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

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

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

DHHS 4080 (04/20)

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#### ALLEGHANY COUNTY ALLEGHANY CO JAIL 020

Serial Number: 008890 Test Date: 07/02/2024

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: 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	1:25pm
AIR BLK	.00	1:26pm
ACCY CHK	.07	1:27pm
AIR BLK	.00	1:28pm
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

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

#### ALLEGHANY COUNTY ALLEGHANY CO JAIL 020

Serial Number: 008890 Test Record Number: 992 Test Date: 07/02/2024 Test Time: 1:32pm EDT

System Check: Passed

#### Baseline Tests

Test Stat	tus Time
IR Pass FLO Pass FC Pass	s 1:32pm

#### 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	1:33pm

#### Printer Tests

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

COMP	Pass	1:34pm
CAL	Pass	1:34pm

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

County	ASHE Instrument Location ASHE CO. JAIL  INO. 00 E849 JEFFERSON, NC
Instrument Seria	NO. OCE849 JEFFERSON, NC
The preventive serial number 16	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the 18 day of JULY 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.
	Signifflire 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)

ASHE COUNTY ASHE COUNTY JAIL 040

Serial Number: 008849 Test Date: 07/18/2024

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 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	4:26pm
AIR BLK	.00	4:27pm
ACCY CHK	.07	4:27pm
AIR BLK	.00	4:28pm
SUB TEST	.00	4:29pm
AIR BLK	.00	4:30pm
SUB TEST	.00	4:32pm
AIR BLK	.00	4:32pm

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

#### ASHE COUNTY ASHE COUNTY JAIL 040

Serial Number: 008849 Test Record Number: 1718 Test Date: 07/18/2024 Test Time: 4:33pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	4:33pm 4:33pm
FC	Pass	4:34pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	4:34pm
SRC	Pass	4:34pm
DET	Pass	4:34pm
BAR	Pass	4:34pm
BT	Pass	4:34pm

#### Blank Tests

Test	Status	Time
AIR	Pass	4:34pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:34pm
	CRC Tests	
Test	Status	Time
COMP	Pass	4:34pm

Preventive Maintenance Status: Pass

Pass

4:34pm

CAL

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

he preventive	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced
erial 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 alcol breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic bre simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to whichever occurs first.
ere performed	the 29 day of 70 day of 70 the forgoing preventive maintenance procedule on the instrument indicated above, in accordance with current regulations of the N.C. Department of Heavices, and the instrument is functioning properly.
STAR :	

DHHS 4080 (04/20)

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008586 Test Date: 07/29/2024

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

Analyst's Name: 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	3:01pm
AIR BLK	.00	3:02pm
ACCY CHK	.07	3:03pm
AIR BLK	.00	3:04pm
SUB TEST	.00	3:05pm
AIR BLK	.00	3:05pm
SUB TEST	.00	3:07pm
AIR BLK	.00	3:08pm

Reported AC: .00 g/210L

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

#### BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008586 Test Record Number: 2176 Test Date: 07/29/2024 Test Time: 3:10pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	3:12pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:12pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	3:12pm 3:12pm

Preventive Maintenance Status: Pass

Analyst

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

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

A signed original of the preventive mannenance record small be kept on the not at least three

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008586 Test Date: 07/11/2024

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: 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		9:43am
AIR BLK	.00	9:44am
ACCY CHK	.07	9:44am
AIR BLK	.00	9:45am
SUB TEST	.00	9:46am
AIR BLK	.00	9:47am
SUB TEST	.00	9:49am
AIR BLK	.00	9:50am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008586 Test Record Number: 2172 Test Date: 07/11/2024 Test Time: 9:51am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	9:52am

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:52am
	CRC Tests	

Test	Status	Time
COMP	Pass	9:52am
CAL	Pass	9:52am

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 K @	ial No. DO8909	112 W. 24d Sty Washington, A
The preventive serial number 1	maintenance procedures for the Intoximeters, Mod 0,000 or higher) to be followed at least once every	lel Intox EC/IR II and Model Intox EC/IR II (Enhanced with four months are:
(1)	Verify the ethanol gas canister displays at least breath simulator thermometer shows 34 degrees	51 pounds per square inch (psi) of pressure, or the alcoholis s, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breat	th sample;
(7)	When "PLEASE BLOW" appears, collect breat	th sample;
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive	e maintenance status of "Pass"; and
(10)	simulator solution is being changed every for whichever occurs first.	changed before expiration date, or the alcoholic breath ur months or after 125 Alcoholic Breath Simulator tests
I certify that on were performed and Human Ser	the 24 day of 19 day of 19 do not the instrument indicated above, in accordance vices, and the instrument is functioning properly.	20 2 4 the forgoing preventive maintenance procedures with current regulations of the N.C. Department of Health
	Xun P. l.	) 643
	Signature of Certifyi	ing Official Certificate Number

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008909 Test Date: 07/29/2024

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	2:54pm
AIR BLK	.00	2:54pm
ACCY CHK	.07	2:55pm
AIR BLK	.00	2:56pm
SUB TEST	.00	2:57pm
AIR BLK	.00	2:58pm
SUB TEST		2:59pm
AIR BLK	.00	3:00pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008909 Test Record Number: 4223 Test Date: 07/29/2024 Test Time: 3:03pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:03pm 3:03pm
FC	Pass	3:03pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:03pm
SRC	Pass	3:03pm
DET	Pass	3:03pm
BAR	Pass	3:03pm
BT	Pass	3:03pm

#### Blank Tests

Test	Status	Time	
AIR	Pass	3:04pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:04pm
	CRC Tests	

Test	Status	Time
COMP	Pass	3:04pm
CAL	Pass	3:04pm

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)

County Reau	Fo/+	Instrument L	ocation Beau	ort Co. Courthouse
Instrument Serial	No. 008909	-	112 W.	and St., Washington, M
The preventive ma serial number 10,0	intenance procedures for 00 or higher) to be follow	the Intoximeters, ed at least once ev	Model Intox EC/IR very four months are	II and Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas car breath simulator thermon	nister displays at I neter shows 34 dep	east 51 pounds per grees, plus or minus	quare inch (psi) of pressure, or the alcoholic 2 degree centigrade;
(2)	Verify instrument display	s time and date;		
(3)	Initiate breath test sequen	ice;		
(4)	Enter information as pror	npted;		
(5)	Verify instrument accura-	cy;		
(6)	When "PLEASE BLOW"	appears, collect b	oreath sample;	
(7)	When "PLEASE BLOW"	appears, collect b	oreath sample;	
(8)	Print test record;			
(9)	Run diagnostic program a	and confirm preve	ntive maintenance s	atus of "Pass"; and
(10)	Verify that the ethanol simulator solution is bei whichever occurs first.	gas canister is b ing changed ever	eing changed before y four months or a	re expiration date, or the alcoholic breath fter 125 Alcoholic Breath Simulator tests,
I certify that on the were performed or and Human Service	day of	above, in accord	ance with current re	rgoing preventive maintenance procedures gulations of the N.C. Department of Health
STATE	a Coro	7/. 1		643
-		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.

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008909 Test Date: 07/11/2024

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

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

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

Test	g/210L	Time
DIAG	Pass	9:29am
AIR BLK	.00	9:30am
ACCY CHK	.07	9:30am
AIR BLK	.00	9:32am
SUB TEST	.00	9:32am
AIR BLK	.00	9:33am
SUB TEST	.00	9:35am
AIR BLK	.00	9:36am

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

#### BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008909 Test Record Number: 4213 Test Date: 07/11/2024 Test Time: 9:37am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	9:38am

#### Printer Tests

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

COMP	Pass	9:38am
CAL	Pass	9:38am

Preventive Maintenance Status: Pass

Analyst

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

The preventive	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 17 day of 20 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.
a SIATE O	
81.0	
13:1-1-423	

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

BERTIE COUNTY BERTIE CO SO 070

Serial Number: 008897 Test Date: 07/17/2024

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

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

Driver's License Number: NONE

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

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

Test	g/210L	Time
DIAG	Pass	11:21am
AIR BLK	.00	11:21am
ACCY CHK	.07	11:22am
AIR BLK	.00	11:23am
SUB TEST	.00	11:24am
AIR BLK	.00	11:25am
SUB TEST	.00	11:26am
ATR BLK	.00	11:27am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### BERTIE COUNTY BERTIE CO SO 070

Serial Number: 008897 Test Record Number: 1626 Test Date: 07/17/2024 Test Time: 11:28am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:29am
FLO	Pass	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
ATR	Page	11 • 79am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:30am

#### CRC Tests

Test	Status	Time
COMP	Pass Pass	11:30am 11:30am

Preventive Maintenance Status: Pass

Analyst

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

	Instrument Seri	al No. 00 8580 Instrument Location BAT Mobile Region 6  Brunswick County SO
		maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	(2)	Verify instrument displays time and date;
	(3)	Initiate breath test sequence;
	(4)	Enter information as prompted;
1	(5)	Verify instrument accuracy;
	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before 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 Halth day of July 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.
	O CHANGE	684

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

BRUNSWICK COUNTY BAT MOBILE REGION 6

Serial Number: 008580 Test Date: 07/07/2024

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 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	2:33pm
AIR BLK	.00	2:34pm
ACCY CHK	.07	2:34pm
AIR BLK	.00	2:35pm
SUB TEST	.00	2:36pm
AIR BLK	.00	2:37pm
SUB TEST	.00	2:38pm
AIR BLK	.00	2:39pm

Reported AC: 0879/210L

Signature Chemical Analyst

Court CVR

Analyst

#### BRUNSWICK COUNTY BAT MOBILE REGION 6 090

Serial Number: 008580 Test Record Number: 2959
Test Date: 07/07/2024 Test Time: 2:40pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:40pm
FLO	Pass	2:40pm
FC	Pass	2:40pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:40pm
SRC	Pass	2:40pm
DET	Pass	2:40pm
BAR	Pass	2:40pm
BT	Pass	2:40pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:41pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:41pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:41pm

2:41pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

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

The preventive 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 Hall day of July , 20 24 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.

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

BRUNSWICK COUNTY BAT MOBILE REGION 6 090

> Serial Number: 008776 Test Date: 07/07/2024

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

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

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

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

Test	g/210L	Time
DIAG	Pass	2:31pm
AIR BLK	.00	2:32pm
ACCY CHK	.08	2:33pm
AIR BLK	.00	2:34pm
SUB TEST	.00	2:34pm
AIR BLK	.00	2:35pm
SUB TEST	.00	2:37pm
AIR BLK	.00	2:38pm

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### BRUNSWICK COUNTY BAT MOBILE REGION 6 090

Serial Number: 008776 Test Record Number: 4024 Test Date: 07/07/2024 Test Time: 2:38pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:38pm
FLO	Pass	2:38pm
FC	Pass	2:38pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:39pm
SRC	Pass	2:39pm
DET	Pass	2:39pm
BAR	Pass	2:39pm
BT	Pass	2:39pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:39pm

#### Printer Tests

Status Time

Test

	500000	4 4 100
PRNT	Pass	2:39pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:39pm
CAL	Pass	2:39pm

Preventive Maintenance Status: Pass

4

Analyst

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

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 30 day of JULY 2024 the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health revices, and the instrument is functioning properly.

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

DHHS 4080 (04/20)

BRUNSWICK COUNTY LELAND PD 090

Serial Number: 008787 Test Date: 07/30/2024

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, 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	1:12pm
AIR BLK	.00	1:12pm
ACCY CHK	.07	1:13pm
AIR BLK	.00	1:14pm
SUB TEST	.00	1:14pm
AIR BLK	.00	1:15pm
SUB TEST	.00	1:17pm
AIR BLK	.00	1:18pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Ohn Ray Bens

#### BRUNSWICK COUNTY LELAND PD 090

Serial Number: 008787 Test Record Number: 1300 Test Date: 07/30/2024 Test Time: 1:18pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:19pm
FLO	Pass	1:19pm
FC	Pass	1:19pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:19pm
SRC	Pass	1:19pm
DET	Pass	1:19pm
BAR	Pass	1:19pm
BT	Pass	1:19pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:19pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:19pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	1:20pm 1:20pm

Preventive Maintenance Status: Pass

Dl Ry Banyst

## 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.	acombe	Instrument Location Bencom	be County Octention
Instrument Ser	ial No. <u>008748</u>		Asheville, No
The preventive serial number	maintenance procedures for (0,000 or higher) to be follow	the Intoximeters, Model Intox EC/IR red at least once every four months are	II and Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas ca breath simulator thermon	nister displays at least 51 pounds per s neter shows 34 degrees, plus or minus	square inch (psi) of pressure, or the alcoholic .2 degree centigrade;
(2)	Verify instrument display	ys time and date;	
(3)	Initiate breath test sequer	ace;	
(4)	Enter information as pror	mpted;	
(5)	Verify instrument accura	cy;	
(6)	When "PLEASE BLOW"	appears, collect breath sample;	
(7)	When "PLEASE BLOW"	appears, collect breath sample;	
(8)	Print test record;		
(9)	Run diagnostic program a	and confirm preventive maintenance st	tatus of "Pass"; and
(10)	Verify that the ethanol simulator solution is bei whichever occurs first.	gas canister is being changed beforing changed every four months or a	re expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,
were performed	the3 day of d on the instrument indicated vices, and the instrument is for	above, in accordance with current re	orgoing preventive maintenance procedures egulations of the N.C. Department of Health
Service Comments	3	2	110
Total Control of the	1	Signature of Certifying Official	Certificate Number

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

BUNCOMBE COUNTY BUNCOMBE COUNTY DETENTION 100

> Serial Number: 008748 Test Date: 07/03/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

Rev. 12/2007

#### BUNCOMBE COUNTY BUNCOMBE COUNTY DETENTION 100

Serial Number: 008748 Test Record Number: 2760 Test Date: 07/03/2024 Test Time: 11:15am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Status	Time
Pass	11:16am
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	11:16am

#### Printer Tests

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

CAL Pass 11:17am

Preventive Maintenance Status: Pass

Analyst

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

T	Serial No. 008798 Instrument Location Buncombe C	
Instrument Se	Serial No. 008798 Ashevi	Mr, NL
The preventive serial number	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model et 10,000 or higher) to be followed at least once every four months are:	Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (p breath simulator thermometer shows 34 degrees, plus or minus .2 degree cent	si) of pressure, or the alcoholic 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 maintenance status of "Pass"	; and
(10)	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Alco whichever occurs first.	
see bearenmer	on the	tive maintenance procedures ie N.C. Department of Health
	52	668
	Signature of Certifying Official	Certificate Number

DHHS 4080 (04/20)

BUNCOMBE COUNTY BUNCOMBE COUNTY DETENTION 100

> Serial Number: 008798 Test Date: 07/16/2024

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	1:27pm
AIR BLK	.00	1:28pm
ACCY CHK	.07	1:29pm
AIR BLK	.00	1:29pm
SUB TEST	.00	1:30pm
AIR BLK	.00	1:31pm
SUB TEST	.00	1:32pm
AIR BLK	.00	1:33pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# BUNCOMBE COUNTY BUNCOMBE COUNTY DETENTION 100

Serial Number: 008798 Test Record Number: 6986 Test Date: 07/16/2024 Test Time: 1:34pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
	Pass	1:35pm

#### Printer Tests

Status	Time
Pass	1:35pm
CRC Tests	
	Pass

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

Preventive Maintenance Status: Pass

Analyst

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

County Bur	Κε	Instrument Location	Burke (	County Jail
Instrument Seria	No. 00 8 9 3 1		More	ganton, NC
The preventive serial number 10	maintenance procedures for the 0,000 or higher) to be followed	Intoximeters, Model at least once every fo	Intox EC/IR II and our months are:	Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canis breath simulator thermometer	ter displays at least 5 er shows 34 degrees,	1 pounds per square plus or minus .2 deg	inch (psi) of pressure, or the alcoholic ree centigrade;
(2)	Verify instrument displays t	ime and date;		
(3)	Initiate breath test sequence	5		
(4)	Enter information as promp	ted;		
(5)	Verify instrument accuracy;			
(6)	When "PLEASE BLOW" a	ppears, collect breath	sample;	
(7)	When "PLEASE BLOW" a	ppears, collect breath	sample;	
(8)	Print test record;			
(9)	Run diagnostic program and	d confirm preventive	maintenance status o	of "Pass"; and
(10)	Verify that the ethanol gas simulator solution is being whichever occurs first.	as canister is being g changed every fou	changed before exp r months or after 1	piration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,
I certify that on were performed and Human Ser	the 17 day of 5	bove, in accordance	20 2 4 the forgoin with current regulati	g preventive maintenance procedures ions of the N.C. Department of Health
S R SIATE OF	18			
	SCAR	> -	5/	
Som read		70	1	668
-	7	Signature of Certifyin	ng Official	Certificate Number
A signed origin	nal of the preventive maintenan	or record shall be ken	ot on file for at least t	three years.

DHHS 4080 (04/20)

BURKE COUNTY BURKE COUNTY JAIL 110

Serial Number: 008831 Test Date: 07/17/2024

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: 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	12:39pm
AIR BLK	.00	12:39pm
ACCY CHK	.08	12:40pm
AIR BLK	.00	12:41pm
SUB TEST	.00	12:42pm
AIR BLK	.00	12:42pm
SUB TEST	.00	12:44pm
AIR BLK	.00	12:45pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### BURKE COUNTY BURKE COUNTY JAIL 110

Serial Number: 008831 Test Test Date: 07/17/2024 Test

Test Record Number: 2910 Test Time: 12:45pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	12:47pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:47pm

#### CRC Tests

Test	Status	Time
COMP	Pass	12:47pm
CAL	Pass	12:47pm

Preventive Maintenance Status: Pass

Analyst

#### 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. 005904 Marganton, 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 breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
	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.
COM VICE	Signature of Certifying Official Certificate Number

BURKE COUNTY BURKE COUNTY JAIL 110

Serial Number: 008904 Test Date: 07/17/2024

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: 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	12:39pm
AIR BLK	.00	12:40pm
ACCY CHK	.08	12:41pm
AIR BLK	.00	12:42pm
SUB TEST	.00	12:43pm
AIR BLK	.00	12:43pm
SUB TEST	.00	12:45pm
AIR BLK	.00	12:46pm

Reported AC: .00 g/210L

Signature of Chemical Agalyst

Court CVR

Analys

#### BURKE COUNTY BURKE COUNTY JAIL 110

Serial Number: 008904 Test Record Number: 3240 Test Date: 07/17/2024 Test Time: 12:46pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:47pm
SRC	Pass	12:47pm
DET	Pass	12:47pm
BAR	Pass	12:47pm
BT	Pass	12:47pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:47pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:47pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:48pm

Preventive Maintenance Status: Pass

Pass

12:48pm

CAL

Analyst

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

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

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

Certificate Number

KANNAPOLIS PD CABARRUS COUNTY 120

Serial Number: 008589 Test Date: 07/11/2024

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: AG303001 Exp Date: 01/30/2025

Test	g/210L	Time
DIAG	Pass	11:58am
AIR BLK	.00	11:59am
ACCY CHK	.07	12:00pm
AIR BLK	.00	12:01pm
SUB TEST	.00	12:01pm
AIR BLK	.00	12:02pm
SUB TEST	.00	12:04pm
AIR BLK	.00	12:05pm

Reported AC; , .00 g/210L

Signature of Chemical Analyst

Court CVR

#### KANNAPOLIS PD CABARRUS COUNTY 120

Serial Number: 008589 Test Record Number: 3964 Test Date: 07/11/2024 Test Time: 12:05pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:05pm
FLO	Pass	12:05pm
FC	Pass	12:05pm

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	12:06pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:06pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:06pm
CAL	Pass	12:06pm

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)

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

CABARRUS COUNTY CABARRUS COUNTY SO 120

Serial Number: 008590 Test Date: 07/11/2024

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: AG405102 Exp Date: 02/20/2026

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### CABARRUS COUNTY CABARRUS COUNTY SO 120

Test Record Number: 4887 Serial Number: 008590

Test Date: 07/11/2024 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 Pass	11:19am 11:19am

Preventive Maintenance

Status: Pass

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

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

CABARRUS COUNTY BAT MOBILE REGION 4 120

> Serial Number: 008601 Test Date: 07/26/2024

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	10:57am
AIR BLK	.00	10:58am
ACCY CHK	.08	10:59am
AIR BLK	.00	11:00am
SUB TEST	.00	11:01am
AIR BLK	.00	11:02am
SUB TEST	.00	11:03am
AIR BLK	.00	11:04am

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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#### CABARRUS COUNTY BAT MOBILE REGION 4 120

Serial Number: 008601 Test Record Number: 1611 Test Date: 07/26/2024 Test Time: 11:08am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

AIR Pass 11:09am	Test	Status	Time	
	AIR	Pass	11:09am	

#### Printer Tests

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

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)

		maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with
scria	(1)	0,000 or higher) to be followed at least once every four months are:  Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic
		breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	(2)	Verify instrument displays time and date;
	(3)	Initiate breath test sequence;
	(4)	Enter information as prompted;
	(5)	Verify instrument accuracy;
	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were	performe	the 26 day of, 2024 the forgoing preventive maintenance procedures d on the instrument indicated above, accordance with current regulations of the N.C. Department of Health rvices, and the instrument is functioning properly.
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CABARRUS COUNTY BAT MOBILE REGION 4 120

> Serial Number: 008736 Test Date: 07/26/2024

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	10:59am
AIR BLK	.00	11:00am
ACCY CHK	.08	11:01am
AIR BLK	.00	11:02am
SUB TEST	.00	11:02am
AIR BLK	.00	11:03am
SUB TEST	.00	11:07am
AIR BLK	.00	11:08am

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

Jeny D Harry

#### CABARRUS COUNTY BAT MOBILE REGION 4 120

Serial Number: 008736 Test Record Number: 1280 Test Date: 07/26/2024 Test Time: 11:10am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:12am

#### Printer Tests

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

Preventive Maintenance Status: Pass

Just Harry

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

The preventive	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with
	0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or were performe	the 29 <sup>±</sup> day of

CAMDEN COUNTY CAMDEN CO SO 140

Serial Number: 008940 Test Date: 07/29/2024

Citation Number: M0000000-0 Subject's Name:

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

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

Analyst's Name: 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	1:28pm
AIR BLK	.00	1:29pm
ACCY CHK	.08	1:29pm
AIR BLK	.00	1:30pm
SUB TEST	.00	1:31pm
AIR BLK	.00	1:32pm
SUB TEST	.00	1:33pm
AIR BLK	.00	1:34pm

Reported AC+

Court CVR

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

Department of Health and Human Services

Rev. 12/2007

#### CAMDEN COUNTY CAMDEN CO SO 140

Serial Number: 008940 Test Record Number: 1292 Test Date: 07/29/2024 Test Time: 1:35pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	1:36pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:36pm
	CRC Test	S

Test	Status	Time
COMP	Pass	1:37pm
CAL	Pass	1:37pm

Preventive Maintenance Status: Pass

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

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Department of Health and Human Services

Rev. 12/2007

# 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 JULY 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.

#### CARTERET COUNTY DETENTION CENTER 150

Serial Number: 008605 Test Date: 07/24/2024

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

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

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

Analyst's Name: BARNES, 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: AG405103 Exp Date: 02/20/2026

Test	g/210L	Time
DIAG	Pass	3:41pm
AIR BLK	.00	3:41pm
ACCY CHK	.07	3:42pm
AIR BLK	.00	3:44pm
SUB TEST	.00	3:44pm
AIR BLK	.00	3:45pm
SUB TEST	.00	3:47pm
AIR BLK	.00	3:47pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Apalyst

#### CARTERET COUNTY DETENTION CENTER 150

Test Record Number: 4479 Serial Number: 008605 Test Date: 07/24/2024 Test Time: 3:48pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:48pm
FLO	Pass	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	
AIR	Pass	3:49pr	

#### 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

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

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

#### CARTERET COUNTY ATLANTIC BEACH PD 150

Serial Number: 008785 Test Date: 07/24/2024

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

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

Analyst's Name: BARNES, 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: AG400302 Exp Date: 01/03/2026

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CARTERET COUNTY ATLANTIC BEACH PD 150

Serial Number: 008785 Test Record Number: 1562 Test Date: 07/24/2024 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

