	
- Committee		Signature of Certifying O	fficial		ficate Number	

ROBESON COUNTY BAT MOBILE REGION 6 770

Serial Number: 008776 Test Date: 09/18/2024

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Sharpe Jr., Robert J Permit Number: 1820-8591 Effective: 10/01/2023-10/01/2025

> Officer's Name: NONE, NONE Type of Agency: FTA Agency: DHHS Test Type: Breath Test

> > Lot Number: AG417803 Exp Date: 06/26/2026

Test	g/210L	Time
DIAG	Pass	3:14pm
AIR BLK	.00	3:15pm
ACCY CHK	.08	3:15pm
AIR BLK	.00	3:16pm
SUB TEST	.00	3:17pm
AIR BLK	.00	3:18pm
SUB TEST	.00	3:20pm
AIR BLK	.00	3:21pm

Reported AC: .80 g/210L

Signature Chemical Analyst

Court CVR

Analyst

#### ROBESON COUNTY BAT MOBILE REGION 6 770

Serial Number: 008776 Test Record Number: 4058 Test Date: 09/18/2024 Test Time: 3:21pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:22pm
FLO	Pass	3:22pm
FC	Pass	3:22pm

#### Temperature Tests

Test	Status	Time	
FC1	Pass	3:22pm	
SRC	Pass	3:22pm	
DET	Pass	3:22pm	
BAR	Pass	3:22pm	
BT	Pass	3:22pm	

#### Blank Tests

Test	Status	Time	
ATR	Pagg	3 - 23 mm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:23pm
	CRC Tests	
Test	Status	Time

COMP Pass 3:23pm CAL Pass 3:23pm

Preventive Maintenance Status: Pass

Analyst

# DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

### PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

	Instrument Seri	ial No. 00 8776 Roseso	nobile Region 6 n County SO
	The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II an 10,000 or higher) to be followed at least once every four months are:	nd Model Intox EC/IR II (Enhanced with
	(1)	Verify the ethanol gas canister displays at least 51 pounds per squa breath simulator thermometer shows 34 degrees, plus or minus .2 d	re inch (psi) of pressure, or the alcoholic egree centigrade;
	(2)	Verify instrument displays time and date;	
	(3)	Initiate breath test sequence;	
	(4)	Enter information as prompted;	
)	(5)	Verify instrument accuracy;	
	(6)	When "PLEASE BLOW" appears, collect breath sample;	
	(7)	When "PLEASE BLOW" appears, collect breath sample;	
	(8)	Print test record;	
	(9)	Run diagnostic program and confirm preventive maintenance status	s of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before e simulator solution is being changed every four months or after whichever occurs first.	expiration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,
	were performe	the 25th day of September 20 24 the forgo of on the instrument indicated above, in accordance with current regularvices, and the instrument is functioning properly.	ing preventive maintenance procedures ations of the N.C. Department of Health
	ST.		684

### ROBESON COUNTY BAT MOBILE REGION 6 770

Serial Number: 008776 Test Date: 09/25/2024

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: 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: AG417803 Exp Date: 06/26/2026

Test	g/210L	Time
DIAG	Pass	3:31pm
AIR BLK	.00	3:32pm
ACCY CHK	.08	3:32pm
AIR BLK	.00	3:33pm
SUB TEST	.00	3:34pm
AIR BLK	.00	3:35pm
SUB TEST	.00	3:36pm
AIR BLK	.00	3:37pm

Reported AC: 99 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### ROBESON COUNTY BAT MOBILE REGION 6 770

Serial Number: 008776 Test Record Number: 4062 Test Date: 09/25/2024 Test Time: 3:39pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time	
IR	Pass	3:39pm	
FLO	Pass	3:39pm	
FC	Pass	3:39pm	

### Temperature Tests

Test	Status	Time
FC1	Pass	3:39pm
SRC	Pass	3:39pm
DET	Pass	3:39pm
BAR	Pass	3:39pm
BT	Pass	3:39pm

#### Blank Tests

Test	Status	Time	
AIR	Pass	3:40pm	

### Printer Tests

Test	Status	Time
PRNT	Pass	3:40pm
	CRC Tests	
Test	Status	Time

Preventive Maintenance Status: Pass

Pass

Pass

3:40pm 3:40pm

COMP

CAL

Analyst

### DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

### PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

	County	loses	seA	Instrument Location_	BAT	Nobile	legion	6
	Instrument Seri	al No	00 8779	_	loseson	Nobile County	50	_
	The preventive serial number 1	maintena	unce procedures for th higher) to be followed	e Intoximeters, Model Ir l at least once every four	ntox EC/IR II an	d Model Intox EC/	IR II (Enhanced	with
	(1)			ster displays at least 51 pter shows 34 degrees, plu			ssure, or the alcoh	holic
	(2)	Verif	y instrument displays	time and date;				
	(3)	Initia	te breath test sequence	0;				
	(4)	Enter	information as promp	oted;				
)	(5)	Verif	y instrument accuracy					
	(6)	When	n "PLEASE BLOW"	appears, collect breath sa	mple;			
	(7)	When	n "PLEASE BLOW"	appears, collect breath sa	mple;			
	(8)	Print	test record;					
	(9)	Run	diagnostic program an	d confirm preventive ma	intenance status	of "Pass"; and		
	(10)	simu		as canister is being ch g changed every four r				
	were performe	d on the		ptenber . 20 above, in accordance with actioning properly.				
				n 2				
	ON COM YEAR					(	.84	
)				Signature of Certifying	Official	Certif	ficate Number	

### ROBESON COUNTY BAT MOBILE REGION 6 770

Serial Number: 008779 Test Date: 09/25/2024

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911 Subject's Sex: Male

Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Sharpe Jr., Robert J
Permit Number: 1820-8591
Effective:
10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG302702 Exp Date: 01/27/2025

Test	g/210L	Time
DIAG	Pass	3:26pm
AIR BLK	.00	3:27pm
ACCY CHK	.07	3:27pm
AIR BLK	.00	3:28pm
SUB TEST	.00	3:29pm
AIR BLK	.00	3:30pm
SUB TEST	.00	3:31pm
AIR BLK	.00	3:32pm

Reported AG: 2-00 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

### ROBESON COUNTY BAT MOBILE REGION 6 770

Serial Number: 008779 Test Record Number: 4011 Test Date: 09/25/2024 Test Time: 3:33pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time	
IR	Pass	3:33pm	
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	
ATP	Page	3 - 3 4 mm	

### Printer Tests

Test	Status	Time
PRNT	Pass	3:34pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:35pm

Preventive Maintenance Status: Pass

Pass

3:35pm

CAL

Analyst

### DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

### PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the 19 <sup>Th</sup> day of SEPTEMBER, 2024 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Office

Certificate Number

DHHS 4080 (04/20)

ROCKINGHAM COUNTY EDEN PD 780

Serial Number: 008636 Test Date: 09/19/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX

Driver's License 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: AG417802 Exp Date: 06/26/2026

Test	g/210L	Time
------	--------	------

DIAG	Pass	11:49am
	.00	11:50am
ACCY CHK	.08	11:50am
AIR BLK		11:51am
SUB TEST	.00	11:52am
AIR BLK	.00	11:53am
SUB TEST	.00	11:55am
AIR BLK	.00	11:56am

Reported AC: .00 g/210L

Signature of Comical 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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### ROCKINGHAM COUNTY EDEN PD 780

Serial Number: 008636 Test Record Number: 2715 Test Date: 09/19/2024 Test Time: 11:57am EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:57am 11:57am
FC	Pass	11:57am

### Temperature Tests

Test	Status	Time
FC1	Pass	11:58am
SRC	Pass	11:58am
DET	Pass	11:58am
BAR	Pass	11:58am
BT	Pass	11:58am

### Blank Tests

Test	Status	Time
AIR	Pass	11:58am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:58am
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	11:58am 11:58am
CHARLE	1 455	

Preventive Maintenance Status: Pass

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Department of Health and Human Services

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### DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

	No. OD 8184 DEPARTMENT
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the 19 day of SEPTEMBER, 20 24 the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rvices, and the instrument is functioning properly.

