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.
we	ere performe	the

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008853 Test Date: 10/29/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

09/01/2020-09/01/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG007601 Exp Date: 03/16/2022

Test	g/210L	Time
DIAG	Pass	1:35pm
AIR BLK	-00	1:35pm
ACCY CHK	.07	1:36pm
AIR BLK	.00	1:37pm
SUB TEST	.00	1:38pm
AIR BLK	.00	1:39pm
SUB TEST	.00	1:40pm
AIR BLK	.00	1:41pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008853 Test Record Number: 3201 Test Date: 10/29/2020 Test Time: 1:42pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:43pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:43pm
	CRC Tests	

Test	Status	Time
COMP	Pass	1:43pm
CAL	Pass	1:43pm

Preventive Maintenance Status: Pass

Analyst

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

Instrument Ser	ial No. 008913 109 S. Maple St Graham, 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 29th day of October, 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.

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008913 Test Date: 10/29/2020

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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 Jr., Earl A
Permit Number: 0017-9707
Effective:
09/15/2020-09/15/2022

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

Lot Number: AG007601 Exp Date: 03/16/2022

Test	g/210L	Time
DIAG	Pass	1:28pm
AIR BLK	.00	1:29pm
ACCY CHK	.08	1:30pm
AIR BLK	.00	1:31pm
SUB TEST	.00	1:32pm
AIR BLK	.00	1:33pm
SUB TEST	.00	1:34pm
ATR BLK	0.0	1 - 35pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008913 Test Record Number: 4041 Test Date: 10/29/2020 Test Time: 1:37pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:38pm
FLO	Pass	1:38pm
FC	Pass	1:38pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:38pm
SRC	Pass	1:38pm
DET	Pass	1:38pm
BAR	Pass	1:38pm
BT	Pass	1:38pm

Blank Tests

Test	Status	Time
AIR	Pass	1:39pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:39pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:39pm

Preventive Maintenance Status: Pass

Pass

1:39pm

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

ANSON COUNTY SHERIFF'S OFFICE 030

Serial Number: 008597 Test Date: 10/16/2020

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

Analyst's Name: Galloway, Charles L Permit Number: 0023-9771 Effective: 09/28/2020-09/28/2022

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

Lot Number: AG902202 Exp Date: 01/22/2021

Test	g/210L	Time
DIAG	Pass	3:36pm
AIR BLK	.00	3:36pm
ACCY CHK	.08	3:37pm
AIR BLK	.00	3:38pm
SUB TEST	.00	3:38pm
AIR BLK	.00	3:39pm
SUB TEST	.00	3:41pm
AIR BLK	.00	3:42pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ANSON COUNTY SHERIFF'S OFFICE 030

Serial Number: 008597 Test Record Number: 1762 Test Date: 10/16/2020 Test Time: 3:45pm EDT

System Check: Passed

Baseline Tests

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

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
ATR	Pagg	3 - 1 6 mm

Printer Tests

Test	Status Ti	Time
PRNT	Pass	3:46pm

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

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

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	theday of, 20the 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.
and Human Ser	The state of the s

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

DHHS 4080 (04/20)

ANSON COUNTY SHERIFF'S OFFICE 030

Serial Number: 008739 Test Date: 10/16/2020

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

Driver's License Number: NONE

Analyst's Name: Galloway, Charles L Permit Number: 0023-9771 Effective: 09/28/2020-09/28/2022

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

> > Lot Number: AG902202 Exp Date: 01/22/2021

Test	g/210L	Time
DIAG	Pass	3:34pm
AIR BLK	.00	3:35pm
ACCY CHK	.07	3:36pm
AIR BLK	.00	3:37pm
SUB TEST	.00	3:37pm
AIR BLK	.00	3:38pm
SUB TEST	.00	3:40pm
AIR BLK	.00	3:41pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ANSON COUNTY SHERIFF'S OFFICE 030

Serial Number: 008739 Test Record Number: 577 Test Date: 10/16/2020 Test Time: 3:44pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	3:44pm
SRC	Pass	3:44pm
DET	Pass	3:44pm
BAR	Pass	3:44pm
BT	Pass	3;44pm

Blank Tests

Test	Status	Time
AIR	Pass	3:45pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:45pm

CRC Tests

Status	Time
Pass	3:45pm
Pass	3:45pm
	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 Ser	Instrument Location Ashe Co. Juil Telegraphy Jefferson, No.
	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 30 day of October, 2020 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.



ASHE COUNTY ASHE COUNTY JAIL 040

Serial Number: 008849 Test Date: 10/30/2020

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

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

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

Analyst's Name: BURNETTE, ANTHONY J
Permit Number: 11304E
Effective:
06/01/2019-06/01/2021

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

Lot Number: AG933703 Exp Date: 12/03/2021

Test	g/210L	Time
DIAG	Pass	12:04pm
AIR BLK	.00	12:05pm
ACCY CHK	.07	12:05pm
AIR BLK	.00	12:06pm
SUB TEST	.00	12:07pm
AIR BLK	.00	12:08pm
SUB TEST	.00	12:09pm
AIR BLK	.00	12:10pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ASHE COUNTY ASHE COUNTY JAIL 040

Serial Number: 008849 Test Record Number: 1400 Test Date: 10/30/2020 Test Time: 12:11pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time	
AIR	Pass	12:13pm	

Printer Tests

Test	Status	Time
PRNT	Pass	12:13pm

CRC Tests

Test	Status	Time
COMP	Pass	12:13pm
CAL	Pass	12:13pm

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)

T	The preventive erial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and 0,000 or higher) to be followed at least once every four months are:	Model Intox EC/IR II (Enhanced with
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square breath simulator thermometer shows 34 degrees, plus or minus .2 deg	inch (psi) of pressure, or the alcoholic tree centigrade;
	(2)	Verify instrument displays time and date;	
	(3)	Initiate breath test sequence;	
	(4)	Enter information as prompted:	
	(5)	Verify instrument accuracy;	
	(6)	When "PLEASE BLOW" appears, collect breath sample;	
	(7)	When "PLEASE BLOW" appears, collect breath sample;	
	(8)	Print test record;	
	(9)	Run diagnostic program and confirm preventive maintenance status of	of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before exp simulator solution is being changed every four months or after 1 whichever occurs first.	piration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests.
	were performe	the 29 day of October, 2020 he forgoing d on the instrument indicated above, in accordance with current regulativities, and the instrument is functioning properly.	g preventive maintenance procedures ions of the N.C. Department of Health

AVERY COUNTY AVERY COUNTY JAIL 050

Serial Number: 008664 Test Date: 10/29/2020

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BURNETTE, ANTHONY J Permit Number: 11304E

Effective:

06/01/2019-06/01/2021

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

Agency: DHHS

Test Type: Breath Test

Lot Number: AG007601 Exp Date: 03/16/2022

Test	g/210L	Time
DIAG	Pass	1:26pm
AIR BLK	.00	1:27pm
ACCY CHK	.08	1:28pm
AIR BLK	.00	1:29pm
SUB TEST	.00	1:29pm
AIR BLK	.00	1:30pm
SUB TEST	.00	1:32pm
AIR BLK	.00	1:33pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

AVERY COUNTY AVERY COUNTY JAIL 050

Serial Number: 008664 Test Record Number: 1050 Test Date: 10/29/2020 Test Time: 1:33pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:33pm
FLO	Pass	1:33pm
FC	Pass	1:34pm

Temperature Tests

Status	Time
Pass	1:34pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time	
AIR	Pass	1:34pm	

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

Pass

1:34pm

1:34pm

COMP

CAL

Analyst

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

Coun	ty	Burke	Instrument Location_	Bucke	County	Jail	i,
Instru	iment Seri	al No. 008831		m	organtor	, NC	-
The p	reventive number 1	maintenance procedures for the 0,000 or higher) to be followed	e Intoximeters, Model Intel d at least once every four r	ox EC/IR II and nonths are:	Model Intox EC	/IR II (Enhanced	with
	(1)	Verify the ethanol gas can breath simulator thermome	ster displays at least 51 po ter shows 34 degrees, plus	unds per square or minus .2 deg	inch (psi) of pre ree centigrade;	ssure, or the alcol	holic
	(2)	Verify instrument displays	time and date;				
	(3)	Initiate breath test sequence	et.				
	(4)	Enter information as promp	oted;				
	(5)	Verify instrument accuracy	7.5€				
**	(6)	When "PLEASE BLOW";	appears, collect breath sam	ple;			
	(7)	When "PLEASE BLOW"	appears, collect breath sam	ple;			
	(8)	Print test record;				9	
	(9)	Run diagnostic program an	d confirm preventive mair	itenance status o	f"Pass"; and		
	(10)	Verify that the ethanol g simulator solution is bein whichever occurs first.	as canister is being chang g changed every four mo	nged before exponths or after 12	iration date, or 25 Alcoholic Bi	the alcoholic breath Simulator to	eath
were j	fy that on performed tuman Ser	the 5 day of Octor on the instrument indicated a vices, and the instrument is fundament.	bove, in accordance with	<u>o</u> the forgoing current regulation	preventive ma	intenance proced Department of He	lures ealth
1	OWN VON	1 - 4	yall.			68	
<u>.</u>		//	Signature of Certifying Of	ficial		icate Number	

BURKE COUNTY BURKE COUNTY JAIL 110

Serial Number: 008831 Test Date: 10/05/2020

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE Subject'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: 09/17/2020-09/17/2022

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

> > Lot Number: AG919902 Exp Date: 07/18/2021

g/210L	Time
Pass	12:06pm
.00	12:07pm
.08	12:08pm
.00	12:09pm
.00	12:09pm
.00	12:10pm
.00	12:12pm
.00	12:13pm
	Pass .00 .08 .00 .00 .00 .00 .00

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Department of Health and Human Services

Rev. 12/2007

BURKE COUNTY BURKE COUNTY JAIL 110

Serial Number: 008831 Test Record Number: 2293
Test Date: 10/05/2020 Test Time: 12:13pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

m
m
m
m
m

Blank Tests

Test	Status	Time	
AIR	Pass	12:15pm	

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

12:15pm

CAL

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)

Coun	ty	Boike	Instrument Location Burke County Jost
Instru	ment Ser	tal No. 008904	morganton, NC
The p	reventive number	e maintenance procedures for th 10,000 or higher) to be followed	e Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with lat least once every four months are:
	(1)		ster displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic ter shows 34 degrees, plus or minus .2 degree centigrade;
	(2)	Verify instrument displays	time and date;
	(3)	Initiate breath test sequence	3 3
	(4)	Enter information as prom	oted;
	(5)	Verify instrument accuracy	# 3
	(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 maintenance status of "Pass"; and
	(10)		as canister is being changed before expiration date, or the alcoholic breath g changed every four months or after 125 Alcoholic Breath Simulator tests,
			20 Zo the forgoing preventive maintenance procedures
		ed on the instrument indicated cryices, and the instrument is fu	above, in accordance with current regulations of the N.C. Department of Health actioning properly.
A	STATE		
	U		
3			1
15/4			2)//
10	THE CELLIM VIEW	-1	668

BURKE COUNTY BURKE COUNTY JAIL 110

Serial Number: 008904 Test Date: 10/05/2020

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

Subject'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:
09/17/2020-09/17/2022

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

Lot Number: AG920301 Exp Date: 07/22/2021

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

BURKE COUNTY BURKE COUNTY JAIL 110

Serial Number: 008904 Test Record Number: 2519 Test Date: 10/05/2020 Test Time: 12:14pm EDT

System Check: Passed

Baseline Tests

Status	Time
Pass	12:15pm
Pass	12:15pm
Pass	12:15pm
	Pass Pass

Temperature Tests

Status	Time
Pass	12:15pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	12:16pm

Printer Tests

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

12:16pm

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)

Instrument Seria	INO. 008590 30 Corban Ave Concord
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	theday of, 20the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rvices, and the instrument is functioning properly.
STATE OF STA	

CABARRUS COUNTY CABARRUS COUNTY SO 120

Serial Number: 008590 Test Date: 10/29/2020

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Hutchinson, Joseph E Permit Number: 0035-6075

Effective:

07/09/2019-07/09/2021

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

> Lot Number: AG920301 Exp Date: 07/22/2021

Test	g/210L	Time
DIAG	Pass	6:56pm
AIR BLK	.00	6:57pm
ACCY CHK	.08	6:58pm
AIR BLK	.00	6:59pm
SUB TEST	.00	6:59pm
AIR BLK	.00	7:00pm
SUB TEST	.00	7:02pm
AIR BLK	.00	7:03pm

Reported AC: .00 g/210L

nature of Chemical Analyst

Court CVR

CABARRUS COUNTY CABARRUS COUNTY SO 120

Serial Number: 008590 Test Date: 10/29/2020

Test Record Number: 3593 Test Time: 7:05pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	7:05pm
FLO	Pass	7:05pm
FC	Pass	7:05pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:05pm
SRC	Pass	7:05pm
DET	Pass	7:05pm
BAR	Pass	7:05pm
BT	Pass	7:05pm

Blank Tests

Test	Status	Time
AIR	Pass	7:06pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:06pm
	CRC Tests	
Test	Status	Time

Deacab	11
Pass	7:06pm
Pass	7:06pm
	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)

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced 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 alcohoreath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; (2) Verify instrument displays time and date; (3) Initiate breath lest sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to whichever occurs first. I certify that on the 12 day of October 2020 the torgoing preventive maintenance procedurer performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Research Human Services, and the instrument is functioning properly.	Co	ounty Co	Idwell	Instrument Location	Caldwell	Co. Jail
(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcohoreath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; (2) Verify instrument displays time and date; (3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic bre simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to whichever occurs first. I certify that on the 12 day of October 20 20 the forgoing preventive maintenance procedu were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Hes and Human Services, and the instrument is functioning properly.	Ins	strument Seri	al No. 008719		Lenoie	, NC
breath simulator thermometer shows 34 degrees, plus or minus .2 degree configrade; (2) Verify instrument displays time and date; (3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to whichever occurs first. I certify that on the 12 day of 0ctober 2020 the forgoing preventive maintenance procedu were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Hes and Human Services, and the instrument is functioning properly.	Th	e preventive	maintenance procedures for th 0,000 or higher) to be followed	e Intoximeters, Model Intox l at least once every four mo	EC/IR II and Model I	ntox EC/IR II (Enhanced with
(3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to whichever occurs first. I certify that on the 12 day of 0 c + o her 120 20 the forgoing preventive maintenance procedule were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Head and Human Services, and the instrument is functioning properly.		(1)	Verify the ethanol gas cani breath simulator thermome	ster displays at least 51 pour ter shows 34 degrees, plus o	nds per square inch (ps r minus .2 degree centi	i) of pressure, or the alcoholic grade;
(4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program 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. I certify that on the 17 day of 0 + 0 her 20 20 the forgoing preventive maintenance procedu were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Head Human Services, and the instrument is functioning properly.		(2)	Verify instrument displays	time and date;		
(5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic bre simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator te whichever occurs first. I certify that on the 12 day of 0ctober , 2020 the forgoing preventive maintenance procedu were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Head Human Services, and the instrument is functioning properly.		(3)	Initiate breath test sequence			
(6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic bresimulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to whichever occurs first. I certify that on the 17 day of 0ctoher , 20 20 the forgoing preventive maintenance procedu were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Hes and Human Services, and the instrument is functioning properly.		(4)	Enter information as promp	ited;		
(8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic bresimulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to whichever occurs first. I certify that on the 17 day of 0chor, 2020 the forgoing preventive maintenance procedu were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Hea and Human Services, and the instrument is functioning properly.		(5)	Verify instrument accuracy	•		
(8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic bre simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to whichever occurs first. I certify that on the 12 day of 0ctoler, 20 20 the forgoing preventive maintenance procedu were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Her and Human Services, and the instrument is functioning properly.		(6)	When "PLEASE BLOW" a	ppears, collect breath sampl	e;	.8 -
(9) Run diagnostic program 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. I certify that on the 17 day of 0 c + 0 h cr , 20 20 the forgoing preventive maintenance procedu were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Head and Human Services, and the instrument is functioning properly.		(7)	When "PLEASE BLOW" a	ppears, collect breath sampl	e'	
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. I certify that on the 17 day of 0c+oher 20 20 the forgoing preventive maintenance procedu were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Hea and Human Services, and the instrument is functioning properly.		(8)	Print test record;			
simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to whichever occurs first. I certify that on the 17 day of 0c4 ober 20 20 the forgoing preventive maintenance procedu were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Her and Human Services, and the instrument is functioning properly.		(9)	Run diagnostic program and	d confirm preventive mainte	nance status of "Pass";	and
were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Her and Human Services, and the instrument is functioning properly.		(10)	simulator solution is being	is canister is being change changed every four mon	d before expiration d hs or after 125 Alcol	late, or the alcoholic breath nolic Breath Simulator tests,
Signature of Certifying Official Certificate Number	we	re performed	on the instrument indicated a vices, and the instrument is fun	bove, in accordance with creationing properly.	rrent regulations of the	e N.C. Department of Health
			18	ignature of Certifying Offic	ial	