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

(1)		ed at least once	every four month		
(1)	Verify the ethanol gas ca breath simulator thermon	nister displays a neter shows 34 d	t least 51 pounds legrees, plus or m	per square inch (psi) o inus .2 degree centigra	of pressure, or the alcoholic ide;
(2)	Verify instrument display	ys time and date;			
(3)	Initiate breath test sequer	nce;			
(4)	Enter information as pror	mpted;			
(5)	Verify instrument accura	cy;			
(6)	When "PLEASE BLOW	" appears, collec	t breath sample;		
(7)	When "PLEASE BLOW	* appears, collec	t breath sample;		
(8)	Print test record;				
(9)	Run diagnostic program	and confirm prev	ventive maintenar	ce status of "Pass"; an	d
(10)	Verify that the ethanol simulator solution is be whichever occurs first.	gas canister is ing changed ev	being changed ery four months	before expiration date or after 125 Alcohol	e, or the alcoholic breath ic Breath Simulator tests,
were performed	the 24 day of I on the instrument indicated vices, and the instrument is f	d above, in acco	rdance with curre	e forgoing preventive nt regulations of the N	e maintenance procedures N.C. Department of Health
GAM VE	alm	- Kay	Band Certifying Official	80	648

#### CARTERET COUNTY MOREHEAD CITY PD 150

Serial Number: 008819 Test Date: 07/24/2024

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

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

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

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

Test	g/210L	Time
DIAG	Pass	2:35pm
AIR BLK		2:36pm
ACCY CHK	.08	2:37pm
AIR BLK	.00	2:38pm
SUB TEST	.00	2:39pm
AIR BLK	.00	2:39pm
SUB TEST	.00	2:41pm
AIR BLK	.00	2:42pm

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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analysi

#### CARTERET COUNTY MOREHEAD CITY PD 150

Serial Number: 008819 Test Record Number: 1048 Test Date: 07/24/2024 Test Time: 2:42pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass	2:43pm 2:43pm
FC	Pass Pass	2:43pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:43pm
SRC	Pass	2:43pm
DET	Pass	2:43pm
BAR	Pass	2:43pm
BT	Pass	2:43pm

#### Blank Tests

Test	Status	Time	
AIR	Pass	2:43pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:44pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:44pm
CAL	Pass	2:44pm

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)

The preventive erial number l	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the 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.
ere performed	the 24 day of JULY

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

DHHS 4080 (04/20)

#### CARTERET COUNTY DETENTION CENTER 150

Serial Number: 008882 Test Date: 07/24/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: BARNES, 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: AG405103 Exp Date: 02/20/2026

Test	g/210L	Time
DIAG	Pass	3:39pm
AIR BLK	.00	3:40pm
ACCY CHK	.08	3:40pm
AIR BLK	.00	3:42pm
SUB TEST	.00	3:43pm
AIR BLK	.00	3:43pm
SUB TEST	.00	3:46pm
AIR BLK	.00	3:46pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CARTERET COUNTY DETENTION CENTER 150

Serial Number: 008882 Test Record Number: 2511
Test Date: 07/24/2024 Test Time: 3:48pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:48pm
FLO	Pass	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
AIR	Pass	3:49pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:49pm
	CRC Tests	
Test	Status	Time

Status	Time
Pass	3:49pm
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)

CountyC	ARTERET	Instrument Location	EMERALO	
Instrument Ser	ial No00 8901	_	POLICE	DEHT
The preventive serial number	maintenance procedures for the 10,000 or higher) to be follower	ne Intoximeters, Model Into d at least once every four m	x EC/IR II and Model Into	x EC/IR II (Enhanced wit
(1)	Verify the ethanol gas can breath simulator thermome	ister displays at least 51 pou eter shows 34 degrees, plus	unds per square inch (psi) o or minus .2 degree centigra	f pressure, or the alcoholi de;
(2)	Verify instrument displays	time and date;		
(3)	Initiate breath test sequence	e;		
(4)	Enter information as prom	pted;		
(5)	Verify instrument accuracy	r.		
(6)	When *PLEASE BLOW*	appears, collect breath samp	ile;	
(7)	When "PLEASE BLOW"	appears, collect breath samp	le;	
(8)	Print test record;			
(9)	Run diagnostic program an	d confirm preventive maint	enance status of "Pass"; and	d
(10)		as canister is being chang g changed every four mor		
were performed	the 29 day of d on the instrument indicated a vices, and the instrument is fur	bove, in accordance with c	the forgoing preventive nurrent regulations of the N	maintenance procedure
1	- Clu	Signature of Certifying Offi	cial C	648 Certificate Number

#### CARTERET COUNTY EMERALD ISLE PD 150

Serial Number: 008901 Test Date: 07/29/2024

Citation Number: M0000000-0 Subject's Name:

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

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

Analyst's Name: BARNES, 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: AG405103 Exp Date: 02/20/2026

Test	g/210L	Time
DIAG	Pass	2:21pm
AIR BLK	.00	2:21pm
ACCY CHK	.08	2:22pm
AIR BLK	.00	2:23pm
SUB TEST	.00	2:24pm
AIR BLK	.00	2:25pm
SUB TEST	.00	2:26pm
AIR BLK	.00	2:27pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### CARTERET COUNTY EMERALD ISLE PD 150

Serial Number: 008901 Test Record Number: 1732 Test Date: 07/29/2024 Test Time: 2:27pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:28pm 2:28pm
FC	Pass	2:28pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:28pm
SRC	Pass	2:28pm
DET	Pass	2:28pm
BAR	Pass	2:28pm
BT	Pass	2:28pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:28pm

#### Printer Tests

Pi	inter Test	.s		
Test	Status	Time		
PRNT	Pass	2:28pm		
CRC Tests				
Test	Status	Time		
COMP	Pass	2:29pm		
CAL	Pass	2:29mm		

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 !	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced wit 10,000 or higher) to be followed at least once every four months are:		
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcohol breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
(2)	Verify instrument displays time and date;		
(3)	Initiate breath test sequence;		
(4)	Enter information as prompted;		
(5)	Verify instrument accuracy;		
(6)	When "PLEASE BLOW" appears, collect breath sample;		
(7)	When "PLEASE BLOW" appears, collect breath sample;		
(8)	Print test record;		
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and		
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.		
ere performed	the 24 day of JOLY, 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.		
	Blu 20 Baro 648		

CARTERET COUNTY EMERALD ISLE PD 150

Serial Number: 008917 Test Date: 07/24/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	.00 .08 .00 .00	10:54am 10:55am 10:56am 10:56am 10:57am 10:58am 11:00am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CARTERET COUNTY EMERALD ISLE PD 150

Serial Number: 008917 Test Record Number: 1254 Test Date: 07/24/2024 Test Time: 11:01am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:02am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:02am
	CRC Tests	

Test	Status	Time	
COMP	Pass	11:02am	
CAL	Pass	11:02am	

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 Sa	rial No. 00 8593	/	0
msaument Sei	Iai No. 00 + 3 / 3	211 Country	
		Yancyull	Le, NC
The preventive serial number	e maintenance procedures for the Intoxim 10,000 or higher) to be followed at least of	eters, Model Intox EC/IR II and Monce every four months are:	Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displayers breath simulator thermometer shows	tys at least 51 pounds per square it 34 degrees, plus or minus .2 degre	nch (psi) of pressure, or the alcoholi ce centigrade;
(2)	Verify 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 simulator solution is being changed whichever occurs first.	r is being changed before expir every four months or after 125	ation date, or the alcoholic breath Alcoholic Breath Simulator tests,
certify that on were performed and Human Ser	the day ofto on the instrument indicated above, in a vices, and the instrument is functioning p	ccordance with current regulation	preventive maintenance procedures is of the N.C. Department of Health
	L CARD		
	Smon Stol	es Banos	662
	Signature	of Certifying Official	Certificate Number

CASWELL COUNTY DETENTION CENTER 160

Serial Number: 008593 Test Date: 07/08/2024

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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	12:41pm
AIR BLK	.00	12:42pm
ACCY CHK	.07	12:43pm
AIR BLK	.00	12:44pm
SUB TEST	.00	12:44pm
AIR BLK	.00	12:45pm
SUB TEST	.00	12:47pm
AIR BLK	.00	12:47pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CASWELL COUNTY DETENTION CENTER 160

Serial Number: 008593 Test Record Number: 2237

Test Date: 07/08/2024 Test Time: 12:51pm EDT

System Check: Passed

Baseline Tests

Status	Time
Pass Pass	12:51pm 12:51pm
Pass	12:51pm
	Pass Pass

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:51pm
SRC	Pass	12:51pm
DET	Pass	12:51pm
BAR	Pass	12:51pm
BT	Pass	12:51pm
		LUCY COLORS OF THE PARTY OF THE

#### Blank Tests

Test	Status	Time
AIR	Pass	12:52pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:52pm
	CRC Tests	

Test	Status	Time
COMP	Pass	12:52pm
CAL	Pass	12:52pm

Preventive Maintenance Status: Pass

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

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhar 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 alcohol simulator solution is being changed every four months or after 125 Alcoholic Breath Simula whichever occurs first.  I certify that on the			C. AVECTALESCENA CONTROLE TO THE CONTROL OF THE CON	
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanserial 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 alcohol simulator solution is being changed every four months or after 125 Alcoholic Breath Simula whichever occurs first.  I certify that on the	Instrument Seri	al No. 008873	- 4997 A	1C Huy 57
(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 alcohol simulator solution is being changed every four months or after 125 Alcoholic Breath Simula whichever occurs first.  I certify that on the			SOMURA	, N C
breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;  (2) Verify instrument displays time and date;  (3) Initiate breath test sequence;  (4) Enter information as prompted;  (5) Verify instrument accuracy;  (6) When "PLEASE BLOW" appears, collect breath sample;  (7) When "PLEASE BLOW" appears, collect breath sample;  (8) Print test record;  (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and  (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcohol simulator solution is being changed every four months or after 125 Alcoholic Breath Simula whichever occurs first.  I certify that on the	The preventive serial number 1	maintenance procedures for t 0,000 or higher) to be followed	he Intoximeters, Model Intox EC/IR II and ed at least once every four months are:	I Model Intox EC/IR II (Enhanced with
(3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcohol simulator solution is being changed every four months or after 125 Alcoholic Breath Simula whichever occurs first.  I certify that on the	(1)	Verify the ethanol gas can breath simulator thermom	nister displays at least 51 pounds per square eter shows 34 degrees, plus or minus .2 deg	e inch (psi) of pressure, or the alcoholic gree 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 Simula whichever occurs first.  I certify that on the	(2)	Verify instrument displays	s time and date;	
(5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcohol simulator solution is being changed every four months or after 125 Alcoholic Breath Simula whichever occurs first.  I certify that on the	(3)	Initiate breath test sequence	ce;	
(6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholis simulator solution is being changed every four months or after 125 Alcoholic Breath Simula whichever occurs first.  I certify that on the	(4)	Enter information as pron	npted;	
(7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Simular whichever occurs first.  I certify that on the	(5)	Verify instrument accurac	y;	
(8) Print test record; (9) Run diagnostic 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 Simula whichever occurs first.  I certify that on the	(6)	When "PLEASE BLOW"	appears, collect breath sample;	
(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and  (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholis simulator solution is being changed every four months or after 125 Alcoholic Breath Simula whichever occurs first.  I certify that on the	(7)	When "PLEASE BLOW"	appears, collect breath sample;	
Verify that the ethanol gas canister is being changed before expiration date, or the alcoholis simulator solution is being changed every four months or after 125 Alcoholic Breath Simula 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 Simula whichever occurs first.  I certify that on the	(9)	Run diagnostic program a	nd 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 and Human Services, and the instrument is functioning properly.	(10)	simulator solution is being	gas canister is being changed before ex ng changed every four months or after	piration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests.
	were performe	d on the instrument indicated	above, in accordance with current regulat	g preventive maintenance procedures ions of the N.C. Department of Health
Sam X +ores Sarves 602		Service Committee of the Committee of th	Ades Bones	662

CASWELL COUNTY SEMORA FIRE DEPT 160

Serial Number: 008873 Test Date: 07/05/2024

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: 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	1:37pm
AIR BLK		1:38pm
ACCY CHK		
AIR BLK	.00	1:40pm
SUB TEST	.00	1:40pm
AIR BLK	.00	1:41pm
SUB TEST	.00	1:43pm
AIR BLK	.00	1:44pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

DMM Stokes

#### CASWELL COUNTY SEMORA FIRE DEPT 160

Serial Number: 008873 Test Record Number: 2265 Test Date: 07/05/2024 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	
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	1:53pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:53pm
	CRC Tests	
Test	Status	Time

COMP	Pass	1:54pm
CAL	Pass	1:54pm

Preventive Maintenance Status: Pass

Analyst

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

County	Sure // Instrument Location So	WOLA FIRE DEAT
Instrument Se		17 KK Huy 57
	Son	IDEA NC
The preventiv serial number	e maintenance procedures for the Intoximeters, Model Intox EC 10,000 or higher) to be followed at least once every four month	(6)
(1)	Verify the ethanol gas canister displays at least 51 pounds breath simulator thermometer shows 34 degrees, plus or m	
(2)	Verify instrument displays time and date;	wheat's
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenan	ce status of "Pass": and
(10)	Verify that the ethanol gas canister is being changed be simulator solution is being changed every four months of whichever occurs first.	reference and the second second
were performed	the day of, 20 2 ½ the don the instrument indicated above, in accordance with current vices, and the instrument is functioning properly.	e forgoing preventive maintenance procedures at regulations of the N.C. Department of Health
Se STORY ISSUE		45 662
	Signature of Certifying Official	Certificate Number

CASWELL COUNTY SEMORA FIRE DEPT 160

Serial Number: 008924 Test Date: 07/05/2024

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
	Pass	1:52pm
AIR BLK	.00	1:53pm
ACCY CHK	.08	1:53pm
AIR BLK	.00	1:54pm
SUB TEST	.00	1:55pm
AIR BLK	.00	1:56pm
SUB TEST	.00	1:58pm
AIR BLK	.00	1:58pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Smy Stokes Frances
Analyst

CASWELL COUNTY SEMORA FIRE DEPT 160

Serial Number: 008924 Test Record Number: 1969

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:59pm
FLO	Pass	1:59pm
FC	Pass	2:00pm

### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	2:00pm

### Printer Tests

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

Pass

2:00pm

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)

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

#### CHATHAM COUNTY BAT MOBILE REGION 4 180

Serial Number: 008601 Test Date: 07/06/2024

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	2:25pm
AIR BLK	.00	2:26pm
ACCY CHK	.08	2:26pm
AIR BLK	.00	2:28pm
SUB TEST	.00	2:29pm
AIR BLK	.00	2:30pm
SUB TEST	.00	2:31pm
AIR BLK	.00	2:32pm

Reported AC:

Court CVR

#### CHATHAM COUNTY BAT MOBILE REGION 4 180

Serial Number: 008601 Test Record Number: 1602 Test Date: 07/06/2024 Test Time: 2:36pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:37pm
FLO	Pass	2:37pm
FC	Pass	2:37pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:37pm
SRC	Pass	2:37pm
DET	Pass	2:37pm
BAR	Pass	2:37pm
BT	Pass	2:37pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:38pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:38pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass	2:38pm

Preventive Maintenance Status: Pass

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

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

#### CHATHAM COUNTY BAT MOBILE REGION 4 180

Serial Number: 008736 Test Date: 07/06/2024

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	2:27pm
AIR BLK	.00	2:28pm
ACCY CHK	.08	2:29pm
AIR BLK	.00	2:30pm
SUB TEST	.00	2:30pm
AIR BLK	.00	2:31pm
SUB TEST	.00	2:32pm
AIR BLK	.00	2:33pm

Reported AC: 00 g/2101 Signature of Chemical Analyst

Court CVR

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

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### CHATHAM COUNTY BAT MOBILE REGION 4 180

Serial Number: 008736 Test Record Number: 1268
Test Date: 07/06/2024 Test Time: 2:39pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:39pm
FLO	Pass	2:39pm
FC	Pass	2:39pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:39pm
SRC	Pass	2:39pm
DET	Pass	2:39pm
BAR	Pass	2:39pm
BT	Pass	2:39pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:40pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:40pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:40pm
CAL	Pass	2:40pm

Preventive Maintenance Status: Pass

Jung Blusseur

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

(1) (2) (3)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;  Verify instrument displays time and date;
11.000000	
(3)	
	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
(9) (10) I certify that on were performed	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 learning simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator

#### CHATHAM COUNTY BAT MOBILE REGION 4 180

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

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	4:39pm
AIR BLK	.00	4:40pm
ACCY CHK	.08	4:40pm
AIR BLK	.00	4:41pm
SUB TEST	.00	4:42pm
AIR BLK	.00	4:43pm
SUB TEST	.00	4:45pm
AIR BLK	.00	4:46pm

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

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### CHATHAM COUNTY BAT MOBILE REGION 4 180

Serial Number: 008816 Test Record Number: 7726 Test Date: 07/06/2024 Test Time: 4:47pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	4:49pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Jan Dolaspun

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

	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the 17 day of 0 ul 4 , 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

CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: 008895 Test Date: 07/17/2024

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

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	10:12am
AIR BLK	.00	10:13am
ACCY CHK	.07	10:14am
AIR BLK	.00	10:15am
SUB TEST	.00	10:15am
AIR BLK	.00	10:16am
SUB TEST	.00	10:18am
AIR BLK	.00	10:19am

Reported AC: .00 g/210L

Signature of Chemilal 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

#### CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: 008895 Test Record Number: 1200 Test Date: 07/17/2024 Test Time: 10:20am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:20am
FLO FC	Pass Pass	10:20am 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		Time
AIR		10:21am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:21am
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	10:21am 10:21am

Preventive Maintenance Status: Pass

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

Analyst

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 C	excland Instrument Location Cleveland County 50-Ann
Instrument Ser	rial No. 008887 Shelby, NC
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 3 day of
Or Own rates	1068
	Signature of Certifying Official Certificate Number

CLEVELAND COUNTY CLEVELAND SO-ANNEX 220

> Serial Number: 008887 Test Date: 07/31/2024

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

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	1:39pm
AIR BLK	.00	1:39pm
ACCY CHK	.07	1:40pm
AIR BLK	.00	1:41pm
SUB TEST	.00	1:41pm
AIR BLK	.00	1:42pm
SUB TEST	.00	1:44pm
AIR BLK	.00	1:45pm

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

Analyst

Department of Health and Human Services Rev. 12/2007

#### CLEVELAND COUNTY CLEVELAND SO-ANNEX 220

Serial Number: 008887 Test Record Number: 4081 Test Date: 07/31/2024 Test Time: 1:45pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:46pm
FLO	Pass	1:46pm
FC	Pass	1:46pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:46pm
SRC	Pass	1:46pm
DET	Pass	1:46pm
BAR	Pass	1:46pm
BT	Pass	1:46pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:46pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:46pm
	CRC Tests	

Test	Status	Time
COMP	Pass Pass	1:47pm 1:47pm

Preventive Maintenance Status: Pass

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.008593 Shelby, NC
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 31 day of, 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.
ASPETITION AND ASSESSMENT OF THE PROPERTY OF T	

DHHS 4080 (04/20)

CLEVELAND COUNTY CLEVELAND SO-ANNEX 220

Serial Number: 008893 Test Date: 07/31/2024

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

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	1:39pm
AIR BLK	.00	1:40pm
ACCY CHK	.08	1:41pm
AIR BLK	.00	1:42pm
SUB TEST	.00	1:42pm
AIR BLK	.00	1:43pm
SUB TEST	.00	1:45pm
AIR BLK	.00	1:45pm

Reported AC: .00 g/2101/

Signature of Chemical Analyst

Court CVR

Analyst

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

Rev. 12/2007

#### CLEVELAND COUNTY CLEVELAND SO-ANNEX 220

Serial Number: 008893 Test Record Number: 2002 Test Date: 07/31/2024 Test Time: 1:49pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:50pm 1:50pm
FC	Pass	1:50pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:50pm
SRC	Pass	1:50pm
DET	Pass	1:50pm
BAR	Pass	1:50pm
BT	Pass	1:50pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:50pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:50pm
	CRC Tests	
Test	Status	Time

COMP	Dogg	1:51pm
COMP	Pass	
CAL	Pass	1:51pm

Preventive Maintenance Status: Pass

Analyst

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

Instrument Seri	al No. 008900 Kings Mountain, 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 breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
	the 31 day of
6.0000	Signature of Certifying Official Certificate Number

CLEVELAND COUNTY KINGS MOUNTAIN PD 220

Serial Number: 008900 Test Date: 07/31/2024

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

Subject'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: AG302704 Exp Date: 01/27/2025

Test	g/210L	Time
DIAG	Pass	10:40am
	.00	10:40am
ACCY CHK	.07	10:41am
AIR BLK	.00	10:42am
SUB TEST	.00	10:43am
AIR BLK	.00	10:44am
SUB TEST	.00	10:45am
AIR BLK	.00	10:46am

Reported AC: .00 g/2/0L

Signature of Chemical Analyst

Court CVR

Analyst

# CLEVELAND COUNTY KINGS MOUNTAIN PD 220

Serial Number: 008900 Test Record Number: 1060 Test Date: 07/31/2024 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
CAL	Pass	10.400

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 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 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 performe	the 18 day of JUAY 2024 the forgoing preventive maintenance procedure d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.

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

DHHS 4080 (04/20)

#### COLUMBUS COUNTY DETENTION CENTER 230

Serial Number: 008875 Test Date: 07/18/2024

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: 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

2	l'est	g/210L	Time
I	DIAG	Pass	12:01pm
2	AIR BLK	.00	12:02pm
2	ACCY CHK	.08	12:02pm
1	AIR BLK	.00	12:03pm
1	SUB TEST	.00	12:04pm
1	AIR BLK	.00	12:05pm
1	SUB TEST	.00	12:06pm
1	AIR BLK	.00	12:07pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### COLUMBUS COUNTY DETENTION CENTER 230

Serial Number: 008875 Test Record Number: 3162 Test Date: 07/18/2024 Test Time: 12:08pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:08pm
FLO	Pass	12:08pm
FC	Pass	12:08pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:08pm
SRC	Pass	12:08pm
DET	Pass	12:08pm
BAR	Pass	12:08pm
BT	Pass	12:08pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:09pm

#### Printer Tests

Status	Time
Pass	12:09pm
	_

#### CRC Tests

Test	Status	Time
COMP	Pass	12:09pm
CAL	Pass	12:09pm

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)

Instrument Seri	ial No. 008698 New Bern 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 12 day of Joly , 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.
of Green Allen	mand 665

# CRAVEN COUNTY BAT MOBILE REGION 7 240

Serial Number: 008698 Test Date: 07/12/2024

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: 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	8:54pm
AIR BLK	.00	8:55pm
ACCY CHK	.07	8:56pm
AIR BLK	.00	8:57pm
SUB TEST	.00	8:57pm
AIR BLK	.00	8:58pm
SUB TEST	.00	9:00pm
AIR BLK	.00	9:01pm

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: 2407 Test Date: 07/12/2024 Test Time: 9:05pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	9:05pm
FLO	Pass	9:05pm
FC	Pass	9:05pm

### Temperature Tests

Status	Time
Pass	9:05pm
	Pass Pass Pass Pass

### Blank Tests

Test	Status	Time
AIR	Pass	9:06pm

### Printer Tests

Test	Status	Time
PRNT	Pass	9:06pm
	CRC Tests	
Test	Status	Time
COMP	Pass	9:06pm

Preventive Maintenance Status: Pass

Pass

9:06pm

CAL

m Cust

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 maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced we serial number 10,000 or higher) to be followed at least once every four months are:  (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcohologous breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;  (2) Verify instrument displays time and date;  (3) Initiate breath test sequence;  (4) Enter information as prompted;  (5) Verify instrument accuracy;  (6) When "PLEASE BLOW" appears, collect breath sample;  (7) When "PLEASE BLOW" appears, collect breath sample;  (8) Print test record;  (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and  (10) Verify that the ethanol gas canister 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 2.6 day of 5.1 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		Serial No. 50 dece	Instrument Location B A	r mobile	Region 7
Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcohologore 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 test whichever occurs first.  I certify that on the 2.6 day of 5.1 years accordance with current regulations of the N.C. Department of Healt and Human Services, and the instrument indicated above, in accordance with current regulations of the N.C. Department of Healt and Human Services, and the instrument is functioning properly.		Schill No. O BE TO	Cra	ven so	
Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcohobreath 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 test whichever occurs first.  I certify that on the 2.6 day of 3.1	The preven serial numb	tive maintenance procedures a er 10,000 or higher) to be foll	for the Intoximeters, Model Intox EC lowed at least once every four month	/IR II and Model In	tox EC/IR II (Enhanced with
(2) Verify instrument displays time and date; (3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.  I certify that on the 2.6 day of 3.1 2.2 4 the forgoing preventive maintenance procedure were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Healt and Human Services, and the instrument is functioning properly.		Verify the ethanol gas	Canister displays at least 51		of pressure, or the alcoholic
(4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.  I certify that on the 2.6 day of 2.1 day of 2.2 the forgoing preventive maintenance procedure were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.	(2)				
(5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.  I certify that on the 2.6 day of 3.1 2 2.2 the forgoing preventive maintenance procedure were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Healt and Human Services, and the instrument is functioning properly.	(3)	Initiate breath test sequ	uence;		
(6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program 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 26 day of 301 accordance with current regulations of the N.C. Department of Healt and Human Services, and the instrument is functioning properly.	(4)	Enter information as pr	rompted;		
When "PLEASE BLOW" appears, collect breath sample;  (8) Print test record;  (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and  (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.  [I certify that on the	(5)	Verify instrument accu	iracy;		
(7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program 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 26 day of 304 and 400ve, 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 Healt and Human Services, and the instrument is functioning properly.	(6)	When "PLEASE BLOV	W" appears, collect breath sample;		
(8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.  I certify that on the 2.6 day of 3.1, 2024 the forgoing preventive maintenance procedure were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Healt and Human Services, and the instrument is functioning properly.	(7)		- Court of the State of the State of the State of State o		
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 26 day of 30 day of	(8)				
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 26 day of 30, 2024 the forgoing preventive maintenance procedure were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Healt and Human Services, and the instrument is functioning properly.	(9)	Run diagnostic progran	n and confirm preventive maintenance	ce status of "Pass": a	nd
were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Healt and Human Services, and the instrument is functioning properly.	(10)	Verify that the ethano simulator solution is b	ol gas canister is being changed by		
	were perforn	ed on the instrument indicate	ed above, in accordance with current	forgoing preventive tregulations of the	e maintenance procedures N.C. Department of Health
	-		Signature of Continue Continue		