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

ROCKINGHAM COUNTY REIDSVILLE PD 780

Serial Number: 008784 Test Date: 09/19/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Oligmueller, Leo A Permit Number: 0035-3799 Effective: 10/01/2023-10/01/2025

> Officer's Name: NONE, NONE Type of Agency: FTA Agency: DHHS Test Type: Breath Test

> > Lot Number: AG417802 Exp Date: 06/26/2026

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	.00 .07 .00 .00	10:22am 10:24am
AIR BLK	.00	10:25am

.00 g/210L Reported AC:

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

### ROCKINGHAM COUNTY REIDSVILLE PD 780

Serial Number: 008784 Test Record Number: 1545 Test Date: 09/19/2024 Test Time: 10:27am EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:28am 10:28am
FC	Pass	10:28am

### Temperature Tests

Test	Status	Time
FC1	Pass	10:28am
SRC	Pass	10:28am
DET	Pass	10:28am
BAR	Pass	10:28am
BT	Pass	10:28am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:29am

### Printer Tests

Test	Status	Time
PRNT	Pass	10:29am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:29am

10:29am

Preventive Maintenance Status: Pass

Pass

CAL

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

### DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

### PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

	ial No. 008796 LIENTWORTH, 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 performed	the 19 <sup>TH</sup> day of SEPTEMBER, 2024 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
	Signature of Gertifying 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: 09/19/2024

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Oligmueller, Leo A Permit Number: 0035-3799 Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG308702 Exp Date: 03/28/2025

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	.00 .08 .00	10:58am 10:59am 11:00am 11:01am 11:02am
AIR BLK SUB TEST		11:02am 11:04am
AIR BLK		11:05am

Reported AC: .00 g/210L

1 Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Analyst

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### ROCKINGHAM COUNTY ROCKINGHAM CO JAIL 780

Serial Number: 008796 Test Record Number: 3803 Test Date: 09/19/2024 Test Time: 11:05am EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	11:06am
FLO	Pass	11:06am
FC	Pass	11:06am

### Temperature Tests

Test	Status	Time
FC1	Pass	11:06am
SRC	Pass	11:06am
DET	Pass	11:06am
BAR	Pass	11:06am
BT	Pass	11:06am

### Blank Tests

Test	Status	Time
AIR	Pass	11:06am

### Printer Tests

Test	Status	Time
PRNT	Pass	11:07am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:07am
CAL	Pass	11:07am

Preventive Maintenance Status: Pass

### DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH



### PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the 12 day of SEPTEMBER, 20 24 the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rvices, and the instrument is functioning properly.

A signed original of the preventive maintenance record shall be kept on file for at least three years.

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DHHS 4080 (04/20)

ROWAN COUNTY CHINA GROVE PD 790

Serial Number: 008896 Test Date: 09/12/2024

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE Subject's Date of Birth: 11/11/1911 Subject's Sex: Male Driver's License State: XX

Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Oligmueller, Leo A
Permit Number: 0035-3799
Effective:
10/01/2023-10/01/2025

Officer's Name: NONE, NONE Type of Agency: FTA Agency: DHHS Test Type: Breath Test

> Lot Number: AG400302 Exp Date: 01/03/2026

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00 .00	10:59am 11:00am 11:01am 11:02am 11:03am 11:04am 11:05am

Reported AC: .00 g/210L

Count CIM

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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### ROWAN COUNTY CHINA GROVE PD 790

Serial Number: 008896 Test Record Number: 1737 Test Date: 09/12/2024 Test Time: 11:07am EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	11:07am
FLO	Pass	11:07am
FC	Pass	11:07am

### Temperature Tests

Test	Status	Time
FC1	Pass	11:07am
SRC	Pass	11:07am
DET	Pass	11:07am
BAR	Pass	11:07am
BT	Pass	11:07am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:08am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:08am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:08am

Preventive Maintenance Status: Pass

Pass

11:08am

CAL

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Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

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### DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

### PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County 1505	herford Instrument Loca	tionForest City	
Instrument Seri	al No.008889	Forest	City, NC
The preventive serial number 1	maintenance procedures for the Intoximeters, Moo 0,000 or higher) to be followed at least once every	del Intox EC/IR II and Mode four months are:	el Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at leas breath simulator thermometer shows 34 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 brea	th sample;	
(7)	When "PLEASE BLOW" appears, collect brea	th sample;	
(8)	Print test record;		
(9)	Run diagnostic program and confirm preventive	e maintenance status of "Pas	ss"; and
(10)	Verify that the ethanol gas canister is being simulator solution is being changed every for whichever occurs first.	g changed before expiration our months or after 125 Al	n date, or the alcoholic breath lcoholic Breath Simulator tests,
were performed	the day of to to to to the instrument indicated above, in accordance vices, and the instrument is functioning properly.	, 20 <u>2</u> the forgoing preve with current regulations of	ventive maintenance procedures f the N.C. Department of Health
		2/	1068
	Signature of Certify	ing Official	Certificate Number

RUTHERFORD COUNTY FOREST CITY PD 800

Serial Number: 008889 Test Date: 09/16/2024

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Loftis, Benjamin C Permit Number: 0024-4987 Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG308704 Exp Date: 03/28/2025

Test	g/210L	Time
DIAG	Pass	11:40am
AIR BLK	.00	11:40am
ACCY CHK	.07	11:41am
AIR BLK	.00	11:42am
SUB TEST	.00	11:43am
AIR BLK	.00	11:43am
SUB TEST	.00	11:45am
AIR BLK	.00	11:46am

Reported AC: .00 g/210L

Signature of Chemica 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

### RUTHERFORD COUNTY FOREST CITY PD 800

Serial Number: 008889 Test Record Number: 1182 Test Date: 09/16/2024 Test Time: 11:46am EDT

System Check: Passed

### Baseline Tests

Status	Time
Pass Pass	11:47am 11:47am 11:47am
	Pass

### Temperature Tests

Test	Status	Time
FC1	Pass	11:47am
SRC	Pass	11:47am
DET	Pass	11:47am
BAR	Pass	11:47am
BT	Pass	11:47am

### Blank Tests

Test	Status	Time
AIR	Pass	11:47am

### Printer Tests

Test	Status	Time
PRNT	Pass	11:48am
	CRC Tests	
	Carrier of Assessment	

Test	Status	17106
COMP	Pass Pass	11:48am 11:48am

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

# DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

### PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County R	wtherford Instrument Location Rutherford County Jo. 1
Instrument S	Gerial No. DO 8914 Rutherford ton, NC
The preventive serial number	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced wi ir 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 breatl simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
	n the
The same	
	Signature of Certifying Official Certificate Number

RUTHERFORD COUNTY RUTHERFORD COUNTY SO 800

> Serial Number: 008914 Test Date: 09/16/2024

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Loftis, Benjamin C Permit Number: 0024-4987 Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG405101 Exp Date: 02/20/2026

Test	g/210L	Time
DIAG	Pass	9:30am
AIR BLK	.00	9:31am
ACCY CHK	.08	9:32am
AIR BLK	.00	9:33am
SUB TEST	.00	9:34am
AIR BLK	.00	9:34am
SUB TEST	.00	9:36am
AIR BLK	.00	9:37am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### RUTHERFORD COUNTY RUTHERFORD COUNTY SO 800

Serial Number: 008914 Test Record Number: 2833 Test Date: 09/16/2024 Test Time: 9:37am EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	9:38am
FLO	Pass	9:38am
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

Test	Status	Time
AIR	Pass	9:38am

### Printer Tests

rest	Status	Time
PRNT	Pass	9:38am
	CRC Tests	
Test	Status	Time
0.12		

COMP Pass 9:39am CAL Pass 9:39am

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

### DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

### PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the <u>20</u> day of <u>SEPTEMBER</u> , 2024 the forgoing preventive maintenance procedures don the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
	Alu 29 Bens 648

Certificate Number

### SAMPSON COUNTY DETENTION CENTER 810

Serial Number: 008825 Test Date: 09/20/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 0014-6279

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG417802 Exp Date: 06/26/2026

Test	g/210L	Time
DIAG	Pass	3:49pm
AIR BLK	.00	3:49pm
ACCY CHK	.08	3:50pm
AIR BLK	.00	3:51pm
SUB TEST	.00	3:52pm
AIR BLK	.00	3:53pm
SUB TEST	.00	3:55pm
AIR BLK	.00	3:56pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

### SAMPSON COUNTY DETENTION CENTER 810

Serial Number: 008825 Test Record Number: 3894
Test Date: 09/20/2024 Test Time: 3:56pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:56pm 3:56pm
FC	Pass	3:57pm