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

DHHS 4080 (04/20)

CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008719 Test Date: 10/12/2020

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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: 09/17/2020-09/17/2022

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

Lot Number: AG007601 Exp Date: 03/16/2022

Test	g/210L	Time
DIAG	Pass	1:01pm
AIR BLK	.00	1:02pm
ACCY CHK	.07	1:02pm
AIR BLK	.00	1:04pm
SUB TEST	.00	1:04pm
AIR BLK	.00	1:05pm
SUB TEST	.00	1:07pm
AIR BLK	.00	1:08pm

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

CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008719 Test Record Number: 2704
Test Date: 10/12/2020 Test Time: 1:09pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:09pm 1:09pm
FC	Pass	1:09pm

Temperature Tests

Status	Time
Pass	1:09pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	1:10pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:10pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:10pm 1:10pm

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)

Co	ounty	laldwell	Instrument Location	Caldwell	Co. Ja.1
Ins	strument Ser	ial No. 00 8803	-	Leno	ir, Nc
Th	e preventive	maintenance procedures for (0,000 or higher) to be follow	he Intoximeters, Model Into: ed at least once every four m	t EC/IR II and Model I	ntox EC/IR II (Enhanced with
	(1)	Verify the ethanol gas can breath simulator thermom	nister displays at least 51 pou eter shows 34 degrees, plus (nds per square inch (ps or minus .2 degree centi	i) of pressure, or the alcoholic grade;
	(2)	Verify instrument display	s time and date;		
	(3)	Initiate breath test sequen	ce;		
	(4)	Enter information as pron	npted;		
•	(5)	Verify instrument accurac	У 3		
	(6)	When "PLEASE BLOW"	appears, collect breath samp	le;	
	(7)	When "PLEASE BLOW"	appears, collect breath samp	le;	
	(8)	Print test record;			
	(9)	Run diagnostic program a	nd confirm preventive maint	enance status of "Pass";	and
	(10)	Verify that the ethanol simulator solution is being whichever occurs first.	gas canister is being chang ng changed every four mor	ed before expiration of the or after 125 Alcol	late, or the alcoholic breath holic Breath Simulator tests,
we:	re performe	the 12 day of 0c I on the instrument indicated vices, and the instrument is fu	above, in accordance with c	the forgoing prevent urrent regulations of th	tive maintenance procedures e N.C. Department of Health
			5-7/		40.5
en:			Signature of Certifying Offi	cial	668 Certificate Number
		4	/	*)	THE STATE OF THE S

CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008803 Test Date: 10/12/2020

Citation Number: M0000000-0 Subject's Name:

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

Subject'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: 09/17/2020-09/17/2022

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

Lot Number: AG018801 Exp Date: 07/06/2022

g/210L	Time
Pass	1:23pm
.00	1:24pm
.07	1:25pm
.00	1:26pm
.00	1:27pm
.00	1:28pm
.00	1:29pm
.00	1:30pm
	Pass .00 .07 .00 .00

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

Rev. 12/2007

CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008803 Test Record Number: 703 Test Date: 10/12/2020 Test Time: 1:31pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:31pm
FLO	Pass	1:31pm
FC	Pass	1:31pm

Temperature Tests

Test		Status	Time
FC1		Pass.	1:31pm
SRC		Pass	1:31pm
DET		Pass	1:31pm
BAR		Pass	1:31pm
BT	÷	Pass	1:31pm

Blank Tests

Test	Status	Time
AIR	Pass	1:32pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:32pm
z. j	CRC Tests	74
Test	Status	Time
COMP	Pass	1:32pm
CAL	Pass	1:32pm

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	ARTERET Instrument Location CA	RTERET COUNTY
Instrument Se	rial No. 008901	TENTICAL CENTER
The preventiv	e maintenance procedures for the Intoximeters, Model Intox EC/IF 10,000 or higher) to be followed at least once every four months at	R II and Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per breath simulator thermometer shows 34 degrees, plus or minu	square inch (psi) of pressure, or the alcoholic s .2 degree centigrade;
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance s	status of "Pass": and
(10)	Verify that the ethanol gas canister is being changed before simulator solution is being changed every four months or whichever occurs first.	
I certify that on were performed and Human Ser	the	orgoing preventive maintenance procedures egulations of the N.C. Department of Health
PRIL 22 STR. SE QUAM VIDA		648
	Signature of Certifying Official	Certificate Number

CARTERET COUNTY DETENTION CENTER 150

Serial Number: 008901 Test Date: 10/29/2020

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
10/09/2020-10/09/2022

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

Lot Number: AG007601 Exp Date: 03/16/2022

Test	g/210L	Time
DIAG	Pass	12:30pm
AIR BLK	.00	12:31pm
ACCY CHK	.08	12:31pm
AIR BLK	-00	12:33pm
SUB TEST	.00	12:33pm
AIR BLK	.00	12:34pm
SUB TEST	.00	12:35pm
AIR BLK	.00	12:36pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

CARTERET COUNTY DETENTION CENTER 150

Serial Number: 008901 Test Record Number: 1276
Test Date: 10/29/2020 Test Time: 12:37pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:38pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County So
Newton
wed at least once every
ulator thermometer show
or the alcoholic breath c Breath Simulator tests,
preventive maintenance gulations of the N.C.
650 Certificate Number
C

CATAWBA COUNTY CATAWBA COUNTY SO 170

Serial Number: 008821 Test Date: 10/09/2020

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

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

Analyst's Name: Hutchinson, Joseph E
Permit Number: 0035-6075
Effective:
07/09/2019-07/09/2021

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

Lot Number: AG007601 Exp Date: 03/16/2022

Test	g/210L	Time
DIAG	Pass	2:44pm
AIR BLK	.00	2:45pm
ACCY CHK	.07	2:46pm
AIR BLK	.00	2:47pm
SUB TEST	.00	2:47pm
AIR BLK	.00	2:49pm
SUB TEST	.00	2:50pm
AIR BLK	.00	2:52pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CATAWBA COUNTY CATAWBA COUNTY SO 170

Serial Number: 008821 Test Record Number: 2115 Test Date: 10/09/2020 Test Time: 2:53pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	2:53pm
SRC	Pass	2:53pm
DET	Pass	2:53pm
BAR	Pass	2:53pm
BT	Pass	2:53pm

Blank Tests

Test	Status	Time
AIR	Pass	2:54pm

Printer Tests

1000	Status	lime
PRNT	Pass	2:54pm

CRC Tests

Test	Status	Time
COMP	Pass	2:54pm
CAL	Pass	2:54pm

Preventive Maintenance Status: Pass

Analyst

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

Ti	ne preventive rial 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;
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.
11.0	to periormed	the
TE STEE	SIS QUAM VIDES	

CHEROKEE COUNTY CHEROKEE COUNTY JAIL
190

Serial Number: 008622 Test Date: 10/19/2020

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
09/17/2020-09/17/2022

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

Lot Number: AG920301 Exp Date: 07/22/2021

Test	g/210L	Time
DIAG	Pass	1:40pm
AIR BLK	.00	1:41pm
ACCY CHK	.07	1:42pm
AIR BLK	.00	1:43pm
SUB TEST	.00	1:43pm
AIR BLK	.00	1:44pm
SUB TEST	.00	1:46pm
AIR BLK	.00	1:47pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CHEROKEE COUNTY CHEROKEE COUNTY JAIL 190

Serial Number: 008622 Test Record Number: 1142 Test Date: 10/19/2020 Test Time: 1:52pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:53pm
FLO	Pass	1:53pm
FC	Pass	1:53pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:53pm
SRC	Pass	1:53pm
DET	Pass	1:53pm
BAR	Pass	1:53pm
BT	Pass	1:53pm

Blank Tests

Test	Status	Time
ATR	Dagg	1 · 53 mm

Printer Tests

Test	Status	Time
PRNT	Pass	1:54pm
	CRC Tests	
Test	Status	Time

1050	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)

(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) I certify that on the were performed or	00 or higher) to be followed at least or	nce every four months are: ys at least 51 pounds per sq 34 degrees, plus or minus .2 late; llect breath sample;	and Model Intox EC/IR II (Enhanced with quare inch (psi) of pressure, or the alcoholic degree centigrade;
(2) (3) (4) (5) (6) (7) (8) (9) (10) I certify that on the were performed or	Verify instrument displays time and d Initiate breath test sequence; Enter information as prompted; Verify instrument accuracy; When "PLEASE BLOW" appears, co When "PLEASE BLOW" appears, co Print test record;	34 degrees, plus or minus .2 late; llect breath sample;	quare inch (psi) of pressure, or the alcoholic degree centigrade;
(3) (4) (5) (6) (7) (8) (9) (10) I certify that on the were performed or	Initiate breath test sequence; Enter information as prompted; Verify instrument accuracy; When "PLEASE BLOW" appears, co When "PLEASE BLOW" appears, co Print test record;	llect breath sample;	
(4) (5) (6) (7) (8) (9) (10) I certify that on the were performed or	Enter information as prompted; Verify instrument accuracy; When "PLEASE BLOW" appears, co When "PLEASE BLOW" appears, co Print test record;		
(5) (6) (7) (8) (9) (10) I certify that on the were performed or	Verify instrument accuracy; When "PLEASE BLOW" appears, co When "PLEASE BLOW" appears, co Print test record;		
(6) (7) (8) (9) (10) I certify that on the were performed or	When "PLEASE BLOW" appears, co When "PLEASE BLOW" appears, co Print test record;		
(7) (8) (9) (10) I certify that on the were performed or	When "PLEASE BLOW" appears, co		
(8) (9) (10) I certify that on the were performed or	Print test record;	llect breath sample;	
(9) (10) I certify that on the were performed or			
(10) I certify that on the were performed or	Run diagnostic program and confirm		
I certify that on the were performed or		preventive maintenance sta	tus of "Pass"; and
were performed of	Verify that the ethanol gas canister simulator solution is being changed whichever occurs first.	r is being changed before every four months or aft	expiration date, or the alcoholic breath ter 125 Alcoholic Breath Simulator tests,
and Human Service	the instrument indicated above, in a ses, and the instrument is functioning p	ccordance with current reg	going preventive maintenance procedures ulations of the N.C. Department of Health
A CITY OF THE STATE OF THE STAT	Cal R.	CAL	635

CHEROKEE COUNTY CHEROKEE COUNTY JAIL 190

Serial Number: 008711 Test Date: 10/19/2020

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
09/17/2020-09/17/2022

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

Lot Number: AG911506 Exp Date: 04/25/2021

Test	g/210L	Time
DIAG	Pass	1:41pm
AIR BLK	.00	1:42pm
ACCY CHK	.07	1:43pm
AIR BLK	.00	1:44pm
SUB TEST	.00	1:45pm
AIR BLK	.00	1:45pm
SUB TEST	.00	1:47pm
AIR BLK	.00	1:48pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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CHEROKEE COUNTY CHEROKEE COUNTY JAIL 190

Serial Number: 008711 Test Record Number: 1096 Test Date: 10/19/2020 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

Status	Time
Pass	1:53pm
	Pass Pass Pass Pass

Blank Tests

Status	Time
Pass	1:54pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:54pm

CRC Tests

Test	Status	Time
COMP	Pass Pass	1:54pm 1:54pm
CAL	rass	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)

These	ne preventive rial 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.
WE	e performed	theday 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.

COLUMBUS COUNTY DETENTION CENTER 230

Serial Number: 008875 Test Date: 10/20/2020

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

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

Analyst's Name: Ryan, Robert F
Permit Number: 0084-5023
Effective:
07/31/2020-07/31/2022

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

Lot Number: AG018801 Exp Date: 07/06/2022

Test	g/210L	Time
DIAG	Pass	2:13pm
AIR BLK	.00	2:13pm
ACCY CHK	.08	2:14pm
AIR BLK	.00	2:15pm
SUB TEST	.00	2:16pm
AIR BLK	.00	2:17pm
SUB TEST	.00	2:18pm
AIR BLK	.00	2:19pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

COLUMBUS COUNTY DETENTION CENTER 230

* 12 m

Serial Number: 008875 Test Record Number: 2344 Test Date: 10/20/2020 Test Time: 2:20pm 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	2:21pm
SRC	Pass	2:21pm
DET	Pass	2:21pm
BAR	Pass	2:21pm
BT	Pass	2:21pm

Blank Tests

Test	Status	Time
AIR	Pass	2:21pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:21pm

CRC Tests

Test	Status	Time
COMP	Pass	2:21pm
CAL	Pass	2:21pm

Preventive Maintenance Status Pass

halyst

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 M 10,000 or higher) to be followed at least once every four months are:	Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square in breath simulator thermometer shows 34 degrees, plus or minus .2 degrees	nch (psi) of pressure, or the alcoholic ee centigrade;
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of	"Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expir simulator solution is being changed every four months or after 12: whichever occurs first.	ration date, or the alcoholic breath 5 Alcoholic Breath Simulator tests,
I certify that or were performe and Human Ser	the	preventive maintenance procedures as of the N.C. Department of Health
SE GRAM VIDES	Dil R. ath	635
	Signature of Certifying Official	Certificate Number

CLAY COUNTY CLAY COUNTY JAIL 210

Serial Number: 008608 Test Date: 10/19/2020

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
09/17/2020-09/17/2022

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

Lot Number: AG007601 Exp Date: 03/16/2022

Test	g/210L	Time
DIAG	Pass	2:38pm
AIR BLK	.00	2:39pm
ACCY CHK	.08	2:40pm
AIR BLK	.00	2:41pm
SUB TEST	.00	2:41pm
AIR BLK	.00	2:42pm
SUB TEST	.00	2:44pm
AIR BLK	.00	2:45pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CLAY COUNTY CLAY COUNTY JAIL 210

Serial Number: 008608 Test Record Number: 1317
Test Date: 10/19/2020 Test Time: 2:46pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time '
IR	Pass	2:46pm
FLO	Pass	2:46pm
FC	Pass	2:46pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	2:47pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:47pm
	4	

CRC Tests

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

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 County	berland Co. Instrument Location Comberl	and Co. Deterrition Contex
Instrument Ser	rial No. <u>008614</u> Faye	Heville, NC
The preventive serial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II at 10,000 or higher) to be followed at least once every four months are:	nd Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per squabreath simulator thermometer shows 34 degrees, plus or minus .2 d	are inch (psi) of pressure, or the alcoholic legree centigrade;
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status	s of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before e simulator solution is being changed every four months or after whichever occurs first.	unitation data or the clashalis beside
I certify that on were performed and Human Ser	theday of, 20 the forgoi don the instrument indicated above, in accordance with current regular vices, and the instrument is functioning properly.	ng preventive maintenance procedures tions of the N.C. Department of Health
THE STATE OF MANY 20. DE STATE		154
	Signature of Certifying Official	Certificate Number

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008614 Test Date: 10/21/2020

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

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

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

Analyst's Name: Keesler, Grayham C
Permit Number: 0045-5487
Effective:
10/08/2020-10/08/2022

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

Lot Number: AG018801 Exp Date: 07/06/2022

Test	g/210L	Time
DIAG	Pass	1:08pm
AIR BLK	.00	1:09pm
ACCY CHK	.07	1:10pm
AIR BLK	.00	1:11pm
SUB TEST	.00	1:12pm
AIR BLK	.00	1:13pm
SUB TEST	.00	1:14pm
AIR BLK	.00	1:15pm

Reported AC. .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008614 Test Record Number: 4461 Test Date: 10/21/2020 Test Time: 1:16pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:16pm 1:16pm
FC	Pass	1:16pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:16pm
SRC	Pass	1:16pm
DET	Pass	1:16pm
BAR	Pass	1:16pm
BT	Pass	1:16pm