CRAVEN COUNTY BAT MOBILE REGION 7 240

Serial Number: 008698 Test Date: 07/26/2024

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: 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	9:13pm
AIR BLK	.00	9:14pm
ACCY CHK	.07	9:14pm
AIR BLK	.00	9:15pm
SUB TEST	.00	9:16pm
AIR BLK	.00	9:17pm
SUB TEST	.00	9:18pm
AIR BLK	.00	9:19pm

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: 2411 Test Date: 07/26/2024 Test Time: 9:20pm EDT

System Check: Passed

### Baseline Tests

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

### Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	9:21pm

### Printer Tests

Test	Status	Time
PRNT	Pass	9:21pm

### CRC Tests

Test	Status	Time
COMP	Pass	9:21pm
CAL	Pass	9:21pm

Preventive Maintenance Status: Pass

Analyst

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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)

quare inch (psi) of pressure, or the alcoholic 2 degree centigrade;
atus of "Pass"; and
e expiration date, or the alcoholic breath fter 125 Alcoholic Breath Simulator tests,
rgoing preventive maintenance procedures gulations of the N.C. Department of Health

CUMBERLAND COUNTY HOPE MILLS PD 250

Serial Number: 008614 Test Date: 07/03/2024

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: AG400301 Exp Date: 01/03/2026

Test	g/210L	Time
DIAG	Pass	11:38am
AIR BLK	.00	11:39am
ACCY CHK	.07	11:40am
AIR BLK	.00	11:41am
SUB TEST	.00	11:42am
AIR BLK	.00	11:42am
SUB TEST	.00	11:44am
AIR BLK	.00	11:45am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### CUMBERLAND COUNTY HOPE MILLS PD 250

Serial Number: 008614 Test Record Number: 5028 Test Date: 07/03/2024 Test Time: 11:45am EDT

System Check: Passed

### Baseline Tests

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

### Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	11:47an

### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

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

Instrument Seri	al No.008632 Instrument Location Cumber land County  Detection Center
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the
	Signature of Certifying Official Certificate Number

#### CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008632 Test Date: 07/03/2024

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	10:19am
AIR BLK	.00	10:20am
ACCY CHK	.07	10:21am
AIR BLK	.00	10:22am
SUB TEST	.00	10:23am
AIR BLK	.00	10:23am
SUB TEST	.00	10:25am
AIR BLK	.00	10:26am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008632 Test Record Number: 4636 Test Date: 07/03/2024 Test Time: 10:27am EDT

System Check: Passed

### Baseline Tests

Test Status Time	
IR Pass 10:278	
FLO Pass 10:27a	m
FC Pass 10:27a	ım

# Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	10:28am

### Printer Tests

Test	Status	Time
PRNT	Pass	10:28am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:28am

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)

	al No. DO8635 Detent	ion Center
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and M 0,000 or higher) to be followed at least once every four months are:	odel Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square in breath simulator thermometer shows 34 degrees, plus or minus .2 degree	
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of "	Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expira simulator solution is being changed every four months or after 125 whichever occurs first.	ntion date, or the alcoholic breath Alcoholic Breath Simulator tests,
I certify that on were performed and Human Ser	the	preventive maintenance procedures s of the N.C. Department of Health
	A L	675

### CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008633 Test Date: 07/03/2024

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	10:08am
AIR BLK	.00	10:08am
ACCY CHK	.07	10:09am
AIR BLK	.00	10:10am
SUB TEST	.00	10:11am
AIR BLK	.00	10:12am
SUB TEST	.00	10:13am
AIR BLK	.00	10:14am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008633 Test Record Number: 6995 Test Date: 07/03/2024 Test Time: 10:16am EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	10:17am
FLO	Pass	10:17am
FC	Pass	10:17am

### Temperature Tests

Test	Status	Time
FC1	Pass	10:17am
SRC	Pass	10:17am
DET	Pass	10:17am
BAR	Pass	10:17am
BT	Pass	10:17am

### Blank Tests

Test	Status	Time
AIR	Pass	10:17am

### Printer Tests

Test	Status	Time
PRNT	Pass	10:17am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:18am
CML	Pass	10:18am

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)

	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 30 day of 50 y 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.

CUMBERLAND COUNTY BAT MOBILE REGION 6 250

> Serial Number: 008637 Test Date: 07/03/2024

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: 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	9:09pm
AIR BLK	.00	9:10pm
ACCY CHK	.08	9:10pm
AIR BLK	.00	9:11pm
SUB TEST	.00	9:12pm
AIR BLK	.00	9:12pm
SUB TEST	.00	9:14pm
AIR BLK	.00	9:15pm

Reported AC: 80

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

### CUMBERLAND COUNTY BAT MOBILE REGION 6 250

Serial Number: 008637 Test Record Number: 3418 Test Date: 07/03/2024 Test Time: 9:15pm 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	9:16pm
SRC	Pass	9:16pm
DET	Pass	9:16pm
BAR	Pass	9:16pm
BT	Pass	9:16pm

### Blank Tests

Test	Status	Time
AIR	Pass	9:17pm

### 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

# 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

### CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008672 Test Date: 07/03/2024

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	10:21am
AIR BLK	.00	10:22am
ACCY CHK	.08	10:23am
AIR BLK	.00	10:24am
SUB TEST	.00	10:25am
AIR BLK	.00	10:26am
SUB TEST	.00	10:28am
ATR BLK	0.0	10.29am

Reported AC: .00 g/210L

ignature of Chemical Analyst

Court CVR

Analyst

# CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008672 Test Record Number: 8496 Test Date: 07/03/2024 Test Time: 10:31am EDT

System Check: Passed

Baseline Tests

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

# 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	10:32am
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	10:32am 10:32am
		The second secon

Preventive Maintenance Status: Pass

Analyst

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



į	County Cu		ste Region 6
1	Instrument Seria	ial No. 008776 Fayetleville	PD
	The preventive is	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model 10,000 or higher) to be followed at least once every four months are:	Intox EC/IR II (Enhanced with
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (p breath simulator thermometer shows 34 degrees, plus or minus .2 degree cer	
	(2)	Verify instrument displays time and date;	
	(3)	Initiate breath test sequence;	
	(4)	Enter information as prompted;	
)	(5)	Verify instrument accuracy;	
,	(6)	When "PLEASE BLOW" appears, collect breath sample;	
	(7)	When "PLEASE BLOW" appears, collect breath sample;	
	(8)	Print test record;	
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass	?"; and
	(10)	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Ale whichever occurs first.	
	I certify that on were performed and Human Serv	the 3-d day of 5-ly , 20-34 the forgoing prevent on the instrument indicated above, in accordance with current regulations of rvices, and the instrument is functioning properly.	entive maintenance procedures the N.C. Department of Health
The state of the s			(~84
V	H1377	Signature of Certifying Official	Certificate Number

CUMBERLAND COUNTY BAT MOBILE REGION 6 250

> Serial Number: 008776 Test Date: 07/03/2024

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: 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	9:46pm
AIR BLK	.00	9:47pm
ACCY CHK	.08	9:48pm
AIR BLK	.00	9:49pm
SUB TEST	.00	9:49pm
AIR BLK	.00	9:50pm
SUB TEST	.00	9:52pm
AIR BLK	.00	9:53pm

Reported AC: 80 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### CUMBERLAND COUNTY BAT MOBILE REGION 6 250

Serial Number: 008776 Test Record Number: 4016 Test Date: 07/03/2024 Test Time: 9:57pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	9:57pm
FLO	Pass	9:57pm
FC	Pass	9:57pm

### Temperature Tests

Test	Status	Time
FC1	Pass	9:57pm
SRC	Pass	9:57pm
DET	Pass	9:57pm
BAR	Pass	9:57pm
BT	Pass	9:57pm

### Blank Tests

Test	Status	Time
AIR	Pass	9:58pm

### Printer Tests

Test Status Time

PRNT	Pass	9:58pm
	CRC Tests	
Test	Status	Time
COMP	Pass	9:58pm

Preventive Maintenance Status: Pass

Pass

9:58pm

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 alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before 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

CUMBERLAND COUNTY FORT LIBERTY LEC 250

Serial Number: 013868 Test Date: 07/03/2024

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: AG400301 Exp Date: 01/03/2026

Test	g/210L	Time
DIAG	Pass	8:44am
AIR BLK	.00	8:44am
ACCY CHK	.07	8:45am
AIR BLK	.00	8:46am
SUB TEST	.00	8:46am
AIR BLK	.00	8:47am
SUB TEST	.00	8:49am
AIR BLK	.00	8:50am

Reported AC: .00 g/210L

granture of Chemical Analyst

Court CVR

Analyst

### CUMBERLAND COUNTY FORT LIBERTY LEC 250

Serial Number: 013868 Test Record Number: 982 Test Date: 07/03/2024 Test Time: 8:58am EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	8:58am
FLO	Pass	8:58am
FC	Pass	8:59am

### Temperature Tests

Test	Status	Time
FC1	Pass	8:59am
SRC	Pass	8:59am
DET	Pass	8:59am
BAR	Pass	8:59am
BT	Pass	8:59am

### Blank Tests

Test	Status Tim	Time
ATR	Pass	8:59am

### Printer Tests

Test	Status	Time
PRNT	Pass	8:59am
	CRC Tests	

Test	Status	Time
COMP	Pass	8:59am
CAL	Pass	8:59am

Preventive Maintenance Status: Pass

Analyst

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

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

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

CUMBERLAND COUNTY FORT LIBERTY LEC 250

Serial Number: 013870 Test Date: 07/03/2024

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: AG400301 Exp Date: 01/03/2026

Test	g/210L	Time
DIAG	Pass	8:41am
AIR BLK	.00	8:41am
ACCY CHK	.07	8:42am
AIR BLK	.00	8:43am
SUB TEST	.00	8:44am
AIR BLK	.00	8:45am
SUB TEST	.00	8:46am
AIR BLK	.00	8:47am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### CUMBERLAND COUNTY FORT LIBERTY LEC 250

Serial Number: 013870 Test Record Number: 687 Test Date: 07/03/2024 Test Time: 8:56am EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	8:57am
FLO	Pass	8:57am
FC	Pass	8:57am

### Temperature Tests

Test	Status	Time
FC1	Pass	8:57am
SRC	Pass	8:57am
DET	Pass	8:57am
BAR	Pass	8:57am
BT	Pass	8:57am

### Blank Tests

Test	Status	Time	
AIR	Pass	8:57am	

### Printer Tests

Status	Time
Pass	8:57am
C Tests	
Status	Time
Pass	8:58am
	Status Pass C Tests Status Pass

Preventive Maintenance Status: Pass

Analyst

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

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

County	Da	Instrument Location Dare Co. S.O. Hatteras
Instrum	ent Serial	No.008807 50347 Huy NC12, Buxton,
The pre	ventive m umber 10,	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 000 or higher) to be followed at least once every four months are:
0.5	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
53	(2)	Verify instrument displays time and date;
153	(3)	Initiate breath test sequence;
	(4)	Enter information as prompted;
	(5)	Verify instrument accuracy;
rdr 9	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
8)	(10)	Verify that the ethanol gas canister is being changed before 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	that on the rformed common Servi-	the day of day o
		m/1 (20)
		Signature of Certifying Official Certificate Number

DARE COUNTY DARE CO SO HATTERAS 270

Serial Number: 008807 Test Date: 07/30/2024

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

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

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

Test	g/210L	Time
DIAG	Pass	1:36pm
AIR BLK	.00	1:36pm
ACCY CHK	.07	1:37pm
AIR BLK	.00	1:38pm
SUB TEST	.00	1:39pm
AIR BLK	.00	1:40pm
SUB TEST	.00	1:41pm
AIR BLK	.00	1:42pm

Reported AC:

ignature of Chemical

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 DARE CO SO HATTERAS 270

Serial Number: 008807 Test Record Number: 1466 Test Date: 07/30/2024 Test Time: 1:43pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	1:43pm
FLO	Pass	1:43pm
FC	Pass	1:43pm

### Temperature Tests

Test	Status	Time
FC1	Pass	1:43pm
SRC	Pass	1:43pm
DET	Pass	1:43pm
BAR	Pass	1:43pm
BT	Pass	1:43pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:44pm

### Printer Tests

Test	Status	Time
PRNT	Pass	1:44pm
	CRC Tests	
Tost	Statue	mi mo

Test	Status	Time
COMP	Pass	1:44pm
CAL	Pass	1:44pm

Preventive Maintenance Status: Pass

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

Rev. 12/2007

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

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

County	Dare Instrument Location Kill Dovil Hils	P.D
Instrument Seri	erial No. 00 8844 /02 Town Hall I	N., Kill Por. 1
The preventive serial number 1	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox er 10,000 or higher) to be followed at least once every four months are:	EC/IR II (Enhanced wit
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrad	pressure, or the alcoholic;
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and	
(10)	Verify that the ethanol gas canister is being changed before expiration date, simulator solution is being changed every four months or after 125 Alcoholic whichever occurs first.	
were performed	on the day of da	maintenance procedures C. Department of Health

DARE COUNTY KILL DEVIL HILLS PD 270

Serial Number: 008844 Test Date: 07/16/2024

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	12:00pm
AIR BLK	.00	12:01pm
ACCY CHK	.08	12:01pm
AIR BLK	.00	12:03pm
SUB TEST		12:03pm
AIR BLK	.00	12:04pm
SUB TEST		12:06pm
AIR BLK		12:06pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

DARE COUNTY KILL DEVIL HILLS PD 270

Serial Number: 008844 Test Record Number: 3142 Test Date: 07/16/2024 Test Time: 12:08pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:09pm 12:09pm
FLO FC	Pass Pass	12:09pm

### Temperature Tests

Test	Status	Time
FC1	Pass	12:09pm
SRC	Pass	12:09pm
DET	Pass	12:09pm
BAR	Pass	12:09pm
BT	Pass	12:09pm

### Blank Tests

Test	Status	Time
AIR	Pass	12:09pm

### Printer Tests

Test	Status	Time
PRNT	Pass	12:09pm
	CRC Tests	

Test	Status	Time
COMP	Pass	12:10pm
CAL	Pass	12:10pm

Preventive Maintenance Status: Pass

Analyst

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

County	are Instrument Location Kill Devil Hills P.D.
Instrument Seri	al No. 008847 102 Town Hall Dr. Kill Devil Hil
	Ne
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on were performed and Human Ser	the 29 day of
	M/1 9 11 680
2 11/1/2	Signature of Certifying Official Certificate Number

DARE COUNTY KILL DEVIL HILLS PD 270

Serial Number: 008847 Test Date: 07/29/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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	10:52am
AIR BLK	.00	10:53am
ACCY CHK	.07	10:53am
AIR BLK	.00	10:54am
SUB TEST	.00	10:55am
AIR BLK	.00	10:56am
SUB TEST	.00	10:57am
ATR BLK	.00	10:58am

Reported AC: .00 g/2104/

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

### DARE COUNTY KILL DEVIL HILLS PD 270

Serial Number: 008847 Test Record Number: 888 Test Date: 07/29/2024 Test Time: 10:59am EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	11:00am
FLO	Pass	11:00am 11:00am

### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:01am

### Printer Tests

Test	Status	Time
PRNT	Pass	11:01am
	CRC Tests	
Test	Status	Time

COMP	Pass	11:01am
CAL	Pass	11:01am

Preventive Maintenance Status: Pass

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 Da		Cill Devil Hills PD
Instrument Seria	1 No. 008851 /	2 Town Hall Dr. Kill Dev. Hills, N
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Into 0,000 or higher) to be followed at least once every four m	x EC/IR II and Model Intox EC/IR II (Enhanced with onths are:
(1)	Verify the ethanol gas canister displays at least 51 por breath simulator thermometer shows 34 degrees, plus	ands per square inch (psi) of pressure, or the alcoholic or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath samp	ole;
(7)	When "PLEASE BLOW" appears, collect breath samp	ole;
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive main	tenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being chan simulator solution is being changed every four mo whichever occurs first.	ged before expiration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,
were performed	the	the forgoing preventive maintenance procedures current regulations of the N.C. Department of Health
STATE OF THE PARTY	8	
St Sam year	- Xunch	- 64.3
	Signature of Certifying Of	ficial Certificate Number

DARE COUNTY KILL DEVIL HILLS PD 270

Serial Number: 008851 Test Date: 07/09/2024

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

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

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

Test	g/210L	Time
DIAG	Pass	1:39pm
AIR BLK		
ACCY CHK		
AIR BLK	.00	1:42pm
SUB TEST		1:42pm
AIR BLK		1:43pm
SUB TEST		1:45pm
AIR BLK		1:46pm

Reported AC: .00 g/210L

Signature of Chemidal Analyst

Court CVR

Analyst

### DARE COUNTY KILL DEVIL HILLS PD 270

Serial Number: 008851 Test Record Number: 1055 Test Date: 07/09/2024 Test Time: 1:47pm EDT

System Check: Passed

### Baseline Tests

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

### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	1:48pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:48pm
	CRC Tests	
mont	Chatus	m/ma

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

Preventive Maintenance Status: Pass

Analyst -

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

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

	al No. 008601 Instrument Location BAT Mobile Region 4  Lexington 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 19 day of 0 day of 2 the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.

DAVIDSON COUNTY BAT MOBILE REGION 4 280

> Serial Number: 008601 Test Date: 07/19/2024

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: 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	9:37pm
AIR BLK	.00	9:38pm
ACCY CHK	.08	9:39pm
AIR BLK	.00	9:40pm
SUB TEST	.00	9:41pm
AIR BLK	.00	9:42pm
SUB TEST	.00	9:43pm
AIR BLK	.00	9:44pm

Reported AC: .00 g/210L

Court CVR

### DAVIDSON COUNTY BAT MOBILE REGION 4 280

Serial Number: 008601 Test Record Number: 1607 Test Date: 07/19/2024 Test Time: 9:47pm EDT

System Check: Passed

### Baseline Tests

Status	Time
Pass	9:47pm
Pass	9:47pm
Pass	9:47pm
	Pass Pass

### Temperature Tests

Test	Status	Time
FC1	Pass	9:47pm
SRC	Pass	9:47pm
DET	Pass	9:47pm
BAR	Pass	9:47pm
BT	Pass	9:47pm

### Blank Tests

Test	Status	Time
AIR	Pass	9:48pm

### Printer Tests

Test	Status	Time
PRNT	Pass	9:48pm
	CRC Tests	
Test	Status	Time
COMP	Pass	9:48pm

Pass 9:48pm

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)

	maintenance procedures for the Intoximeters, Model Intox EC/IR 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 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 Health vices, and the instrument is functioning properly.

DAVIDSON COUNTY BAT MOBILE REGION 4 280

> Serial Number: 008736 Test Date: 07/19/2024

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: 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	9:35pm
AIR BLK	.00	9:36pm
ACCY CHK	.08	9:37pm
AIR BLK	.00	9:37pm
SUB TEST	.00	9:38pm
AIR BLK	.00	9:39pm
SUB TEST	.00	9:41pm
AIR BLK	.00	9:42pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

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### DAVIDSON COUNTY BAT MOBILE REGION 4 280

Serial Number: 008736 Test Record Number: 1275 Test Date: 07/19/2024 Test Time: 9:42pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:43pm
FC	Pass	9:43pm 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
AIR	Pass	9:44pm

### Printer Tests

Test	Status	Time
PRNT	Pass	9:44pm
	CRC Tests	
Test	Status	Time
COMP	Pass	9:44pm

Preventive Maintenance Status: Pass

Jan D Messeul

### 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 l	maintenance procedures for the Intoximeters, Model (0,000 or higher) to be followed at least once every for	Intox EC/IR II and Model Intox EC/IR II (Enhanced with our months are:
(1)	Verify the ethanol gas canister displays at least 5 breath simulator thermometer shows 34 degrees, p	I pounds per square inch (psi) of pressure, or the alcoholic plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath s	sample;
(7)	When "PLEASE BLOW" appears, collect breath s	sample;
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive m	naintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being of simulator solution is being changed every four whichever occurs first.	changed before expiration date, or the alcoholic breath months or after 125 Alcoholic Breath Simulator tests,
ere performed	the O2 day of JULY 20 I on the instrument indicated above, in accordance with vices, and the instrument is functioning properly.  AL Ra Barro	2 the forgoing preventive maintenance procedures with current regulations of the N.C. Department of Health

DUPLIN COUNTY WALLACE PD 300

Serial Number: 008858 Test Date: 07/02/2024

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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### DUPLIN COUNTY WALLACE PD 300

Serial Number: 008858 Test Record Number: 1283 Test Date: 07/02/2024 Test Time: 1:12pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:12pm
FLO	Pass	1:12pm
FC	Pass	1:12pm

### Temperature Tests

Test	Status	Time
FC1	Pass	1:12pm
SRC	Pass	1:12pm
DET	Pass	1:12pm
BAR	Pass	1:12pm
BT	Pass	1:12pm

### Blank Tests

Test	Status	Time
AIR	Pass	1:13pm

#### Printer Tests

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

1:13pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

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

nstrument Seri	al No. 008864 DETENTION CENTER
The preventive erial number I	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
were performe	the <u>0.3</u> day of <u>JULY</u> , 20 <u>Z4</u> the forgoing preventive maintenance procedure 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.