### Temperature Tests

Test	Status	Time
FC1	Pass	3:57pm
SRC	Pass	3:57pm
DET	Pass	3:57pm
BAR	Pass	3:57pm
BT	Pass	3:57pm

### Blank Tests

Test	Status	Time
AIR	Pass	3:57pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:57pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	3:57pm 3:57pm

Preventive Maintenance Status: Pass

Celu kg / Barro Analyst

# DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

### PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

The preventive serial number 10	maintenance procedures for the 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>5EPTEMBEL</u> , 20 24 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
SIMIL DE	Che Re Bons 648

### SAMPSON COUNTY DETENTION CENTER 810

Serial Number: 008877 Test Date: 09/20/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 0014-6279

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG417802 Exp Date: 06/26/2026

Test	g/210L	Time
DIAG	Pass	3:57pm
AIR BLK	.00	3:58pm
ACCY CHK	.08	3:58pm
AIR BLK	.00	4:00pm
SUB TEST	.00	4:00pm
AIR BLK	.00	4:01pm
SUB TEST	.00	4:03pm
ATR BLK	.00	4:03mm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

### SAMPSON COUNTY DETENTION CENTER 810

Serial Number: 008877 Test Record Number: 4212 Test Date: 09/20/2024 Test Time: 4:05pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	4:05pm
FLO	Pass	4:05pm
FC	Pass	4:06pm

### Temperature Tests

Test	Status	Time
FC1	Pass	4:06pm
SRC	Pass	4:06pm
DET	Pass	4:06pm
BAR	Pass	4:06pm
BT	Pass	4:06pm

### Blank Tests

Test	Status	Time
AIR	Pass	4:06pm

#### Printer Tests

Status	Time
Pass	4:06pm
CRC Tests	
Status	Time
Pass	4:06pm 4:06pm
	Pass CRC Tests Status

Preventive Maintenance Status: Pass

Analyst

## DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

### PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Statement Series	anly Instrument Location Stanly County 80 al No. 008824  Olbernavle, 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 alcoholi breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify that on were performed and Human Ser	the day of September. 2024 the forgoing preventive maintenance procedure on the instrument indicated above, in accordance with current regulations of the N.C. Department of Healt vices, and the instrument is functioning properly.

Signature of Certifying Official Certificate Number

STANLY COUNTY STANLY COUNTY SO 830

Serial Number: 008824 Test Date: 09/09/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: 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: AG400301 Exp Date: 01/03/2026

Test	g/210L	Time
DIAG	Pass	1:31pm
AIR BLK	.00	1:31pm
ACCY CHK	.07	1:32pm
AIR BLK	.00	1:33pm
SUB TEST	.00	1:33pm
AIR BLK	.00	1:34pm
SUB TEST	.00	1:36pm
AIR BLK	.00	1:37pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

### STANLY COUNTY STANLY COUNTY SO 830

Serial Number: 008824 Test Record Number: 2180 Test Date: 09/09/2024 Test Time: 1:38pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:38pm 1:38pm
FC	Pass	1:38pm

### Temperature Tests

Test	Status	Time
FC1	Pass	1:38pm
SRC	Pass	1:38pm
DET	Pass	1:38pm
BAR	Pass	1:38pm
BT	Pass	1:38pm

#### Blank Tests

Test	Status	Time	
AIR	Pass	1:39pm	

### Printer Tests

Status Time

1:39pm

Test

PRNT	Pass	1:39pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:39pm

Preventive Maintenance Status: Pass

Pass

Analyst

## DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

### PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County_St	ial No. 008842 Instrument Location Stanly County SO
Instrument Ser	ial No. 008842 Demarle, NC
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholi breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify that or were performed and Human Ser	the day of September, 2024 the forgoing preventive maintenance procedure on the instrument indicated above, in accordance with current regulations of the N.C. Department of Healt revices, and the instrument is functioning properly.
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STANLY COUNTY STANLY COUNTY SO 830

Serial Number: 008842 Test Date: 09/09/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Helms, Bryce A Permit Number: 0084-9845 Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG308702 Exp Date: 03/28/2025

Test	g/210L	Time
DIAG	Pass	1:45pm
AIR BLK	.00	1:46pm
ACCY CHK	.08	1:46pm
AIR BLK	.00	1:47pm
SUB TEST	.00	1:48pm
AIR BLK	.00	1:49pm
SUB TEST	.00	1:50pm
AIR BLK	.00	1:51pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

### STANLY COUNTY STANLY COUNTY SO 830

Serial Number: 008842 Test Date: 09/09/2024 Test Record Number: 3049

Test Time: 1:52pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	1:53pm
FLO	Pass	1:53pm
FC	Pass	1:53pm

### Temperature Tests

Test	Status	Time
FC1	Pass	1:53pm
SRC	Pass	1:53pm
DET	Pass	1:53pm
BAR	Pass	1:53pm
BT	Pass	1:53pm

### Blank Tests

Test	Status	Time
ATR	Pagg	1 • 54 mm

#### Printer Tests

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Test	Status	Time
PRNT	Pass	1:54pm
	CRC Tests	
Test	Status	Time

1:54pm COMP Pass 1:54pm CAL Pass

Preventive Maintenance Status: Pass

# DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

	Instrument Location STOKES COUNTY JAIL  rial No. 008596  DANBURY ,NC		
The preventive serial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced w 10,000 or higher) to be followed at least once every four months are:	ith	
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;	lic	
(2)	Verify instrument displays time and date;		
(3)	Initiate breath test sequence;		
(4)	Enter information as prompted;		
(5)	Verify instrument accuracy;		
(6)	When "PLEASE BLOW" appears, collect breath sample;		
(7)	When "PLEASE BLOW" appears, collect breath sample;		
(8)	Print test record;		
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and		
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic brea simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes whichever occurs first.	th ts,	
I certify that or were performe and Human Se	on the 11 day of SEPTEMBER. 20 84 the forgoing preventive maintenance procedured on the instrument indicated above, in accordance with current regulations of the N.C. Department of Healervices, and the instrument is functioning properly.	es lth	
	669		

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Cortifying Official

Certificate Number

DHHS 4080 (04/20)

STOKES COUNTY STOKES COUNTY JAIL 840

Serial Number: 008596 Test Date: 09/11/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Oligmueller, Leo A
Permit Number: 0035-3799
Effective:
10/01/2023-10/01/2025

Officer's Name: NONE, NONE Type of Agency: FTA Agency: DHHS Test Type: Breath Test

> Lot Number: AG303001 Exp Date: 01/30/2025

Test	g/210L	Time
DIAG	Pass	1:00pm
AIR BLK	.00	1:01pm
ACCY CHK	.07	1:01pm
AIR BLK	.00	1:02pm
SUB TEST	.00	1:03pm
AIR BLK	.00	1:04pm
SUB TEST	.00	1:05pm
AIR BLK	.00	1:06pm

Reported AC: .00 g/210L

grature of hemical Analyst

Court CVR

#### STOKES COUNTY STOKES COUNTY JAIL 840

Serial Number: 008596 Test Record Number: 1505 Test Date: 09/11/2024 Test Time: 1:07pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:07pm 1:07pm
FC	Pass	1:07pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:08pm
SRC	Pass	1:08pm
DET	Pass	1:08pm
BAR	Pass	1:08pm
BT	Pass	1:08pm

#### 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

1:08pm

Preventive Maintenance Status: Pass

Pass

CAL

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

instrument Ser	al No. 008718 DEPARTMENT
The preventive serial number	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before 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	theday ofSEPTEMBER, 20 24 the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
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A signed original of the preventive maintenance record shall be kept on file for at least three years,

STOKES COUNTY KING PD 840

Serial Number: 008718 Test Date: 09/11/2024

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX

Driver's License Number: NONE
Analyst's Name: Oligmueller, Leo A

Permit Number: 0035-3799 Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE Type of Agency: FTA Agency: DHHS Test Type: Breath Test

> Lot Number: AG400302 Exp Date: 01/03/2026

Test	g/210L	Time
DIAG	Pass	10:24am
AIR BLK	.00	10:25am
ACCY CHK	.08	10:26am
AIR BLK	.00	10:27am
SUB TEST	.00	10:27am
AIR BLK	.00	10:28am
SUB TEST	.00	10:30am
AIR BLK	.00	10:30am