Blank Tests

Test	Status	Time	
AIR	Pass	1 · 1 7 mm	

Printer Tests

Test	Status	Time
PRNT	Pass	1:17pm

CRC Tests

Test	Status	Time
COMP	Pass	1:17pm
CAL	Pass	1:17pm

Preventive Maintenance Status: Pass

Analyst

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; (2) Verify instrument displays time and date; (3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcosimulator solution is being changed every four months or after 125 Alcoholic Breath Sir whichever occurs first. 1 certify that on the	ment Serial No	tenance procedures for the Intoximeters, Model Intox EC/IR II and or higher) to be followed at least once every four months are:	and Model Intox EC/IR II (Enhanced with
(2) Verify instrument displays time and date; (3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcosimulator solution is being changed every four months or after 125 Alcoholic Breath Sir whichever occurs first. I certify that on the	(1)	erify the ethanol gas canister displays at least 51 pounds per squ	uare inch (psi) 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 alcosimulator solution is being changed every four months or after 125 Alcoholic Breath Sin whichever occurs first. I certify that on the			,
(5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcosimulator solution is being changed every four months or after 125 Alcoholic Breath Sir whichever occurs first. I certify that on the	(3) In	nitiate breath test sequence;	
(6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcosimulator solution is being changed every four months or after 125 Alcoholic Breath Sir whichever occurs first. I certify that on the	(4) E	nter information as prompted;	
(7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alco simulator solution is being changed every four months or after 125 Alcoholic Breath Sir whichever occurs first. I certify that on the	(5) V	erify instrument accuracy;	
(8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcosimulator solution is being changed every four months or after 125 Alcoholic Breath Sir whichever occurs first. I certify that on the day of, 20 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department and Human Services, and the instrument is functioning properly.	(6) V	hen "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 alcosimulator solution is being changed every four months or after 125 Alcoholic Breath Sir whichever occurs first. I certify that on the day of, 20 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department and Human Services, and the instrument is functioning properly.	(7) V	hen "PLEASE BLOW" appears, collect breath sample;	
Verify that the ethanol gas canister is being changed before expiration date, or the alcosimulator solution is being changed every four months or after 125 Alcoholic Breath Sir whichever occurs first. I certify that on the day of, 20 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department and Human Services, and the instrument is functioning properly.	(8) P	rint test record;	
simulator solution is being changed every four months or after 125 Alcoholic Breath Sir whichever occurs first. I certify that on the day of, 20 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department and Human Services, and the instrument is functioning properly.	(9) R	un diagnostic program and confirm preventive maintenance state	us of "Pass"; and
were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department and Human Services, and the instrument is functioning properly.	S	mulator solution is being changed every four months or after	expiration date, or the alcoholic breath er 125 Alcoholic Breath Simulator tests,
STATE OF THE STATE	performed on	he instrument indicated above, in accordance with current regu	oing preventive maintenance procedures lations of the N.C. Department of Health
THE CHAPMAN WIDOW AND	STATE OF A CONTROL	Adt 1	191

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008632 Test Date: 10/21/2020

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Keesler, Grayham C

Permit Number: 0045-5487 Effective:

10/08/2020-10/08/2022

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

Agency: DHHS
Test Type: Breath Test

Lot Number: AG018801 Exp Date: 07/06/2022

Test	g/210L	Time
DIAG	Pass	1:10pm
AIR BLK	.00	1:11pm
ACCY CHK	.08	1:11pm
AIR BLK	.00	1:12pm
SUB TEST	.00	1:13pm
AIR BLK	.00	1:14pm
SUB TEST	.00	1:15pm
AIR BLK	.00	1:16pm

Reported AC

.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008632 Test Record Number: 4317 Test Date: 10/21/2020 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 · 1 9 mm	

Printer Tests

Test	Status	Time	
PRNT	Pass	1:19pm	

CRC Tests

Test	Status	Time	
COMP	Pass	1:20pm	
CAL	Pass	1:20pm	

Preventive Maintenance Status: Pass

Analyst

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

Instrument Ser	
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, 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.
STATE OF STA	
The same of the sa	Signature of Certifying Official Certificate Number

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008633 Test Date: 10/21/2020

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

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

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

Analyst's Name: Keesler, Grayham C
Permit Number: 0045-5487
Effective:
10/08/2020-10/08/2022

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

Lot Number: AG018801 Exp Date: 07/06/2022

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008633 Test Record Number: 5614 Test Date: 10/21/2020 Test Time: 1:14pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	1:14pm
SRC	Pass	1:14pm
DET	Pass	1:14pm
BAR	Pass	1:14pm
BT	Pass	1:14pm

Blank Tests

Test	Status	Time
AIR	Pass	1:15pm

Printer Tests

Test	Status	Time	
PRNT	Pass	1:15pm	

CRC Tests

Status	Time
Pass	1:15pm 1:15pm

Preventive Maintenance Status: Pass

Analyst

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

Instrument Se	erial No. 008642 Fayetteville HC	
The preventive serial number	we 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;	oholic
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and	
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic being simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.	reath tests,
I certify that on were performed and Human Ser	n the	dures lealth
O THE STATE OF	CA C	

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008672 Test Date: 10/21/2020

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

Analyst's Name: Keesler, Grayham C
Permit Number: 0045-5487
Effective:
10/08/2020-10/08/2022

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

Lot Number: AG018801 Exp Date: 07/06/2022

g/210L	Time
Pass	1:07pm
.00	1:08pm
.07	1:09pm
.00	1:10pm
.00	1:10pm
.00	1:11pm
.00	1:13pm
.00	1:14pm
	Pass .00 .07 .00 .00

Reported AC: /.00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

Rev. 12/2007

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008672 Test Record Number: 7101 Test Date: 10/21/2020 Test Time: 1:15pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:15pm
FLO	Pass	1:15pm
FC	Pass	1:15pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:15pm
SRC	Pass	1:15pm
DET	Pass	1:15pm
BAR	Pass	1:15pm
BT	Pass	1:15pm

Blank Tests

Test	Status	Time
AIR	Pass	1.16nm

Printer Tests

Test	Status	Time
PRNT	Pass	1:16pm

CRC Tests

Test	Status	Time
COMP	Pass Pass	1:16pm

Preventive Maintenance Status: Pass

Analyst

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

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

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008783 Test Date: 10/08/2020

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: Keesler, Linda A
Permit Number: 0045-5468
Effective:
09/16/2020-09/16/2022

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

Lot Number: AG919901 Exp Date: 07/18/2021

Test	g/210L	Time
DIAG	Pass	12:13pm
AIR BLK	.00	12:13pm
ACCY CHK	.07	12:14pm
AIR BLK	.00	12:15pm
SUB TEST	.00	12:16pm
AIR BLK	.00	12:17pm
SUB TEST	.00	12:18pm
AIR BLK	.00	12:19pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst Keese

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008783 Test Record Number: 958 Test Date: 10/08/2020 Test Time: 12:20pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

	7	2	51	C	a	a	t	t	u	S	5		Γj	Ln	16	2			
Pas	F	P	??	a	18	S	25	S	,				12	2 :	2	20	g	n	1
Pas	F	P	25	a.	LS	S	2	S	,										
Pas	I	P	25	a	S	S	22	S											
Pas	I	P	26	a	LS	S	2	S											
Pas	I	P	25	a	S	3	2	S					12						
Pas Pas Pas	E	PPP	25	a a a		S	70 70 70	SSS					12 12 12	2:	2 2 2	20	ppp	n	r

Blank Tests

Test	Status	Time
AIR	Pass	12:21pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:21pm
	CRC Tests	
Test	Status	Time

		1 11110
COMP	Pass	12:21pm
CAL	Pass	12:21pm

Preventive Maintenance Status: Pass

Analyst

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

1	nstrument Seri	erial No. 008804 1044 Priftwood Dr. W	MANTE
T s	The preventive erial number 1	we 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:	nced with
	(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;	alcoholic
	(2)	Verify instrument displays time and date;	
	(3)	Initiate breath test sequence;	
	(4)	Enter information as prompted;	
	(5)	Verify instrument accuracy;	
	(6)	When "PLEASE BLOW" appears, collect breath sample;	
	(7)	When "PLEASE BLOW" appears, collect breath sample;	
	(8)	Print test record;	
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and	
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcohol simulator solution is being changed every four months or after 125 Alcoholic Breath Simula whichever occurs first.	ic breath itor tests,
V	certify that on were performed and Human Ser	ed on the instrument indicated above, in accordance with current regulations of the N.C. Department ervices, and the instrument is functioning properly.	rocedures of Health
COFAT			

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008804 Test Date: 10/08/2020

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

Analyst's Name: Keesler, Linda A
Permit Number: 0045-5468
Effective:
09/16/2020-09/16/2022

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

Lot Number: AG018401 Exp Date: 07/02/2022

Test	g/210L	Time
DIAG	Pass	12:19pm
AIR BLK	.00	12:19pm
ACCY CHK	.08	12:20pm
AIR BLK	.00	12:21pm
SUB TEST	.00	12:21pm
AIR BLK	.00	12:22pm
SUB TEST	.00	12:24pm
AIR BLK	.00	12:25pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst Ceen

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008804 Test Record Number: 2418
Test Date: 10/08/2020 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

Pass 12:27pm

Preventive Maintenance Status: Pass

CAL

Analyst

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

Instrument Seri	al No. 008845	+	LEXINGTO	NINC	
	maintenance procedures for the Into 0,000 or higher) to be followed at le			odel Intox EC/IR	t II (Enhanced with
(1)	Verify the ethanol gas canister of breath simulator thermometer sh				ire, 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" appear	rs, collect breath sa	ample;		
(7)	When "PLEASE BLOW" appear	rs, collect breath sa	imple;		
(8)	Print test record;				
(9)	Run diagnostic program and cor	nfirm preventive ma	aintenance status of "	Pass"; and	
(10)	Verify that the ethanol gas ca simulator solution is being cha whichever occurs first.				
were performed	the 27 day of 20708 d on the instrument indicated above rvices, and the instrument is function	, in accordance wi	20 the forgoing path current regulation	preventive maints of the N.C. De	enance procedures partment of Health
APRIL 12 TYPE	I set O	mucel	2	6	69
	Sign	ature of Certifying	Official		até Number

DAVIDSON COUNTY DAVIDSON CO JAIL 280

Serial Number: 008845 Test Date: 10/27/2020

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

Subject'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 Jr., Leo A
Permit Number: 0035-3799
Effective:
08/04/2020-08/04/2022

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

Lot Number: AG933901 Exp Date: 12/05/2021

Test	g/210L	Time
DIAG	Pass	3:51pm
AIR BLK	.00	3:52pm
ACCY CHK	.08	3:52pm
AIR BLK	.00	3:53pm
SUB TEST	.00	3:54pm
AIR BLK	.00	3:55pm
SUB TEST	.00	3:57pm
AIR BLK	.00	3:57pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

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Rev. 12/2007

DAVIDSON COUNTY DAVIDSON CO JAIL 280

Serial Number: 008845 Test Record Number: 3484 Test Date: 10/27/2020 Test Time: 3:58pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time	
AIR	Pass	3:59pm	

Printer Tests

Test	Status	Time
PRNT	Pass	3:59pm
	CRC Tests	
Test	Status	Time
COMP	Pass	4:00pm
CAL	Pass	4:00pm

Preventive Maintenance Status: Pass

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

Rev. 12/2007

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

	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with $0,000$ or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the 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 performe	the <u>27</u> day of <u>6708ER</u> , 20 <u>20</u> the forgoing preventive maintenance procedure d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Healt rvices, and the instrument is functioning properly.
West of the control	1 1 De maulle 669

DAVIDSON COUNTY LEXINGTON PD 280

Serial Number: 008883 Test Date: 10/27/2020

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject'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 Jr., Leo A
Permit Number: 0035-3799
Effective:
00/00/0000-00/00/0000

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

Lot Number: AG007601 Exp Date: 03/16/2022

Test	g/210L	Time
DIAG	Pass	3:16pm
AIR BLK	.00	3:17pm
ACCY CHK	.08	3:18pm
AIR BLK	.00	3:19pm
SUB TEST	.00	3:20pm
AIR BLK	.00	3:21pm
SUB TEST	.00	3:22pm
AIR BLK	.00	3:23pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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DAVIDSON COUNTY LEXINGTON PD 280

Serial Number: 008883 Test Record Number: 2256
Test Date: 10/27/2020 Test Time: 3:25pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:25pm
FLO	Pass	3:25pm
FC	Pass	3:25pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:25pm
SRC	Pass	3:25pm
DET	Pass	3:25pm
BAR	Pass	3:25pm
BT	Pass	3:25pm

Blank Tests

Test	Status	Time	
ATP	Pagg	3 · 26pm	

Printer Tests

Test	Status	Time	
PRNT	Pass	3:26pm	

CRC Tests

Test	Status	'l'ime
COMP	Pass	3:26pm
CAL	Pass	3:26pm

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)

		al No. 008905 MOCKSV	lie de
Instru	ment Seria	al No. 008905	ICCE , R C
The p	reventive number 10	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 squar breath simulator thermometer shows 34 degrees, plus or minus .2 de	e inch (psi) of pressure, or the alcoholic gree centigrade;
	(2)	Verify instrument displays time and date;	
	(3)	Initiate breath test sequence;	
	(4)	Enter information as prompted;	
	(5)	Verify instrument accuracy;	
	(6)	When "PLEASE BLOW" appears, collect breath sample;	
	(7)	When "PLEASE BLOW" appears, collect breath sample;	
	(8)	Print test record;	
	(9)	Run diagnostic program and confirm preventive maintenance status	
	(10)	Verify that the ethanol gas canister is being changed before e simulator solution is being changed every four months or after whichever occurs first.	xpiration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,
were	performe	ed on the instrument indicated above, in accordance with current regularizes, and the instrument is functioning properly.	ing preventive maintenance procedures ations of the N.C. Department of Health
1121	The state of the s		

DAVIE COUNTY DAVIE COUNTY JAIL 290

Serial Number: 008905 Test Date: 10/20/2020

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject'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 Jr., Leo A

Permit Number: 0035-3799

Effective:

08/04/2020-08/04/2022

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

Test Type: Breath Test

Lot Number: AG007601 Exp Date: 03/16/2022

Test	g/210L	Time
DIAG	Pass	1:00pm
AIR BLK	.00	1:01pm
ACCY CHK	.08	1:01pm
AIR BLK	.00	1:03pm
SUB TEST	.00	1:03pm
AIR BLK	.00	1:04pm
SUB TEST	.00	1:06pm
AIR BLK	.00	1:07pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

DAVIE COUNTY DAVIE COUNTY JAIL 290

Serial Number: 008905 Test Record Number: 2502 Test Date: 10/20/2020 Test Time: 1:10pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:11pm
FLO	Pass	1:11pm
FC	Pass	1:11pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:11pm
SRC	Pass	1:11pm
DET	Pass	1:11pm
BAR	Pass	1:11pm
BT	Pass	1:11pm

Blank Tests

Test	Status	Time	
AIR	Pass	1:11pm	

Printer Tests

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

COMP Pass 1:12pm CAL Pass 1:12pm

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)

Instr	ument Seria	1No. 008896 WINSTON-SALEM, NE
The	preventive 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.
WA	re performe I Human Se	the 12 day of OCTOBER, 20 20 the forgoing preventive maintenance procedure and on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health process, and the instrument is functioning properly.
GREATSE	STATE	ADDRESS OF THE PROPERTY OF THE

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008896 Test Date: 10/12/2020

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

Subject'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 Jr., Leo A
Permit Number: 0035-3799
Effective:
08/04/2020-08/04/2022

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

Lot Number: AG902106 Exp Date: 01/21/2021

Test	g/210L	Time
DIAG	Pass	5:10pm
AIR BLK	.00	5:11pm
ACCY CHK	.07	5:11pm
AIR BLK	.00	5:12pm
SUB TEST	.00	5:13pm
AIR BLK	.00	5:14pm
SUB TEST	.00	5:15pm
AIR BLK	.00	5:16pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst S

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008896 Test Record Number: 1348
Test Date: 10/12/2020 Test Time: 5:17pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	5:17pm 5:17pm
FC	Pass	5:17pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:17pm
SRC	Pass	5:17pm
DET	Pass	5:17pm
BAR	Pass	5:17pm
BT	Pass	5:17pm

Blank Tests

Test	Status	Time
AIR	Pass	5:18pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:18pm

CRC Tests

Test	Status	Time
COMP	Pass	5:18pm
CAL	Pass	5:18pm

Preventive Maintenance Status: Pass

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services Rev. 12/2007

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

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

FRANKLIN COUNTY FRANKLIN CO. LEC 340

Serial Number: 008933 Test Date: 10/29/2020

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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 Jr., Earl A
Permit Number: 0017-9707
Effective:
09/15/2020-09/15/2022

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

Lot Number: AG018202 Exp Date: 06/30/2022

Test	g/210L	Time
DIAG	Pass	10:30am
AIR BLK	.00	10:30am
ACCY CHK	.07	10:31am
AIR BLK	.00	10:32am
SUB TEST	.00	10:33am
AIR BLK	.00	10:33am
SUB TEST	.00	10:35am
AIR BLK	.00	10.36am

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

FRANKLIN COUNTY FRANKLIN CO. LEC 340

Serial Number: 008933 Test Record Number: 1227 Test Date: 10/29/2020 Test Time: 10:37am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass 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	Status	Time
PRNT	Pass	10:38am
	CRC Tests	

Test	Status	Time	
COMP	Pass Pass	10:39am 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)

C	ounty F/a	Instrument Location_ Form VC 1 60 LEC
İı	nstrument Ser	ial No. 008912 285 T Kemp Ro Louisbury me
T	he preventive	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	(2)	Verify instrument displays time and date:
	(3)	Initiate breath test sequence;
	(4)	Enter information as prompted;
ý.	(5)	Verify instrument accuracy;
	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
77.7	periorine	the
	OUAM VIDER	662
		Signature of Certifying Official Certificate Number