DUPLIN COUNTY DETENTION CENTER 300

Serial Number: 008864 Test Date: 07/03/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	10:30am
AIR BLK	.00	10:30am
ACCY CHK	.08	10:31am
AIR BLK	.00	10:32am
SUB TEST	.00	10:33am
AIR BLK	.00	10:34am
SUB TEST	.00	10:36am
AIR BLK	.00	10:37am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Amalys

### DUPLIN COUNTY DETENTION CENTER 300

Serial Number: 008864 Test Record Number: 4952 Test Date: 07/03/2024 Test Time: 10:37am EDT

System Check: Passed

### Baseline Tests

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

### Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	10:38am

#### Printer Tests

Test

	Deacas	221110
PRNT	Pass	10:38am
	CRC Tests	
Test	Status	Time

Status Time

COMP	Pass	10:39am
CAL	Pass	10:39am

Preventive Maintenance Status: Pass

Analyst

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

	ham Instrument Location Dulum & Jail
Instrument Ser	ial No. 008878 219 5. Mangeum ST
	Dulian NC
The preventive serial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
were performe	n the
STATE OF	
The same	San Aple Press 662
Name of Street, or other party of the last	Signature of Certifying Official Certificate Number

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008878 Test Date: 07/08/2024

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

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

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

Analyst's Name: 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	10:45am
AIR BLK	.00	10:46am
ACCY CHK	.08	10:46am
AIR BLK	.00	10:47am
SUB TEST	.00	10:49am
AIR BLK	.00	10:49am
SUB TEST	.00	10:51am
AIR BLK	.00	10:52am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Somm Ales Banes

### DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008878 Test Record Number: 6600 Test Date: 07/08/2024 Test Time: 10:52am EDT

System Check: Passed

### Baseline Tests

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

### Temperature Tests

m
m
m
m
m

### Blank Tests

Test	Status	Time
AIR	Pass	10:53am

### Printer Tests

Test	Status	Time
PRNT	Pass	10:53am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:54am 10:54am

Preventive Maintenance Status: Pass

Some Asles Barres 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. 0 08891 219 5	Margan ST
	Dehon	Margan ST
The preventive serial number	maintenance procedures for the Intoximeters, Model Intox EC/IR II and 0,000 or higher) to be followed at least once every four months are:	
(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 o	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 1 whichever occurs first.	piration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,
mere periorities	the 8 day of 500 , 2027 the forgoing on the instrument indicated above, in accordance with current regulativices, and the instrument is functioning properly.	g preventive maintenance procedures ons of the N.C. Department of Health
COM AND	John Y Lokes Saus	662

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008891 Test Date: 07/08/2024

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

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

Analyst's Name: 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	10:47am
AIR BLK		10:47am
ACCY CHK	.07	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 Analyst

Court CVR

Smu Stres France Analyst

### DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008891 Test Record Number: 4775 Test Date: 07/08/2024 Test Time: 10:53am 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	10:54am

### Printer Tests

Test	Status	Time
PRNT	Pass	10:54am
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	10:55am 10:55am

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 Fo	4.41.1	Instrument Location	FRONKLIN (c	LEC
Instrument Ser	ial No		285 T.	KEMP RS
The preventive serial number 1	maintenance procedures for the 0,000 or higher) to be followed:	Intoximeters, Model In	ntox EC/IR II and Model	
(1)	Verify the ethanol gas canist breath simulator thermomete	cr displays at least 51 r shows 34 degrees, pl	pounds per square inch (j us or minus .2 degree cer	osi) of pressure, or the alcoholic stigrade;
(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 breath sa	mple;	
(7)	When "PLEASE BLOW" ap	pears, collect breath sa	mple;	
(8)	Print test record;			
(9)	Run diagnostic program and	confirm preventive ma	intenance status of "Pass	"; and
(10)	Verify that the ethanol gas simulator solution is being whichever occurs first.	canister is being ch changed every four r	anged before expiration nonths or after 125 Alc	date, or the alcoholic breath sobolic Breath Simulator tests,
and Human Ser	theday ofd d on the instrument indicated ab- vices, and the instrument is func	ove, in accordance wit	the forgoing preve th current regulations of	entive maintenance procedures the N.C. Department of Health
	SAL.	Conf		671
- Contract of the Contract of	Si	gnature of Certifying (	Official	Certificate Number

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

DHHS 4080 (04/20)

FRANKLIN COUNTY FRANKLIN CO. LEC 340

Serial Number: 008651 Test Date: 07/11/2024

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	4:47pm
AIR BLK	.00	4:47pm
ACCY CHK	.08	4:48pm
AIR BLK	.00	4:49pm
SUB TEST	.00	4:49pm
AIR BLK	.00	4:50pm
SUB TEST	.00	4:52pm
AIR BLK	.00	4:53pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

### FRANKLIN COUNTY FRANKLIN CO. LEC 340

Serial Number: 008651 Test Record Number: 1771 Test Date: 07/11/2024 Test Time: 4:54pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	4:54pm 4:54pm
FC	Pass	4:54pm

### Temperature Tests

Test	Status	Time
FC1	Pass	4:54pm
SRC	Pass	4:54pm
DET	Pass	4:54pm
BAR	Pass	4:54pm
BT	Pass	4:54pm
		10000000

### Blank Tests

Test	Status	Time
AIR	Pass	4:55pm

### Printer Tests

Test	Status	Time
PRNT	Pass	4:55pm
	CRC Tests	
Test	Status	Time
COMP	Pass	4:55pm

Preventive Maintenance Status: Pass

Analyst

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

County F.C.	
Instrument Ser	180.008781 134 ALT U.S. 1 YOUNGSUILLE, NC
	Youngsville, NC
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced w 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoho- breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breasimulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes whichever occurs first.
were performed	the day of day o
STATE OF THE PERSON OF THE PER	
Com von	Etteret 671
	Signature of Certifying Official Certificate Number

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

DHHS 4080 (04/20)

FRANKLIN COUNTY YOUNGSVILLE PD 340

Serial Number: 008781 Test Date: 07/09/2024

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

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

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

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

### FRANKLIN COUNTY YOUNGSVILLE PD 340

Serial Number: 008781 Test Record Number: 6288 Test Date: 07/09/2024 Test Time: 3:11pm EDT

System Check: Passed

Baseline Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County FR	anklin	Instrument Location	FRANKE	12 Co. L	EC
Instrument Seri	al No. <u>008933</u>		285	T. KER	PRd.
			LOUISB	urg, NC	
The preventive serial number 1	maintenance procedures for the 0,000 or higher) to be followed	Intoximeters, Model I at least once every fou	ntox EC/IR II and r months are:	d Model Intox EC/I	R II (Enhanced with
(1)	Verify the ethanol gas canist breath simulator thermometer	ter displays at least \$1 er shows 34 degrees, pl	pounds per squar us or minus .2 de	e inch (psi) of press gree centigrade;	ure, or 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 sa	imple;		
(7)	When "PLEASE BLOW" ap	pears, collect breath sa	imple;		
(8)	Print test record;				
(9)	Run diagnostic program and	confirm preventive ma	aintenance status	of "Pass"; and	
(10)	Verify that the ethanol gas simulator solution is being whichever occurs first.	canister is being ch changed every four	anged before ex months or after	piration date, or the	ne alcoholic breath ath Simulator tests,
were performed	the day of I on the instrument indicated ab vices, and the instrument is func	ove, in accordance wi	the forgoing the current regular	ng preventive main tions of the N.C. De	tenance procedures epartment of Health
	-EAL	ignature of Certifying	Official Control	6	ate Number

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

DHHS 4080 (04/20)

FRANKLIN COUNTY FRANKLIN CO. LEC 340

Serial Number: 008933 Test Date: 07/10/2024

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

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

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

Test g/210L Time

	412100	TIME
DIAG	Pass	3:39pm
AIR BLK	.00	3:39pm
ACCY CHE	.07	3:40pm
AIR BLK	.00	3:41pm
SUB TEST	.00	3:41pm
AIR BLK	.00	3:42pm
SUB TEST	.00	3:44pm
AIR BLK	-00	3:45pm

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

### FRANKLIN COUNTY FRANKLIN CO. LEC 340

Serial Number: 008933

Test Record Number: 1524 Test Date: 07/10/2024 Test Time: 3:46pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:46pm 3:46pm
FC	Pass	3:46pm

### Temperature Tests

Test	Status	Time
FC1	Pass	3:46pm
SRC	Pass	3:46pm
DET	Pass	3:46pm
BAR	Pass	3:46pm
BT	Pass	3:46pm

### Blank Tests

Test	Status	Time
AIR	Pass	3:47pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:47pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	3:47pm 3:47pm

Preventive Maintenance Status: Pass

Analyst

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

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



GASTON COUNTY GASTON COUNTY SO 350

Serial Number: 008643 Test Date: 07/17/2024

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: 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	2:15pm
AIR BLK	.00	2:15pm
ACCY CHK		2:16pm
AIR BLK	.00	2:17pm
SUB TEST	.00	2:18pm
AIR BLK	.00	2:19pm
SUB TEST	.00	2:20pm
ATR BLK	.00	2:21pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

### GASTON COUNTY GASTON COUNTY SO 350

Serial Number: 008643 Test Record Number: 4887 Test Date: 07/17/2024 Test Time: 2:21pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:22pm 2:22pm
FC	Pass	2:22pm

### Temperature Tests

Test	Status	Time
FC1	Pass	2:22pm
SRC	Pass	2:22pm
DET	Pass	2:22pm
BAR	Pass	2:22pm
BT	Pass	2:22pm

### Blank Tests

Test	Status	Time
AIR	Pass	2:23pm

### Printer Tests

Test	Status	Time
PRNT	Pass	2:23pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:23pm

2:23pm

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)

Instrument Seri	al No. 008733 Instrument Location 11. Holly, NC
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on were performed and Human Ser	the

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

Certificate Number

Signature of Certifying Official

GASTON COUNTY MT. HOLLY PD 350

Serial Number: 008733 Test Date: 07/17/2024

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

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

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

Test	g/210L	Time
DIAG	Pass	11:33am
AIR BLK	.00	11:33am
ACCY CHK	.07	11:34am
AIR BLK	.00	11:35am
SUB TEST	.00	11:36am
AIR BLK	.00	11:37am
SUB TEST	.00	11:38am
ATR BLK	.00	11:39am

Reported AC; .00 g/210L

Signature of Chemical Analyst

Court CVR

GASTON COUNTY MT. HOLLY PD 350

Serial Number: 008733 Test Record Number: 1466
Test Date: 07/17/2024 Test Time: 11:39am EDT

System Check: Passed

Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:41am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:41am
	CRC Tests	

Status	Time
Pass	11:41am
Pass	11:41am
	Pass

Preventive Maintenance Status: Pass

Analyst

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

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

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 3 day of July, 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.

GREENE COUNTY GREENE CO SO 390

Serial Number: 008670 Test Date: 07/03/2024

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

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

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

Test	g/210L	Time
DIAG	Pass	11:59am
AIR BLK	.00	11:59am
ACCY CHK	.08	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 Chemical Analyst

Court CVR

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GREENE COUNTY GREENE CO SO 390

Serial Number: 008670 Test Record Number: 2470 Test Date: 07/03/2024 Test Time: 12:06pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:06pm 12:06pm
FC	Pass	12:07pm

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	12:07pm

# Printer Tests Test Status Time

1000	Deacus	4.41110
PRNT	Pass	12:07pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	12:08pm 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)

	maintenance procedures for the Intoximeters, Model Intox EC/IR 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 0,204 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 4 400

> Serial Number: 008601 Test Date: 07/05/2024

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

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

Reported AC: .00 g/210L
Signature of Chemical Analyst

Court CVR

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

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# GUILFORD COUNTY BAT MOBILE REGION 4 400

Serial Number: 008601 Test Record Number: 1600 Test Date: 07/05/2024 Test Time: 11:18pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:19pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:19pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	11:19pm 11:19pm

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)

	ment Ser	ial No. 008601 Instrument Location BAT Mobile Region 4  High Point PD
The p	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 12 day of, 2024 the forgoing preventive maintenance procedures on the instrument indicated above in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.

GUILFORD COUNTY BAT MOBILE REGION 4 400

> Serial Number: 008601 Test Date: 07/12/2024

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: 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	10:08pm
AIR BLK	.00	10:09pm
ACCY CHE	80.	10:10pm
AIR BLK	.00	10:11pm
SUB TEST	.00	10:11pm
AIR BLK	.00	10:12pm
SUB TEST	00.	10:15pm
AIR BLK	.00	10:16pm

Reported AC: .00 g/210L

Signature (of) Chemical Analyst

Court CVR

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Department of Health and Human Services
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### GUILFORD COUNTY BAT MOBILE REGION 4 400

Serial Number: 008601 Test Record Number: 1605 Test Date: 07/12/2024 Test Time: 10:18pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:18pm
FLO	Pass	10:18pm
FC	Pass	10:18pm

#### Temperature Tests

202	Test	Status	Time
FC1 Pass 10:19pm	FC1	Pass	10:19pm
	SRC	Pass	10:19pm
	DET	Pass	10:19pm
BAR Pass 10:19pm	BAR	Pass	10:19pm
	BT	Pass	10:19pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:19pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:19pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:20pm 10:20pm

Preventive Maintenance Status: Pass

Analyst 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)

		INO. 00 8604 Instrument Location UNCG 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.
w	ere performed	the 3 day of Tuly, 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.
Carrier .		18 July 1669
		Signature of Certifying Official Certificate Number

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)

GUILFORD COUNTY UNC-G POLICE DEPT 400

Serial Number: 008604 Test Date: 07/03/2024

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: AG405101 Exp Date: 02/20/2026

g/210L	Time
Pass	10:10am
.00	10:11am
.08	10:11am
.00	10:12am
.00	10:13am
.00	10:14am
.00	10:15am
.00	10:16am
	Pass .00 .08 .00 .00

Reported AC: .00 g/210L

Chemical Analyst

Court CVR

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Department of Health and Human Services

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#### GUILFORD COUNTY UNC-G POLICE DEPT 400

Serial Number: 008604 Test Record Number: 2290 Test Date: 07/03/2024 Test Time: 10:17am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:17am 10:17am
FC	Pass	10:17am

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:18am
SRC	Pass	10:18am
DET	Pass	10:18am
BAR	Pass	10:18am
BT	Pass	10:18am

#### Blank Tests

Test	Status	Time	
AIR	Pass	10:18am	

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:18am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:18am

10:18am

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)

	maintenance procedures for the Intoximeters, Model Intox EC/IR 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 5 day of 324 the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rvices, and the instrument is functioning properly.

Certificate Number

GUILFORD COUNTY BAT MOBILE REGION 4 400

> Serial Number: 008615 Test Date: 07/05/2024

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	11:10pm
AIR BLK	.00	11:11pm
ACCY CHK	.07	11:11pm
AIR BLK	.00	11:12pm
SUB TEST	.00	11:13pm
AIR BLK	.00	11:14pm
SUB TEST	.00	11:15pm
AIR BLK	.00	11:16pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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#### GUILFORD COUNTY BAT MOBILE REGION 4 400

Serial Number: 008615 Test Record Number: 5936 Test Date: 07/05/2024 Test Time: 11:17pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:17pm
FLO	Pass	11:17pm
FC	Pass	11:17pm

#### Temperature Tests

Status	Time
Pass	11:17pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	11:18pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:18pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	11:18pm 11:18pm
CONTRACT.	1000	TT. TOPIN

Preventive Maintenance Status: Pass

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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)

	No. 008638   GREENSBORUING
	aintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed or	e 3 day of JULY .2024 the forgoing preventive maintenance procedures in the instrument indicated above, in accordance with current regulations of the N.C. Department of Health es, 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.

DIHIS 4080 (04/20)

GUILFORD GREENSBORO JAIL 400

Serial Number: 008638 Test Date: 07/03/2024

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: AG405101 Exp Date: 02/20/2026

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

Reported AC: .00 g/210L

Court CVR

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Department of Health and Human Services

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#### GUILFORD GREENSBORO JAIL 400

Serial Number: 008638 Test Record Number: 6455 Test Date: 07/03/2024 Test Time: 8:30am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	8:31am

#### Printer Tests

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

Preventive Maintenance Status: Pass

Pass

Pass

8:31am 8:31am

COMP

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

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

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

GUILFORD COUNTY BAT MOBILE REGION 4 400

> Serial Number: 008736 Test Date: 07/05/2024

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	11:09pm
AIR BLK	.00	11:10pm
ACCY CHK	.08	11:10pm
AIR BLK	.00	11:11pm
SUB TEST	.00	11:13pm
AIR BLK	.00	11:13pm
SUB TEST	.00	11:15pm
AIR BLK	.00	11:16pm

Reported AC: .00 g/210b

Signature of Chemical Analyst

Court CVR

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#### GUILFORD COUNTY BAT MOBILE REGION 4 400

Serial Number: 008736 Test Record Number: 1264 Test Date: 07/05/2024 Test Time: 11:17pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:17pm
FLO	Pass	11:17pm
FC	Pass	11:17pm

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:18pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:18pm
	CRC Tests	
Test	Status	Time
COMP	Pass	11:18pm
CAL	Pass	11:18pm

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 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 12 day of 0,2024 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 4 400

> Serial Number: 008736 Test Date: 07/12/2024

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: 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	10:10pm
AIR BLK	.00	10:11pm
ACCY CHK	.08	10:12pm
AIR BLK	.00	10:13pm
SUB TEST	.00	10:14pm
AIR BLK	.00	10:15pm
SUB TEST	.00	10:16pm
AIR BLK	.00	10:17pm

Reported AC: 100 g/210L

Signature of Chemical Analyst

Court CVR

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Department of Health and Human Services
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Analyst Harrey

# GUILFORD COUNTY BAT MOBILE REGION 4 400

Serial Number: 008736 Test Record Number: 1273 Test Date: 07/12/2024 Test Time: 10:18pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:18pm
FLO	Pass	10:18pm
FC	Pass	10:18pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:19pm
SRC	Pass	10:19pm
DET	Pass	10:19pm
BAR	Pass	10:19pm
BT	Pass	10:19pm

#### Blank Tests

AIR	Pass	10:19pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:19pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:19pm

Preventive Maintenance Status: Pass

Pass

10:19pm

CAL

Analyst /

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

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

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 000 4 day of 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.

GUILFORD COUNTY BAT MOBILE REGION 4 400

> Serial Number: 008775 Test Date: 07/05/2024

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	10:53pm
AIR BLK	.00	10:54pm
ACCY CHK	.07	10:55pm
AIR BLK	.00	10:56pm
SUB TEST	.00	10:56pm
AIR BLK	.00	10:57pm
SUB TEST	.00	10:59pm
AIR BLK	.00	11:00pm

Reported AC: .00 g/210b

Signature of Chemical Analyst

Court CVR

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#### GUILFORD COUNTY BAT MOBILE REGION 4 400

Serial Number: 008775 Test Record Number: 2127 Test Date: 07/05/2024 Test Time: 11:00pm EDT

System Check: Passed

#### Baseline Tests

Status	Time
Pass	11:01pm
Pass	11:01pm
Pass	11:01pm
	Pass Pass

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:01pm
SRC	Pass	11:01pm
DET	Pass	11:01pm
BAR	Pass	11:01pm
BT	Pass	11:01pm

#### Blank Tests

Test	Status	Time
AIR	Pass	11:02pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:02pm
	CRC Tests	
Test	Status	Time
COMP	Pass	11:02pm
CAL	Pass	11:02pm

Preventive Maintenance Status: Pass

Analyst 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.
I certify that on were performed and Human Ser	the day of on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.

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

Signature of Certifying Official

GUILFORD COUNTY BAT MOBILE REGION 4

Serial Number: 008775 Test Date: 07/12/2024

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

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

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

Test	g/210L	Time
DIAG	Pass	10:19pm
AIR BLK	.00	10:20pm
ACCY CHK	.07	10:21pm
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/210L

Signature of Chemical Analyst

Court CVR

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Department of Health and Human Services

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# GUILFORD COUNTY BAT MOBILE REGION 4 400

Serial Number: 008775 Test Record Number: 2135 Test Date: 07/12/2024 Test Time: 10:33pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:33pm 10:33pm
FC	Pass	10:34pm

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:34pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:34pm
	CRC Tests	

COMP	Pass	10:35pm
CAL	Pass	10:35pm

Test Status Time

Preventive Maintenance Status: Pass

Jun & Blesker

## 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. <u>00 8790</u>	_	GILCENSBOR	O,NC
The preventive serial number 1	maintenance procedures for t 0,000 or higher) to be followed	he Intoximeters, Model Inte ed at least once every four r	ox EC/IR II and Model Intox EC/II nonths are:	R II (Enhanced with
(1)	Verify the ethanol gas can breath simulator thermom	nister displays at least 51 po eter shows 34 degrees, plus	ounds per square inch (psi) of press or minus .2 degree centigrade;	ure, or the alcoholic
(2)	Verify instrument display	s time and date;		
(3)	Initiate breath test sequen	ce;		
(4)	Enter information as pron	opted;		
(5)	Verify instrument accurac	y;		
(6)	When *PLEASE BLOW*	appears, collect breath sam	nple;	
(7)	When *PLEASE BLOW*	appears, collect breath sam	nple;	
(8)	Print test record;			
(9)	Run diagnostic program a	nd confirm preventive main	ntenance status of "Pass"; and	
(10)	Verify that the ethanol simulator solution is bei whichever occurs first.	gas canister is being chan ng changed every four m	nged before expiration date, or to onths or after 125 Alcoholic Bre	he alcoholic breath ath Simulator tests,
I certify that on were performed and Human Ser	the 3 day of do not the instrument indicated vices, and the instrument is for	above, in accordance with	the forgoing preventive main current regulations of the N.C. D	stenance procedures epartment of Health
STATE	S BAN CAN			

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008790 Test Date: 07/03/2024

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: AG405101 Exp Date: 02/20/2026

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	.00 .08 .00	8:46am 8:47am 8:48am 8:49am 8:51am
AIR BLK SUB TEST		8:52am 8:54am
ATR BLK		8:55am

Reported AC: .00 g/210L

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

Anarost

Department of Health and Human Services

Rev. 12/2007

# GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008790 Test Record Number: 8210 Test Date: 07/03/2024 Test Time: 8:56am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
ATR	Pass	8:57ar

#### Printer Tests

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

Preventive Maintenance Status: Pass

Pass

8:57am

CAL

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

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

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

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

DHHS 4080 (04/20)

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008794 Test Date: 07/03/2024

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: AG405101 Exp Date: 02/20/2026

Test	g/210L	Time
DIAG	Pass	8:32am
AIR BLK		8:33am
ACCY CHK	.08	8:33am
AIR BLK	.00	8:35am
SUB TEST	.00	8:36am
AIR BLK	.00	8:37am
SUB TEST	.00	8:38am
AIR BLK	.00	8:39am

Reported AC: .00 g/210L

Signiure of themical Analyst

Court CVR

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

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008794 Test Record Number: 8597 Test Date: 07/03/2024 Test Time: 8:40am EDT

System Check: Passed

Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	8:41ar

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:41am
	CRC Tests	,
Test	Status	Time

rest	Status	Time
COMP	Pass	8:41am
CAL	Pass '	8:41am

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)

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 5 day of 000 , 2024 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.