Reported AC: .00 g/210L

nature of chemical Analyst

Court CVR

#### STOKES COUNTY KING PD 840

Serial Number: 008718 Test Record Number: 2428 Test Date: 09/11/2024 Test Time: 10:31am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:32am
FC	Pass	10:32am

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:32am
SRC	Pass	10:32am
DET	Pass	10:32am
BAR	Pass	10:32am
BT	Pass	10:32am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:32am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:33am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:33am

Preventive Maintenance Status: Pass

Pass

10:33am

CAL

# DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County ( Y	nion Instrument Location Union County 80 Monroe, NC
The preventive serial number	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
and Human Ser	the 1th day of September, 2024 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
STATE OF	

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Certificate Number

Signature of Certifying Official

UNION COUNTY UNION COUNTY SO 890

Serial Number: 008866 Test Date: 09/11/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: 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	2:07pm
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

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

### UNION COUNTY UNION COUNTY SO 890

Serial Number: 008866 Test Record Number: 4598
Test Date: 09/11/2024 Test Time: 2:14pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:14pm
FLO	Pass	2:14pm
FC	Pass	2:14pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:14pm
SRC	Pass	2:14pm
DET	Pass	2:14pm
BAR	Pass	2:14pm
BT	Pass	2:14pm

#### Blank Tests

Test	Status	Time	
AIR	Pass	2:15pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:15pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:15pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

# DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

The preventive erial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced wit 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholi breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breatt simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

Certificate Number

UNION COUNTY UNION COUNTY SO 890

Serial Number: 008876 Test Date: 09/11/2024

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: 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	2:11pm
AIR BLK	.00	2:11pm
ACCY CHK	.08	2:12pm
AIR BLK	.00	2:13pm
SUB TEST	.00	2:15pm
AIR BLK	.00	2:15pm
SUB TEST	.00	2:17pm
ATR BLK	-00	2:18pm

Reported AC; .00 g/210L

Signature of Chemical Analyst

Court CVR

### UNION COUNTY UNION COUNTY SO 890

Serial Number: 008876 Test Date: 09/11/2024

Test Record Number: 7166 Test Time: 2:19pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:19pm
FLO	Pass	2:19pm
FC	Pass	2:19pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:19pm
SRC	Pass	2:19pm
DET	Pass	2:19pm
BAR	Pass	2:19pm
BT	Pass	2:19pm
SRC DET BAR	Pass Pass Pass	2:19p 2:19p 2:19p

#### Blank Tests

Test	Status	Time	
ATR	Page	2 • 20 mm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:20pm
	CRC Tests	

Test	Status	Time	
COMP	Pass Pass	2:20pm 2:20pm	

Preventive Maintenance Status: Pass

Analyst

# DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County	VAKE Instrument Location WAKE C	mely Delentin Cha
Instrument Ser		NC
	Zoleigh.	NC
The preventive serial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and 10,000 or higher) to be followed at least once every four months are:	
(1)	Verify the ethanol gas canister displays at least 51 pounds per square breath simulator thermometer shows 34 degrees, plus or minus .2 degrees.	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 o	of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before exp simulator solution is being changed every four months or after 1 whichever occurs first.	destina data and a total total
I certify that on were performed and Human Ser	the	preventive maintenance procedures ons of the N.C. Department of Health
	Al-	
- Customan	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 DETENTION CENTER 910

Serial Number: 008577 Test Date: 09/05/2024

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE Subject's Date of Birth: 11/11/1911 Subject's Sex: Male

Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Barnes, Simon S Permit Number: 0014-6221 Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE Type of Agency: FTA Agency: DHHS Test Type: Breath Test

> Lot Number: AG405103 Exp Date: 02/20/2026

Test	g/210L	Time
DIAG	Pass	11:54am
AIR BLK	.00	11:55am
ACCY CHK	.08	11:55am
AIR BLK	.00	11:56am
SUB TEST	.00	11:57am
AIR BLK	.00	11:58am
SUB TEST	.00	11:59am
AIR BLK	.00	12:00pm

Reported AC: \_.00 g/210L

BARLES Signature of Chemical Analyst

Court CVR

Sum 8 Lots Brews

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008577 Test Record Number: 8028 Test Date: 09/05/2024 Test Time: 12:02pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:03pm
FLO	Pass	12:03pm
FC	Pass	12:03pm

### Temperature Tests

Test	Status	Time
FC1	Pass	12:03pm
SRC	Pass	12:03pm
DET	Pass	12:03pm
BAR	Pass	12:03pm
BT	Pass	12:03pm

#### Blank Tests

Test	Status	Time	
AIR	Pass	12:04pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:04pm
	CRC Tests	
Test	Statue	mi mo

Test	Status	Time
COMP	Pass	12:04pm
CAL	Pass	12:04pm

Preventive Maintenance Status: Pass

Sman Adas Sauces

# DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County WA		Instrument Locat	on CARY PD	/	
Instrument Seri	al No. 008587		120 Wille	acson St	CARY, NC
The preventive serial number 1	maintenance procedures for the 0,000 or higher) to be followed a	Intoximeters, Mod at least once every	el Intox EC/IR II and four months are:	d Model Into	x EC/IR II (Enhanced with
(1)	Verify the ethanol gas canisto breath simulator thermometer	er displays at least r shows 34 degrees	51 pounds per squar , plus or minus .2 de	e inch (psi) o gree centigra	f pressure, or the alcoholic de;
(2)	Verify instrument displays ti	me and date;			
(3)	Initiate breath test sequence;				
(4)	Enter information as prompte	ed;			
(5)	Verify instrument accuracy;				
(6)	When "PLEASE BLOW" ap	pears, collect breat	h sample;		
(7)	When "PLEASE BLOW" ap	pears, collect breat	h sample;		
(8)	Print test record;				
(9)	Run diagnostic program and	confirm preventive	maintenance status	of "Pass"; an	d
(10)	Verify that the ethanol gas simulator solution is being whichever occurs first.	canister is being changed every fo	changed before ex ur months or after	piration date 125 Alcoholi	e, or the alcoholic breath ic Breath Simulator tests.
were performed	the day ofdon the instrument indicated abovices, and the instrument is func	ove, in accordance	20 <u>2</u> the forgoin with current regular	ng preventive tions of the N	e maintenance procedures N.C. Department of Health
	5 Sum 8	Toke Sa	) MUS		662 Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

WAKE COUNTY CARY PD 910

Serial Number: 008587 Test Date: 09/05/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Barnes, Simon S Permit Number: 0014-6221 Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG400302 Exp Date: 01/03/2026

Test	g/210L	Time
DIAG	Pass	9:36am
AIR BLK	.00	9:37am
ACCY CHK	.07	9:37am
AIR BLK	.00	9:38am
SUB TEST	.00	9:39am
AIR BLK	.00	9:40am
SUB TEST	.00	9:41am
AIR BLK	.00	9:42am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Simon Stokes Baccas Analyst

#### WAKE COUNTY CARY PD 910

Serial Number: 008587 Test Record Number: 5307 Test Date: 09/05/2024 Test Time: 9:43am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:43am 9:43am
FC	Pass	9:44am

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:44am
SRC	Pass	9:44am
DET	Pass	9:44am
BAR	Pass	9:44am
BT	Pass	9:44am

#### Blank Tests

Test	Status	Time
AIR	Pass	9:44am

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:44am
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	9:44am 9:44am

Preventive Maintenance Status: Pass

Analyst

## DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

The preventive serial number	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 13 day of September, 2024 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.

A signed original of the preventive maintenance record shall be kept on file for at least three years.

### WAKE COUNTY BAT MOBILE REGION 4 910

Serial Number: 008601 Test Date: 09/13/2024

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Glasscock, Jerry D Permit Number: 7180-9235 Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG308101 Exp Date: 03/22/2025

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	10:07pm 10:08pm 10:09pm 10:10pm 10:10pm
SUB TEST	.00	10:13pm
AIR BLK	.00	10:14pm

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 Stassey

Rev. 12/2007

## WAKE COUNTY BAT MOBILE REGION 4 910

Serial Number: 008601 Test Record Number: 1642 Test Date: 09/13/2024 Test Time: 10:21pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:21pm 10:21pm
FC	Pass	10:21pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:21pm
SRC	Pass	10:21pm
DET	Pass	10:21pm
BAR	Pass	10:21pm
BT	Pass	10:21pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:22pm

#### Printer Tests

Test Status Time

1000	Deacus	TIME
PRNT	Pass	10:22pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	10:22pm 10:22pm

Preventive Maintenance Status: Pass

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

ify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic of the simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; ify instrument displays time and date; interest test sequence; er information as prompted; ify instrument accuracy;
iate breath test sequence; er information as prompted;
er information as prompted;
ify instrument accuracy;
en "PLEASE BLOW" appears, collect breath sample;
en "PLEASE BLOW" appears, collect breath sample;
nt test record;
diagnostic program and confirm preventive maintenance status of "Pass"; and
ify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath ulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, chever occurs first.
3 day of September, 2024 the forgoing preventive maintenance procedures instrument indicated above, in accordance with current regulations of the N.C. Department of Health and the instrument is functioning properly.