FRANKLIN COUNTY FRANKLIN CO. LEC 340

Serial Number: 008942 Test Date: 10/29/2020

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: 09/01/2020-09/01/2022

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

Lot Number: AG018202 Exp Date: 06/30/2022

Test	g/210L	Time
DIAG	Pass	10:29am
AIR BLK	.00	10:30am
ACCY CHK	-08	10:31am
AIR BLK	.00	10:32am
SUB TEST	.00	10:32am
AIR BLK	.00	10:33am
SUB TEST	.00	10:35am
AIR BLK	.00	10:35am

Reported AC. .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

FRANKLIN COUNTY FRANKLIN CO. LEC 340

Serial Number: 008942 Test Record Number: 2106 Test Date: 10/29/2020 Test Time: 10:36am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:36am
FLO	Pass	10:36am
FC	Pass	10:36am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:37am

Printer Tests

Test	Status	Time
PRNT	Pass	10:37am
	CRC Tests	

Status	Time
Pass	10:37am
Pass	10:37am
	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 Ser	ial No. 008437	Sumany	
The preventive serial number	maintenance procedures for the Intox 0,000 or higher) to be followed at least	imeters, Model Intox EC/IR II and I st once every four months are:	Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister dis breath simulator thermometer show	plays at least 51 pounds per square i ws 34 degrees, plus or minus .2 degr	inch (psi) of pressure, or the alcoholic ee centigrade;
(2)	Verify instrument displays time an	nd date;	
(3)	Initiate breath test sequence;		
(4)	Enter information as prompted;		
(5)	Verify instrument accuracy;		
(6)	When "PLEASE BLOW" appears,	collect breath sample;	
(7)	When "PLEASE BLOW" appears,	collect breath sample;	
(8)	Print test record;		
(9)	Run diagnostic program and confir	m preventive maintenance status of	"Pass"; and
(10)	Verify that the ethanol gas canis simulator solution is being chang whichever occurs first.	ster is being changed before expired every four months or after 12.	ration date, or the alcoholic breath 5 Alcoholic Breath Simulator tests,
were performed	the 23 day of OCOUNT on the instrument indicated above, in vices, and the instrument is functioning	1 accordance with current regulation	preventive maintenance procedures as of the N.C. Department of Health
APRILE 12 TITLE OF CHAM VERN			447
	Signatur	re of Certifying Official	Certificate Number

GATES COUNTY BAT MOBILE UNIT 6 360

Serial Number: 008637 Test Record Number: 3084 Test Date: 10/23/2020 Test Time: 4:59pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	5:01pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:01pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	5:01pm 5:01pm

Preventive Maintenance Status: Pass

Analyst

GATES COUNTY BAT MOBILE UNIT 6 360

Serial Number: 008637 Test Date: 10/23/2020

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

Analyst's Name: Varnell, Bryon L Permit Number: 0036-1210 Effective: 08/14/2019-08/14/2021

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

Lot Number: AG716201 Exp Date: 04/25/2021

Test	g/210L	Time
DIAG	Pass	4:53pm
AIR BLK	.00	4:53pm
ACCY CHK	.07	4:54pm
AIR BLK	.00	4:55pm
SUB TEST	.00	4:55pm
AIR BLK	.00	4:56pm
SUB TEST	.00	4:58pm
AIR BLK	.00	4:59pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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	TIES Instrument Location SAT MONDE UND G
	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced wi 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcohol breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic brea simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.
were performed	n the 23 day of octone, 2020 the forgoing preventive maintenance procedured on the instrument indicated above, in accordance with current regulations of the N.C. Department of Heal process, and the instrument is functioning properly.
THE STATE OF MAN 20. 1775	
OU QUAM VIDERS	663

GATES COUNTY BAT MOBILE UNIT 6 360

Serial Number: 008776 Test Date: 10/23/2020

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

Analyst's Name: Varnell, Bryon L Permit Number: 0036-1210 Effective: 08/14/2019-08/14/2021

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

Lot Number: AG902201 Exp Date: 01/22/2021

Test	g/210L	Time
DIAG	Pass	4:52pm
AIR BLK	.00	4:53pm
ACCY CHK	.07	4:54pm
AIR BLK	.00	4:55pm
SUB TEST	.00	4:55pm
AIR BLK	.00	4:56pm
SUB TEST	.00	4:58pm
AIR BLK	.00	4:59pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GATES COUNTY BAT MOBILE UNIT 6 360

Serial Number: 008776 Test Record Number: 3607
Test Date: 10/23/2020 Test Time: 5:00pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

om
om
om
m
m

Blank Tests

Test	Status	Time
AIR	Pass	5:01pm

Printer Tests

PRNT Pass	s Time
	5:01pm

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

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

Inst	rument Seria	Instrument Location SWIGHT MONDE WAS G al No. 00 8719 SWIGHTY	-
The	e preventive :	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced 0,000 or higher) to be followed at least once every four months are:	with
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcobreath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;	holic
	(2)	Verify instrument displays time and date;	
	(3)	Initiate breath test sequence;	
	(4)	Enter information as prompted;	
	(5)	Verify instrument accuracy;	
	(6)	When "PLEASE BLOW" appears, collect breath sample;	
	(7)	When "PLEASE BLOW" appears, collect breath sample;	
	(8)	Print test record;	
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and	
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic being simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.	oreath tests,
we	re performe	the <u>23</u> day of <u>6 cronel</u> , 20 <u>20</u> the forgoing preventive maintenance proced on the instrument indicated above, in accordance with current regulations of the N.C. Department of Frvices, and the instrument is functioning properly.	edures Health
GREATON		The state of the s	

GATES COUNTY BAT MOBILE UNIT 6 360

Serial Number: 008779 Test Date: 10/23/2020

Citation Number: M000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911

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

Analyst's Name: Varnell, Bryon L
Permit Number: 0036-1210
Effective:
08/14/2019-08/14/2021

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

Lot Number: AG911506 Exp Date: 04/25/2021

Test	g/210L	Time
DIAG	Pass	4:52pm
AIR BLK	.00	4:53pm
ACCY CHK	.07	4:53pm
AIR BLK	.00	4:54pm
SUB TEST	.00	4:55pm
AIR BLK	.00	4:55pm
SUB TEST	.00	4:57pm
AIR BLK	.00	4:58pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GATES COUNTY BAT MOBILE UNIT 6 360

Serial Number: 008779 Test Record Number: 3647
Test Date: 10/23/2020 Test Time: 4:59pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:59pm
FLO	Pass	4:59pm
FC	Pass	4:59pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:59pm
SRC	Pass	4:59pm
DET	Pass	4:59pm
BAR	Pass	4:59pm
BT	Pass	4:59pm

Blank Tests

Test	Status	Time
ATR	Pass	5:00pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:00pm
	CRC Tests	
Test	Status	Time

Preventive Maintenance Status: Pass

Pass

Pass

5:00pm 5:00pm

COMP

CAL

Analyst

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

C	ounty <u>Fr</u>	aham Instrument Location_	Graham Co. S.O.
In	strument Seri	al No. 008915	Robbinsville, NC
T	he preventive rial number 1	maintenance procedures for the Intoximeters, Model In 0,000 or higher) to be followed at least once every four	tox EC/IR II and Model Intox EC/IR II (Enhanced with months are:
	(1)	Verify the ethanol gas canister displays at least 51 p breath simulator thermometer shows 34 degrees, plu	ounds per square inch (psi) of pressure, or the alcoholic is or minus .2 degree centigrade;
	(2)	Verify instrument displays time and date;	
	(3)	Initiate breath test sequence;	
	(4)	Enter information as prompted;	
	(5)	Verify instrument accuracy;	
	(6)	When "PLEASE BLOW" appears, collect breath sar	mple;
	(7)	When "PLEASE BLOW" appears, collect breath sar	mple;
	(8)	Print test record;	
	(9)	Run diagnostic program and confirm preventive mai	intenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being cha simulator solution is being changed every four m whichever occurs first.	inged before expiration date, or the alcoholic breath nonths or after 125 Alcoholic Breath Simulator tests,
W	ere performed	the	the forgoing preventive maintenance procedures a current regulations of the N.C. Department of Health
CREAT CO	OPAR BYTTE	Cail R. Cutt	635
		Signature of Certifying O	fficial Certificate Number

GRAHAM COUNTY GRAHAM COUNTY SD 370

Serial Number: 008915 Test Date: 10/19/2020

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:
09/17/2020-09/17/2022

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

Lot Number: AG007601 Exp Date: 03/16/2022

Test	g/210L	Time
DIAG	Pass	11:53am
AIR BLK	.00	11:54am
ACCY CHK	.08	11:55am
AIR BLK	.00	11:56am
SUB TEST	.00	11:56am
AIR BLK	.00	11:57am
SUB TEST	.00	11:59am
AIR BLK	.00	12:00pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Suif R. Cuth

GRAHAM COUNTY GRAHAM COUNTY SD 370

Serial Number: 008915 Test Record Number: 817 Test Date: 10/19/2020 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

12:03pm

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)

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

GREENE COUNTY GREENE CO SO 390

Serial Number: 008670 Test Date: 10/12/2020

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

Analyst's Name: Keesler, Linda A
Permit Number: 0045-5468
Effective:
09/16/2020-09/16/2022

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

Lot Number: AG919901 Exp Date: 07/18/2021

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst Cees

GREENE COUNTY GREENE CO SO 390

Serial Number: 008670 Test Record Number: 1994
Test Date: 10/12/2020 Test Time: 12:21pm EDT

System Check: Passed

Baseline Tests

Status	Time
Pass	12:21pm
Pass	12:21pm
Pass	12:21pm
	Pass Pass

Temperature Tests

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

Blank Tests

Test	Status	Time	
AIR	Pass	12:22pm	

Printer Tests

Test	Status	Time
PRNT	Pass	12;22pm
	CRC Tests	

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

Preventive Maintenance Status: Pass

Analyst

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

Instrument Seri	al No. 008655 HIGH POINT 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 performe	the <u>28</u> day of <u>0000888</u> , 20 <u>20</u> the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rvices, and the instrument is functioning properly.

GUILFORD COUNTY HIGH POINT JAIL 400

Serial Number: 008655 Test Date: 10/28/2020

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

Subject'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 Jr., Leo A
Permit Number: 0035-3799
Effective:
08/04/2020-08/04/2022

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

Lot Number: AG007601 Exp Date: 03/16/2022

Test	g/210L	Time
DIAG	Pass	10:35am
AIR BLK	.00	10:36am
ACCY CHK	.08	10:37am
AIR BLK	.00	10:38am
SUB TEST	.00	10:39am
AIR BLK	.00	10:39am
SUB TEST	.00	10:41am
AIR BLK	.00	10:42am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst S

GUILFORD COUNTY HIGH POINT JAIL 400

Serial Number: 008655 Test Record Number: 3609 Test Date: 10/28/2020 Test Time: 10:43am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:44am

Printer Tests

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

Preventive Maintenance Status: Pass

Lt Olymuelle S

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

County				
Instrument Seri	al No. 008828	-	POLICE	DEPARTMENT
The preventive serial number 1	0,000 or higher) to be followe	d at least once every four	months are:	del Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas can breath simulator thermome	ister displays at least 51 p eter shows 34 degrees, plu	ounds per square inc s or minus .2 degree	h (psi) of pressure, or the alcoholic centigrade;
(2)	Verify instrument displays time and date;			
(3)	Initiate breath test sequence;			
(4)	Enter information as prompted;			
(5)	Verify instrument accuracy;			
(6)	When "PLEASE BLOW" appears, collect breath sample;			
(7)	When "PLEASE BLOW" appears, collect breath sample;			
(8)	Print test record;			
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and			
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.			
were performe	n the 28 day of 00 ed on the instrument indicated ervices, and the instrument is f	above, in accordance wit	20 the forgoing path current regulation	preventive maintenance procedure s of the N.C. Department of Healt
		Mi man and -	2	1069

GUILFORD COUNTY HIGH POINT PD 401

Serial Number: 008828 Test Date: 10/28/2020

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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 Jr., Leo A
Permit Number: 0035-3799
Effective:
08/04/2020-08/04/2022

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

Lot Number: AG018401 Exp Date: 07/02/2022

Test	g/210L	Time
DIAG	Pass	11:22am
AIR BLK	.00	11:23am
ACCY CHK	.08	11:24am
AIR BLK	.00	11:25am
SUB TEST	.00	11:25am
AIR BLK	.00	11:26am
SUB TEST	.00	11:28am
AIR BLK	.00	11:29am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

GUILFORD COUNTY HIGH POINT PD 401

Serial Number: 008828 Test Record Number: 3507 Test Date: 10/28/2020 Test Time: 11:30am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:31am 11:31am
FC	Pass	11:31am

Temperature Tests

Test	Status	Time
FC1	Pass	11:31am
SRC	Pass	11:31am
DET	Pass	11:31am
BAR	Pass	11:31am
BT	Pass	11:31am

Blank Tests

Test	Status	Time
AIR	Pass	11:31am

Printer Tests

Test	Status	Time
PRNT	Pass	11:31am
	CRC Tests	
Test	Status	Time

COMP	Pass	11:32am
CAL	Pass	11:32am

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)

Ins	strument Seri	al No. 008712 Way	nesville, NC
		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 ethanologas canister displays at least 51 pounds per square in 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 125 whichever occurs first.	
we		the 9 day of October, 2020 the forgoing plant on the instrument indicated above, in accordance with current regulation vices, and the instrument is functioning properly.	preventive maintenance procedures s of the N.C. Department of Health
A.		F-20	1.19

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008712 Test Date: 10/09/2020

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

Subject'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: 09/17/2020-09/17/2022

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

Lot Number: AG920301 Exp Date: 07/22/2021

Test	g/210L	Time
DIAG	Pass	11:35am
AIR BLK	.00	11:36am
ACCY CHK	.08	11:36am
AIR BLK	.00	11:37am
SUB TEST	.00	11:38am
AIR BLK	.00	11:39am
SUB TEST	.00	11:40am
AIR BLK	.00	11:41am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008712 Test Record Number: 2285
Test Date: 10/09/2020 Test Time: 11:42am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:42am
FLO	Pass	11:42am
FC	Pass	11:42am

Temperature Tests

Test	Status	Time
FC1	Pass	11:42am
SRC	Pass	11:42am
DET	Pass	11:42am
BAR	Pass	11:42am
BT	Pass	11:42am

Blank Tests

Test	Status	Time
AIR	Pass	11:43am

Printer Tests

Status	Time
Pass	11;43am
CRC Tests	
Status	Time
Pass Pass	11:43am 11:43am
	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)

		ial No. 009714 Location Haywood Co. Jail Waynes wille, Ne				
Th sea	e 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.				
44.00	e permine	the 9 day of October , 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 STATE		Ban M				
	The same of the sa	668				

DHHS 4080 (04/20)

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008714 Test Date: 10/09/2020

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

Subject'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: 09/17/2020-09/17/2022

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

Lot Number: AG007601 Exp Date: 03/16/2022

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00	11:16am 11:17am 11:18am 11:19am 11:20am
SUB TEST AIR BLK	.00	11:22am 11:23am

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

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008714 Test Record Number: 1711 Test Date: 10/09/2020 Test Time: 11:24am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:25am

Printer Tests

Test	Status	Time
PRNT	Pass	11:25am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:25am

Preventive Maintenance Status: Pass

Pass

11:25am

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)

	al No. 008970 Waynesolk PD		
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:		
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
(2)	Verify instrument displays time and date;		
(3)	Initiate breath test sequence;		
(4)	Enter information as prompted;		
(5)	Verify instrument accuracy;		
(6)	When "PLEASE BLOW" appears, collect breath sample;		
(7)	When "PLEASE BLOW" appears, collect breath sample;		
(8)	Print test record;		
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and		
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.		
	the 9 day of 0000, 2020 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.		
SE OLIAM VITE	Signature of Certifying Official Certificate Number		

HAYWOOD COUNTY BAT MOBILE UNIT 02 430

Serial Number: 008970 Test Date: 10/09/2020

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Towery, Chad V
Permit Number: 0035-5630
Effective:
09/15/2020-09/15/2022

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

Test Type: Breath Test

Lot Number: AG902201 Exp Date: 01/22/2021

Test	g/sinr	Time
DIAG	Pass	7:57pm
AIR BLK	.00	7:58pm
ACCY CHK	.08	7:58pm
AIR BLK	.00	7:59pm
SUB TEST	.00	8:00pm
AIR BLK	.00	8:01pm
SUB TEST	.00	8:02pm
AIR BLK	.00	8:03pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

The Dot

HAYWOOD COUNTY BAT MOBILE UNIT 02 430

Serial Number: 008970 Test Record Number: 761
Test Date: 10/09/2020 Test Time: 8:04pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	8:04pm 8:04pm
FC	Pass	8:04pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:04pm
SRC	Pass	8:04pm
DET	Pass	8:04pm
BAR	Pass	8:04pm
BT	Pass	8:04pm