GUILFORD COUNTY BAT MOBILE REGION 4 400

> Serial Number: 008816 Test Date: 07/05/2024

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	10:53pm
AIR BLK	.00	10:54pm
ACCY CHK	.08	10:54pm
AIR BLK	.00	10:55pm
SUB TEST	.00	10:56pm
AIR BLK	.00	10:57pm
SUB TEST	.00	10:58pm
AIR BLK	.00	10:59pm

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

### GUILFORD COUNTY BAT MOBILE REGION 4 400

Serial Number: 008816 Test Record Number: 7724 Test Date: 07/05/2024 Test Time: 11:00pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:01pm 11:01pm
FC	Pass	11:01pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:01pm
SRC	Pass	11:01pm
DET	Pass	11:01pm
BAR	Pass	11:01pm
BT	Pass	11:01pm

#### Blank Tests

Test	Status	Time
AIR	Pass	11:01pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:01pm
	CRC Tests	
Test	Status	Time
COMP	Pass	11:02pm
CAL	Pass	11:02pm

Preventive Maintenance Status: Pass

Analyst Maintenance 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)

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

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

Signature of Certifying Official

Certificate Number

GUILFORD COUNTY BAT MOBILE REGION 4 400

> Serial Number: 008929 Test Date: 07/05/2024

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

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	10:52pm
AIR BLK	.00	10:53pm
ACCY CHK	.07	10:54pm
AIR BLK	.00	10:55pm
SUB TEST	.00	10:55pm
AIR BLK	.00	10:56pm
SUB TEST	.00	10:58pm
AIR BLK	.00	10:59pm

Reported AC: .00 g/210L

Signarung 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

#### GUILFORD COUNTY BAT MOBILE REGION 4 400

Serial Number: 008929 Test Record Number: 1417 Test Date: 07/05/2024 Test Time: 11:00pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:00pm
FLO	Pass	11:00pm
FC	Pass	11:00pm

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time	
AIR	Pass	11:01pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:01pm
	CRC Tests	
Test	Status	Time
COMP	Pass	11:01pm
CAL	Pass	11:01pm

Preventive Maintenance Status: Pass

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

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

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

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

Instrument Seri	Al No. 008656 1040 Romoke AVE Roanche PADIOS, NC
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the

HALIFAX CO. ROANOKE RAPIDS PD 410

Serial Number: 008656 Test Date: 07/03/2024

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

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

Analyst's Name: 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	11:06am
AIR BLK	.00	11:07am
ACCY CHK	.08	11:07am
AIR BLK	.00	11:08am
SUB TEST	.00	11:09am
AIR BLK	.00	11:10am
SUB TEST	.00	11:11am
AIR BLK	.00	11:12am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

#### HALIFAX CO. ROANOKE RAPIDS PD 410

Serial Number: 008656 Test Record Number: 1074
Test Date: 07/03/2024 Test Time: 11:13am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:13am
FLO	Pass	11:13am
FC	Pass	11:13am

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:13am
SRC	Pass	11:13am
DET	Pass	11:13am
BAR	Pass	11:13am
BT	Pass	11:13am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:14am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:14am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:14am
CAL	Pass	11:14am

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 N 0,000 or higher) to be followed at least once every four months are:	Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square is breath simulator thermometer shows 34 degrees, plus or minus .2 degrees	
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of	"Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expir simulator solution is being changed every four months or after 12: whichever occurs first.	ration date, or the alcoholic breath 5 Alcoholic Breath Simulator tests,
I certify that on were performed and Human Ser	the // day of // // 2024 the forgoing on the instrument indicated above, in accordance with current regulation vices, and the instrument is functioning properly.	preventive maintenance procedures ns of the N.C. Department of Health
S'ASLATE O	A	
18/18/AVES		
	Dif R. Cuth	635
	Signature of Certifying Official	Certificate Number

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008714 Test Date: 07/11/2024

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

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008714 Test Record Number: 2320 Test Date: 07/11/2024 Test Time: 11:34am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:35am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:35am
	CRC Tests	
Test	Status	Time

CAL Pass 11:35am

Pass

11:35am

Preventive Maintenance Status: Pass

COMP

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	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 mor	
(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.	before expiration date, or the alcoholic breath is or after 125 Alcoholic Breath Simulator tests,
were periorine	the 15 day of J , 20 2 4 do not the instrument indicated above, in accordance with curvices, and the instrument is functioning properly.	the forgoing preventive maintenance procedures rent regulations of the N.C. Department of Health
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HENDERSON COUNTY HENDERSON COUNTY DETENTION 440

> Serial Number: 008823 Test Date: 07/15/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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: AG405102 Exp Date: 02/20/2026

Test	g/210L	Time
DIAG	Pass	12:39pm
AIR BLK	.00	12:39pm
ACCY CHK	.08	12:40pm
AIR BLK	.00	12:41pm
SUB TEST	.00	12:41pm
AIR BLK	.00	12:42pm
SUB TEST	.00	12:44pm
AIR BLK	.00	12:44pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HENDERSON COUNTY HENDERSON COUNTY DETENTION 440

Serial Number: 008823 Test Record Number: 1983 Test Date: 07/15/2024 Test Time: 12:46pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:47pm
SRC	Pass	12:47pm
DET	Pass	12:47pm
BAR	Pass	12:47pm
BT	Pass	12:47pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:48pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:48pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:48pm
CAL	Pass	12:48pm

Preventive Maintenance Status: Pass

Analyst

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

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

	rial No.008916 Henderson County Detention  Hendersonville, NL
The preventive serial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on were performed and Human Ser	the 29 day of 50, 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.
SATE OF	
	15-21
	Signature of Certifying Official Certificate Number
A signed origina	l of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

HENDERSON COUNTY HENDERSON COUNTY DETENTION 440

> Serial Number: 008916 Test Date: 07/29/2024

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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	3:30pm
AIR BLK	.00	3:30pm
ACCY CHK	.07	3:31pm
AIR BLK	.00	3:32pm
SUB TEST	.00	3:33pm
AIR BLK	.00	3:34pm
SUB TEST	.00	3:35pm
AIR BLK	-00	3:36pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

## HENDERSON COUNTY HENDERSON COUNTY DETENTION 440

Serial Number: 008916 Test Record Number: 1924 

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	3:38pm

#### Printer Tests

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

Pass 3:38pm

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)

	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on	the 15 <sup>th</sup> day of July , 20 24 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health

HERTFORD COUNTY AHOSKIE PD 450

Serial Number: 008848 Test Date: 07/15/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

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

Reported AC: .00 g/210L

ignature of Chamical Analyst

Court CVR

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

Analyst

Department of Health and Human Services

#### HERTFORD COUNTY AHOSKIE PD 450

Serial Number: 008848 Test Record Number: 1900 Test Date: 07/15/2024 Test Time: 11:12am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:13am 11:13am
FC	Pass	11:13am

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:13am
SRC	Pass	11:13am
DET	Pass	11:13am
BAR	Pass	11:13am
BT	Pass	11:13am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:14am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:14am
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	11:14am 11:14am

Preventive Maintenance Status: Pass

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

Department of Health and Human Services Rev. 12/2007

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

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

C	ounty	Hoke	Instrument Location_	BAT	705le	Region 6
le	nstrument :	Serial No. 00 8584	-	Hoke	Count	legion 6 by SO
		tive maintenance procedures for per 10,000 or higher) to be follow			Model Intox EC	/IR II (Enhanced with
	(1)		nnister displays at least 51 p meter shows 34 degrees, plu			ssure, or the alcoholic
	(2)	Verify instrument displa	ys time and date;			
	(3)	Initiate breath test seque	nce;			
	(4)	Enter information as pro	mpted;			
4	(5)	Verify instrument accura	icy;			
,	(6)	When "PLEASE BLOW	" appears, collect breath sa	mple;		
	(7)	When "PLEASE BLOW	" appears, collect breath sa	mple;	2	
	(8)	Print test record;				
	(9)	Run diagnostic program	and confirm preventive ma	intenance status o	f "Pass"; and	
	(10)		gas canister is being changed every four n			
w	ere perfor	at on the 274 day of	d above, in accordance wit			intenance procedures Department of Health
	A VA SIA	TE OA				
1						
GRE			0	_		
1	in our				C	.84
	Contraction of the Contraction o	**************************************	Signature of Certifying (	Official	Certi	ficate Number



#### HOKE COUNTY BAT MOBILE REGION 6 460

Serial Number: 008584 Test Date: 07/27/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male ver'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: AG400303 Exp Date: 01/03/2026

Test	g/210L	Time
DIAG	Pass	7:41pm
AIR BLK	.00	7:42pm
ACCY CHK	.07	7:43pm
AIR BLK	.00	7:44pm
SUB TEST	.00	7:44pm
AIR BLK	.00	7:45pm
SUB TEST	.00	7:47pm
AIR BLK	.00	7:48pm

Reported AC: .00 g/210L

Signature Chemical Analyst

Court CVR

Analyst

#### HOKE COUNTY BAT MOBILE REGION 6 460

Serial Number: 008584 Test Record Number: 2720 Test Date: 07/27/2024 Test Time: 7:49pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	7:49pm
FLO	Pass	7:49pm
FC	Pass	7:49pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	7:49pm
SRC	Pass	7:49pm
DET	Pass	7:49pm
BAR	Pass	7:49pm
BT	Pass	7:49pm

#### Blank Tests

Test	Status	Time	
AIR	Pass	7:50pm	

#### Printer Tests

Test	Status	Time	
PRNT	Pass	7:50pm	

#### CRC Tests

Test	Status	Time
COMP	Pass	7:50pm
CAL	Pass	7:50pm

Preventive Maintenance Status: 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)

ln	strument Seri	al No. 00 8637 Hoke	Mobile legion 6 County SO
		maintenance procedures for the Intoximeters, Model Intox EC/IR II o,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	
	(2)	Verify instrument displays time and date;	
	(3)	Initiate breath test sequence;	
	(4)	Enter information as prompted;	
	(5)	Verify instrument accuracy;	
	(6)	When "PLEASE BLOW" appears, collect breath sample;	
	(7)	When "PLEASE BLOW" appears, collect breath sample;	
	(8)	Print test record;	
	(9)	Run diagnostic program and confirm preventive maintenance state	us of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before simulator solution is being changed every four months or after whichever occurs first.	
W	ere performed	the	oing preventive maintenance procedures slations of the N.C. Department of Health
REALES			
13	A PHY		

HOKE COUNTY BAT MOBILE REGION 6 460

Serial Number: 008637 Test Date: 07/27/2024

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: AG308101 Exp Date: 03/22/2025

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	7:44pm
AIR BLK	.00	7:45pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### HOKE COUNTY BAT MOBILE REGION 6 460

Serial Number: 008637 Test Record Number: 3431 Test Date: 07/27/2024 Test Time: 7:45pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	7:45pm
FLO	Pass	7:45pm
FC	Pass	7:46pm

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	7:46pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	7:46pm

#### CRC Tests

Test	Status	Time
COMP	Pass	7:47pm
CAL	Pass	7:47pm

Preventive Maintenance Status: Pass

Analyst

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

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

	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 alc breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;	oholid
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program 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.	
	on the 5 day of	edures Health
	11/1 675	

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008846 Test Date: 07/25/2024

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: 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	11:09am
AIR BLK	.00	11:09am
ACCY CHK	.08	11:10am
AIR BLK	.00	11:11am
SUB TEST	.00	11:12am
AIR BLK	.00	11:13am
SUB TEST	.00	11:15am
AIR BLK	.00	11:15am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### HOKE COUNTY DETENTION CENTER 460

Serial Number: 008846 Test Record Number: 6306 Test Date: 07/25/2024 Test Time: 11:16am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:17am

#### Printer Tests

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

CAL Pass 11:17am

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 30 day of

HYDE COUNTY HYDE CO SO OCRACOKE 470

Serial Number: 008797 Test Date: 07/30/2024

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: 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	10:17am
AIR BLK	.00	10:18am
ACCY CHK	.07	10:19am
AIR BLK	.00	10:20am
SUB TEST	.00	10:21am
AIR BLK	.00	10:22am
SUB TEST	.00	10:24am
AIR BLK	.00	10:25am

Reported AC: ...00 g/210L

Signature of Cheffical Analyst

Court CVR

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

Department of Health and Human Services

#### HYDE COUNTY HYDE CO SO OCRACOKE 470

Serial Number: 008797 Test Record Number: 719 Test Date: 07/30/2024 Test Time: 10:25am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:26am 10:26am
FC	Pass	10:26am

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:26am
SRC	Pass	10:26am
DET	Pass	10:26am
BAR	Pass	10:26am
BT	Pass	10:26am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:27am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:27am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:27am
CAL	Pass	10:27am

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

### 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 4 day of 3,20 4 the forgoing preventive maintenance procedures d on the instrument indicated above in accordance with current regulations of the N.C. Department of Health rvices, and the instrument is functioning properly.

IREDELL COUNTY BAT MOBILE REGION 4 480

Serial Number: 008615 Test Date: 07/04/2024

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: 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	.07	10:05pm
AIR BLK	.00	10:06pm
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

### IREDELL COUNTY BAT MOBILE REGION 4 480

Serial Number: 008615 Test Record Number: 5934 Test Date: 07/04/2024 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	10:11pm

### 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)

	maintenance procedures for the Intoximeters, Model Intox EC/IR 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 Half day of July , 20 24the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.

### IREDELL COUNTY BAT MOBILE REGION 4 480

Serial Number: 008775 Test Date: 07/04/2024

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 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	9:10pm
AIR BLK	.00	9:11pm
ACCY CHK	.07	9:11pm
AIR BLK	.00	9:12pm
SUB TEST	.00	9:13pm
AIR BLK	.00	9:14pm
SUB TEST	.00	9:15pm
AIR BLK	.00	9:16pm

Reported AC: \_00 g/210I

Signature of Chemical Analyst

Court CVR

### IREDELL COUNTY BAT MOBILE REGION 4 480

Serial Number: 008775 Test Record Number: 2122 Test Date: 07/04/2024 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	9:19pm
SRC	Pass	9:19pm
DET	Pass	9:19pm
BAR	Pass	9:19pm
BT	Pass	9:19pm

### Blank Tests

Test	Status	Time
AIR	Pass	9:20pm

### Printer Tests

Test	Status	Time
PRNT	Pass	9:20pm
	CRC Tests	
Test	Status	Time

rest	Scacus	Time
COMP	Pass	9:20pm
CAL	Pass	9:20pm

Preventive Maintenance Status: Pass

Sand Harry D

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

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

#### IREDELL COUNTY BAT MOBILE REGION 4 480

Serial Number: 008929 Test Date: 07/04/2024

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: 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	9:11pm
.00	9:12pm
.07	9:13pm
.00	9:14pm
.00	9:15pm
.00	9:16pm
.00	9:17pm
.00	9:18pm
	Pass .00 .07 .00 .00

Reported AC: .90 g/210L

Signature of Chemical Analyst

Court CVR

### IREDELL COUNTY BAT MOBILE REGION 4 480

Serial Number: 008929 Test Record Number: 1410 

System Check: Passed

### Baseline Tests

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

### Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	9:22pm

### Printer Tests

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

Preventive Maintenance Status: Pass

9:22pm

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

	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced wit 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least \$1 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 OI day of JOLY 2024 the forgoing preventive maintenance procedured on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.

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

DHHS 4080 (04/20)

JONES COUNTY DETENTION CENTER 510

Serial Number: 008705 Test Date: 07/01/2024

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

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

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

Test	g/210L	Time
DIAG	Pass	12:03pm
AIR BLK		12:04pm
ACCY CHK	.07	12:05pm
AIR BLK	.00	12:06pm
SUB TEST		12:07pm
AIR BLK	.00	12:07pm
SUB TEST		12:09pm
AIR BLK	.00	12:10pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

### JONES COUNTY DETENTION CENTER 510

Serial Number: 008705 Test Record Number: 1802 Test Date: 07/01/2024 Test Time: 12:10pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:11pm 12:11pm
PC	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
	CRC Tests	
		-1

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

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)

	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with
(1)	0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the 31 day of 400 , 2024 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.

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

Signature of Certifying Official

Certificate Number

LINCOLN COUNTY LINCOLN COUNTY SO 540

Serial Number: 008823 Test Date: 07/31/2024

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: Helms, Bryce A

Permit Number: 0084-9845

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	12:25pm
AIR BLK	.00	12:25pm
ACCY CHK	.08	12:26pm
AIR BLK	.00	12:27pm
SUB TEST	.00	12:27pm
AIR BLK	.00	12:28pm
SUB TEST	.00	12:30pm
AIR BLK	.00	12:31pm

Reported AC; .00 g/210L

Signature of Chemical Analyst

Court CVR

### LINCOLN COUNTY LINCOLN COUNTY SO 540

Serial Number: 008823 Test Record Number: 1993 Test Date: 07/31/2024 Test Time: 12:31pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:32pm
FLO	Pass	12:32pm
FC	Pass	12:32pm

### Temperature Tests

Test	Status	Time
FC1	Pass	12:32pm
SRC	Pass	12:32pm
DET	Pass	12:32pm
BAR	Pass	12:32pm
BT	Pass	12:32pm

### Blank Tests

Test	Status	Time
AIR	Pass	12:32pm

### Printer Tests

Test	Status	Time
PRNT	Pass	12:32pm
	CRC Tests	
Test	Status	Time

COMP	Pass	12:33pm
CAL	Pass	12:33pm

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)

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

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

Signature of Certifying Official

Certificate Number

LINCOLN COUNTY LINCOLN COUNTY SO 540

Serial Number: 008827 Test Date: 07/17/2024

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

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

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

Test	g/210L	Time
DIAG	Pass	12:36pm
AIR BLK	.00	12:36pm
ACCY CHK	.08	12:37pm
AIR BLK	.00	12:38pm
SUB TEST	.00	12:39pm
AIR BLK	.00	12:40pm
SUB TEST	.00	12:41pm
ATR BLK	.00	12:42pm

Reported AC; .00 g/210L

Signature of Chemical Analyst

Court CVR

### LINCOLN COUNTY LINCOLN COUNTY SO 540

Serial Number: 008827 Test Record Number: 4157 Test Date: 07/17/2024 Test Time: 12:42pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:43pm 12:43pm
FC	Pass	12:43pm

### Temperature Tests

Test	Status	Time
FC1	Pass	12:43pm
SRC	Pass	12:43pm
DET	Pass	12:43pm
BAR	Pass	12:43pm
BT	Pass	12:43pm

### Blank Tests

Test	Status	Time	
AIR	Pass	12:44pm	

### Printer Tests

Test	Status	Time
PRNT	Pass	12:44pm

#### CRC Tests

Test	Status	Time
COMP	Pass Pass	12:44pm 12:44pm

Preventive Maintenance

Status: Pass

Analyst

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

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

### LINCOLN COUNTY BAT MOBILE REGION 4 540

Serial Number: 008929 Test Date: 07/21/2024

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: Glasscock, Jerry D

Permit Number: 7180-9235

Effective:

10/01/2023-10/01/2025

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

Agency: DHHS

Test Type: Breath Test

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

Test q/210L Time

DIAG	Pass	4:40pm
AIR BLK	.00	4:41pm
ACCY CHK	.08	4:42pm
AIR BLK	.00	4:43pm
SUB TEST	.00	4:44pm

AIR BLK .00 4:45pm SUB TEST .00 4:46pm AIR BLK .00 4:47pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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Forensic Tests for Alcohol Branch
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### LINCOLN COUNTY BAT MOBILE REGION 4 540

Serial Number: 008929 Test Record Number: 1423

System Check: Passed

### Baseline Tests

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

### Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	4:50pm

### Printer Tests

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

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)

	INO. 008618 Franklin, 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

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008618 Test Date: 07/19/2024

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: 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	12:46pm
AIR BLK	-00	12:47pm
ACCY CHK	.07	12:48pm
AIR BLK	.00	12:49pm
SUB TEST	.00	12:50pm
AIR BLK	.00	12:51pm
SUB TEST	.00	12:52pm
AIR BLK	.00	12:53pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Out R. Cuth

### MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008618 Test Record Number: 2610 Test Date: 07/19/2024 Test Time: 12:54pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	12:55pm
FLO	Pass Pass	12:55pm 12:55pm

### Temperature Tests

Test	Status	Time
FC1	Pass	12:55pm
SRC	Pass	12:55pm
DET	Pass	12:55pm
BAR	Pass	12:55pm
BT	Pass	12:55pm

### Blank Tests

Test	Status	Time
AIR	Pass	12:55pm

### Printer Tests

Test	Status	Time
PRNT	Pass	12:56pm
	CRC Tests	
Test	Status	Time

1000		
COMP	Pass	12:56pm
CAL	Pass	12:56pm

Preventive Maintenance Status: Pass

Analyst

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

The preventive serial number 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	inch (psi) of pressure, or the alcoholic ree centigrade;
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect 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.	
were performed	the	preventive maintenance procedures ons of the N.C. Department of Health
	Signature of Certifying Official	Certificate Number

MACON COUNTY MACON CO MAGISTRATE 550

Serial Number: 008795 Test Date: 07/15/2024

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

Analyst's Name: 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	2:12pm
AIR BLK	.00	2:12pm
ACCY CHK	.08	2:13pm
AIR BLK	.00	2:14pm
SUB TEST	.00	2:15pm
AIR BLK	.00	2:16pm
SUB TEST	.00	2:17pm
AIR BLK	.00	2:18pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Dif R. Cuth

### MACON COUNTY MACON CO MAGISTRATE 550

Serial Number: 008795 Test Record Number: 691 Test Date: 07/15/2024 Test Time: 2:19pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	2:20pm
FLO	Pass	2:20pm
FC	Pass	2:20pm

### Temperature Tests

Test	Status	Time
FC1	Pass	2:20pm
SRC	Pass	2:20pm
DET	Pass	2:20pm
BAR	Pass	2:20pm
BT	Pass	2:20pm

### Blank Tests

Test	Status	Time
AIR	Pass	2:21pm

### Printer Tests

Status	Time
Pass	2:21pm
CRC Tests	
Status	Time
Pass	2:21pm
Pass	2:21pm
	Pass CRC Tests Status Pass

Preventive Maintenance Status: Pass

Analyst

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

County M	adison Instrument Location Mars Hill PD	
Instrument Seri	al No. 008582 Mars H. 11, 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.	
were performed	the 10 day of 3, 20 29 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.	
COAN COAN COAN COAN COAN COAN COAN COAN	Signature of Certifying Official Certificate Number	
	Centricate Number	

MADISON COUNTY MARS HILL PD 560

Serial Number: 008582 Test Date: 07/10/2024

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	11:40am
AIR BLK	.00	11:41am
ACCY CHK	.07	11:42am
AIR BLK	.00	11:43am
SUB TEST	.00	11:43am
AIR BLK	.00	11:44am
SUB TEST	.00	11:46am
AIR BLK	.00	11:46am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

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### MADISON COUNTY MARS HILL PD 560

Serial Number: 008582 Test Record Number: 1284
Test Date: 07/10/2024 Test Time: 11:47am EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	11:48am
FLO	Pass	11:48am
FC	Pass	11:48am

### Temperature Tests

Test	Status	Time
FC1	Pass	11:48am
SRC	Pass	11:48am
DET	Pass	11:48am
BAR	Pass	11:48am
BT	Pass	11:48am

### Blank Tests

Test	Status	Time
AIR	Pass	11:49am

### Printer Tests

Test

PRNT	Pass	11:49am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:49am
CAL	Pass	11:49am

Status Time

Preventive Maintenance Status: Pass

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

Rev. 12/2007

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

County_ <u>1</u> ^	Madison Instrument Location Madison	County Jail
Instrument Se		rshall, NC
The preventive serial number	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II and ber 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 alcoholi- gree centigrade:
(2)		
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect 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)		
were performed	on the 10 day of July , 20 2 4 the forgoing med on the instrument indicated above, in accordance with current regulation Services, and the instrument is functioning properly.	preventive maintenance procedures ons of the N.C. Department of Health
Cauven	1 12 1	(0/08
	Signature of Certifying Official	Certificate Number

MADISON COUNTY MADISON COUNTY JAIL 560

Serial Number: 008599 Test Date: 07/10/2024

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	12:30pm 12:31pm 12:32pm 12:33pm 12:33pm
SUB TEST	.00	12:34pm 12:36pm
AIR BLK	.00	12.36pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

Rev. 12/2007

### MADISON COUNTY MADISON COUNTY JAIL 560

Serial Number: 008599 Test Record Number: 1455 Test Date: 07/10/2024 Test Time: 12:37pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	12:38pm
FLO	Pass	12:38pm
FC	Pass	12:38pm

### Temperature Tests

Test	Status	Time
FC1	Pass	12:38pm
SRC	Pass	12:38pm
DET	Pass	12:38pm
BAR	Pass	12:38pm
BT	Pass	12:38pm

### Blank Tests

Test	Status	Time
AIR	Pass	12:38pm

### Printer Tests

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

COMP Pass 12:39pm CAL Pass 12:39pm

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 7	ecklenburg Instrument Location Pineville PD  al No. 008703 Pineville, NC
Instrument Seria	Pineville, NC
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on were performed and Human Ser	the day of

Signature of Certifying Official Certificate Number

MECKLENBURG COUNTY PINEVILLE PD 590

Serial Number: 008703 Test Date: 07/16/2024

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: 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	11:25am
AIR BLK	.00	11:25am
ACCY CHK	.08	11:26am
AIR BLK	.00	11:27am
SUB TEST	.00	11:28am
AIR BLK	.00	11:29am
SUB TEST	.00	11:32am
AIR BLK	.00	11:33am

Reported AC: Chemical Analyst

Court CVR

### MECKLENBURG COUNTY PINEVILLE PD 590

Serial Number: 008703

Test Record Number: 6278 Test Time: 11:33am EDT

Test Date: 07/16/2024

System Check: Passed

### Baseline Tests

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

### Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	11:35am

### Printer Tests

Test	Status	Time
PRNT	Pass	11:35am
	CRC Tests	

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

Preventive Maintenance

# 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. 608775 Instrument Location BAT Mabile Region 4  CMPD
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 10 day of 3014, 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

MECKLENBURG COUNTY BAT MOBILE REGION 4 590

> Serial Number: 008775 Test Date: 07/10/2024

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

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

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

Test	g/210L	Time
DIAG	Pass	9:09pm
AIR BLK		9:10pm
ACCY CHK	.07	9:11pm
AIR BLK	.00	9:12pm
SUB TEST	.00	9:12pm
AIR BLK	.00	9:13pm
SUB TEST	.00	9:15pm
AIR BLK	.00	9:16pm

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

### MECKLENBURG COUNTY BAT MOBILE REGION 4 590

Serial Number: 008775 Test Record Number: 2132
Test Date: 07/10/2024 Test Time: 9:22pm EDT

System Check: Passed

### Baseline Tests

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

### Temperature Tests

Test	Status	Time
FC1	Pass	9:23pm
SRC	Pass	9:23pm
DET	Pass	9:23pm
BAR	Pass	9:23pm
BT	Pass	9:23pm

### Blank Tests

Test	Status	Time
AIR	Pass	9:23pm

### Printer Tests

Test Status Time

1600	Status	TTIME
PRNT	Pass	9:23pm
	CRC Tests	
Test	Status	Time

Pass

Pass

9:24pm

9:24pm

Preventive Maintenance Status: Pass

COMP

CAL

Sun De Sasare

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

— Serial	ial No. 008775 Instrument Location BAT Hobile Region 4  Mint Hill PD
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 18 day of, 2024 the forgoing preventive maintenance procedures d on the instrument indicated above in accordance with current regulations of the N.C. Department of Health rvices, and the instrument is functioning properly.