A signed original of the preventive maintenance record shall be kept on file for at least three years.

WAKE COUNTY BAT MOBILE REGION 4 910

Serial Number: 008615 Test Date: 09/13/2024

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Glasscock, Jerry D Permit Number: 7180-9235 Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG405102 Exp Date: 02/20/2026

Test	g/210L	Time
DIAG	Pass	10:05pm
AIR BLK	.00	10:06pm
ACCY CHE	.07	10:07pm
AIR BLK	.00	10:07pm
SUB TEST	.00	10:08pm
AIR BLK	.00	10:09pm
SUB TEST	.00	10:10pm
AIR BLK	.00	10:11pm

Reported AC: ,00, g/210L

Signature of Chemical Analyst

Court CVR

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#### WAKE COUNTY BAT MOBILE REGION 4 910

Serial Number: 008615 Test Record Number: 5972 Test Date: 09/13/2024 Test Time: 10:16pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time	
IR	Pass	10:16pm	
FLO	Pass	10:16pm	
FC	Pass	10:16pm	

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:16pm
SRC	Pass	10:16pm
DET	Pass	10:16pm
BAR	Pass	10:16pm
BT	Pass	10:16pm

#### Blank Tests

Test	Status	Time	
AIR	Pass	10:17pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:17pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:17pm
CAL	Pass	10:17pm

Preventive Maintenance Status: Pass

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch

# DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County 4	ARE	Instrument Location Apex PI	
Instrument Ser	ial No. 608621	1615 E.	Williams ST
		Apex,	Williams ST
The preventive serial number !	maintenance procedures for th 0,000 or higher) to be followed		and Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas cani- breath simulator thermome	ster displays at least 51 pounds per squ ter shows 34 degrees, plus or minus .2 o	are inch (psi) of pressure, or the alcoholic degree centigrade;
(2)	Verify instrument displays	time and date;	
(3)	Initiate breath test sequence		
(4)	Enter information as promp	Med;	
(5)	Verify instrument accuracy	;	
(6)	When "PLEASE BLOW" a	appears, collect breath sample;	
(7)	When "PLEASE BLOW" a	appears, collect breath sample;	
(8)	Print test record;		
(9)	Run diagnostic program an	d confirm preventive maintenance statu	us of "Pass"; and
(10)	Verify that the ethanol go simulator solution is being whichever occurs first.	as canister is being changed before g changed every four months or afte	expiration date, or the alcoholic breath r 125 Alcoholic Breath Simulator tests,
mene personne	don the instrument indicated a vices, and the instrument is fur	bore, in accordance with current regu	oing preventive maintenance procedures lations of the N.C. Department of Health
	Sum Sum	Signature of Certifying Official	GG 2 Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

WAKE COUNTY APEX PD

Serial Number: 008621 Test Date: 09/05/2024

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Barnes, Simon S

Permit Number: 0014-6221

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG303102 Exp Date: 01/31/2025

Test	g/210L	Time
DIAG	Pass	8:45am
AIR BLK	.00	8:46am
ACCY CHK	.08	8:46am
AIR BLK	.00	8:47am
SUB TEST	.00	8:48am
AIR BLK	.00	8:48am
SUB TEST	.00	8:50am
ATR BLK	0.0	8 • 51 am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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#### WAKE COUNTY APEX PD

Serial Number: 008621 Test Record Number: 3609

Test Date: 09/05/2024 Test Time: 8:51am EDT

System Check: Passed

Baseline Tests

IR Pass 8:52a	
FLO Pass 8:52a	n
FC Pass 8:52a	n

#### Temperature Tests

Test	Status	Time
FC1	Pass	8:52am
SRC	Pass	8:52am
DET	Pass	8:52am
BAR	Pass	8:52am
BT	Pass	8:52am

#### Blank Tests

Test	Status	Time
AIR	Pass	8:52am

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:53am
	CRC Tests	
Test	Status	Time

77711777	
Pass	8:53am
Pass	8:53am

Preventive Maintenance Status: Pass

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# DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

Instrument Seri	al No. 008623  Instrument Location ROLEICH FO NORTHERST DIST  5228 GREENS DAIRYRS.  RALEICH, NC
The preventive serial number l	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the day of FREMER, 2024 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
	846mm 1 671

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: 09/03/2024

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Bryant, Earl A
Permit Number: 0017-9707
Effective:
10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG400302 Exp Date: 01/03/2026

Test	g/210L	Time
DIAG	Pass	2:02pm
AIR BLK	.00	2:03pm
ACCY CHK	.07	2:04pm
AIR BLK	.00	2:05pm
SUB TEST	.00	2:05pm
AIR BLK	.00	2:06pm
SUB TEST	.00	2:08pm
ATR BLK	0.0	2:09pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### WAKE COUNTY NORTH EAST DISTRICT 910

Serial Number: 008623 Test Record Number: 4864 Test Date: 09/03/2024 Test Time: 2:09pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:10pm
FLO	Pass	2:10pm
FC	Pass	2:10pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:10pm
SRC	Pass	2:10pm
DET	Pass	2:10pm
BAR	Pass	2:10pm
BT	Pass	2:10pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:11pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:11pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:11pm
CAL	Pass	2:11pm

Preventive Maintenance Status: Pass

Analyst

# DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

Instrument Ser	ial No. 008 700 225 S. TAY IOR ST WAKE FOREST, NC
The preventive serial number	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the 3 day of SEPTEMBER, 20 21/ the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.



Signature of Certifying Official

Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

WAKE COUNTY WAKE FOREST PD 910

Serial Number: 008700 Test Date: 09/03/2024

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male

Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Bryant, Earl A
Permit Number: 0017-9707
Effective:
10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG405102 Exp Date: 02/20/2026

Test	g/210L	Time
DIAG	Pass	3:14pm
AIR BLK	.00	3:14pm
ACCY CHK	.08	3:15pm
AIR BLK	.00	3:16pm
SUB TEST	.00	3:17pm
AIR BLK	.00	3:18pm
SUB TEST	.00	3:19pm
AIR BLK	.00	3:20pm

Reported AC; .00 g/210L

Signature of Chemical Analyst

Court CVR

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#### WAKE COUNTY WAKE FOREST PD 910

Serial Number: 008700 Test Record Number: 2485 Test Date: 09/03/2024 Test Time: 3:21pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:21pm
FLO	Pass	3:21pm
FC	Pass	3:21pm

### Temperature Tests

Test	Status	Time
FC1	Pass	3:21pm
SRC	Pass	3:21pm
DET	Pass	3:21pm
BAR	Pass	3:21pm
BT	Pass	3:21pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:22pr

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:22pm
	CRC Tests	

Test	Status	Time
COMP	Pass	3:22pm
CAL	Pass	3:22pm

Preventive Maintenance Status: Pass

/ Analyst

### DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
ere berroumer	the 13 day of September, 2024 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.

Signature of Certifying Official

A signed original of the preventive maintenance record shall be kept on file for at least three years.