Blank Tests

Test	Status	Time
AIR	Pass	8:05pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:05pm
	CRC Tests	

Test	Status	Time
COMP	Pass	8:05pm
CAL	Pass	8:05pm

Preventive Maintenance Status: Pass

Analyst

Ch 1 Do y

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

Instrur	nent Seri	ial No. 008806 Hendersonville, NC
The pr	eventive 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.
MANCO PE	AICHIEL	the 16 day of October , 20 70 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.
770	* Extra	Signature of Certifying Official Certificate Number

HENDERSON COUNTY HENDERSON COUNTY DETENTION 440

Serial Number: 008806 Test Date: 10/16/2020

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
09/17/2020-09/17/2022

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

Lot Number: AG007601 Exp Date: 03/16/2022

Test	g/210L	Time
DIAG	Pass	12:20pm
AIR BLK	.00	12:21pm
ACCY CHK	.08	12:21pm
AIR BLK	.00	12:22pm
SUB TEST	.00	12:23pm
AIR BLK	.00	12:24pm
SUB TEST	.00	12:25pm
AIR BLK	.00	12:26pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HENDERSON COUNTY HENDERSON COUNTY DETENTION 440

Serial Number: 008806 Test Record Number: 2941 Test Date: 10/16/2020 Test Time: 12:26pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:28pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:28pm

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

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

		e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox E 10,000 or higher) to be followed at least once every four months are:	C/IR II (Enhanced with
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of problem breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;	
	(2)	Verify instrument displays time and date;	
	(3)	Initiate breath test sequence,	
	(4)	Enter information as prompted;	
	(5)	Verify instrument accuracy;	
	(6)	When "PLEASE BLOW" appears, collect breath sample;	
	(7)	When "PLEASE BLOW" appears, collect breath sample;	
	(8)	Print test record;	
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and	
	(10)	Verify that the ethanol gas canister is being changed before expiration date, c simulator solution is being changed every four months or after 125 Alcoholic whichever occurs first.	or the alcoholic breath Breath Simulator tests,
we	re performed	in the log day of Octobel , 2020 the forgoing preventive med on the instrument indicated above, in accordance with current regulations of the N.C. arvices, and the instrument is functioning properly.	naintenance procedures Department of Health
		Signature of Certifying Official Cer	tificate Number

A signed original 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: 008822 Test Date: 10/16/2020

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE Subject'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: 09/17/2020-09/17/2022

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

> > Lot Number: AG007601 Exp Date: 03/16/2022

Test	g/210L	Time
DIAG	Pass	11:45am
AIR BLK	.00	11:46am
ACCY CHK	.07	11:46am
AIR BLK	.00	11:47am
SUB TEST	.00	11:48am
AIR BLK	.00	11:49am
SUB TEST	.00	11:50am
AIR BLK	.00	11:51am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

HENDERSON COUNTY HENDERSON COUNTY DETENTION 440

Serial Number: 008822 Test Record Number: 2684 Test Date: 10/16/2020 Test Time: 11:51am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:52am

Printer Tests

Test	Status	Time
PRNT	Pass	11:53am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:53am 11:53am

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

Analys

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

- msu ument se	erial No. 208848 Jos W. MAIN ST. Ahoskie
The preventive serial number	re maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholi- breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify that or were performe and Human Se	n the day of, 20 the forgoing preventive maintenance procedures ed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health cryices, and the instrument is functioning properly.
ORESTATE OF THE STATE OF THE ST	
THE CHAM VICED	

HERTFORD COUNTY AHOSKIE PD 450

Serial Number: 008848 Test Date: 10/06/2020

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

Analyst's Name: Keesler, Linda A
Permit Number: 0045-5468
Effective:
09/16/2020-09/16/2022

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

Lot Number: AG007601 Exp Date: 03/16/2022

Test	g/210L	Time
DIAG	Pass	1:02pm
AIR BLK	.00	1:03pm
ACCY CHK	.07	1:03pm
AIR BLK	.00	1:04pm
SUB TEST	.00	1:05pm
AIR BLK	.00	1:06pm
SUB TEST	.00	1:07pm
AIR BLK	.00	1:08pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HERTFORD COUNTY AHOSKIE PD 450

Serial Number: 008848 Test Record Number: 1537 Test Date: 10/06/2020 Test Time: 1:09pm EDT

System Check: Passed

Baseline Tests

Status	Time
Pass	1:09pm
Pass	1:09pm
Pass	1:09pm
	Pass Pass

Temperature Tests

1
1
1
1
1

Blank Tests

Test	Status	Time
AIR	Pass	1:10pm
P:	rinter Tes	ts

Status	Time
	Status

PRNT	Pass	7 7 0
T TOTAT	rass	1:10pm

CRC Tests

Test	Status	Time
COMP	Pass	1:10pm
CAL	Pass	1:10pm

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)

1		1
T	he preventive erial number 1	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the 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.
W	certify that on ere performed ad Human Ser	the day of, 20 the forgoing preventive maintenance procedure d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Healt vices, and the instrument is functioning properly.
REAT G	STATE OF	

HERTFORD COUNTY MURFREESBORO PD 450

Serial Number: 008906 Test Date: 10/06/2020

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

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

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

Analyst's Name: Keesler, Linda A Permit Number: 0045-5468 Effective: 09/16/2020-09/16/2022

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

> Lot Number: AG007601 Exp Date: 03/16/2022

Test	g/210L	Time
DIAG	Pass	2:16pm
AIR BLK	.00	2:16pm
ACCY CHK	.08	2:17pm
AIR BLK	.00	2:18pm
SUB TEST	.00	2:19pm
AIR BLK	.00	2:20pm
SUB TEST	.00	2:21pm
AIR BLK	.00	2:22pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

HERTFORD COUNTY MURFREESBORO PD 450

Serial Number: 008906 Test Record Number: 784
Test Date: 10/06/2020 Test Time: 2:24pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:25pm
FLO	Pass	2:25pm
FC	Pass	2:25pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:25pm
SRC	Pass	2:25pm
DET	Pass	2:25pm
BAR	Pass	2:25pm
BT	Pass	2:25pm

Blank Tests

Test	Status	Time
AIR	Pass	2:26pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:26pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:26pm 2:26pm

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)

245	0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on were performed and Human Ser	theday of, 20the 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.

HYDE COUNTY HYDE CO SO SWAN QUAR 470

Serial Number: 008801 Test Date: 10/01/2020

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: GUARD, KELLY G
Permit Number: 12955E
Effective:
06/01/2019-06/01/2021

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

Lot Number: AG933703 Exp Date: 12/03/2021

Test	g/210L	Time
DIAG	Pass	10:27am
AIR BLK	.00	10:28am
ACCY CHK	.07	10:29am
AIR BLK	.00	10:30am
SUB TEST	.00	10:30am
AIR BLK	.00	10:31am
SUB TEST	.00	10:33am
AIR BLK	.00	10:33am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

HYDE COUNTY HYDE CO SO SWAN QUAR 470

Serial Number: 008801 Test Record Number: 564
Test Date: 10/01/2020 Test Time: 10:35am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass	10:35am
FLO	Pass	10:35am
FC	Pass	10:35am

Temperature Tests

Test	Status	Time
FC1	Pass	10:35am
SRC	Pass	10:35am
DET	Pass	10:35am
BAR	Pass	10:35am
BT	Pass	10:35am

Blank Tests

Test	Status	Time
AIR	Pass	10:36am

Printer Tests

Test	Status	Time
PRNT	Pass	10:36am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:36am

10:36am

Preventive Maintenance Status: Pass

CAL Pass

Analyst

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

	al No. 06 8770 Sty	tos ilk PD
	maintenance procedures for the Intoximeters, Model Intox EC/IF 0,000 or higher) to be followed at least once every four months a	
(1)	Verify the ethanol gas canister displays at least 51 pounds pe breath simulator thermometer shows 34 degrees, plus or minu	
(2)	Verify instrument displays time and date:	
(3)	Initiate breath test sequence:	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance	status of "Pass"; and
(10)	Verify that the ethanol gas camster is being changed be simulator solution is being changed every four months or whichever occurs first.	
were performe	the 24 day of 6405c- 20 70 the don the instrument indicated above, in accordance with current rvices, and the instrument is functioning properly.	forgoing preventive maintenance procedures regulations of the N.C. Department of Health

IREDELL COUNTY BAT MOBILE UNIT 02 480

Serial Number: 008970 Test Date: 10/24/2020

Citation Number: M0000000-0 Subject's Name:

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

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

Analyst's Name: Towery, Chad V
Permit Number: 0035-5630
Effective:
09/15/2020-09/15/2022

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

Lot Number: AG902201 Exp Date: 01/22/2021

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	7:42pm
AIR BLK	.00	7:42pm
SUB TEST	.00	7:44pm
ATR BLK	.00	7:45pm

Reported AC: .00 g/210L

Signature of Chemidal Analyst

Court CVR

Ch - Joy Analyst

IREDELL COUNTY BAT MOBILE UNIT 02 480

Serial Number: 008970 Test Record Number: 769
Test Date: 10/24/2020 Test Time: 7:46pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	7:47pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:47pm
	CRC Tests	
Test	Status	Time
COMP	Pass	7:47pm

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	rial No. 00 8920	Moorseyilk PD	
The preventive serial number	e maintenance procedures for the Intoximet 10,000 or higher) to be followed at least on	ers, Model Intox EC/IR II and Model Intoce every four months are:	tox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister display breath simulator thermometer shows 3	s at least 51 pounds per square inch (psi) 4 degrees, plus or minus .2 degree centig	of pressure, or the alcoholic rade;
(2)	Verify instrument displays time and de	te;	
(3)	Initiate breath test sequence;		
(4)	Enter information as prompted;		
(5)	Verify instrument accuracy;		
(6)	When "PLEASE BLOW" appears, col	ect breath sample;	
(7)	When "PLEASE BLOW" appears, col	ect breath sample;	
(8)	Print test record;		
(9)	Run diagnostic program and confirm p	reventive maintenance status of "Pass";	and
(10)	Verify that the ethanol gas canister simulator solution is being changed whichever occurs first.	is being changed before expiration da every four months or after 125 Alcohol	ite, or the alcoholic breath olic Breath Simulator tests,
were performe	d on the instrument indicated above, in ac rvices, and the instrument is functioning pr	20 70 the forgoing preventicordance with current regulations of the operly.	ive maintenance procedures N.C. Department of Health

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

DHHS 4080 (04/20)

IREDELL COUNTY BAT MOBILE UNIT 02 480

Serial Number: 008970 Test Date: 10/31/2020

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Towery, Chad V
Permit Number: 0035-5630
Effective:
09/15/2020-09/15/2022

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

Lot Number: AG902201 Exp Date: 01/22/2021

Test	g/210L	Time
DIAG	Pass	7:56pm
AIR BLK	.00	7:57pm
ACCY CHK	.08	7:57pm
AIR BLK	.00	7:58pm
SUB TEST	.00	7:59pm
AIR BLK	.00	8:00pm
SUB TEST	.00	8:01pm
AIR BLK	.00	8:02pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

IREDELL COUNTY BAT MOBILE UNIT 02 480

Serial Number: 008970 Test Record Number: 773 Test Date: 10/31/2020 Test Time: 8:03pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass	8:03pm mqE0:8
FC	Pass	8:03pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:03pm
SRC	Pass	8:03pm
DET	Pass	8:03pm
BAR	Pass	8:03pm
BT	Pass	8:03pm