MECKLENBURG COUNTY BAT MOBILE REGION 4
590

Serial Number: 008775 Test Date: 07/18/2024

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: 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	9:07pm
AIR BLK	.00	9:08pm
ACCY CHK	.07	9:08pm
AIR BLK	.00	9:09pm
SUB TEST	.00	9:10pm
AIR BLK	.00	9:11pm
SUB TEST	.00	9:12pm
AIR BLK	.00	9:13pm

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

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# MECKLENBURG COUNTY BAT MOBILE REGION 4 590

Serial Number: 008775 Test Record Number: 2138 Test Date: 07/18/2024 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
AIR	Pass	9:17pm

### Printer Tests

resc	Status	Time
PRNT	Pass	9:17pm
	CRC Tests	
Test	Status	Time

Preventive Maintenance Status: Pass

Pass

Pass

9:18pm

9:18pm

COMP

CAL

Jung To Hasper

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

Instru	ment Seri	al No. 008775 Instrument Location BAT Hobile Region 4
		maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholi breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	(2)	Verify instrument displays time and date;
	(3)	Initiate breath test sequence;
	(4)	Enter information as prompted;
	(5)	Verify instrument accuracy;
	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
were p	erforme	the 25 day of

MECKLENBURG COUNTY BAT MOBILE REGION 4
590

Serial Number: 008775 Test Date: 07/25/2024

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

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

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

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

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

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

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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# MECKLENBURG COUNTY BAT MOBILE REGION 4 590

Serial Number: 008775 Test Record Number: 2142 Test Date: 07/25/2024 Test Time: 10:24pm EDT

System Check: Passed

### Baseline Tests

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

### Temperature Tests

Test	Status	Time
FC1	Pass	10:25pm
SRC	Pass	10:25pm
DET	Pass	10:25pm
BAR	Pass	10:25pm
BT	Pass	10:25pm

### Blank Tests

Test	Status	Time	
AIR	Pass	10:26pm	

### Printer Tests

Test	Status	Time
PRNT	Pass	10:26pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:26pm
CAL	Pass	10.26pm

Preventive Maintenance Status: Pass

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

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

CKLENBURG COUNTY BAT MOBILE REGION 4
590

Serial Number: 008816 Test Date: 07/11/2024

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 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	9:15pm
AIR BLK	.00	9:16pm
ACCY CHK	.07	9:16pm
AIR BLK	.00	9:17pm
SUB TEST	.00	9:18pm
AIR BLK	.00	9:19pm
SUB TEST	.00	9:20pm
AIR BLK	.00	9:21pm

Reported AC: 1.00 g/210L

Signature of Chemical Analyst

Court CVR

# MECKLENBURG COUNTY BAT MOBILE REGION 4 590

Serial Number: 008816 Test Record Number: 7729
Test Date: 07/11/2024 Test Time: 9:22pm EDT

System Check: Passed

### Baseline Tests

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

# Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	9:23pm

### Printer Tests

Test	Status	Time
PRNT	Pass	9:23pm
	CDC Tooks	

#### CRC Tests

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

Preventive Maintenance Status: Pass

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

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

MECKLENBURG COUNTY BAT MOBILE REGION 4
590

Serial Number: 008816 Test Date: 07/25/2024

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

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

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Rev. 12/2007

### MECKLENBURG COUNTY BAT MOBILE REGION 4 590

Serial Number: 008816 Test Record Number: 7731 Test Date: 07/25/2024 Test Time: 11:01pm EDT

System Check: Passed

### Baseline Tests

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

### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:02pm

### Printer Tests

Test	Status	Time
PRNT	Pass	11:03pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:03pm 11:03pm

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 Instrument Ser	ecklenburg Instrument Location Mecklenburg County 80 Charlotte, ruc
The preventive serial number	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on were performed and Human Ser	the 15 day of 4, 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 revices, and the instrument is functioning properly.

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

Signature of Certifying Official

Certificate Number

### MECKLENBURG COUNTY SHERIFFS OFFICE 590

Serial Number: 008910 Test Date: 07/15/2024

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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	1:04pm
AIR BLK	.00	1:05pm
ACCY CHK	.07	1:06pm
AIR BLK	.00	1:07pm
SUB TEST	.00	1:08pm
AIR BLK	.00	1:08pm
SUB TEST	.00	1:10pm
AIR BLK	.00	1:11pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

### MECKLENBURG COUNTY SHERIFFS OFFICE 590

Serial Number: 008910 Test Record Number: 1703 Test Date: 07/15/2024 Test Time: 1:11pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:12pm
FLO	Pass	1:12pm
FC	Pass	1:12pm

### Temperature Tests

Test	Status	Time
FC1	Pass	1:12pm
SRC	Pass	1:12pm
DET	Pass	1:12pm
BAR	Pass	1:12pm
BT	Pass	1:12pm

### Blank Tests

Test	Status	Time
AIR	Pass	1:12pm

### Printer Tests

Test	Status	Time
PRNT	Pass	1:12pm
	CRC Tests	

Test	Status	Time
COMP	Pass	1:13pm
CAL	Pass	1:13pm

Preventive Maintenance Status: Pass

Analyst

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

Instrument Seri	al No. 008929 Instrument Location BAT Mobile Region 7 CMPD
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before 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 10 day of 3 day o

MECKLENBURG COUNTY BAT MOBILE REGION 4
590

Serial Number: 008929 Test Date: 07/10/2024

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

Subject'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	9:14pm
AIR BLK	.00	9:15pm
ACCY CHK	.07	9:16pm
AIR BLK	.00	9:17pm
SUB TEST	.00	9:18pm
AIR BLK	.00	9:19pm
SUB TEST	.00	9:22pm
AIR BLK	.00	9:22pm

Reported AC: .00 g/210L

Court CVR

# MECKLENBURG COUNTY BAT MOBILE REGION 4 590

Serial Number: 008929 Test Record Number: 1419
Test Date: 07/10/2024 Test Time: 9:23pm EDT

System Check: Passed

### Baseline Tests

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

# Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	9:25pm

### Printer Tests

Test	Status	Time
PRNT	Pass	9:25pm
	CRC Tests	
Test	Status	Time

Pass

Pass

9:25pm

9:25pm

Preventive Maintenance Status: Pass

COMP

CAL

This form is used when performing Preventive Maintenance procedures

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

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

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

# MECKLENBURG COUNTY BAT MOBILE REGION 4 590

Serial Number: 008929 Test Record Number: 1421 Test Date: 07/18/2024 Test Time: 9:22pm EDT

System Check: Passed

### Baseline Tests

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

### Temperature Tests

Test	Status	Time
FC1	Pass	9:23pm
SRC	Pass	9:23pm
DET	Pass	9:23pm
BAR	Pass	9:23pm
BT	Pass	9:23pm

### Blank Tests

Test	Status	Time
AIR	Pass	9:24pm

### Printer Tests

Test	Status	Time
PRNT	Pass	9:24pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	9:24pm 9:24pm
	1000	2 . 2 a Parit

Preventive Maintenance Status: Pass

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MECKLENBURG COUNTY BAT MOBILE REGION 4

Serial Number: 008929 Test Date: 07/18/2024

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: 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	9:15pm
AIR BLK	.00	9:16pm
ACCY CHK	.07	9:16pm
AIR BLK	.00	9:18pm
SUB TEST	.00	9:18pm
AIR BLK	.00	9:19pm
SUB TEST	.00	9:21pm
AIR BLK	.00	9:22pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

he preventive	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with
	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.

MECKLENBURG COUNTY BAT MOBILE REGION 4
590

Serial Number: 008929 Test Date: 07/25/2024

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

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

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

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

Test	g/210L	Time
DIAG	Pass	10:18pm
AIR BLK	.00	10:19pm
ACCY CHK	.07	10:20pm
AIR BLK	.00	10:21pm
SUB TEST	.00	10:22pm
AIR BLK	.00	10:23pm
SUB TEST	.00	10:24pm
AIR BLK	.00	10:25pm

Reported AC: .00 g/210L-

Signature of Chemical Analyst

Court CVR

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

Malyst Analyst

### MECKLENBURG COUNTY BAT MOBILE REGION 4 590

Serial Number: 008929 Test Record Number: 1425 Test Date: 07/25/2024 Test Time: 10:29pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	10:29pm
FLO	Pass	10:29pm
FC	Pass	10:29pm

### Temperature Tests

Test	Status	Time
FC1	Pass	10:29pm
SRC	Pass	10:29pm
DET	Pass	10:29pm
BAR	Pass	10:29pm
BT	Pass	10:29pm

### Blank Tests

Test	Status	Time
AIR	Pass	10:30pm

### Printer Tests

Test	Status	Time
PRNT	Pass	10:30pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:30pm

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 County	CKUTSCRUCE Instrument Location Cocupions FD
Instrument Seri	al No. 008692 Conserve NC
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
were performed	the 29 day of
- Galla All	Signature of Certifying Official Certificate Number

# MECKLENBURG COUNTY CORNELIUS PD 590

Serial Number: 008692 Test Date: 07/29/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# MECKLENBURG COUNTY CORNELIUS PD 590

Serial Number: 008692 Test Record Number: 3689
Test Date: 07/29/2024 Test Time: 1:46pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	1:46pm
FLO	Pass	1:46pm
FC	Pass	1:46pm

### Temperature Tests

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

### Blank Tests

Test	Status	Time	
AIR	Pass	1:47pm	

### Printer Tests

Test	Status	Time
PRNT	Pass	1:47pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:47pm
CAL	Pass	1:47pm

Preventive Maintenance Status: Pass

Analyst

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

Instrument Ser	ial No. 00 8686 Rocky Mount PD
	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 alcoh breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic bro- simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to whichever occurs first.
were performed	the 33cd day of 50 ye, in accordance with current regulations of the N.C. Department of He rvices, and the instrument is functioning properly.
	1 44

NASH COUNTY BAT MOBILE REGION 6 630

Serial Number: 008686 Test Date: 07/23/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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	12:21pm
AIR BLK	.00	12:22pm
ACCY CHK	.07	12:23pm
AIR BLK	.00	12:24pm
SUB TEST	.00	12:24pm
AIR BLK	.00	12:25pm
SUB TEST	.00	12:27pm
AIR BLK	.00	12:28pm

Reported AC: .00 gtz10L

Signature of Chemical Analyst

Court CVR

Analyst

### NASH COUNTY BAT MOBILE REGION 6 630

Serial Number: 008686 Test Record Number: 7075 Test Date: 07/23/2024 Test Time: 12:29pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time	
IR	Pass	12:29pm	
FLO	Pass	12:29pm	
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
ATR	Pass	12:30pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:30pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:30pm
CAL	Pass	12:30pm

Preventive Maintenance Status: Pass

Analyst

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

The preventive m	Verify the ethanol gas canis breath simulator thermomet Verify instrument displays	e Intoximeters, M l at least once ever ster displays at lea ter shows 34 degre	odel Intox EC/IR II and ry four months are;	Mount, NC  Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canis breath simulator thermomet Verify instrument displays	ster displays at leaser shows 34 degree	odel Intox EC/IR II and ry four months are;	Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canis breath simulator thermomet Verify instrument displays	ster displays at leaser shows 34 degree	ry four months are;	Single facility of account of the state of
(2)	Verify instrument displays	er snows 34 degre	est 51 pounds per square ces, plus or minus .2 des	e inch (psi) of pressure, or the alcoholic
1000000	240	en and a second		gree centigrade;
(3)	Transfer of the second	time and date;		
	Initiate breath test sequence	:		
(4)	Enter information as promp	ted;		
(5)	Verify instrument accuracy;			
(6)	When "PLEASE BLOW" as	ppears, collect bre	eath sample;	
(7)	When "PLEASE BLOW" ap	ppears, collect bre	ath sample;	
(8)	Print test record;			
(9)	Run diagnostic program and	l confirm preventi	ve maintenance status o	of "Pass"; and
(10)	Verify that the ethanol gas simulator solution is being whichever occurs first,	s canister is being changed every	ng changed before exp four months or after I	piration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,
were performed o	day of July on the instrument indicated at es, and the instrument is fund	rove, in accordant	ce with current requisit.	g preventive maintenance procedures ons of the N.C. Department of Health
GOM (ST	10	ignature of Certif	/	Certificate Number

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

DHHS 4080 (04/20)

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008741 Test Date: 07/10/2024

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

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

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

Test	g/210L	Time
DIAG	Pass	10:25am
AIR BLK	.00	10:25am
ACCY CHK	.07	10:26am
AIR BLK	.00	10:27am
SUB TEST	.00	10:28am
AIR BLK	.00	10:29am
SUB TEST	.00	10:30am
AIR BLK	.00	10:31am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008741 Test Test Date: 07/10/2024 Tes

Test Record Number: 3141 Test Time: 10:32am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:32am
FLO	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	10:33am

### Printer Tests

Test	Status	Time
PRNT	Pass	10:33am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:33am

Preventive Maintenance Status: Pass

Analyst

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

(1) (2) (3) (4) (5)	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:  Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;  Verify instrument displays time and date;  Initiate breath test sequence;  Enter information as prompted;		
(2) (3) (4)	breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;  Verify instrument displays time and date;  Initiate breath test sequence;		
(3) (4)	Initiate breath test sequence;		
(4)			
	Enter information as prompted;		
(5)			
(3)	Verify instrument accuracy;		
(6)	When "PLEASE BLOW" appears, collect breath sample;		
(7)	When "PLEASE BLOW" appears, collect breath sample;		
(8)	Print test record;		
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and		
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.		
vere performed	the 33-6 day of 5 wy, 20 34 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.		

NASH COUNTY BAT MOBILE REGION 6 630

Serial Number: 008776 Test Date: 07/23/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

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

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

# NASH COUNTY BAT MOBILE REGION 6 630

Serial Number: 008776 Test Record Number: 4031 Test Date: 07/23/2024 Test Time: 12:26pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	12:26pm
FLO	Pass	12:26pm
FC	Pass	12:26pm

# Temperature Tests

Test	Status	Time
FC1	Pass	12:26pm
SRC	Pass	12:26pm
DET	Pass	12:26pm
BAR	Pass	12:26pm
BT	Pass	12:26pm

# Blank Tests

Test	Status	Time
AIR	Pass	12:27pm

### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

Instrument Seri	al No. 00 8667		BEACH	PD
	maintenance procedures for th 0,000 or higher) to be follower		tox EC/IR II and Model Intox E months are:	C/IR II (Enhanced with
(1)			ounds per square inch (psi) of po s or minus .2 degree centigrade;	
(2)	Verify instrument displays	time and date;		
(3)	Initiate breath test sequence	e;		
(4)	Enter information as prom	pted;		
(5)	Verify instrument accuracy	Verify instrument accuracy;		
(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	d confirm preventive mai	ntenance status of "Pass"; and	
(10)			nged before expiration date, of onths or after 125 Alcoholic I	
were performed	the	above, in accordance with	the forgoing preventive macurent regulations of the N.C.	naintenance procedures Department of Health

NEW HANOVER COUNTY WRIGHTSVILLE BCH PD 640

> Serial Number: 008667 Test Date: 07/22/2024

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: 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: AG308703 Exp Date: 03/28/2025

Test	g/210L	Time
DIAG	Pass	12:17pm
AIR BLK	.00	12:18pm
ACCY CHK	.07	12:19pm
AIR BLK	.00	12:20pm
SUB TEST	.00	12:20pm
AIR BLK	.00	12:21pm
SUB TEST	.00	12:23pm
AIR BLK	.00	12:24pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### NEW HANOVER COUNTY WRIGHTSVILLE BCH PD 640

Serial Number: 008667 Test Record Number: 2730 Test Date: 07/22/2024 Test Time: 12:24pm EDT

System Check: Passed

### Baseline Tests

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

### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	12:25pm

# Printer Tests

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

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	105 10 18607 105 105 18 18 18 18 18 18 18 18 18 18 18 18 18
	JACKSON, NC
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the 15 day of July , 20 2 the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rvices, and the instrument is functioning properly.

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

> Serial Number: 008607 Test Date: 07/15/2024

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

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

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

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

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

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m
m

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

#### NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008607 Test Record Number: 1307 Test Date: 07/15/2024 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

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
ATR	Pagg	11:07am

### 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

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)

msdument Set	JACKSON, 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 July , 20 2 4 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.		

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

> Serial Number: 008688 Test Date: 07/03/2024

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: AG308003 Exp Date: 03/21/2025

g/210L	Time
Pass	1:25pm
.00	1:26pm
.08	1:26pm
.00	1:27pm
.00	1:28pm
.00	1:29pm
.00	1:30pm
.00	1:31pm
	Pass .00 .08 .00 .00

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008688 Test Record Number: 1101 Test Date: 07/03/2024 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	1:33pm
SRC	Pass	1:33pm
DET	Pass	1:33pm
BAR	Pass	1:33pm
BT	Pass	1:33pm

### Blank Tests

Test	Status	Time
AIR	Pass	1:33pm

### 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

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. 008580 North Topsail PD
	The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	(2)	Verify instrument displays time and date;
	(3)	Initiate breath test sequence;
	(4)	Enter information as prompted;
à	(5)	Verify instrument accuracy;
,	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7) .	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before 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 19th day of July 20 27 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.
ADDRESS		
	A COM NO	684

# ONSLOW COUNTY BAT MOBILE REGION 6 660

Serial Number: 008580 Test Date: 07/19/2024

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: 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	2:33pm
AIR BLK	.00	2:34pm
ACCY CHK	.07	2:35pm
AIR BLK	.00	2:36pm
SUB TEST	.00	2:36pm
AIR BLK	.00	2:38pm
SUB TEST	.00	2:39pm
AIR BLK	.00	2:40pm

Reported AC: 200 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# ONSLOW COUNTY BAT MOBILE REGION 6 660

Serial Number: 008580 Test Record Number: 2962 Test Date: 07/19/2024 Test Time: 2:42pm EDT

System Check: Passed

# Baseline Tests

Test	Status	Time	
IR	Pass	2:42pm	
FLO	Pass	2:42pm	
FC	Pass	2:42pm	

# Temperature Tests

Test	Status	Time
FC1	Pass	2:42pm
SRC	Pass	2:42pm
DET	Pass	2:42pm
BAR	Pass	2:42pm
BT	Pass	2:42pm

### Blank Tests

Test	Status	Time
AIR	Pass	2:43pm

### Printer Tests

Test	Status	Time
PRNT	Pass	2:43pm
	CRC Tests	
Test	Status	Time

COMP Pass 2:43pm CAL Pass 2:43pm

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)

S	The preventive erial number I	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	uare inch (psi) of pressure, or the alcoholic degree centigrade;
	(2)	Verify instrument displays time and date;	
	(3)	Initiate breath test sequence;	
	(4)	Enter information as prompted;	
	(5)	Verify instrument accuracy;	
	(6)	When "PLEASE BLOW" appears, collect breath sample;	
	(7)	When "PLEASE BLOW" appears, collect breath sample;	
	(8)	Print test record;	
	(9)	Run diagnostic program and confirm preventive maintenance state	us of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before simulator solution is being changed every four months or after whichever occurs first.	
w		the H day of July , 20,34 the forg	oing preventive maintenance procedures lations of the N.C. Department of Health
A CREAT		TE X	
,	Sam see		684

ONSLOW COUNTY BAT MOBILE REGION 6 660

Serial Number: 008584 Test Date: 07/19/2024

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: 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	2:33pm
AIR BLK	.00	2:34pm
ACCY CHK	.07	2:35pm
ATR BLK	.00	2:36pm
SUB TEST	.00	2:36pm
AIR BLK	.00	2:37pm
SUB TEST	.00	2:39pm
ATR BLK	.00	2:40pm

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

Analyst

# ONSLOW COUNTY BAT MOBILE REGION 6 660

Serial Number: 008584 Test Record Number: 2714 Test Date: 07/19/2024 Test Time: 2:41pm EDT

System Check: Passed

# Baseline Tests

Test	Status	Time	
IR	Pass	2:41pm	
FLO	Pass	2:41pm	
FC	Pass	2:41pm	

# Temperature Tests

Test	Status	Time
FC1	Pass	2:41pm
SRC	Pass	2:41pm
DET	Pass	2:41pm
BAR	Pass	2:41pm
BT	Pass	2:41pm

# Blank Tests

Test	Status	Time
AIR	Pass	2:42pm

# Printer Tests

Test	Status	Time
PRNT	Pass	2:42pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:42pm
CAL	Pass	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 0	nslow	Instrument Location BAT mo	bile Region 7
Instrument Se	rial No. 808600	onslow	50
The preventive serial number	e maintenance procedures for th 10,000 or higher) to be followed	ne Intoximeters, Model Intox EC/IR II and at least once every four months are:	d Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas cani	ster displays at least 51 pounds per squar ter shows 34 degrees, plus or minus .2 de	re inch (psi) of pressure, or the alcoholic egree centigrade;
(2)	Verify instrument displays		
(3)	Initiate breath test sequence	e;	
(4)	Enter information as promp	oted;	
(5)	Verify instrument accuracy	;	
(6)	When "PLEASE BLOW" a	ppears, collect breath sample;	
(7)		ppears, collect breath sample;	
(8)	Print test record;		
(9)	Run diagnostic program and	d confirm preventive maintenance status	of "Pass"; and
(10)	Verify that the ethanol ga	as canister is being changed before ex g changed every four months or after	miration data on the aleaball to a
vere performed	don the instrument indicated all rvices, and the instrument is fundament is fundament.	DOVE, In accordance with current regulat	ig preventive maintenance procedures ions of the N.C. Department of Health
OF COM VEN	- Ju		665
	S	ignature of Certifying Official	Certificate Number

ONSLOW COUNTY BAT MOBILE REGION 7 660

Serial Number: 008600 Test Date: 07/06/2024

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
	Pass	10:53pm
AIR BLK	.00	10:54pm
ACCY CHK	.08	10:54pm
AIR BLK	.00	10:55pm
SUB TEST	.00	10:56pm
AIR BLK	.00	10:57pm
SUB TEST	.00	10:59pm
AIR BLK	.00	11:00pm

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: 2797
Test Date: 07/06/2024 Test Time: 11:09pm EDT

System Check: Passed

# Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:09pm 11:09pm
FC	Pass	11:09pm

# Temperature Tests

Test	Status	Time
FC1	Pass	11:10pm
SRC	Pass	11:10pm
DET	Pass	11:10pm
BAR	Pass	11:10pm
BT	Pass	11:10pm

# Blank Tests

Test	Status	Time
AIR	Pass	11:10pm

# Printer Tests

rest	Status	Time
PRNT	Pass	11:10pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:10pm 11:10pm

Preventive Maintenance Status: Pass

Analyst

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

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

#### ONSLOW COUNTY BAT MOBILE REGION 7 660

Serial Number: 008698 Test Date: 07/06/2024

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	10:51pm
AIR BLK	.00	10:52pm
ACCY CHK	.07	10:53pm
AIR BLK	.00	10:54pm
SUB TEST	.00	10:54pm
AIR BLK	.00	10:55pm
SUB TEST	.00	10:57pm
AIR BLK	.00	10:58pm

Signature of Chemical Analyst

Court CVR

Mark

# ONSLOW COUNTY BAT MOBILE REGION 7 660

Serial Number: 008698 Test Record Number: 2402 Test Date: 07/06/2024 Test Time: 10:59pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	10:59pm
FLO	Pass	10:59pm
FC	Pass	10:59pm

# Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	11:00pm

### Printer Tests

Test	Status	Time
PRNT	Pass	11:00pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	11:00pm 11:00pm

Preventive Maintenance Status: Pass

27 Contant

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

The second in	maintenance procedures for the lns		FCAR W Model In	un ECAR II /Enhanced with
	0,000 or higher) to be followed at 1			nox berticin (binamics in a
(1)	Verify the ethanol gas canister breath simulator thermometer s	displays at least 51 po hows 34 degrees, plus	ounds per square inch (psi s or minus .2 degree centiq	) of pressure, or the alcoholic grade;
(2)	Verify instrument displays time	and date;		
(3)	Initiate breath test sequence;			
(4)	Enter information as prompted;			
(5)	Verify instrument accuracy;			
(6)	When "PLEASE BLOW" appe	ars, collect breath sam	iple;	
(7)	When "PLEASE BLOW" appe	ars, collect breath sam	iple;	
(8)	Print test record;			
(9)	Run diagnostic program and co	ofirm preventive main	ntenance status of "Pass";	and
(10)	Verify that the ethanol gas of simulator solution is being ch whichever occurs first.	anister is being char tanged every four m	nged before expiration donths or after 125 Alcoh	ate, or the alcoholic breath solic Breath Simulator tests,
I certify that on were performed and Human Ser	the 29 day of Juz-	e, in accordance with ming properly.	4 the forgoing prevent current regulations of the	ive maintenance procedures e N.C. Department of Health
SAL O				
		2 -1		
1.000	/ 1.0	Ja . 1.30mg		648

# PAMLICO COUNTY DETENTION CENTER 680

Serial Number: 008640 Test Date: 07/29/2024

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, 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: AG405103 Exp Date: 02/20/2026

Test	g/210L	Time
DIAG	Pass	10:43am
AIR BLK	.00	10:43am
ACCY CHK	.08	10:44am
AIR BLK		10:45am
SUB TEST		10:46am
AIR BLK		10:47am
SUB TEST		10:48am
ATR BLK		10:49am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

### PAMLICO COUNTY DETENTION CENTER 680

Serial Number: 008640 Test Record Number: 1653 Test Date: 07/29/2024 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	10:51am