WAKE COUNTY BAT MOBILE REGION 4 910

Serial Number: 008736 Test Date: 09/13/2024

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Glasscock, Jerry D Permit Number: 7180-9235 Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG405102 Exp Date: 02/20/2026

Test	g/210L	Time
DIAG	Pass	10:03pm
AIR BLK	.00	10:04pm
ACCY CHK	.08	10:04pm
AIR BLK	.00	10:05pm
SUB TEST	.00	10:06pm
AIR BLK	.00	10:07pm
SUB TEST	.00	10:08pm
AIR BLK	.00	10:09pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

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# WAKE COUNTY BAT MOBILE REGION 4 910

Serial Number: 008736 Test Record Number: 1319
Test Date: 09/13/2024 Test Time: 10:09pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR FLO	Pass	10:10pm
FC	Pass Pass	10:10pm 10:10pm

## Temperature Tests

Test	Status	Time
FC1	Pass	10:10pm
SRC	Pass	10:10pm
DET	Pass	10:10pm
BAR	Pass	10:10pm
BT	Pass	10:10pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:11pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:11pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:11pm 10:11pm

Preventive Maintenance Status: Pass

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### PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County 4	'ake	Instrument Location Wake C	souly Defaution Che
Instrument Se	rial No. <u>00 8760</u>		AMERICAN RO
/		KAlend	NE
The preventive serial number	maintenance procedures for the 10,000 or higher) to be followed a		nd Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas caniste		are inch (psi) of pressure, or the alcoholic legree centigrade;
(2)	Verify instrument displays tin		
(3)	Initiate breath test sequence;		
(4)	Enter information as prompte	d;	
(5)	Verify instrument accuracy;		
(6)	When "PLEASE BLOW" app	ears, collect breath sample;	
(7)	When "PLEASE BLOW" app	ears, collect breath sample;	
(8)	Print test record;		
(9)	Run diagnostic program and c	onfirm preventive maintenance status	of "Pass"; and
(10)	Verify that the ethanol gas	canister is being changed before a	xpiration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,
	the day of		ng preventive maintenance procedures tions of the N.C. Department of Health
	Smun 8	Alex BACUS	667
	Sign	nature of Certifying Official	Certificate Number

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008760 Test Date: 09/05/2024

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Barnes, Simon S Permit Number: 0014-6221 Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG405103 Exp Date: 02/20/2026

Test	g/210L	Time
DIAG	Pass	11:55am
AIR BLK	.00	11:56am
ACCY CHK	.08	11:57am
AIR BLK	.00	11:58am
SUB TEST	.00	11:58am
AIR BLK	.00	11:59am
SUB TEST	.00	12:01pm
AIR BLK	.00	12:02pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008760 Test Record Number: 7019 Test Date: 09/05/2024 Test Time: 12:03pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:03pm
FLO	Pass	12:03pm
FC	Pass	12:03pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:03pm
SRC	Pass	12:03pm
DET	Pass	12:03pm
BAR	Pass	12:03pm
BT	Pass	12:03pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:04pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:04pm
	CRC Tests	
Test	Status	Time

1000	Deacus	TIME
COMP	Pass	12:04pm
CAL	Pass	12:04pm

Preventive Maintenance Status: Pass

Analyst

### PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

The preventive	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with
	0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breatl simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
were performe	the 13 day of September, 2024 the forgoing preventive maintenance procedure d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Healt rvices, and the instrument is functioning properly.

WAKE COUNTY BAT MOBILE REGION 4 910

Serial Number: 008775 Test Date: 09/13/2024

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male

Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Glasscock, Jerry D Permit Number: 7180-9235 Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG302702 Exp Date: 01/27/2025

Test	g/210L	Time
DIAG	Pass	9:54pm
AIR BLK	.00	9:55pm
ACCY CHK	.07	9:56pm
AIR BLK	.00	9:57pm
SUB TEST	.00	9:58pm
AIR BLK	.00	9:59pm
SUB TEST	.00	10:01pm
AIR BLK	.00	10:02pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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#### WAKE COUNTY BAT MOBILE REGION 4 910

Serial Number: 008775 Test Record Number: 2173 Test Date: 09/13/2024 Test Time: 10:04pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:04pm
FLO	Pass	10:04pm
FC	Pass	10:04pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:04pm
SRC	Pass	10:04pm
DET	Pass	10:04pm
BAR	Pass	10:04pm
BT	Pass	10:04pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:05pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:05pm
	CRC Tests	

Test	Status	Time
COMP	Pass	10:05pm
CAL	Pass	10.05mm

Preventive Maintenance Status: Pass

Jen D Skerken 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_ 4	/ake	Instrument Location	Works Coul	Dolewin Ge
Instrument Ser	ial No. 008008		3301 HAMA	rome Ro
			Raleigh, N	C
The preventive serial number	maintenance procedures for th 10,000 or higher) to be followed	e Intoximeters, Model I at least once every four	ntox EC/IR II and Mode months are:	I Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canis breath simulator thermomet	ster displays at least 51 er shows 34 degrees, pl	pounds per square inch ( us or minus .2 degree ce	psi) of pressure, or the alcoholic ntigrade;
(2)	Verify instrument displays	time and date;		
(3)	Initiate breath test sequence	n n		
(4)	Enter information as promp	ted;		
(5)	Verify instrument accuracy			
(6)	When "PLEASE BLOW" a	ppears, collect breath sa	mple;	
(7)	When "PLEASE BLOW" a	ppears, collect breath sa	mple;	
(8)	Print test record;			
(9)	Run diagnostic program and	confirm preventive ma	intenance status of "Pas	s**; and
(10)	Verify that the ethanol gasimulator solution is being whichever occurs first.	s canister is being cha changed every four n	anged before expiration nonths or after 125 Ale	date, or the alcoholic breath coholic Breath Simulator tests,
were periorine	the day of d on the instrument indicated al vices, and the instrument is fun	love, in accordance wit	the forgoing previous of	entive maintenance procedures the N.C. Department of Health
		AL- 7		1262
- Constitution of the Cons	-0/11/19	ignature of Certifying (	Micial	Costificate Nombon

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008778 Test Date: 09/05/2024

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Barnes, Simon S Permit Number: 0014-6221 Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG405103 Exp Date: 02/20/2026

Test	g/210L	Time
DIAG	Pass	11:54am
AIR BLK	.00	11:54am
ACCY CHK	.07	11:55am
AIR BLK	.00	11:56am
SUB TEST	.00	11:57am
AIR BLK	.00	11:58am
SUB TEST	.00	11:59am
AIR BLK	.00	12:00pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Smar 8 Hes Bues Analyst

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008778 Test Record Number: 8450 Test Date: 09/05/2024 Test Time: 12:02pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:03pm
FLO	Pass	12:03pm
FC	Pass	12:03pm

### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass	12:03pm 12:03pm 12:03pm 12:03pm 12:03pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:03pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:03pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:04pm 12:04pm

Preventive Maintenance Status: Pass

Smm Slas Esques Analyst

### PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County L	Jake Instrument Location BAT Mobile Region 4  al No. 008816 Zebulon PD
The preventive serial number I	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performe	the 13 day of September, 2024 the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rvices, and the instrument is functioning properly.
A STATE OF THE PARTY OF THE PAR	



Signature of Certifying Official

Certificate Number

WAKE COUNTY BAT MOBILE REGION 4 910

Serial Number: 008816 Test Date: 09/13/2024

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Glasscock, Jerry D Permit Number: 7180-9235

Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG302702 Exp Date: 01/27/2025

Test	g/210L	Time
DIAG	Pass	9:56pm
AIR BLK	.00	9:57pm
ACCY CHK	.08	9:58pm
AIR BLK	.00	9:58pm
SUB TEST	.00	9:59pm
AIR BLK	.00	10:00pm
SUB TEST	.00	10:02pm
AIR BLK	.00	10:03pm

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

#### WAKE COUNTY BAT MOBILE REGION 4 910

Serial Number: 008816 Test Record Number: 7761 Test Date: 09/13/2024 Test Time: 10:04pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:04pm
FLO	Pass	10:04pm
FC	Pass	10:04pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:05pm
SRC	Pass	10:05pm
DET	Pass	10:05pm
BAR	Pass	10:05pm
BT	Pass	10:05pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:05pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:05pm
	CRC Tests	
Test	Status	Time

COMP Pass 10:05pm CAL Pass 10:05pm

Preventive Maintenance Status: Pass

Jee & Horse

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

	000000	CTO STEED	DIE TRULAR CT
Instrument Seri	al No. <u>008838</u>	KNI6HTDA	DLE SQUARE CT.
The preventive serial number I	maintenance procedures for the Intoxime 0,000 or higher) to be followed at least or	eters, Model Intox EC/IR II and Mod nce every four months are:	lel Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displatement breath simulator thermometer shows	ys at least 51 pounds per square inch 34 degrees, plus or minus .2 degree c	(psi) of pressure, or the alcoholic entigrade;
(2)	Verify instrument displays time and d	late;	
(3)	Initiate breath test sequence;		
(4)	Enter information as prompted;		
(5)	Verify instrument accuracy;		
(6)	When "PLEASE BLOW" appears, co	ellect breath sample;	
(7)	When "PLEASE BLOW" appears, co	illect breath sample;	
(8)	Print test record;		
(9)	Run diagnostic program and confirm	preventive maintenance status of "Pr	ass"; and
(10)	Verify that the ethanol gas caniste simulator solution is being changed whichever occurs first.		
were performed	the day of and the instrument indicated above, in a vices, and the instrument is functioning p	ecordance with current regulations	eventive maintenance procedures of the N.C. Department of Health