Blank Tests

Test	Status	Time
AIR	Pass	8:04pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:04pm
	~~~ ~	

#### CRC Tests

Test	Status	Time
COMP	Pass	8:04pm
CAL	Pass	8:04pm

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)

	al No. 06 8770 Sty	tos ilk PD
	maintenance procedures for the Intoximeters, Model Intox EC/IF 0,000 or higher) to be followed at least once every four months a	
(1)	Verify the ethanol gas canister displays at least 51 pounds pe breath simulator thermometer shows 34 degrees, plus or minu	
(2)	Verify instrument displays time and date:	
(3)	Initiate breath test sequence:	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance	status of "Pass"; and
(10)	Verify that the ethanol gas camster is being changed be simulator solution is being changed every four months or whichever occurs first.	
were performe	the 24 day of 6405c- 20 70 the don the instrument indicated above, in accordance with current rvices, and the instrument is functioning properly.	forgoing preventive maintenance procedures regulations of the N.C. Department of Health

IREDELL COUNTY BAT MOBILE UNIT 02 480

Serial Number: 008970 Test Date: 10/24/2020

Citation Number: M0000000-0 Subject's Name:

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

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

Analyst's Name: Towery, Chad V
Permit Number: 0035-5630
Effective:
09/15/2020-09/15/2022

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

Lot Number: AG902201 Exp Date: 01/22/2021

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	7:42pm
AIR BLK	.00	7:42pm
SUB TEST	.00	7:44pm
ATR BLK	.00	7:45pm

Reported AC: .00 g/210L

Signature of Chemidal Analyst

Court CVR

Ch - Joy Analyst

### IREDELL COUNTY BAT MOBILE UNIT 02 480

Serial Number: 008970 Test Record Number: 769
Test Date: 10/24/2020 Test Time: 7:46pm EDT

System Check: Passed

## Baseline Tests

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

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	7:47pm

## Printer Tests

Test	Status	Time
PRNT	Pass	7:47pm
	CRC Tests	
Test	Status	Time
COMP	Pass	7:47pm

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. 608973 Instrument Location Box Mobile Uni 2  Moorseville PD
The preventive serial number	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus 2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample,
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or were performed and Human Ser	the 31 day of October, 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.

IREDELL COUNTY BAT MOBILE UNIT 02 480

Serial Number: 008973 Test Date: 10/31/2020

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Towery, Chad V
Permit Number: 0035-5630
Effective:

09/15/2020-09/15/2022

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

Test Type: Breath Test

Lot Number: AG902201 Exp Date: 01/22/2021

Test	g/210L	Time
DIAG	Pass	7:55pm
AIR BLK	.00	7:56pm
ACCY CHK	.08	7:56pm
AIR BLK	.00	7:57pm
SUB TEST	.00	7:58pm
AIR BLK	.00	7:59pm
SUB TEST	.00	8:00pm
AIR BLK	.00	8:01pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Ch 1 Do y

## IREDELL COUNTY BAT MOBILE UNIT 02 480

Serial Number: 008973 Test Record Number: 843
Test Date: 10/31/2020 Test Time: 8:02pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR FLO FC	Pass Pass Pass	8:02pm 8:02pm 8:03pm

## Temperature Tests

Test	Status	Time
FC1	Pass	8:03pm
SRC	Pass	8:03pm
DET	Pass	8:03pm
BAR	Pass	8:03pm
BT	Pass	8:03pm

## Blank Tests

Test	Status	Time	
AIR	Pass	8:03pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:03pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	8:03pm 8:03pm

Preventive Maintenance Status: Pass

Ch 1 Do 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 Mo,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 i 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;	
4	(5)	Verify instrument accuracy;	
	(6)	When "PLEASE BLOW" appears, collect breath sample;	
	(7)	When "PLEASE BLOW" appears, collect breath sample;	
	(8)	Print test record;	
	(9)	Run diagnostic program and confirm preventive maintenance status of	"Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expi simulator solution is being changed every four months or after 12 whichever occurs first.	ration date, or the alcoholic breath 5 Alcoholic Breath Simulator tests,
were	tify that one performed Human Ser	the	preventive maintenance procedures ns of the N.C. Department of Health
	OF QUAM VIDER	F / I N / with_	631

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

#### JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008708 Test Date: 10/07/2020

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
09/17/2020-09/17/2022

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

Lot Number: AG911506 Exp Date: 04/25/2021

Test	g/210L	Time
DIAG	Pass	11:53am
AIR BLK	.00	11:54am
ACCY CHK	.08	11:55am
AIR BLK	.00	11:56am
SUB TEST	.00	11:56am
AIR BLK	.00	11:57am
SUB TEST	.00	11:58am
AIR BLK	.00	11:59am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008708 Test Record Number: 1524
Test Date: 10/07/2020 Test Time: 12:00pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	12:02pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:02pm
	CRC Tests	
Test	Status	Time

COMP Pass 12:02pm CAL Pass 12:02pm

Preventive Maintenance Status: Pass

Analyst

## 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 Selma Poly	ce Dopt
Instrument Ser	rial No. <u>008595</u>	NC
The preventive serial number 1	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Into 10,000 or higher) to be followed at least once every four months are:	x EC/IR II (Enhanced wit
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) o breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigra	f pressure, or the alcoholi de;
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; an	d
(10)	Verify that the ethanol gas canister is being changed before expiration date simulator solution is being changed every four months or after 125 Alcoholi whichever occurs first.	, or the alcoholic breath c Breath Simulator tests,
I certify that on were performed and Human Ser	n the day of, 20 the forgoing preventive d on the instrument indicated above, in accordance with current regulations of the N rvices, and the instrument is functioning properly.	maintenance procedures
THE STATE OF THE S		1 Ed
	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)

JOHNSTON COUNTY SELMA PD 500

Serial Number: 008595 Test Date: 10/26/2020

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

Analyst's Name: Keesler, Grayham C
Permit Number: 0045-5487
Effective:
10/08/2020-10/08/2022

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

Lot Number: AG911501 Exp Date: 04/25/2021

g/210L	Time
Pass	10:05am
.00	10:05am
.07	10:06am
.00	10:07am
.00	10:08am
.00	10:09am
.00	10:10am
.00	10:11am
	Pass .00 .07 .00 .00

Reported AC: .00 /9/210L

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

#### JOHNSTON COUNTY SELMA PD 500

Serial Number: 008595 Test Record Number: 1491 Test Date: 10/26/2020 Test Time: 10:12am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:13am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:13am
	Davis Essential	

#### CRC Tests

Test	Status	Time
COMP CAL	Pass Pass	10:13am 10:13am

Preventive Maintenance Status: Pass

Analyst

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

County	JOHES Instrument Location JOH	ES COUNTY
Instrument Se	rial No. 008705 DET	TENTION CENTE
The preventive serial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II ar 10,000 or higher) to be followed at least once every four months are:	nd Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per squabreath simulator thermometer shows 34 degrees, plus or minus .2 de	re inch (psi) of pressure, or the alcoholic egree centigrade:
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status	of "Pass": and
(10)	Verify that the ethanol gas canister is being changed before ex simulator solution is being changed every four months or after whichever occurs first.	
I certify that on were performed and Human Ser	the day of day of the forgoin on the instrument indicated above, in accordance with current regulat vices, and the instrument is functioning properly.	g preventive maintenance procedures ions of the N.C. Department of Health
	Signature of Certifying Official	Certificate Number

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

#### JONES COUNTY DETENTION CENTER 510

Serial Number: 008705 Test Date: 10/12/2020

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: 15671E
Effective:
06/01/2019-06/01/2021

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

Lot Number: AG018801 Exp Date: 07/06/2022

Test	g/210L	Time
DIAG	Pass	1:12pm
AIR BLK	.00	1:13pm
ACCY CHK	.07	1:14pm
AIR BLK	.00	1:15pm
SUB TEST	.00	1:15pm
AIR BLK	.00	1:16pm
SUB TEST	.00	1:18pm
AIR BLK	.00	1:19pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alen Rg Bans

## JONES COUNTY DETENTION CENTER 510

Serial Number: 008705 Test Record Number: 1475
Test Date: 10/12/2020 Test Time: 1:20pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:20pm 1:20pm
FC	Pass	1:20pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:20pm
SRC	Pass	1:20pm
DET	Pass	1:20pm
BAR	Pass	1:20pm
BT	Pass	1:20pm

#### Blank Tests

Test	Status	Time	
AIR	Pass	1:21pm	

#### Printer Tests

rest	Status	Time
PRNT	Pass	1:21pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:21pm 1:21pm

Preventive Maintenance Status: Pass

Olu Rg Banes
Analyst

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

County	incoln	Instrum	ent Location	Lincoln	County 50
Instrument S	erial No. <u>008827</u>	700	John	Howell	Memorial Dav
The preventi	ve maintenance procedures for the	ne Intoximeters	, Model Into	x EC/IR II to be	followed at least once every
1,	Verify the ethanol gas cani 34 degrees, plus or minus .			e alcoholic breat	h simulator thermometer show
2.	Verify instrument displays	time and date;			
3.	Initiate breath test sequence	e;			
4.	Enter information as promp	oted;			
5.	Verify instrument accuracy	7			-
6.	When "PLEASE BLOW"	appears, collect	breath samp	ole;	
7.	When "PLEASE BLOW"	appears, collect	breath samp	ole;	
8.	Print test record;				
9.	Verify Diagnostic Program	; and			
10.					date, or the alcoholic breath oholic Breath Simulator tests,
	were performed on the instrume of Health and Human Services,		ove, in accor	dance with curre	
CRATE OF THE PARTY	CAROLINA	Signature of Ce	rtifying Off	icial	65¢ Certificate Number

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

LINCOLN COUNTY LINCOLN COUNTY SO 540

Serial Number: 008827 Test Date: 10/26/2020

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

Driver's License Number: NONE

Analyst's Name: Hutchinson, Joseph E Permit Number: 0035-6075 Effective: 07/09/2019-07/09/2021

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

Lot Number: AG007601 Exp Date: 03/16/2022

Test	g/210L	Time
DIAG	Pass	12:58pm
AIR BLK	.00	12:59pm
ACCY CHK	.08	1:00pm
AIR BLK	.00	1:01pm
SUB TEST	.00	1:01pm
AIR BLK	.00	1:02pm
SUB TEST	.00	1:03pm
AIR BLK	.00	1:04pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### LINCOLN COUNTY LINCOLN COUNTY SO 540

Serial Number: 008827 Test Record Number: 3407 Test Date: 10/26/2020 Test Time: 1:05pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:05pm
FLO	Pass	1:05pm
FC	Pass	1:05pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:06pm
SRC	Pass	1:06pm
DET	Pass	1:06pm
BAR	Pass	1:06pm
BT	Pass	1;06pm

#### Blank Tests

Test	Status	Time 1:06pm	
AIR	Pass		

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:06pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:06pm 1:06pm

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)

Inst	trument Seri	al No. 008582		Mars	Hill NC
				Ad T	
		maintenance procedures for th 0,000 or higher) to be followed			Intox EC/IR II (Enhanced with
	(1)	Verify the ethanol gas can breath simulator thermome			osi) of pressure, or the alcoholic tigrade;
	(2)	Verify instrument displays	time and date;		
	(3)	Initiate breath test sequence	<b>e</b> ₅ .		
	(4)	Enter information as promp	oted;		
	(5)	Verify instrument accuracy			
al.	(6)	When "PLEASE BLOW" a	appears, collect breath	ample;	
	(7)	When "PLEASE BLOW" a	appears, collect breath	ample;	
	(8)	Print test record;	*		
	(9)	Run diagnostic program an	d confirm preventive n	naintenance status of "Pass	"; and
	(10)	Verify that the ethanol gi simulator solution is being whichever occurs first.	as canister is being og g changed every four	hanged before expiration months or after 125 Alc	date, or the alcoholic breath oholic Breath Simulator tests,
					k-
wer	ertify that on the performed Human Ser		bove, in accordance w	the forgoing preventh current regulations of	entive maintenance procedures the N.C. Department of Health
g.	OW STATE OF	N.			
18				1	
1	S	3	Bowl		668
	-		Signature of Certifying		Certificate Number

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

DHHS 4080 (04/20)

MADISON COUNTY MARS HILL PD 560

Serial Number: 008582 Test Date: 10/14/2020

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE Subject'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:
09/17/2020-09/17/2022

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

Lot Number: AG911506 Exp Date: 04/25/2021

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07 .00	11:17am 11:18am 11:18am 11:19am
SUB TEST AIR BLK SUB TEST AIR BLK	.00 .00 .00	11:20am 11:21am 11:22am 11:23am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

#### MADISON COUNTY MARS HILL PD 560

Serial Number: 008582 Test Record Number: 1160
Test Date: 10/14/2020 Test Time: 11:25am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:26am

#### Printer Tests

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

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)

Inst	rument Ser	al No. 008599	Marshall, NC	
The	preventive al number l	maintenance procedures for the Intoximete 0,000 or higher) to be followed at least once	rs, Model Intox EC/IR II and Model Intox EC/IR II (I e every four months are:	Enhanced with
	(1)	Verify the ethanol gas canister displays breath simulator thermometer shows 34	at least 51 pounds per square inch (psi) of pressure, o degrees, plus or minus .2 degree centigrade;	r the alcoholic
	(2)	Verify instrument displays time and dat	e;	
	(3)	Initiate breath test sequence;		
	(4)	Enter information as prompted;		
	(5)	Verify instrument accuracy;		
	(6)	When "PLEASE BLOW" appears, colle	et breath sample;	
	(7)	When "PLEASE BLOW" appears, colle	ct breath sample;	
	(8)	Print test record;		
	(9)	Run diagnostic program and confirm pr	eventive maintenance status of "Pass"; and	
	(10)	Verify that the ethanol gas canister is simulator solution is being changed e whichever occurs first.	s being changed before expiration date, or the alc very four months or after 125 Alcoholic Breath Si	oholic breath mulator tests,
wer	e performed	the 14 day of October  I on the instrument indicated above, in acceptices, and the instrument is functioning pro	$\supset A$	e procedures lent of Health
- -		5: 6	Certifying Official Certificate No	

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

DHHS 4080 (04/20)

MADISON COUNTY MADISON COUNTY JAIL 560

Serial Number: 008599 Test Date: 10/14/2020

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

Subject'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: 09/17/2020-09/17/2022

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

Lot Number: AG919902 Exp Date: 07/18/2021

Test	g/210L	Time
DIAG	Pass	12:37pm
AIR BLK	.00	12:38pm
ACCY CHK	.07	12:38pm
AIR BLK	.00	12:39pm
SUB TEST	.00	12:40pm
AIR BLK	.00	12:41pm
SUB TEST	.00	12:42pm
AIR BLK	.00	12:43pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## MADISON COUNTY MADISON COUNTY JAIL 560

Serial Number: 008599 Test Record Number: 1133
Test Date: 10/14/2020 Test Time: 12:44pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:44pm 12:44pm
FC	Pass	12:44pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:44pm
SRC	Pass	12:44pm
DET	Pass	12:44pm
BAR	Pass	12:44pm
BT	Pass	12:44pm

#### Blank Tests

AIR Pass 12:45pm	Test	Status	Time
	AIR	Pass	12:45pm

#### Printer Tests

rest	Status	Time
PRNT	Pass	12:45pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:45pm 12:45pm

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

Analys

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

Intenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with D or higher) to be followed at least once every four months are:  Werify 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;  Werify instrument displays time and date;  Initiate breath test sequence;
readiffication thermometer shows 34 degrees, plus or minus .2 degree centigrade;  Verify instrument displays time and date;  nitiate breath test sequence;
nitiate breath test sequence;
nter information as prompted;
ferify instrument accuracy;
Then "PLEASE BLOW" appears, collect breath sample;
/hen "PLEASE BLOW" appears, collect breath sample;
rint test record;
un diagnostic program and confirm preventive maintenance status of "Pass"; and
erify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat mulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests hichever occurs first.
day of
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\

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

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008912 Test Date: 10/08/2020

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

Analyst's Name: Keesler, Linda A
Permit Number: 0045-5468
Effective:
09/16/2020-09/16/2022

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

Lot Number: AG007601 Exp Date: 03/16/2022

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst Leesl

#### MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008912 Test Record Number: 1639
Test Date: 10/08/2020 Test Time: 9:13am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:13am
FLO	Pass	9:13am
FC	Pass	9:13am

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:13am
SRC	Pass	9:13am
DET	Pass	9:13am
BAR	Pass	9:13am
BT	Pass	9:13am

#### Blank Tests

Test	Status	Time
AIR	Pass	9:14am

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:14am
	CRC Tests	
Test	Status	Time

COMP	Pass	9:14am
CAL	Pass	9:14am

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)

TI	ne preventive	maintenance procedures for the Intoximeters, Model Intox EC/IR II 0,000 or higher) to be followed at least once every four months are:	and Model Intox EC/IR II (Enhanced with
	(1)	Verify the ethanol gas canister displays at least 51 pounds per squ breath simulator thermometer shows 34 degrees, plus or minus .2	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 stat	us of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before simulator solution is being changed every four months or after whichever occurs first.	expiration date, or the alcoholic breath er 125 Alcoholic Breath Simulator tests,
We	ere performed	theday of, 20 the forg on the instrument indicated above, in accordance with current regulations, and the instrument is functioning properly.	oing preventive maintenance procedures plations of the N.C. Department of Health
	S WE STATE OF		
S CREAT	PALICA TO SERVICE OF S		S 650
		Signature of Certifying Official	Certificate Number

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

MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008594 Test Date: 10/29/2020

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

Analyst's Name: Hutchinson, Joseph E
Permit Number: 0035-6075
Effective:
07/09/2019-07/09/2021

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

Lot Number: AG919902 Exp Date: 07/18/2021

Test	g/210L	Time
DIAG	Pass	5:07pm
AIR BLK	.00	5:07pm
ACCY CHK	.07	5:08pm
AIR BLK	.00	5:09pm
SUB TEST	.00	5:10pm
AIR BLK	.00	5:11pm
SUB TEST	.00	5:13pm