### Printer Tests

Test	Status	Time
PRNT	Pass	10:51am

### CRC Tests

Test	Status	Time
COMP	Pass	10:51am
CAL	Pass	10:51am

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. 008941 Instrument Location Elizabeth City P.D.  315 Main St Flishth City No.
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 31 day of 2024 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
THE THE PARTY OF T	Signature of Certifying Official Certificate Number

PASQUOTANK COUNTY ELIZABETH CITY 690

Serial Number: 008941 Test Date: 07/31/2024

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject'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	1:38pm
AIR BLK	.00	1:38pm
ACCY CHK	.07	1:39pm
AIR BLK	.00	1:40pm
SUB TEST	.00	1:41pm
AIR BLK	.00	1:42pm
SUB TEST	.00	1:43pm
AIR BLK	.00	1:44pm

Reported AC: .00 g/210L

ignature of Clemical Analyst

Court CVR

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

> Department of Health and Human Services Rev. 12/2007

# PASQUOTANK COUNTY ELIZABETH CITY 690

Serial Number: 008941 Test Record Number: 1670 Test Date: 07/31/2024 Test Time: 1:46pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:46pm
FLO	Pass	1:46pm
FC	Pass	1:46pm

# Temperature Tests

Status	Time
Pass	1:46pm
	Pass Pass Pass Pass

### Blank Tests

Test	Status	Time
AIR	Pass	1:47pm

### Printer Tests

Test	Status	Time
PRNT	Pass	1:47pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:47pm

Preventive Maintenance Status: Pass

Pass

1:47pm

CAL

Much A. Changell

# 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. 008693 120 Court Sq	Roxboro, Ne
The preventive serial number	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model 0,000 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 (preath simulator thermometer shows 34 degrees, plus or minus .2 degree cere	psi) of pressure, or the alcoholic ntigrade;
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass	s"; and
(10)	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Ale whichever occurs first.	date, or the alcoholic breath coholic Breath Simulator tests,
were performe	the	entive maintenance procedures the N.C. Department of Health
A CITY		662

PERSON COUNTY PERSON COUNTY LEC 720

Serial Number: 008693 Test Date: 07/08/2024

Citation Number: M0000000-0 Subject's Name:

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

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

Analyst's Name: 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	2:41pm
AIR BLK	.00	2:41pm
ACCY CHK	.07	2:42pm
AIR BLK	.00	2:43pm
SUB TEST	.00	2:43pm
AIR BLK	.00	2:44pm
SUB TEST	.00	2:46pm
AIR BLK	.00	2:46pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

# PERSON COUNTY PERSON COUNTY LEC 720

Serial Number: 008693 Test Record Number: 2137 Test Date: 07/08/2024 Test Time: 2:47pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:47pm 2:47pm
FC	Pass	2:47pm

# Temperature Tests

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

# Blank Tests

Test	Status	Time
AIR	Pass	2:48pm

# Printer Tests

Test	Status	Time
PRNT	Pass	2:48pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	2:48pm 2:48pm

Preventive Maintenance Status: Pass

Sum 8 des Saus

# 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.    108	Instrument Ser	ial No. 008880	_	109 N /1	S-
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced wis serial number 10,000 or higher) to be followed at least once every four months are:  (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcohol breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;  (2) Verify instrument displays time and date;  (3) Initiate breath test sequence;  (4) Enter information as prompted;  (5) Verify instrument accuracy;  (6) When "PLEASE BLOW" appears, collect breath sample;  (7) When "PLEASE BLOW" appears, collect breath sample;  (8) Print test record;  (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and  (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.				Roxborn .	16
breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;  (2) Verify instrument displays time and date;  (3) Initiate breath test sequence;  (4) Enter information as prompted;  (5) Verify instrument accuracy;  (6) When "PLEASE BLOW" appears, collect breath sample;  (7) When "PLEASE BLOW" appears, collect breath sample;  (8) Print test record;  (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and  (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.	The preventive serial number 1	maintenance procedures for 10,000 or higher) to be follow	the Intoximeters, Mode wed at least once every for	Intov EC/IR II and Ma	
(3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program 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.	(1)	Verify the ethanol gas co breath simulator thermo-	anister displays at least 5 meter shows 34 degrees,	1 pounds per square incl plus or minus .2 degree	n (psi) of pressure, or the alcoholic centigrade;
(4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.	(2)	Verify instrument displa	ys time and date;		
(5) Verify instrument accuracy;  (6) When "PLEASE BLOW" appears, collect breath sample;  (7) When "PLEASE BLOW" appears, collect breath sample;  (8) Print test record;  (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and  (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.	(3)	Initiate breath test seque	nce;		
(6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat 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 pro	mpted;		
(7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.  I certify that on the	(5)	Verify instrument accura	icy;		
(8) Print test record;  (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and  (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.  I certify that on the	(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 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 breat 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;			
whichever occurs first.  I certify that on the	(9)	Run diagnostic program	and confirm preventive	maintenance status of "Pr	ass"; and
were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Healt	(10)	simulator solution is be	gas canister is being ing changed every four	changed before expiration months or after 125 /	on date, or the alcoholic breath Alcoholic Breath Simulator tests,
	were performed	on the instrument indicated	l above, in accordance v	029 the forgoing previth current regulations of	eventive maintenance procedures of the N.C. Department of Health
	NOT THE	[3]	111	2	

PERSON COUNTY ROXBORO POLICE DEPT 720

Serial Number: 008880 Test Date: 07/08/2024

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

10/01/2023-10/01/2025

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

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

Test	g/210L	Time
DIAG	Pass	3:22pm
AIR BLK	.00	3:23pm
ACCY CHK	.08	3:24pm
AIR BLK	.00	3:25pm
SUB TEST	.00	3:25pm
AIR BLK	.00	3:26pm
SUB TEST	.00	3:28pm
AIR BLK	.00	3:28pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

# PERSON COUNTY ROXBORO POLICE DEPT 720

Serial Number: 008880 Test Record Number: 2265
Test Date: 07/08/2024 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	3:30pm
SRC	Pass	3:30pm
DET	Pass	3:30pm
BAR	Pass	3:30pm
BT	Pass	3:30pm

# Blank Tests

Test	Status	Time
AIR	Pass	3:30pm

### Printer Tests

Test	Status	Time
PRNT	Pass	3:30pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:30pm 3:30pm

Preventive Maintenance Status: Pass

Analyst

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

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

County	Instrument Location Robeson County
Instrument Seria	No.008805 Detention Center
The preventive reservation and the servation of the serva	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on the were performed and Human Service.	the day of, 20 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rices, and the instrument is functioning properly.
TERL LITTE AND QUANTED TO AND THE STATE OF AND THE STATE	See Al A
William Barre	Signature of Certifying Official Certificate Number

ROBESON COUNTY DETENTION CENTER 770

Serial Number: 008805 Test Date: 07/01/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Effective:

10/01/2023-10/01/2025

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

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass .00	10:01am 10:02am
ACCY CHK	.07	10:02am
AIR BLK	.00	10:03am
SUB TEST	.00	10:04am
AIR BLK	.00	10:05am
SUB TEST	.00	10:06am
ATR BLK	- 0.0	10.07am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### ROBESON COUNTY DETENTION CENTER 770

Serial Number: 008805 Test Record Number: 5614
Test Date: 07/01/2024 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	10:09am

#### Printer Tests

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

County Role	Deson Instrument Location St. Paul's
Instrument Seria	1No008814 Police Department
The preventive is serial number 10	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify that on were performed and Human Serv	the day of, 20 \( \frac{1}{2} \) 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.
THE STATE OF ANY 30. 122 OF ANY 30.	Signature of Certifying Official Certificate Number

ROBESON COUNTY ST PAULS PD 770

Serial Number: 008814 Test Date: 07/01/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Garner, Joel K

Permit Number: 0036-5156

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	8:18am 8:18am 8:19am
ACCY CHK AIR BLK	.08	8:19am 8:21am
SUB TEST	.00	8:21am
AIR BLK	.00	8:22am
SUB TEST	.00	8:23am
ATR BLK	.00	8:24am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### ROBESON COUNTY ST PAULS PD 770

Serial Number: 008814 Test Record Number: 1018
Test Date: 07/01/2024 Test Time: 8:30am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	8:31am
FLO	Pass	8:31am
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	8:32am

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:32am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	8:32am 8:32am

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 social number 10 000 or h

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

County Roll	Deson Instrument Location Robeson County
Instrument Seri	al No. 008836 Detention Center
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performe	the day of, 20 the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health roices, and the instrument is functioning properly.
THE STATE OF THE S	See Alexander 625
	Signature of Certifying Official Certificate Number

ROBESON COUNTY DETENTION CENTER 770

Serial Number: 008836 Test Date: 07/01/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: Garner, Joel K

Permit Number: 0036-5156

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07 .00	9:59am 10:00am 10:01am 10:02am
SUB TEST	.00	10:03am
AIR BLK	.00	10:04am
SUB TEST	.00	10:06am
AIR BLK	.00	10:06am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### ROBESON COUNTY DETENTION CENTER 770

Serial Number: 008836 Test Record Number: 7555
Test Date: 07/01/2024 Test Time: 10:07am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:08am
FLO	Pass	10:08am
FC	Pass	10:08am

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:08am
SRC	Pass	10:08am
DET	Pass	10:08am
BAR	Pass	10:08am
BT	Pass	10:08am
DET BAR	Pass Pass	10:08am 10:08am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:09am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:09am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:09am 10:09am

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)

CountyRh	Instrument Location Pemboke Police		
Instrument Seri	al No.008837 Department		
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:		
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
(2)	Verify instrument displays time and date;		
(3)	Initiate breath test sequence;		
(4)	Enter information as prompted;		
(5)	Verify instrument accuracy;		
(6)	When "PLEASE BLOW" appears, collect breath sample;		
(7)	When "PLEASE BLOW" appears, collect breath sample;		
(8)	Print test record;		
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and		
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
	the day of, 20 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.		
THE STATE OF THE S	4d 675		
	Signature of Certifying Official Certificate Number		

ROBESON COUNTY PEMBROKE POLICE DEPT 770

Serial Number: 008837 Test Date: 07/01/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

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

#### ROBESON COUNTY PEMBROKE POLICE DEPT 770

Serial Number: 008837 Test Record Number: 1269 Test Date: 07/01/2024 Test Time: 11:15am EDT

System Check: Passed

Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:17am

#### Printer Tests

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

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 Robe	eson Instrument Location Red Springs
Instrument Seria	al No.008857 Police Department
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
	the day of, 20 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
O THE STATE OF THE OF T	BORNA CAROLLAND
TOP QUAM VIDER	HA 675
	Signature of Certifying Official Certificate Number

ROBESON COUNTY RED SPRINGS PD 770

Serial Number: 008857 Test Date: 07/01/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Garner, Joel K

Permit Number: 0036-5156

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	11:54am
AIR BLK	.00	11:55am
ACCY CHK	.07	11:55am
AIR BLK	.00	11:56am
SUB TEST	.00	11:57am
AIR BLK	.00	11:58am
SUB TEST	.00	12:00pm
AIR BLK	-00	12:00pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### ROBESON COUNTY RED SPRINGS PD 770

Serial Number: 008857 Test Record Number: 795
Test Date: 07/01/2024 Test Time: 12:01pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	12:03pm

#### Printer Tests

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

Pass 12:03pm

Preventive Maintenance Status: Pass

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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. 00 8580 Instrument Location BAT Mobile Region 6
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the day of July , 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.
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#### ROBESON COUNTY BAT MOBILE REGION 6 770

Serial Number: 008580 Test Date: 07/04/2024

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: 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	7:48pm
AIR BLK	.00	7:49pm
ACCY CHK	.07	7:50pm
AIR BLK	.00	7:50pm
SUB TEST	.00	7:51pm
AIR BLK	.00	7:52pm
SUB TEST	.00	7:54pm
AIR BLK	- 00	7:55pm

Reported AC: g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### ROBESON COUNTY BAT MOBILE REGION 6 770

Serial Number: 008580 Test Record Number: 2952 Test Date: 07/04/2024 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	7:56pm
SRC	Pass	7:56pm
DET	Pass	7:56pm
BAR	Pass	7:56pm
BT	Pass	7:56pm

#### Blank Tests

Test	Status	Time	
AIR	Pass	7 · 57pm	

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

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

	maintenance procedures for the Intoximeters, Model Intox EC/IR 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 5th day of 5vy , 2024 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.

ROBESON COUNTY BAT MOBILE REGION 6 770

Serial Number: 008580 Test Date: 07/05/2024

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: 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	8:06pm
AIR BLK	.00	8:07pm
ACCY CHK	.07	8:07pm
AIR BLK	.00	8:08pm
SUB TEST	.00	8:09pm
AIR BLK	.00	8:10pm
SUB TEST	.00	8:11pm
AIR BLK	.00	8:12pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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#### ROBESON COUNTY BAT MOBILE REGION 6 770

Serial Number: 008580 Test Record Number: 2954 Test Date: 07/05/2024 Test Time: 8:12pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	8:13pm
FLO	Pass	8:13pm
FC	Pass	8:13pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	8:13pm
SRC	Pass	8:13pm
DET	Pass	8:13pm
BAR	Pass	8:13pm
BT	Pass	8:13pm

#### Blank Tests

Test	Status	Time
AIR	Pass	8:14pm

#### Printer Tests

rest	Status	Time
PRNT	Pass	8:14pm
	CRC Tests	
Test	Status	Time
COMP	Pass	8:14pm
CAL	Pass	8:14pm

Preventive Maintenance Status: Pass

Analyst

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

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

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

County R	nal No. 208580	Instrument Location_	BAT	Mobile to PO	Region 6
Instrument Ser	rial No. 20 63 80	-	ICMPU	she 10	
	e maintenance procedures for the 10,000 or higher) to be followe			nd Model Intox E	C/IR II (Enhanced with
(1)	Verify the ethanol gas can breath simulator thermome				essure, or the alcoholic
(2)	Verify instrument displays	s time and date;			
(3)	Initiate breath test sequence	oe;			
(4)	Enter information as prom	pted;			
(5)	Verify instrument accurac	y;			
(6)	When "PLEASE BLOW"	appears, collect breath sa	mple;		
(7)	When "PLEASE BLOW"	appears, collect breath sa	mple;		
(8)	Print test record;				
(9)	Run diagnostic program a	nd confirm preventive ma	intenance status	s of "Pass"; and	
(10)	Verify that the ethanol g simulator solution is beir whichever occurs first.				
were performe	the 6th day of 5th day	abovil, in accordance wit	the forgoint current regula	ing preventive mations of the N.C.	aintenance procedures Department of Health
San S					
The same of	5	4			684
100,900 <del>0000</del> 0000		Signature of Certifying C	Official		tificate Number

#### ROBESON COUNTY BAT MOBILE REGION 6 770

Serial Number: 008580 Test Date: 07/06/2024

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: 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	7:48pm
AIR BLK	.00	7:49pm
ACCY CHK	.07	7:49pm
AIR BLK	.00	7:50pm
SUB TEST	.00	7:51pm
AIR BLK	.00	7:52pm
SUB TEST	.00	7:53pm
AIR BLK	.00	7:54pm

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: 2957 Test Date: 07/06/2024 Test Time: 7:55pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	7:55pm
FLO	Pass	7:55pm
FC	Pass	7:55pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	7:55pm
SRC	Pass	7:55pm
DET	Pass	7:55pm
BAR	Pass	7:55pm
BT	Pass	7:55pm

#### Blank Tests

Test	Status	Time	
AIR	Pass	7:56pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	7:56pm
	CRC Tests	
Test	Status	Time
COMP	Pass	7:56pm

Preventive Maintenance Status: Pass

Pass

7:56pm

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 preventi serial numbe	we maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with r 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were perforn	on the 15th day of 5th 20, 20, 24 the forgoing preventive maintenance procedures need on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health Services, and the instrument is functioning properly.
18/100	2/2/

ROBESON COUNTY BAT MOBILE REGION 6 770

Serial Number: 008580 Test Date: 07/19/2024

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: 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	9:46pm
AIR BLK	.00	9:47pm
SUB TEST	.00	9:49pm
AIR BLK	.00	9:50pm

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### ROBESON COUNTY BAT MOBILE REGION 6 770

Serial Number: 008580 Test Record Number: 2965 Test Date: 07/19/2024 Test Time: 9:51pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
ATR	Page	9.52mm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Pass

9:52pm

CAL

Analyst

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

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

	Robeson Instrument Location BAT Mobile Region 6 rial No. 008584 Robeson County SO
	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.
vere performe	n the 19th day of 501y . 2024 the forgoing preventive maintenance procedure 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.

#### ROBESON COUNTY BAT MOBILE REGION 6 770

Serial Number: 008584 Test Date: 07/19/2024

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: 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	9:44pm
AIR BLK	.00	9:45pm
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; g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### ROBESON COUNTY BAT MOBILE REGION 6 770

Serial Number: 008584 Test Record Number: 2716 Test Date: 07/19/2024 Test Time: 9:52pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Status	Time
Pass	9:52pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	9:53pm

#### Printer Tests

rest	Status	Time
PRNT	Pass	9:53pm
	CRC Tests	
Test	Status	Time
COMP	Pass	9:53pm

9:53pm

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)

(1) Verify the ethanol gas canister displays at least 51 pounds per s breath simulator thermometer shows 34 degrees, plus or minus  (2) Verify instrument displays time and date;  (3) Initiate breath test sequence;  (4) Enter information as prompted;  (5) Verify instrument accuracy;	quare inch (psi) of pressure, or the alcoholic
breath simulator thermometer shows 34 degrees, plus or minus  (2) Verify instrument displays time and date;  (3) Initiate breath test sequence;  (4) Enter information as prompted;  (5) Verify instrument accuracy;	
(3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy;	
(4) Enter information as prompted; (5) Verify instrument accuracy;	
(5) Verify instrument accuracy;	
1404	
(C) WILL HOLE LEE DI ONN	
<ul><li>(6) When "PLEASE BLOW" appears, collect breath sample;</li></ul>	
(7) When "PLEASE BLOW" appears, collect breath sample;	
(8) Print test record;	
<ul> <li>(9) Run diagnostic program and confirm preventive maintenance st</li> </ul>	tatus of "Pass"; and
(10) Verify that the ethanol gas canister is being changed before simulator solution is being changed every four months or a whichever occurs first.	
I certify that on the 2th day of July . 20 24 the fowere performed on the instrument indicated above, in accordance with current reand Human Services, and the instrument is functioning properly.	orgoing preventive maintenance procedures egulations of the N.C. Department of Health

ROBESON COUNTY BAT MOBILE REGION 6 770

Serial Number: 008584 Test Date: 07/26/2024

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: 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	10:19am
AIR BLK	.00	10:20am
ACCY CHK	.07	10:21am
AIR BLK	.00	10:21am
SUB TEST	.00	10:22am
AIR BLK	.00	10:23am
SUB TEST	.00	10:25am
AIR BLK	.00	10:26am

Reported AC: 00 9/210L

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: 008584 Test Record Number: 2718 Test Date: 07/26/2024 Test Time: 10:27am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:27am
FLO	Pass	10:27am
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	10:28am
A CONTRACTOR OF THE PARTY OF TH	the first text say	10.2000

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:28am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:28am
CAL	Pass	10:28am

Preventive Maintenance Status: Page

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:
Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
Verify instrument displays time and date;
Initiate breath test sequence;
Enter information as prompted;
Verify instrument accuracy;
When "PLEASE BLOW" appears, collect breath sample;
When "PLEASE BLOW" appears, collect breath sample;
Print test record;
Run diagnostic program and confirm preventive maintenance status of "Pass"; and
Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
the 25 day of, 2024 the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rvices, and the instrument is functioning properly.

ROBESON COUNTY LUMBERTON PD 770

Serial Number: 008629 Test Date: 07/25/2024

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: 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	9:32am
AIR BLK	.00	9:33am
ACCY CHK	.08	9:33am
AIR BLK	.00	9:34am
SUB TEST	.00	9:35am
AIR BLK	.00	9:36am
SUB TEST	.00	9:37am
AIR BLK	.00	9:38am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### ROBESON COUNTY LUMBERTON PD 770

Serial Number: 008629 Test Record Number: 1377 Test Date: 07/25/2024 Test Time: 9:39am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:39am
FLO	Pass	9:39am
FC	Pass	9:39am

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:40am
SRC	Pass	9:40am
DET	Pass	9:40am
BAR	Pass	9:40am
BT	Pass	9:40am

#### Blank Tests

Test	Status	Time
AIR	Pass	9:40am

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:40am
	CRC Tests	
Test	Status	Time
COMP	Pass	9:40am

Preventive Maintenance Status: Pass

Pass

CAL

9:40am

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.		
were performe	the the day of, 20,24 the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rvices, and the instrument is functioning properly.		

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

#### ROBESON COUNTY BAT MOBILE REGION 6 770

Serial Number: 008776 Test Date: 07/05/2024

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

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

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

Test	g/210L	Time
DIAG	Pass	8:05pm
AIR BLK	.00	8:06pm
ACCY CHK	.08	8:06pm
AIR BLK	.00	8:07pm
SUB TEST	.00	8:08pm
AIR BLK	.00	8:09pm
SUB TEST	.00	8:10pm
AIR BLK	.00	8:11pm

Reported AC 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### ROBESON COUNTY BAT MOBILE REGION 6 770

Serial Number: 008776 Test Record Number: 4020 Test Date: 07/05/2024 Test Time: 8:12pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	8:12pm
FLO	Pass	8:12pm
FC	Pass	8:12pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	8:12pm
SRC	Pass	8:12pm
DET	Pass	8:12pm
BAR	Pass	8:12pm
BT	Pass	8:12pm

#### Blank Tests

Test	Status	Time
AIR	Pass	8:13pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:13pm
	CRC Tests	
Test	Status	Time
COMP	Pass	8:13pm
CAL	Pass	8:13pm

Preventive Maintenance Status: Pass

Analyst

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

The preventive serial number 1	maintenance procedures for th 0,000 or higher) to be followe	ne Intoximeters, Model In d at least once every four	ntox EC/IR II a months are:	nd Model Intox E	C/IR II (Enhanced with
(1)	Verify the ethanol gas can breath simulator thermome	ister displays at least 51 p eter shows 34 degrees, plu	oounds per squa as or minus .2 c	are inch (psi) of polegree centigrade;	ressure, or the alcoholic
(2)	Verify instrument displays	time and date;			
(3)	Initiate breath test sequence	e,			
(4)	Enter information as prom	pted;			
(5)	Verify instrument accuracy	y:			
(6)	When "PLEASE BLOW"	appears, collect breath sa	mple;		
(7)	When "PLEASE BLOW"	appears, collect breath sa	mple;		
(8)	Print test record;				
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and				
(10)	Verify that the ethanol g simulator solution is bein whichever occurs first.				
were performed	the 26 day of 50 lon the instrument indicated vices, and the instrument is fur	hove, in accordance wit	the forgo h current regul	ing preventive mations of the N.C.	naintenance procedures Department of Health
	Page 1		2		

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

ROBESON COUNTY BAT MOBILE REGION 6 770

Serial Number: 008779 Test Date: 07/26/2024

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: 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	10:21am
AIR BLK	.00	10:22am
ACCY CHK	.07	10:23am
AIR BLK	.00	10:24am
SUB TEST	.00	10:24am
AIR BLK	.00	10:25am
SUB TEST	.00	10:27am
AIR BLK	.00	10:28am

Reported AC: \_.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### ROBESON COUNTY BAT MOBILE REGION 6 770

Serial Number: 008779 Test Record Number: 4006 Test Date: 07/26/2024 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	10:30am	

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:30am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:30am
CAL	Pass	10:30am

Preventive Maintenance 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)

	at 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 23 day of July . 20 24 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.

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

DHHS 4080 (04/20)

#### ROCKINGHAM COUNTY MADISON PD 780

Serial Number: 008802 Test Date: 07/23/2024

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

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

Analyst's Name: 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		11:34am
AIR BLK ACCY CHK		11:35am 11:36am
AIR BLK	.00	11:37am
SUB TEST AIR BLK		11:37am 11:38am
SUB TEST		11:40am
ATR BLK	- 00	11:40am

Reported AC: .00 g/210L

Signature of Chemical Amplyst

Court CVR

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

#### ROCKINGHAM COUNTY MADISON PD 780

Serial Number: 008802 Test Record Number: 1070 Test Date: 07/23/2024 Test Time: 11:41am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	11:42am 11:42am
DET	Pass	11:42am 11:42am
BAR	Pass Pass	11:42am

#### Blank Tests

Test	Status	Time	
ATR	Pass	11:42am	

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:42am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:42am
CAL	Pass	11:42am

Preventive Maintenance Status: Pass

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

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

	maintenance procedures for the Intoximeters, Model Intox EC/IR 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 were performed	the 10+h day of 2024 the forgoing preventive maintenance procedure on the instrument indicated above, on 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.