WAKE COUNTY KNIGHTDALE PD 910

Serial Number: 008838 Test Date: 09/05/2024

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Bryant, Earl A
Permit Number: 0017-9707
Effective:
10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG308003 Exp Date: 03/21/2025

Test	g/210L	Time
DIAG	Pass	3:40pm
AIR BLK	.00	3:41pm
ACCY CHK	.07	3:42pm
AIR BLK	.00	3:43pm
SUB TEST	.00	3:44pm
AIR BLK		3:44pm
SUB TEST		3:46pm
ATR BLK	.00	3:47pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### WAKE COUNTY KNIGHTDALE PD 910

Serial Number: 008838 Test Record Number: 2848 Test Date: 09/05/2024 Test Time: 3:48pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:48pm 3:48pm
FC	Pass	3:48pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:48pm
SRC	Pass	3:48pm
DET	Pass	3:48pm
BAR	Pass	3:48pm
BT	Pass	3:48pm

#### Blank Tests

Test	Status	Time
ATR	Pass	3:49pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:49pm

#### CRC Tests

Test	Status	Time
COMP	Pass	3:49pm
CAL	Pass	3:49pm

Preventive Maintenance Status: Pass

Analyst

### PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

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.
HELD DELIGHTED	the 13 day of September, 2024 the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rvices, and the instrument is functioning properly.

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

Certificate Number

WAKE COUNTY BAT MOBILE REGION 4 910

Serial Number: 008929 Test Date: 09/13/2024

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Glasscock, Jerry D Permit Number: 7180-9235 Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG308101 Exp Date: 03/22/2025

g/210L	Time
Pass	9:57pm
.00	9:58pm
.07	9:59pm
.00	10:00pm
.00	10:01pm
.00	10:02pm
.00	10:03pm
.00	10:04pm
	Pass .00 .07 .00 .00

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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### WAKE COUNTY BAT MOBILE REGION 4 910

Serial Number: 008929 Test Record Number: 1457 Test Date: 09/13/2024 Test Time: 10:05pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR FLO FC	Pass Pass Pass	10:06pm 10:06pm 10:06pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:06pm
SRC	Pass	10:06pm
DET	Pass	10:06pm
BAR	Pass	10:06pm
BT	Pass	10:06pm

#### Blank Tests

Test	Status	Time
AIR	Dage	
N.T.LC	Pass	10:07pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:07pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:07pm 10:07pm

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_ U	VATAUGA	Instrument Location	BOONE	POLICE
Instrument Ser	rial No. <u>008716</u>		DEPART	MENT
	e maintenance procedures for t 10,000 or higher) to be follow			ntox EC/IR II (Enhanced with
(1)	Verify the ethanol gas can breath simulator thermom	nister displays at least 51 pou seter shows 34 degrees, plus o	nds per square inch (ps or minus .2 degree centi	) of pressure, or the alcoholic grade;
(2)	Verify instrument display	s time and date;		
(3)	Initiate breath test sequen	ce;		
(4)	Enter information as pron	npted;		
(5)	Verify instrument accurac	y;		
(6)	When "PLEASE BLOW"	appears, collect breath samp	le;	
(7)	When "PLEASE BLOW"	appears, collect breath samp	le;	
(8)	Print test record;			
(9)	Run diagnostic program a	nd confirm preventive mainte	enance status of "Pass";	and
(10)				late, or the alcoholic breath nolic Breath Simulator tests,
	the 9 day of SEA day of SEA do not the instrument indicated rvices, and the instrument is full and the instrument in the instrument is full and the instrument in the instrument indicated in the instrument indicated in the instrument indicated in the instrument in	above, in accordance with c	the forgoing prevent	tive maintenance procedures e N.C. Department of Health

WATAUGA COUNTY BOONE PD 940

Serial Number: 008716 Test Date: 09/09/2024

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Oligmueller, Leo A Permit Number: 0035-3799 Effective: 10/01/2023-10/01/2025

> Officer's Name: NONE, NONE Type of Agency: FTA Agency: DHHS Test Type: Breath Test

> > Lot Number: AG405102 Exp Date: 02/20/2026

Test	g/210L	Time
DIAG AIR BLK	Pass	3:45pm 3:46pm
ACCY CHK	.07	3:46pm
AIR BLK SUB TEST	.00	3:47pm 3:48pm
AIR BLK SUB TEST	.00	3:49pm 3:50pm
AIR BLK	.00	3:51pm

Reported AC: .00 g/210L

gneure of Changeal 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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#### WATAUGA COUNTY BOONE PD 940

Serial Number: 008716 Test Record Number: 3203 Test Date: 09/09/2024 Test Time: 3:52pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:52pm
FLO FC	Pass Pass	3:52pm 3:52pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:52pm
SRC	Pass	3:52pm
DET	Pass	3:52pm
BAR	Pass	3:52pm
BT	Pass	3:52pm

#### Blank Tests

Test	Status	Time	
AIR	Pass	3:53pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:53pm
	CRC Tests	
Test	Status	Time

COMP	Pass	3:53pm
CAL	Pass	3:53pm

Preventive Maintenance Status: Pass

### PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

	al No. 008843 Instrument Location WILKES CO. DETENTION  WILKESBORO, N.C.
The preventive	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 the 26 day of SEPTEMBER, 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

Certificate Number

#### WILKES COUNTY WILKES CO DETENTION 960

Serial Number: 008843 Test Date: 09/26/2024

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX

Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Oligmueller, Leo A
Permit Number: 0035-3799
Effective:
10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG302703 Exp Date: 01/27/2025

Test	g/210L	Time
DIAG	Pass	8:20am
AIR BLK	.00	8:21am
ACCY CHK	.08	8:21am
AIR BLK		
SUB TEST	.00	8:24am
AIR BLK		8:24am
SUB TEST	.00	8:26am
AIR BLK	.00	8:27am

Reported AC: .00 g/210L

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#### WILKES COUNTY WILKES CO DETENTION 960

Serial Number: 008843 Test Record Number: 2938 Test Date: 09/26/2024 Test Time: 8:30am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	8:30am
FLO	Pass	8:30am
FC	Pass	8:30am

#### Temperature Tests

Test	Status	Time
FC1	Pass	8:31am
SRC	Pass	8:31am
DET	Pass	8:31am
BAR	Pass	8:31am
BT	Pass	8:31am

#### Blank Tests

Test	Status	Time
AIR	Pass	8:31am

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:31am
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	8:31am 8:31am

Preventive Maintenance Status: Pass

### PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

Instrument Seri	al No. 00 8865 WILKESBORD, NC
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performe	the 26 day of SEPTEMBER, 2024 the forgoing preventive maintenance procedures don the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rvices, and the instrument is functioning properly.