AIR BLK	.00	5:14pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008594 Test Record Number: 4743 Test Date: 10/29/2020 Test Time: 5:16pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	5:16pm
FLO	Pass	5:16pm
FC	Pass	5:16pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	5:16pm
SRC	Pass	5:16pm
DET	Pass	5:16pm
BAR	Pass	5:16pm
BT	Pass	5:16pm

#### Blank Tests

Test	Status	Time
AIR	Pass	5:17pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	5:17pm
	CRC Tests	
Test	Status	Time
COMP	Pass	5:17pm

Preventive Maintenance Status: Pass

Pass

5:17pm

CAL

Analyst

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

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

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

DHHS 4080 (04/20)

#### MECKLENBURG COUNTY SHERIFFS OFFICE 590

Serial Number: 008665 Test Date: 10/29/2020

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

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

Analyst's Name: Hutchinson, Joseph E Permit Number: 0035-6075 Effective: 07/09/2019-07/09/2021

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

> > Lot Number: AG933901 Exp Date: 12/05/2021

Test	g/210L	Time
DIAG	Pass	5:49pm
AIR BLK	.00	5:50pm
ACCY CHK	.08	5:50pm
AIR BLK	.00	5:51pm
SUB TEST	.00	5:52pm
AIR BLK	.00	5:53pm
SUB TEST	.00	5:54pm
AIR BLK	.00	5:55pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### MECKLENBURG COUNTY SHERIFFS OFFICE 590

Serial Number: 008665 Test Record Number: 4880 Test Date: 10/29/2020 Test Time: 5:56pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

[ime
5:56pm

#### Blank Tests

Test	Status	Time
AIR	Pass	5:57pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	5:57pm
	CRC Tests	

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

Preventive Maintenance Status: Pass

Analyst

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

	erial No. 008747 9630 Julian Clark Ave, Huntersu
Instrument S	erial No. 008747 9630 Julian Clark Ave, Huntersu
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3,	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	t on the 29th day of October , 2020, the foregoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
ON THE STAT ON THE STATE OF THE	CAROLLI CAROLL

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

#### MECKLENBURG HUNTERSVILLE PD 590

Serial Number: 008747 Test Date: 10/29/2020

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

Analyst's Name: Hutchinson, Joseph E Permit Number: 0035-6075 Effective: 07/09/2019-07/09/2021

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

Lot Number: AG007601 Exp Date: 03/16/2022

Test	g/210L	Time
DIAG	Pass	9:47pm
AIR BLK	.00	9:48pm
ACCY CHK	.08	9:49pm
AIR BLK	.00	9:50pm
SUB TEST	.00	9:50pm
AIR BLK	.00	9:51pm
SUB TEST	.00	9:53pm
AIR BLK	.00	9:54pm

Reported AC: _00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### MECKLENBURG HUNTERSVILLE PD 590

Serial Number: 008747 Test Record Number: 2798
Test Date: 10/29/2020 Test Time: 9:55pm EDT

System Check: Passed

#### Baseline Tests

Status	Time
Pass	9:55pm
Pass	9:55pm
Pass	9:56pm
	Pass Pass

#### Temperature Tests

Status	Time
Pass	9:56pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time	
ATR	Dage	Q. ESHW	

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:56pm
	CRC Tests	
Test	Status	Time
COMP	Pass	9 · 57mm

Pass 9:57pm

Preventive Maintenance Status: Pass

CAL

Analyst

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

Instrument Ser	tal No. 008973	CMPD	
The preventive serial number	e maintenance procedures for the In 10,000 or higher) to be followed at	toximeters, Model Intox EC/IR II and Model Interest once every four months are:	ntox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister breath simulator thermometer s	displays at least 51 pounds per square inch (psi shows 34 degrees, plus or minus .2 degree centi-	i) of pressure, or the alcoholic grade;
(2)	Verify instrument displays time	e and date;	
(3)	Initiate breath test sequence;		
(4)	Enter information as prompted;		
(5)	Verify instrument accuracy;		
(6)	When "PLEASE BLOW" appear	ars, collect breath sample;	
(7)	When "PLEASE BLOW" appear	ars, collect breath sample;	
(8)	Print test record:		
(9)	Run diagnostic program and co	nfirm preventive maintenance status of "Pass";	and
(10)	Verify that the ethanol gas consimulator solution is being character whichever occurs first.	anister is being changed before expiration d anged every four months or after 125 Alcoh	ate, or the alcoholic breath solic Breath Simulator tests,
certify that on vere performed Human Ser		e, in accordance with current regulations of the	ive maintenance procedures N.C. Department of Health

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

DHHS 4080 (04/20)

MECKLENBURG COUNTY BAT MOBILE UNIT 02 590

> Serial Number: 008973 Test Date: 10/14/2020

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

Analyst's Name: Towery, Chad V Permit Number: 0035-5630 Effective: 09/15/2020-09/15/2022

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

Lot Number: AG902201 Exp Date: 01/22/2021

Test	g/210L	Time
DIAG	Pass	7:58pm
AIR BLK	.00	7:59pm
ACCY CHK	.08	7:59pm
AIR BLK	.00	8:00pm
SUB TEST	.00	8:01pm
AIR BLK	.00	8:02pm
SUB TEST	.00	8:03pm
AIR BLK	-00	8:04pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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## MECKLENBURG COUNTY BAT MOBILE UNIT 02 590

Serial Number: 008973 Test Record Number: 836 Test Date: 10/14/2020 Test Time: 8:05pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:05pm
FLO	Pass	8:05pm
FC	Pass	8:05pm

#### Temperature Tests

Test	Status	Time
FCI	Pass	8:05pm
SRC	Pass	8:05pm
DET	Pass	8:05pm
BAR	Pass	8:05pm
BT	Pass	8:05pm

#### Blank Tests

Test	Status	Time
AIR	Pass	8:06pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:06pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	8:06pm 8:06pm

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)

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

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

#### MONTGOMERY COUNTY DETENTION CENTER 610

Serial Number: 008657 Test Date: 10/21/2020

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

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

Analyst's Name: Galloway, Charles L Permit Number: 0023-9771 Effective: 09/28/2020-09/28/2022

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

Lot Number: AG007601 Exp Date: 03/16/2022

Test	g/210L	Time
DIAG	Pass	12;53pm
AIR BLK	.00	12:53pm
ACCY CHK	-08	12:54pm
AIR BLK	.00	12:55pm
SUB TEST	.00	12:56pm
AIR BLK	.00	12:56pm
SUB TEST	.00	12:58pm
AIR BLK	.00	12:59pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### MONTGOMERY COUNTY DETENTION CENTER 610

Serial Number: 008657 Test Record Number: 1762 Test Date: 10/21/2020 Test Time: 1:01pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:02pm
SRC	Pass	1:02pm
DET	Pass	1:02pm
BAR	Pass	1:02pm
BT	Pass	1:02pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:02pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:02pm

#### CRC Tests

Test	Status	Time	
COMP	Pass	1:02pm	
CAL	Pass	1:02pm	

Preventive Maintenance Status: Pass

Analyst

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

he preventive erial number l	e maintenance procedures for the Intoximeters, Model Into: 10,000 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 pour	inds per square inch (pri) of processes at 1 to 11
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath samp	le;
(7)	When "PLEASE BLOW" appears, collect breath samp	le;
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive mainte	enance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being chang simulator solution is being changed every four mon whichever occurs first.	ed before expiration date, or the alcoholic breath this or after 125 Alcoholic Breath Simulator tests,
	The more and a manual and the accordance with c	the forgoing preventive maintenance procedures urrent regulations of the N.C. Department of Health
STE GLAM VIDER	Signature of Carrifoling Office	cial Certificate Number
	(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  certify that one here performed Human Ser	breath simulator thermometer shows 34 degrees, plus  (2) Verify instrument displays 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  (7) When "PLEASE BLOW" appears, collect breath samp  (8) Print test record;  (9) Run diagnostic program and confirm preventive mainted to the same of the sa

# MONTGOMERY COUNTY DETENTION CENTER 610

Serial Number: 008709 Test Date: 10/21/2020

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

Analyst's Name: Galloway, Charles L Permit Number: 0023-9771 Effective: 09/28/2020-09/28/2022

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

Lot Number: AG919902 Exp Date: 07/18/2021

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00	12:54pm 12:55pm 12:56pm 12:57pm 12:57pm 12:58pm 1:00pm
AIR BLK	.00	1:01pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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# MONTGOMERY COUNTY DETENTION CENTER 610

Serial Number: 008709 Test Record Number: 1237
Test Date: 10/21/2020 Test Time: 1:04pm EDT

System Check: Passed

### Baseline Tests

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

### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	1:05pm

#### Printer Tests

rest	Status	Time
PRNT	Pass	1:05pm
	CRC Tests	

Test	Status	Time
COMP	Pass	1:05pm
CAL	Pass	1:05pm

Preventive Maintenance Status: Pass

Analyst

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

	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 23 day of October, 20 20 the forgoing preventive maintenance procedures do not the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rvices, and the instrument is functioning properly.
SE QUAN VIDO	12-04
	Signature of Certifying Official Certificate Number

MOORE COUNTY BAT MOBILE UNIT 5 620

Serial Number: 008647 Test Date: 10/23/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Todd, Shane C

Permit Number: 0035-4789

Effective:

10/06/2020-10/06/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG933703 Exp Date: 12/03/2021

Test	g/210L	Time
DIAG	Pass	9:26pm
AIR BLK	. 00	9:27pm
ACCY CHK	. 07	9:27pm
AIR BLK	. 00	9:28pm
SUB TEST	.00	9:29pm
AIR BLK	.00	9:30pm
SUB TEST	.00	9:31pm
AIR BLK	.00	9:32pm

Reported AC

.00 g/210L

renature 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

MOORE COUNTY BAT MOBILE UNIT 5 620

Serial Number: 008647 Test Record Number: 2569
Test Date: 10/23/2020 Test Time: 9:37pm EDT

System Check: Passed

# Baseline Tests

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

# Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	9:38pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:38pm

#### CRC Tests

Test	Status	Time
COMP	Pass	9:38pm
CAL	Pass	9:38pm

Preventive Maintenance Status: Pass

Analyst

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

County	MOORE	Instrument Location_	PINEHURS	T Police De
Instrument Ser	ial No. <u>60087/6</u>		PNEHURS;	T, N.C.
	maintenance procedures for 10,000 or higher) to be follow			el Intox EC/IR II (Enhanced with
(1)		nister displays at least 51 per shows 34 degrees, played		(psi) of pressure, or the alcoholic entigrade;
(2)	Verify instrument display	ys time and date;		
(3)	Initiate breath test sequer	nce;		
(4)	Enter information as pro-	mpted;		
(5)	Verify instrument accura	cy;		
(6)	When "PLEASE BLOW"	appears, collect breath sa	mple;	
(7)	When "PLEASE BLOW	appears, collect breath sa	mple;	
(8)	Print test record;			
(9)	Run diagnostic program	and confirm preventive ma	intenance status of "Pas	ss"; and
(10)	Verify that the ethanol simulator solution is be whichever occurs first.	gas canister is being ch ing changed every four t	anged before expiration nonths or after 125 Al	n date, or the alcoholic breath Icoholic Breath Simulator tests,
I certify that or were performe and Human Se		l above, in accordance wit	the forgoing previous of the current regulations of	ventive maintenance procedures f the N.C. Department of Health
APRIL IZ GTT	***			667
		Signature of Certifying (	Official	Certificate Number

MOORE COUNTY PINEHURST PD 620

Serial Number: 008710 Test Date: 10/09/2020

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

Analyst's Name: Galloway, Charles L Permit Number: 0023-9771 Effective: 09/28/2020-09/28/2022

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

Lot Number: AG007601 Exp Date: 03/16/2022

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	2:26pm 2:26pm 2:27pm 2:28pm 2:28pm 2:29pm 2:31pm 2:32pm
	0.00	~ · > 2 DIII

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analysi

# MOORE COUNTY PINEHURST PD 620

Serial Number: 008710 Test Record Number: 1712 

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	2:36pm
FLO	Pass	2:36pm
FC	Pass	2:36pm

### Temperature Tests

Test	Status	Time
FC1	Pass	2:36pm
SRC	Pass	2:36pm
DET	Pass	2:36pm
BAR	Pass	2:36pm
BT	Pass	2:36pm

#### Blank Tests

Test	Status	Time	
AIR	Pass	2:37mm	

#### Printer Tests

TEPL	Status	Time
PRNT	Pass	2:37pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2 · 37mm

Preventive Maintenance Status: Pass

Pass

CAL

Pass

2:37pm

2:37pm

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 p	reventive	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with
Serial	(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	fy that on performed uman Ser	the day of, 20 the forgoing preventive maintenance procedures I on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.

MOORE COUNTY SOUTHERN PINES PD 620

Serial Number: 008720 Test Date: 10/09/2020

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

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

Analyst's Name: Galloway, Charles L Permit Number: 0023-9771 Effective: 09/28/2020-09/28/2022

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

Lot Number: AG911501 Exp Date: 04/25/2021

Test	g/210L	Time
DIAG	Pass	4:31pm
AIR BLK	.00	4:32pm
ACCY CHK	.07	4:32pm
AIR BLK	.00	4:33pm
SUB TEST	.00	4:33pm
AIR BLK	. 0.0	4:34pm
SUB TEST	.00	4:36pm
AIR BLK	. 00	4:37pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### MOORE COUNTY SOUTHERN PINES PD 620

Serial Number: 008720 Test Record Number: 1180 Test Date: 10/09/2020 Test Time: 4:38pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	4:38pm
FLO	Pass	4:38pm
FC	Pass	4:38pm

#### Temperature Tests

Status	Time
Pass	4:39pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time	
AIR	Pass	4:39pm	

#### Printer Tests

	CRC Tests	
PRNT	Pass	4:39pm
rest	Status	TIME

Test	Status	Time	
COMP	Pass	4:39pm	
CAL	Pass	4:39pm	

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)

I	nstrument Sei	ial No. 008735 CAR7A	IAGE, N.C.
T s	The preventive erial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II a 10,000 or higher) to be followed at least once every four months are:	nd Model Intox EC/IR II (Enhanced with
	(1)	Verify the ethanol gas canister displays at least 51 pounds per squabreath simulator thermometer shows 34 degrees, plus or minus .2 d	are inch (psi) of pressure, or the alcoholic legree centigrade;
	(2)	Verify instrument displays time and date;	
	(3)	Initiate breath test sequence;	
	(4)	Enter information as prompted;	
	(5)	Verify instrument accuracy;	
	(6)	When "PLEASE BLOW" appears, collect breath sample;	
	(7)	When "PLEASE BLOW" appears, collect breath sample;	
	(8)	Print test record;	
	(9)	Run diagnostic program and confirm preventive maintenance status	of "Pass": and
	(10)	Verify that the ethanol gas canister is being changed before ex- simulator solution is being changed every four months or after whichever occurs first.	
We	pertify that on ore performed d Human Services	the	ng preventive maintenance procedures tions of the N.C. Department of Health
1	OHAM VIEW		117
	The state of the s	Signature of Certifying Official	Certificate Number

MOORE COUNTY DETENTION CENTER 620

Serial Number: 008735 Test Date: 10/09/2020

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

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

Analyst's Name: Galloway, Charles L Permit Number: 0023-9771 Effective: 09/28/2020-09/28/2022

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

Lot Number: AG933703 Exp Date: 12/03/2021

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	10:45am 10:46am 10:47am 10:48am 10:48am 10:49am
SUB TEST	.00	10:51am
AIR BLK	.00	10:52am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# MOORE COUNTY DETENTION CENTER 620

Serial Number: 008735 Test Record Number: 2479
Test Date: 10/09/2020 Test Time: 10:53am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	10:53am 10:53am
DET	Pass	10:53am
BT	Pass Pass	10:53am 10:53am
- 1/V/S/17	- 455	10:53am

#### 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	10:54am

Preventive Maintenance Status: Pass

Pass

10:54am

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)

New Honover Instrument Location BAT Mobile #5

Serial No. 008647 Wilming tow PD Instrument Serial No. __OO 8647 The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are: Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic (1) breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; (2)Verify instrument displays time and date; Initiate breath test sequence; (3)Enter information as prompted; (4)Verify instrument accuracy; (5)When "PLEASE BLOW" appears, collect breath sample; (6)(7)When "PLEASE BLOW" appears, collect breath sample; Print test record; (8) (9)Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10)Verify that the ethanol gas canister is being changed before 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 31 day of 00 feb 20 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Certificate Number

NEW HANOVER COUNTY BAT MOBILE UNIT 5

640

Serial Number: 008647 Test Date: 10/31/2020

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Todd, Shane C Permit Number: 0035-4789 Effective: 10/06/2020-10/06/2022

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

Lot Number: AG933703 Exp Date: 12/03/2021

Test	g/210L	Time
DIAG	Pass	11:49pm
AIR BLK	. 0 0	11:50pm
ACCY CHK	. 07	11:51pm
AIR BLK	.00	11:52pm
SUB TEST	.00	11:52pm
AIR BLK	. 00	11:53pm
SUB TEST	.00	11:55pm
AIR BLK	. 00	11:56pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

Serving Properties Maintenance procedures

NEW HANOVER COUNTY BAT MOBILE UNIT 5 640
Serial Number: 008647 Test Record Number: 2574
Test Date: 10/31/2020 Test Time: 11:57pm EDT
System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:58pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:58pm

#### CRC Tests

Test	Status	Time
COMP	Pass	11:58pm
CAL	Pass	11:58pm

Preventive Maintenance Status: Pass

Analyst

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

	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before 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 October, 2020 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

#### NEW HANOVER COUNTY BAT MOBILE UNIT 5 640

Serial Number: 008826 Test Record Number: 8253 Test Date: 10/31/2020 Test Time: 11:54pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:55pm
FLO	Pass	11:55pm
FC	Pass	11:55pm

#### Temperature Tests

Status	Time
Pass	11:55pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	11:56pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:56pm
	and marks	

#### CRC Tests

 Test	Status	Time
COMP		11:56pm 11:56pm

Preventive Maintenance Status: Pass

Analyst

NEW HANOVER COUNTY BAT MOBILE UNIT 5 640

Serial Number: 008826 Test Date: 10/31/2020

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

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

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

Analyst's Name: Todd, Shane C Permit Number: 0035-4789 Effective: 10/06/2020-10/06/2022

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

Lot Number: AG934303 Exp Date: 12/09/2021

g/210L	Time
Pass	11:48pm
.00	11:48pm
.08	11:49pm
.00	11:50pm
.00	11:50pm
.00	11:51pm
.00	11:53pm
.00	11:54pm
	Pass .00 .08 .00 .00