STANLY LOCUST PD 830

Serial Number: 008706 Test Date: 07/10/2024

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: AG308702 Exp Date: 03/28/2025

Test	g/210L	Time
DIAG	Pass	12:44pm
AIR BLK	.00	12:44pm
ACCY CHK	.07	12:45pm
AIR BLK	.00	12:46pm
SUB TEST	.00	12:47pm
AIR BLK	.00	12:47pm
SUB TEST	.00	12:49pm
ATR BLK	.00	12:50pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

#### STANLY LOCUST PD 830

Serial Number: 008706 Test Date: 07/10/2024 Test Record Number: 3747 Test Time: 12:50pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:51pm 12:51pm
FC	Pass	12:51pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:51pm
SRC	Pass	12:51pm
DET	Pass	12:51pm
BAR	Pass	12:51pm
BT	Pass	12:51pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:52pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:52pm

#### CRC Tests

Test	Status	Time
COMP	Pass Pass	12:52pm 12:52pm

Preventive Maintenance Status: Pass

Analyst

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

ial No. 008824 Instrument Location Stanly County 80
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:
Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
Verify instrument displays time and date;
Initiate breath test sequence;
Enter information as prompted;
Verify instrument accuracy;
When "PLEASE BLOW" appears, collect breath sample;
When "PLEASE BLOW" appears, collect breath sample;
Print test record;
Run diagnostic program and confirm preventive maintenance status of "Pass"; and
Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
the day of day of 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.

Signature of Certifying Official

Certificate Number

STANLY COUNTY STANLY COUNTY SO 830

Serial Number: 008824 Test Date: 07/10/2024

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: AG400301 Exp Date: 01/03/2026

Test	g/210L	Time
DIAG	Pass	11:54am
AIR BLK	.00	11:55am
ACCY CHK	.07	11:55am
AIR BLK	.00	11:57am
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

#### STANLY COUNTY STANLY COUNTY SO 830

Serial Number: 008824 Test Record Number: 2176 Test Date: 07/10/2024 Test Time: 12:01pm EDT

System Check: Passed

Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	12:02pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:02pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	12:02pm 12:02pm

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.
were performe	the 26 day of July , 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

SURRY COUNTY ELKIN PD 850

Serial Number: 008926 Test Date: 07/26/2024

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

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

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

Test	g/210L	Time
DIAG	Pass	9:34am
AIR BLK	.00	9:35am
ACCY CHK	.08	9:35am
AIR BLK	.00	9:37am
SUB TEST	.00	9:37am
AIR BLK	.00	9:38am
SUB TEST	.00	9:40am
AIR BLK	.00	9:40am
WIK DIV	.00	2

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### SURRY COUNTY ELKIN PD 850

Test Date: 07/26/2024

Serial Number: 008926 Test Record Number: 1168 Test Time: 9:42am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:42am
FLO	Pass	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
ATR	Pass	9:43am

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:43am
	CRC Tests	
Test	Status	Time
COMP	Pass	9:43am
CAL	Pass	9:43am

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)

	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
re periormeo	the 26 day of July , 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.

SURRY COUNTY SURRY CO JAIL 850

Serial Number: 008934 Test Date: 07/26/2024

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

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

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

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

Reported AC: ,00 g/210L

Signature of Chemical Analyst

Court CVR

#### SURRY COUNTY SURRY CO JAIL 850

Serial Number: 008934 Test Record Number: 2599
Test Date: 07/26/2024 Test Time: 12:13pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:13pm
FLO	Pass	12:13pm
FC	Pass	12:14pm

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
ATR	Dage	12.14nm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:14pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:15pm
CAL	Pass	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)

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 5 day of July , 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.

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

TYRRELL COUNTY SHERIFF'S OFFICE 880

Serial Number: 008902 Test Date: 07/05/2024

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: 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	11:29am
AIR BLK	.00	11:30am
ACCY CHK	.07	11:31am
AIR BLK	.00	11:32am
SUB TEST	.00	11:33am
AIR BLK		11:33am
SUB TEST	.00	11:35am
ATR BLK		11:36am

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

#### TYRRELL COUNTY SHERIFF'S OFFICE 880

Serial Number: 008902 Test Record Number: 1186 Test Date: 07/05/2024 Test Time: 11:37am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:37am
SRC	Pass	11:37am
DET	Pass	11:37am
BAR	Pass	11:37am
BT	Pass	11:37am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:38am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:38am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:38am

Preventive Maintenance Status: Pass

Pass

CAL

The Analyst

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

County N	Instrument Location Stallings PD  Stallings, NC  Stallings, 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 breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify that on were performed and Human Ser	the logoring preventive maintenance procedure on the instrument indigated aboye, in accordance with current regulations of the N.C. Department of Healt vices, and the instrument is functioning properly.
SOM STATE OF	

Signature of Certifying Official Certificate Number

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

UNION COUNTY STALLINGS PD 890

Serial Number: 008694 Test Date: 07/16/2024

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: 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	10:07am
AIR BLK	.00	10:08am
ACCY CHK	.07	10:08am
AIR BLK	.00	10:09am
SUB TEST	.00	10:10am
AIR BLK	.00	10:11am
SUB TEST	.00	10:12am
AIR BLK	.00	10:13am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### UNION COUNTY STALLINGS PD 890

Serial Number: 008694 Test Record Number: 1848
Test Date: 07/16/2024 Test Time: 10:14am EDT

System Check: Passed

Baseline Tests

Status	Time
Pass	10:14am
	10:14am 10:14am
	Status Pass Pass Pass

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:15am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:15am

#### CRC Tests

Status	Time
Pass	10:15am
Pass	10:15am
	Pass

Preventive Maintenance Status: Pass

Analyst

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

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

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

Certificate Number

ignature of Certifying Official

UNION COUNTY WAXHAW PD 890

Serial Number: 008598 Test Date: 07/09/2024

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: AG308003 Exp Date: 03/21/2025

Test	g/210L	Time
DIAG	Pass	2:24pm
AIR BLK	.00	2:25pm
ACCY CHK	.07	2:25pm
AIR BLK	.00	2:26pm
SUB TEST	.00	2:27pm
AIR BLK	.00	2:28pm
SUB TEST	.00	2:30pm
ATR BLK	- 00	2:31pm

eported AC:

of Chemical Analyst

Court CVR

#### UNION COUNTY WAXHAW PD 890

Serial Number: 008598 Test Date: 07/09/2024

Test Record Number: 1066 Test Time: 2:32pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:32pm
FLO FC	Pass Pass	2:32pm 2:32pm

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	2:32pm 2:32pm 2:32pm
BT	Pass	2:32pm 2:32pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:33pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:33pm
	CRC Tests	

Test	Status	Time
COMP	Pass	2:33pm
CAL	Pass	2:33pm

Preventive Maintenance

Status; Pass

Analyet

# 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. 008600		
		ntoximeters, Model Intox EC/IR II an least once every four months are:	d Model Intox EC/IR II (Enhanced with
(1)		r displays at least 51 pounds per squar shows 34 degrees, plus or minus .2 de	re inch (psi) of pressure, or the alcoholic egree centigrade;
(2)	Verify instrument displays tim	e and date;	
(3)	Initiate breath test sequence;		
(4)	Enter information as prompted	f;	
(5)	Verify instrument accuracy;		
(6)	When "PLEASE BLOW" appe	ears, collect breath sample;	
(7)	When "PLEASE BLOW" appe	ears, collect breath sample;	
(8)	Print test record;		
(9)	Run diagnostic program and co	onfirm preventive maintenance status	of "Pass"; and
(10)	Verify that the ethanol gas simulator solution is being c whichever occurs first.	canister is being changed before e- changed every four months or after	xpiration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests
were performed	the 27 day of 50 ly on the instrument indicated above vices, and the instrument is function	ve, in accordance with current regula	ing preventive maintenance procedures ations of the N.C. Department of Health
The same of the sa	m an		

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

VANCE COUNTY BAT MOBILE REGION 7 900

Serial Number: 008600 Test Date: 07/27/2024

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: 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	3:18pm
AIR BLK	.00	3:19pm
ACCY CHK	.08	3:19pm
AIR BLK	.00	3:20pm
SUB TEST	.00	3:21pm
AIR BLK	.00	3:21pm
SUB TEST	.00	3:24pm
AIR BLK	.00	3:25pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Mach Analyst

### VANCE COUNTY BAT MOBILE REGION 7 900

Serial Number: 008600 Test Record Number: 2801 Test Date: 07/27/2024 Test Time: 3:28pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:28pm
FLO	Pass	3:28pm
FC	Pass	3:28pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:28pm
SRC	Pass	3:28pm
DET	Pass	3:28pm
BAR	Pass	3:28pm
BT	Pass	3:28pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:29pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:29pm
	CRC Tests	
Toot	Status	Time

Status	TIME
Pass	3:29pm
Pass	3:29pm
	Pass

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	Instrument Location VANCE Co. S. O.
Instrument Ser	156 Church St HENDERSON, NC
The preventive serial number	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced wi 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcohol breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.
were personne	the day of July 20 24 the forgoing preventive maintenance procedure on the instrument indicated above, in accordance with current regulations of the N.C. Department of Healinices, and the instrument is functioning properly.
	SAFrent 671
	Signature of Certifying Official Certificate Number

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

DHHS 4080 (04/20)

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008870 Test Date: 07/10/2024

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

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

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

Test	g/210L	Time
DIAG	Pass	2:26pm
AIR BLK	.00	2:27pm
ACCY CHK	.07	2:27pm
AIR BLK	.00	2:29pm
SUB TEST	.00	2:29pm
AIR BLK	.00	2:30pm
SUB TEST	.00	2:32pm
AIR BLK	.00	2:33pm

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

#### VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008870 Test Record Number: 3893 Test Date: 07/10/2024 Test Time: 2:33pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	2:34pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County 1/A	nce	Instrument Location	VANCE C	0.5.0.
Instrument Ser	ial No. <u>1008937</u>	112	156 CH	NINC
			HERDERSON	NINC
The preventive serial number 1	maintenance procedures for the 0,000 or higher) to be followed:	Intoximeters, Model I at least once every four	ntox EC/IR II and Mode months are:	el Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canist breath simulator thermomete	er displays at least 51 r shows 34 degrees, pl	pounds per square inch us or minus .2 degree ce	(psi) of pressure, or the alcoholic entigrade;
(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 breath sa	mple;	
(7)	When "PLEASE BLOW" ap	pears, collect breath sa	mple;	
(8)	Print test record;			
(9)	Run diagnostic program and	confirm preventive ma	intenance status of "Pas	ss"; and
(10)	Verify that the ethanol gas simulator solution is being whichever occurs first.	canister is being ch changed every four r	anged before expiration months or after 125 Al	n date, or the alcoholic breath icoholic Breath Simulator tests,
were performed	the day of d on the instrument indicated ab- vices, and the instrument is func-	ove, in accordance wit	24 the forgoing prev th current regulations of	ventive maintenance procedures f the N.C. Department of Health
	_EAt	Bruth	2	671
	Si	gnature of Certifying (	Official	Certificate Number

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008937 Test Date: 07/10/2024

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

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

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

Test	g/210L	Time
DIAG	Pass	2:19pm
AIR BLK	.00	2:20pm
ACCY CHK	.08	2:20pm
AIR BLK	.00	2:21pm
SUB TEST	.00	2:22pm
AIR BLK	.00	2:23pm
SUB TEST	.00	2:24pm
AIR BLK	.00	2:25pm

Reported AG: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008937 Test Record Number: 3463 Test Date: 07/10/2024 Test Time: 2:26pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:27pm
FLO	Pass	2:27pm
FC	Pass	2:27pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:27pm
SRC	Pass	2:27pm
DET	Pass	2:27pm
BAR	Pass	2:27pm
BT	Pass	2:27pm
		The second secon

#### Blank Tests

Test	Status	Time
AIR	Pass	2:27pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:28pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:28pm 2:28pm

Preventive Maintenance Status: Pass

Analyst

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

County W	lake	Instrument Location RALGICA	
Instrument Ser	rial No. <u>008617</u>	601 404	en St Raleghak
The preventive serial number	e maintenance procedures for the till of the maintenance procedures for the maintenance procedure for	ne Intoximeters, Model Intox EC/IR II and d at least once every four months are:	I Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas can breath simulator thermome	ister displays at least 51 pounds per square eter shows 34 degrees, plus or minus .2 de	e inch (psi) of pressure, or the alcoholic gree centigrade;
(2)	Verify instrument displays		
(3)	Initiate breath test sequence	e;	
(4)	Enter information as prom	pted;	
(5)	Verify instrument accuracy	r,	
(6)	When "PLEASE BLOW"	appears, collect breath sample;	
(7)	When "PLEASE BLOW"	appears, collect breath sample;	
(8)	Print test record;		
(9)	Run diagnostic program an	d confirm preventive maintenance status of	of "Pass"; and
(10)	Verify that the ethanol g simulator solution is bein whichever occurs first.	as canister is being changed before exp g changed every four months or after I	piration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,
were performed	the	bove, in accordance with current regulati	g preventive maintenance procedures ons of the N.C. Department of Health
		Signature of Certifying Official	Certificate Number

WAKE COUNTY SOUTH WEST DISTRICT 910

Serial Number: 008612 Test Date: 07/09/2024

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

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

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

Test	g/210L	Time
DIAG	Pass	2:15pm
AIR BLK	.00	2:16pm
ACCY CHK	.07	2:17pm
AIR BLK	.00	2:18pm
SUB TEST	.00	2:18pm
AIR BLK	.00	2:19pm
SUB TEST	.00	2:21pm
AIR BLK	.00	2:21pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Smar 8 foles Barres
Analyst

WAKE COUNTY SOUTH WEST DISTRICT 910

Serial Number: 008612 Test Record Number: 5338 Test Date: 07/09/2024 Test Time: 2:22pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:22pm 2:22pm
FC	Pass	2:22pm

### Temperature Tests

Test	Status	Time
FC1	Pass	2:23pm
SRC	Pass	2:23pm
DET	Pass	2:23pm
BAR	Pass	2:23pm
BT	Pass	2:23pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:23pm

#### Printer Tests

Toot Status Mimo

rest	Status	TIMe
PRNT	Pass	2:23pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:23pm

2:23pm

Preventive Maintenance Status: Pass

Sum Acker Exerc

CAL 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	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
vere performed	the 210 day of, 2024 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.

Certificate Number

WAKE COUNTY BAT MOBILE REGION 4 910

Serial Number: 008775 Test Date: 07/26/2024

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

Test	g/210L	Time
DIAG	Pass	10:46pm
AIR BLK	.00	10:47pm
ACCY CHK	.07	10:47pm
AIR BLK	.00	10:48pm
SUB TEST	.00	10:49pm
AIR BLK	.00	10:50pm
SUB TEST	.00	10:51pm
AIR BLK	.00	10:53pm

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

Alasus,

Rev. 12/2007

# WAKE COUNTY BAT MOBILE REGION 4 910

Serial Number: 008775 Test Record Number: 2144
Test Date: 07/26/2024 Test Time: 10:54pm EDT

System Check: Passed

#### Baseline Tests

IR Pass 10:54p FLO Pass 10:54p FC Pass 10:54p	om
FC Pass 10:54r	m

# Temperature Tests

Test	Status	Time
FC1	Pass	10:54pm
SRC	Pass	10:54pm
DET	Pass	10:54pm
BAR	Pass	10:54pm
BT	Pass	10:54pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:55pm

### Printer Tests

Test	Status	Time
PRNT	Pass	10:55pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:55pm 10:55pm

Preventive Maintenance Status: Pass

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

Instrument Se	rial No. 00 89 07	ala. c
	Ralent	Abarius ST NC
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:	
(1)	Verify the ethanol gas canister displays at least 51 pounds per squ breath simulator thermometer shows 34 degrees, plus or minus .2	nare inch (psi) of pressure, or the alcoholic degree centigrade;
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance statu	s of "Pass": and
(10)	Verify that the ethanol gas canister is being changed before a simulator solution is being changed every four months or after whichever occurs first.	evaluation data and distribution of
	the 9 day of July , 20 29 the forgo on the instrument indicated above, in accordance with current regulativices, and the instrument is functioning properly.	ing preventive maintenance procedures ations of the N.C. Department of Health
COUNTY OF	J	11-

WAKE COUNTY RALEIGH PD DOWNTOWN 910

Serial Number: 008907 Test Date: 07/09/2024

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: 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	1:31pm
AIR BLK	.00	1:32pm
ACCY CHK	.08	1:32pm
AIR BLK	.00	1:33pm
SUB TEST	.00	1:34pm
AIR BLK	.00	1:35pm
SUB TEST	.00	1:36pm
AIR BLK	.00	1:37pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY RALEIGH PD DOWNTOWN 910

Serial Number: 008907 Test Record Number: 1459
Test Date: 07/09/2024 Test Time: 1:37pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO FC	Pass Pass Pass	1:38pm 1:38pm 1:38pm
		THE RESERVE OF THE PROPERTY OF

### 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

Test	Status	Time
PRNT	Pass	1:39pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:39pm

Preventive Maintenance Status: Pass

Pass 1:39pm

Simon Alles Esuas

CAL

Analyst

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

The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performe	the 26 day of 0 day 2024 the forgoing preventive maintenance procedures d on the instrument indicated above in accordance with current regulations of the N.C. Department of Health rvices, and the instrument is functioning properly.

WAKE COUNTY BAT MOBILE REGION 4 910

Serial Number: 008929 Test Date: 07/26/2024

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	10:48pm
AIR BLK	.00	10:49pm
ACCY CHK	.07	10:50pm
AIR BLK	.00	10:51pm
SUB TEST	.00	10:52pm
AIR BLK	.00	10:53pm
SUB TEST	.00	10:55pm
AIR BLK	.00	10:56pm

Reported AC: .00 g/21QL

Signature of Chemical Analyst

Court CVR

Juny D Hassen

# WAKE COUNTY BAT MOBILE REGION 4 910

Serial Number: 008929 Test Record Number: 1429

Test Date: 07/26/2024 Test Time: 10:57pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	10:58pm
FLO	Pass	10:58pm
FC	Pass	10:58pm

### Temperature Tests

Test	Status	Time
FC1	Pass	10:58pm
SRC	Pass	10:58pm
DET	Pass	10:58pm
BAR	Pass	10:58pm
BT	Pass	10:58pm
		CONTRACTOR (CO.)

#### Blank Tests

Test	Status	Time	
AIR	Pass	10:59pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:59pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:59pm
CAL	Pass	10:59pm

Preventive Maintenance Status: Pass

Skound 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 LVA	REN	Instrument Location	WARREN	County LEC
Instrument Seri	al No. 008793		128 RAI WARRENT	STEDS LAVE
The preventive serial number 1	maintenance procedures for the 0,000 or higher) to be followed	Intoximeters, Model In at least once every four	ntox EC/IR II and Mo months are:	odel Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canist breath simulator thermometer	ter displays at least 51 per shows 34 degrees, pl	pounds per square inc us or minus .2 degree	h (psi) of pressure, or the alcoholic centigrade;
(2)	Verify instrument displays to	ime and date;		
(3)	Initiate breath test sequence;			
(4)	Enter information as prompt	ed;		
(5)	Verify instrument accuracy;			
(6)	When "PLEASE BLOW" ap	pears, collect breath sa	mple;	
(7)	When "PLEASE BLOW" ap	pears, collect breath sa	mple;	
(8)	Print test record;			
(9)	Run diagnostic program and	confirm preventive ma	intenance status of "F	Pass"; and
(10)	Verify that the ethanol gas simulator solution is being whichever occurs first.	s canister is being ch changed every four r	anged before expirat nonths or after 125	tion date, or the alcoholic breath Alcoholic Breath Simulator tests,
were performed	vices, and the instrument is func	ove, in accordance wit	24 the forgoing pr th current regulations	reventive maintenance procedures of the N.C. Department of Health
0.00	Aton	ignature of Certifying (	Official	Certificate Number

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

DHHS 4080 (04/20)

WARREN COUNTY WARREN COUNTY JAIL 920

Serial Number: 008793 Test Date: 07/11/2024

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	3:24pm
AIR BLK	.00	3:24pm
ACCY CHK	.08	3:25pm
AIR BLK	.00	3:26pm
SUB TEST	.00	3:26pm
AIR BLK	.00	3:27pm
SUB TEST	.00	3:29pm
AIR BLK	.00	3:30pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch Department of Health and Human Services

Rev. 12/2007

### WARREN COUNTY WARREN COUNTY JAIL 920

Serial Number: 008793

Test Record Number: 2167 Test Date: 07/11/2024 Test Time: 3:31pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:31pm
FLO	Pass	3:31pm
FC	Pass	3:31pm

### Temperature Tests

Test	Status	Time
FC1	Pass	3:31pm
SRC	Pass	3:31pm
DET	Pass	3:31pm
BAR	Pass	3:31pm
BT	Pass	3:31pm

#### Blank Tests

Test	Status	Time	
AIR	Pass	3:32pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:32pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	3:32pm 3:32pm

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 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 5th day of 1,200 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.

WASHINGTON COUNTY SHERIFF'S OFFICE 930

Serial Number: 008829 Test Date: 07/05/2024

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: 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	10:18am
AIR BLK	.00	10:19am
ACCY CHE	.07	10:19am
AIR BLK	.00	10:20am
SUB TEST	.00	10:21am
AIR BLK	.00	10:22am
SUB TEST		10:24am
AIR BLK	.00	10:24am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

#### WASHINGTON COUNTY SHERIFF'S OFFICE 930

Serial Number: 008829 Test Record Number: 1217 Test Date: 07/05/2024 Test Time: 10:25am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:25am
FLO	Pass	10:26am
FC	Pass	10:26am

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:26am
SRC	Pass	10:26am
DET	Pass	10:26am
BAR	Pass	10:26am
BT	Pass	10:26am

#### Blank Tests

Test	Status	Time	
AIR	Pass	10:26am	

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County WA	THUGH Instrument Location WHT AUGA CO. JAIL
Instrument Seria	1NO. 008715 BOONE, NC
The preventive is serial number 10	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	. Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	he 18 day of JULY , 20,24 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.
	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)

WATAUGA COUNTY WATAUGA JAIL 940

Serial Number: 008715 Test Date: 07/18/2024

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: AG308703 Exp Date: 03/28/2025

Test	g/210L	Time
DIAG	Pass	3:21pm
AIR BLK	.00	3:21pm
ACCY CHK	.08	3:22pm
AIR BLK	.00	3:23pm
SUB TEST	.00	3:24pm
AIR BLK	.00	3:24pm
SUB TEST		3:26pm
AIR BLK	.00	3:27pm

Reported AC: .00 g/210L

Chemisal 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

#### WATAUGA COUNTY WATAUGA JAIL 940

Serial Number: 008715 Test Record Number: 2875 Test Date: 07/18/2024 Test Time: 3:28pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:28pm
FLO	Pass	3:28pm
FC	Pass	3:28pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:28pm
SRC	Pass	3:28pm
DET	Pass	3:28pm
BAR	Pass	3:28pm
BT	Pass	3:28pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:29pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:29pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:29pm

Preventive Maintenance Status: Pass

Pass

3:29pm

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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	simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes

### YADKIN COUNTY BAT MOBILE REGION 4 980

Serial Number: 008601 Test Date: 07/20/2024

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

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	10:03pm
AIR BLK	.00	10:04pm
ACCY CHK	.08	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

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 BAT MOBILE REGION 4 980

Serial Number: 008601 Test Record Number: 1609

Test Date: 07/20/2024 Test Time: 10:13pm EDT

System Check: Passed

Baseline Tests

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

### 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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:14pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

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

The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the 20 day of, 2024 the forgoing preventive maintenance procedures of on the instrument indicated above in accordance with current regulations of the N.C. Department of Health rvices, and the instrument is functioning properly.

### YADKIN COUNTY BAT MOBILE REGION 4 980

Serial Number: 008736 Test Date: 07/20/2024

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

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

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

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

Test	g/210L	Time
DIAG	Pass	10:02pm
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/210L

Signature of Chemical Analyst

Court CVR

is used when performing Preventive Maintenance pr

#### YADKIN COUNTY BAT MOBILE REGION 4 980

Serial Number: 008736 Test Record Number: 1278
Test Date: 07/20/2024 Test Time: 10:11pm 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	10:12pm
SRC	Pass	10:12pm
DET	Pass	10:12pm
BAR	Pass	10:12pm
BT	Pass	10:12pm

#### Blank Tests

Test	Status	Time	
AIR	Pass	10:12pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:12pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:12pm
CAL	Pass	10:12pm

Preventive Maintenance Status: Pass

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