WILKES COUNTY WILKES CO DETENTION 960

Serial Number: 008865 Test Date: 09/26/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Oligmueller, Leo A

Permit Number: 0035-3799

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG302703 Exp Date: 01/27/2025

Test	g/210L	Time
DIAG	Pass	8:23am
AIR BLK	.00	8:24am
ACCY CHK	.08	8:25am
AIR BLK	.00	8:26am
SUB TEST	.00	8:26am
AIR BLK	.00	8:27am
SUB TEST	.00	8:29am
ATR BLK	.00	8:29am

Reported AC: .00 g/210L

Court CVR

This form is used when performing Preventive Maintenance procedures Forensic Tests for Alcohol Branch Department of Health and Human Services

Rev. 12/2007

#### WILKES COUNTY WILKES CO DETENTION 960

Serial Number: 008865 Test Record Number: 997 Test Date: 09/26/2024 Test Time: 8:30am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	8:30am
FLO	Pass	8:30am
FC	Pass	8:31am

#### Temperature Tests

Test	Status	Time
FC1	Pass	8:31am
SRC	Pass	8:31am
DET	Pass	8:31am
BAR	Pass	8:31am
BT	Pass	8:31am

#### Blank Tests

Test	Status	Time
AIR	Pass	8:31am

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:31am
	CRC Tests	
Test	Status	Time
COMP	Pass	8:31am
CAL	Pass	8:31am

Preventive Maintenance Status: Pass

### PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

Instrument Seri	ial No. 008600 wilson so
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the 6 day of 5 + ten bec , 2024 the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

Certificate Number

WILSON COUNTY BAT MOBILE REGION 7 970

Serial Number: 008600 Test Date: 09/06/2024

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE Subject's Date of Birth: 11/11/1911 Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Anderson, Mark G Permit Number: 0013-1517 Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE Type of Agency: FTA Agency: DHHS Test Type: Breath Test

> Lot Number: AG405103 Exp Date: 02/20/2026

Test	g/210L	Time
DIAG	Pass	9:51pm
AIR BLK		9:52pm
ACCY CHK	.08	9:53pm
AIR BLK		9:54pm
SUB TEST	.00	9:54pm
AIR BLK		9:55pm
SUB TEST		9:57pm
AIR BLK	.00	9:58pm

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

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#### WILSON COUNTY BAT MOBILE REGION 7 970

Serial Number: 008600 Test Record Number: 2842 Test Date: 09/06/2024 Test Time: 9:58pm EDT

System Check: Passed

#### Baseline Tests

Status	Time
Pass	9:59pm
Pass	9:59pm 9:59pm
	Pass Pass

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:59pm
SRC	Pass	9:59pm
DET	Pass	9:59pm
BAR	Pass	9:59pm
BT	Pass	9:59pm

#### Blank Tests

Test	Status	Time
AIR	Pass	9:59pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:59pm

#### CRC Tests

Test	Status	Time
COMP	Pass	10:00pm
CAL	Pass	10:00pm

Preventive Maintenance Status: Pass

Analyst

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### PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

Instrument Se	rial No. 008698 wilson 50
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.
To a contract of the second	the 6 day of Septendar 2024 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.  Signature of Certifying Official  Certificate Number

WILSON COUNTY BAT MOBILE REGION 7 970

Serial Number: 008698 Test Date: 09/06/2024

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Anderson, Mark G Permit Number: 0013-1517 Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG302703 Exp Date: 01/27/2025

Test	g/210L	Time
DIAG	Pass	9:52pm
AIR BLK	.00	9:53pm
ACCY CHK	.07	9:53pm
AIR BLK	.00	9:54pm
SUB TEST	.00	9:55pm
AIR BLK	.00	9:56pm
SUB TEST	.00	9:57pm
AIR BLK	.00	9:58pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### WILSON COUNTY BAT MOBILE REGION 7 970

Serial Number: 008698 Test Record Number: 2446
Test Date: 09/06/2024 Test Time: 10:03pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO FC	Pass Pass Pass	10:03pm 10:03pm 10:03pm
		The second second

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:03pm
SRC	Pass	10:03pm
DET	Pass	10:03pm
BAR	Pass	10:03pm
BT	Pass	10:03pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:04pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:04pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:04pm 10:04pm

Preventive Maintenance Status: Pass \_

Analyst

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### PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

The preventive serial number	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performe	the 6 day of September, 2024 the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rvices, and the instrument is functioning properly.

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

Certificate Number

WILSON COUNTY BAT MOBILE REGION 7 970

Serial Number: 008788 Test Date: 09/06/2024

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male

Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Anderson, Mark G Permit Number: 0013-1517 Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG302703 Exp Date: 01/27/2025

Test	g/210L	Time
DIAG	Pass	9:53pm
AIR BLK	.00	9:54pm
ACCY CHK	.07	9:54pm
AIR BLK	.00	9:55pm
SUB TEST	.00	9:56pm
AIR BLK	.00	9:57pm
SUB TEST	.00	9:59pm
AIR BLK	.00	10:00pm

Reported AC:

80 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### WILSON COUNTY BAT MOBILE REGION 7 970

Serial Number: 008788 Test Record Number: 2273
Test Date: 09/06/2024 Test Time: 10:04pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time	
IR	Pass	10:04pm	
FLO	Pass	10:04pm	
FC	Pass	10:05pm	

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:05pm
SRC	Pass	10:05pm
DET	Pass	10:05pm
BAR	Pass	10:05pm
BT	Pass	10:05pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10.0Fmm
WILL	rass	10:05pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:05pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10.06pm

Pass 10:06pm

Preventive Maintenance Status: Pass

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Analyst

### PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

The preventive serial number I	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the

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: 008854 Test Date: 09/09/2024

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Oligmueller, Leo A
Permit Number: 0035-3799
Effective:
10/01/2023-10/01/2025

Officer's Name: NONE, NONE Type of Agency: FTA Agency: DHHS Test Type: Breath Test

> Lot Number: AG302703 Exp Date: 01/27/2025

Test	g/210L	Time
DIAG	Pass	12:14pm
AIR BLK	.00	12:15pm
ACCY CHK	.08	12:16pm
AIR BLK	.00	12:17pm
SUB TEST	.00	12:17pm
AIR BLK	.00	12:18pm
SUB TEST	.00	12:19pm
AIR BLK	.00	12:20pm

Reported AC: .00 g/210L

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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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#### YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008854 Test Record Number: 928 Test Date: 09/09/2024 Test Time: 12:21pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time	
IR	Pass	12:21pm	
FLO	Pass	12:21pm	
FC	Pass	12:21pm	

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:21pm
SRC	Pass	12:21pm
DET	Pass	12:21pm
BAR	Pass	12:21pm
BT	Pass	12:21pm

#### Blank Tests

Test	Status	Time	
AIR	Pass	12:22pm	

#### Printer Tests

Test	Status	Time '
PRNT	Pass	12:22pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	12:22pm 12:22pm

Preventive Maintenance Status: Pass

### PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County	YADKIN	_ Instrument Location_	YAOKIN COU	NEY JAIL
Instrument Se	erial No. <u>00</u> 8944		YADKINVIL	IE, NC
The preventive serial number	ve maintenance procedures for t r 10,000 or higher) to be followe	the Intoximeters, Model Ir red at least once every four	ntox EC/IR II and Model Into months are:	ox EC/IR II (Enhanced with
(1)	Verify the ethanol gas can breath simulator thermom	nister displays at least 51 p neter shows 34 degrees, plo	oounds per square inch (psi) us or minus .2 degree centigr	of pressure, or the alcoholic ade;
(2)	Verify instrument displays	s time and date;		
(3)	Initiate breath test sequence	ice;		
(4)	Enter information as prom	npted;		
(5)	Verify instrument accurac	cy;		
(6)	When "PLEASE BLOW"	appears, collect breath sa	mple;	
(7)	When "PLEASE BLOW"	appears, collect breath sa	mple;	
(8)	Print test record;			
(9)	Run diagnostic program a	and confirm preventive ma	intenance status of "Pass"; a	nd
(10)	Verify that the ethanol programmed simulator solution is being whichever occurs first.	gas canister is being changed every four n	anged before expiration da nonths or after 125 Alcoho	te, or the alcoholic breath lic Breath Simulator tests,
were perform	on the 974 day of SEI	above, in accordance wit	the forgoing prevention th current regulations of the	ve maintenance procedures N.C. Department of Health
SATE	<b>*</b>			
新加州	<b>2</b>			
Sam ve	38			669

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: 09/09/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Oligmueller, Leo A

Permit Number: 0035-3799

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS Test Type: Breath Test

Lot Number: AG302703 Exp Date: 01/27/2025

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	12:12pm 12:13pm 12:14pm 12:15pm 12:16pm 12:17pm
SUB TEST AIR BLK		12:19pm 12:20pm

Reported AC: .00 g/210L

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This form is used when performing Preventive Maintenance procedures Forensic Tests for Alcohol Branch Department of Health and Human Services Rev. 12/2007

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#### YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008944 Test Record Number: 1943 Test Date: 09/09/2024 Test Time: 12:21pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:21pm 12:21pm
FC	Pass	12:21pm

#### Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	12:21pm 12:21pm
DET	Pass	12:21pm
BAR	Pass	12:21pm
BT	Pass	12:21pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:22pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:22pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	12:22pm 12:22pm

Preventive Maintenance Status: Pass

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