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County Na	w Henove	Instrument Location BAT M	obile cenit 12
Instrument S	Serial No. <u>008600</u>	wilmington	
The prevent four months	ive maintenance procedures for the are:	Intoximeters, Model Intox EC/IR II to	be followed at least once every
1,	Verify the ethanol gas canister 34 degrees, plus or minus .2 d	r displays pressure, or the alcoholic bregree centigrade;	eath simulator thermometer show
2.	Verify instrument displays tim	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	i;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sample;	
7.	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; ar	nd	
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	nister is being changed before expiration in the state of	on date, or the alcoholic breath Alcoholic Breath Simulator tests,
procedures v	vere performed on the instrument in	dicated above, in accordance with current the instrument is functioning properly	ent regulations of the N C
TARE QUANTY	THE PARTY OF THE P		
	Sign	nature of Certifying Official	Certificate Number
	5/5	and or overlying official	Certificate Number

#### NEW HANOVER COUNTY BAT MOBILE 12 640

Serial Number: 608600 Test Record Number: 5022 Test Date 10 30,2020 Test Time: 8:36pm ED

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	8:36pm
FLO	Pass	8:36pm
FC	Pass	8:37pm

#### Temperature Tests

lest	Status	Time
FC1	Pass	8:37pm
SRC	Pass	8:37pm
DET	Pass	8:37pm
BAR	Pass	8:37pm
BT	Pass	8:37pm
		-

#### Blank Tests

Test	Status	Time
AIR	Pass	8:37pm

#### Printer Tests

Status	Time
Pass	8:37pm
CRC Tests	
Status	Time
Pass Pass	8:38pm 8:38pm
	Pass CRC Tests Status Pass

Preventive Maintenance Status: Pass

Analyst

may

NEW HANOVER COUNTY BAT MOBILE 12 5:0

Serial Number: 6 1600 Test Date: 16 30 1000

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

Analyst's Name: Anderson, Mark @ Permit Number: 0013-1517 Effective: 09/10/2020-09 10 2022

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

> Lot Number: A391 102 Exp Date: 07 18/2 21

Test	g 210L	Time
DIAG	Pass	8:28pm
AIR BLK	.00	8:29pm
ACCY CHK	.08	8:29pm
AIR BLK	.00	::30pm
SUB TEST	.00	8:31pm
AIR BLK	.00	8:32pm
SUB TEST	.00	8:33pm
AIR BLK	.00	8:34pm

Reported AC: ,00 g/210L

Signature of Chemical Analyst

Court CVR

201 Grade 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. 008788	wilmington	
	maintenance procedures for the Intoxime 10,000 or higher) to be followed at least or		Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister display breath simulator thermometer shows	vs at least 51 pounds per square inch (ps 44 degrees, plus or minus .2 degree cent	si) of pressure, or the alcoholic igrade;
(2)	Verify instrument displays time and d	ate;	
(3)	Initiate breath test sequence;		
(4)	Enter information as prompted;		
(5)	Verify instrument accuracy;		
(6)	When "PLEASE BLOW" appears, co	llect breath sample;	
(7)	When "PLEASE BLOW" appears, co	llect breath sample;	
(8)	Print test record;		
(9)	Run diagnostic program and confirm	preventive maintenance status of "Pass"	; and
(10)	Verify that the ethanol gas canister simulator solution is being changed whichever occurs first.	is being changed before expiration every four months or after 125 Alco	date, or the alcoholic breath sholic Breath Simulator tests,
were performed	the 30 day of 0000 do not the instrument indicated above, in a rvices, and the instrument is functioning p	ccordance with current regulations of the	ntive maintenance procedures he N.C. Department of Health
- GUAM VIDA	Markey	f Certifying Official	Certificate Number

#### NEW HANOVER COUNTY BAT MOBILE UNIT 12 640

Serial Number: 008788 Test Record Number: 1596
Test Date: 10/30/2020 Test Time: 8:54pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	8:54pm
FLO	Pass	8:54pm
FC	Pass	8:54pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	8:55pm
SRC	Pass	8:55pm
DET	Pass	8:55pm
BAR	Pass	8:55pm
BT	Pass	8:55pm

#### Blank Tests

Test	Status	Time
AIR	Pass	8:55pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:55pm
	CRC Tests	
Test	Status	Time

Pass	8:55pm
Pass	8:55pm
	_

Preventive Maintenance Status: Pass

Analyst

Total

NEW HANOVER COUNTY BAT MOBILE UNIT 12 640

Serial Number: 008788 Test Date: 10/30/2020

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

Subject'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:
09/10/2020-09/10/2022

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

Lot Number: AG911506 Exp Date: 04/25/2021

Test	g/210L	Time
DIAG	Pass	8:46pm
AIR BLK	.00	8:47pm
ACCY CHK	.08	8:48pm
AIR BLK	.00	8:49pm
SUB TEST	.00	8:50pm
AIR BLK	.00	8:51pm
SUB TEST	.00	8:52pm
AIR BLK	.00	8 · 53 mm

Reported AC: 00 g/210

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Signature of Chemical Analyst

Court CVR

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 on:			sonulle
instrument Ser	al No. 608600	Vach	3010/11E
The preventive serial number 1	maintenance procedures for the 0,000 or higher) to be followed	Intoximeters, Model Intox EC/IR at least once every four months are	II and Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canis breath simulator thermomet	ter displays at least 51 pounds per ser shows 34 degrees, plus or minus	square inch (psi) of pressure, or the alcoholic .2 degree centigrade;
(2)	Verify instrument displays t	ime and date;	
(3)	Initiate breath test sequence		
(4)	Enter information as prompt	ted;	
(5)	Verify instrument accuracy;		
(6)	When "PLEASE BLOW" aj	opears, collect breath sample;	
(7)	When "PLEASE BLOW" ap	opears, collect breath sample;	
(8)	Print test record;		
(9)	Run diagnostic program and	confirm preventive maintenance st	tatus of "Pass"; and
(10)	Verify that the ethanol gasimulator solution is being whichever occurs first,	s canister is being changed before changed every four months or a	re expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,
and Human Ser		pove, in accordance with current re	orgoing preventive maintenance procedures egulations of the N.C. Department of Health
US OTHW ADES	my		665

ONSLOW COUNTY BAT MOBILE 12 660

Serial Number: 8600 Test Date: 10/31/2020

Citation Number: M0000000-0 Subject's Name

PREVENTIVE, MAINTE ANCE

Subject's Date of Birts: 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: 2017-1517 Effective: 09/10/2020-03/10 2022

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

Lot Number: AG913902 Exp Date: 07/18/2021

Test	g/210L	Time
DIAG	Pass	1:34pm
AIR BLK	.00	1:35pm
ACCY CHK	. 08	_1:36pm
AIR BLK	.00	11:37pm
SUB TEST	.00	11:37pm
AIR BLK	.00	11:38pm
SUB TEST	.00	11:40pm
ATR BLK	20	1 - 11770

Reported AC: .00 g/floL

Signature of Chemical Analyst

Court CVR

Analyst

# ONSLOW COUNTY BAT MOBILE 12 660

Serial Number: 008603 Test Record Number: 2027 Test Date: 10/31/2020 Test Time: 11:44pm: EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:45pm
FLO	Pass	11:45pm
FC	Pass	11:45pm

### Temperature Tests

FC1 Pass 11:45m SRC Pass 11:45m DET Pass 11:45m BAR Pass 11:45m BT Pass 11:45m	om om om

#### Blank Tests

Test	Status	Time
AIR	Pass	11:46pm
P	rinter Tes	ts

Test	Status	Time
PRNT	Pass	11:46pm
	CRC Tests	

Test	Status	Time
COMP	Pass	11:46pm
CAL	Pass	11:46pm

Preventive Maintenance Status: Pass

200 Classical 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 a 10,000 or higher) to be followed at least once every four months are:	nd Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per squabreath simulator thermometer shows 34 degrees, plus or minus .2 c	are inch (psi) of pressure, or the alcoholic degree centigrade;
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status	s of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before e simulator solution is being changed every four months or after whichever occurs first.	expiration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,
and Human Ser	the 15 day of 2cto leac , 2020 the forgoid on the instrument indicated above, in accordance with current regularities, and the instrument is functioning properly.	ing preventive maintenance procedures ations of the N.C. Department of Health
STE QUAN VIDES	Mark	665

# ONSLOW COUNTY BAT MOBILE UNIT 12 660

Serial Number: 008788 Test Record Number: 1589
Test Date: 10/15/2020 Test Time: 9:00pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:01pm
FLO	Pass	9:01pm
FC	Pass	9:01pm

#### Temperature Tests

Status	Time
Pass	9:01pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	9:01pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:01pm
	CRC Tests	
Test	Status	Time
COMP	Pass	9.02nm

Pass

Pass

9:02pm

9:02pm

Preventive Maintenance Status: Pass

CAL

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Analyst

ONSLOW COUNTY BAT MOBILE UNIT 12 660

Serial Number: 008788 Test Date: 10/15/2020

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: 09/10/2020-09/10/2022

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

Lot Number: AG911506 Exp Date: 04/25/2021

Test	g/210L	Time
DIAG	Pass	8:52pm
AIR BLK	.00	8:53pm
ACCY CHK	.08	8:53pm
AIR BLK	.00	8:54pm
SUB TEST	.00	8:55pm
AIR BLK	.00	8:55pm
SUB TEST	.00	8:57pm
AIR BLK	.00	8:58pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

M Certain 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. 008788	Jacks	enville
The preventive serial number 1	maintenance procedures for the 0,000 or higher) to be followed a	Intoximeters, Model Intox EC/IR II ar at least once every four months are:	nd Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canist breath simulator thermomete	er displays at least 51 pounds per squa er shows 34 degrees, plus or minus .2 de	re inch (psi) of pressure, or the alcoholic egree centigrade;
(2)	Verify instrument displays time and date;		
(3)	Initiate breath test sequence;		
(4)	Enter information as prompted;		
(5)	Verify instrument accuracy;		
(6)	When "PLEASE BLOW" appears, collect breath sample;		
(7)	When "PLEASE BLOW" appears, collect breath sample;		
(8)	Print test record;		
(9)	Run diagnostic program and	confirm preventive maintenance status	of "Pass"; and
(10)	Verify that the ethanol gas	canister is being changed before as	spiration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,
certify that on vere performed and Human Serv	the 31 day of octoberon the instrument indicated aborices, and the instrument is functionally	ove, in accordance with current regular	ng preventive maintenance procedures ions of the N.C. Department of Health
	IN .		

ONSLOW COUNTY BAT MOBILE UNIT 12 660

Serial Number: 008788 Test Date: 10/31/2020

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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: 09/10/2020-09/10/2022

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

Lot Number: AG911506 Exp Date: 04/25/2021

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00 .00 .00 .00	11:29pm 11:30pm 11:31pm 11:32pm 11:33pm 11:34pm 11:36pm
AIR BLK	.00	11:36pm

Reported AC: .00 9/210L

Signature of Chemical Analyst

Court CVR

Analyst

# ONSLOW COUNTY BAT MOBILE UNIT 12 660

Serial Number: 008788 Test Record Number: 1599
Test Date: 10/31/2020 Test Time: 11:38pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:38pm
FC	Pass	11:39pm

### Temperature Tests

Status	Time
Pass	11:39pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	11:39pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:39pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:39pm

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)

T	he preventive	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with
0,	(1)	o y said office 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.
and we and a local land	ertify that on re performed Human Service SIATE COMMON TO THE COMMON TO	the 20 day of 067686 , 2020 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.

#### PAMLICO COUNTY DETENTION CENTER 680

Serial Number: 008640 Test Date: 10/20/2020

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject'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:

10/09/2020-10/09/2022

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

Test Type: Breath Test

Lot Number: AG018801 Exp Date: 07/06/2022

Test	g/210L	Time
DIAG	Pass	9:16am
AIR BLK	.00	9:17am
ACCY CHK	.08	9:17am
AIR BLK	.00	9:18am
SUB TEST	.00	9:19am
AIR BLK	.00	9:19am
SUB TEST	.00	9:21am
AIR BLK	.00	9:22am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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## PAMLICO COUNTY DETENTION CENTER 680

Serial Number: 008640 Test Record Number: 1427
Test Date: 10/20/2020 Test Time: 9:22am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Status	Time
Pass	9:23am
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	9 · 24 am

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:24am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:24am 9:24am

Preventive Maintenance Status: Pass

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

	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;  Verify instrument displays time and date;  nitiate breath test sequence;
(2) V	nitiate breath test sequence;
(3) I	
(4) I	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	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.
were performed on	day of
SE QUAM VIDER	Signature of Certifying Official Certificate Number

PITT COUNTY AIDEN PD 730

Serial Number: 008666 Test Date: 10/12/2020

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

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

Analyst's Name: Keesler, Linda A
Permit Number: 0015-5468
Effective:
09/16/2020-09/16/2022

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

> Lot Number: AG007601 Exp Date: 03/16/2022

Test	g/210L	Time
DTAG	Pass	1:46pm
AIR BLK	.00	1:47pm
ACCY CHK	.07	1:48pm
AIR BLK	.00	1:48pm
SUB TEST	.00	1:49pm
AIR BLK	.00	1:50pm
SUB TEST	.00	1:51pm
AIR BLK	.00	1:52pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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#### PITT COUNTY AYDEN PD 730

Serial Number: 008666 Test Record Number: 1225
Test Date: 10/12/2020 Test Time: 1:53pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:53pm
FLO	Pass	1:53pm
FC	Pass	1:53pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:53pm
SRC	Pass	1:53pm
DET	Pass	1:53pm
BAR	Pass	1:53pm
BT	Pass	1:53pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:54pm

#### Printer Tests

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

Instrument Location SAT MONDE UND 6
ial No. 008779 ECU
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 31 day of octorion, 2020 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.

PITT COUNTY BAT MOBILE UNIT 6 730

Serial Number: 008779 Test Date: 10/31/2020

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: Varnell, Bryon L

Permit Number: 0036-1210

Effective:

08/14/2019-08/14/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG911506 Exp Date: 04/25/2021

Test	g/210L	Time
DIAG	Pass	9:29pm
AIR BLK	.00	9:30pm
ACCY CHK	.07	9:31pm
AIR BLK	.00	9:32pm
SUB TEST	.00	9:32pm
AIR BLK	.00	9:33pm
SUB TEST	.00	9:35pm
AIR BLK	.00	9:35pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### PITT COUNTY BAT MOBILE UNIT 6 730

Serial Number: 008779 Test Record Number: 3649 Test Date: 10/31/2020 Test Time: 9:37pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Status	Time
Pass	9:37pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	9:38pm

#### Printer Tests

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

COMP	Pass	9:38pm
CAL	Pass	9:38pm

Preventive Maintenance Status: Pass

Analyst

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

County /	Instrument Location RWDE	MAN POLICE DEP
Instrument Ser	ial No. <u>208737</u> <u>KANOVA</u>	EMAN, N.C.
The preventive serial number	maintenance procedures for the Intoximeters, Model Intox EC/IR II and I 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 degr	inch (psi) of pressure, or the alcoholic ee centigrade;
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of	"Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expir simulator solution is being changed every four months or after 12: whichever occurs first.	ration date or the elechalic broad-
I certify that on were performed and Human Ser	theday of, 20 the forgoing on the instrument indicated above, in accordance with current regulation vices, and the instrument is functioning properly.	preventive maintenance procedures as of the N.C. Department of Health
STORY OF THE STORY	Signature of Certifying Official	Certificate Number

## RANDOLPH COUNTY RANDLEMAN PD 750

Serial Number: 008737 Test Date: 10/28/2020

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

Analyst's Name: Galloway, Charles L Permit Number: 0023-9771 Effective: 09/28/2020-09/28/2022

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

Lot Number: AG934001 Exp Date: 12/06/2021

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00 .00 .00	5:50pm 5:50pm 5:51pm 5:52pm 5:53pm 5:54pm 5:58pm
AIR BLK	.00	5:58pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



## RANDOLPH COUNTY RANDLEMAN PD 750

Serial Number: 008737 Test Record Number: 1193 Test Date: 10/28/2020 Test Time: 6:02pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR. FLO	Pass Pass	6:02pm 6:02pm
FC	Pass	6:02pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	6:02pm
SRC	Pass	6:02pm
DET	Pass	6:02pm
BAR	Pass	6:02pm
BT	Pass	6:02pm

#### Blank Tests

Test	Status	Time
AIR	Pass	6 · 03 mm

#### Printer Tests

1000	Status	Time
PRNT	Pass	6:03pm
	ana m	

#### CRC Tests

Test	Status	Time
COMP	Pass	6:03pm
CAL	Pass	6:03pm

Preventive Maintenance Status: Pass

Analyst

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

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
SE QUAM VIDEO	
	Signature of Certifying Official Certificate Number

RANDOLPH COUNTY ARCHDALE PD 750

Serial Number: 008791 Test Date: 10/28/2020

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

Analyst's Name: Galloway, Charles L Permit Number: 0023-9771 Effective: 09/28/2020-09/28/2022

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

Lot Number: AG933703 Exp Date: 12/03/2021

Test	g/210L	Time
DIAG AIR BLK	Pass	4:35pm
ACCY CHK	.00	4:35pm 4:36pm
AIR BLK	.00	4:37pm
SUB TEST	.00	4:38pm
AIR BLK	.00	4:38pm
SUB TEST	.00	4:40pm
AIR BLK	.00	4:41pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## RANDOLPH COUNTY ARCHDALE PD 750

Serial Number: 008791 Test Record Number: 1419
Test Date: 10/28/2020 Test Time: 4:42pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	4:43pm 4:43pm
FC	Pass	4:43pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	4:43pm
SRC	Pass	4:43pm
DET	Pass	4:43pm
BAR	Pass	4:43pm
BT	Pass	4:43pm

#### Blank Tests

Test	Status	Time
AIR	Pass	4:43pm

#### Printer Tests

IESL	Status	Time
PRNT	Pass	4:43pm
	CRC Tests	

Test	Status	Time	
COMP	Pass	4:44pm	
CAL	Pass	4:44pm	

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)

s	The preventive serial number	maintenance procedures for the Intoximeters, Model Intox EC/IR II and M 10,000 or higher) to be followed at least once every four months are:	odel Intox EC/IR II (Enhanced with
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square in breath simulator thermometer shows 34 degrees, plus or minus .2 degree	ch (psi) of pressure, or the alcoholic
	(2)	Verify instrument displays time and date;	
	(3)	Initiate breath test sequence;	
	(4)	Enter information as prompted;	
	(5)	Verify instrument accuracy;	
	(6)	When "PLEASE BLOW" appears, collect breath sample;	
	(7)	When "PLEASE BLOW" appears, collect breath sample;	
	(8)	Print test record;	
	(9)	Run diagnostic program and confirm preventive maintenance status of "]	Pass**: and
	(10)	Verify that the ethanol gas canister is being changed before expiral simulator solution is being changed every four months or after 125 whichever occurs first.	the day of the total
W	certify that on ere performed ad Human Serv	the day of, 20 the forgoing properly. the instrument indicated above, in accordance with current regulations vices, and the instrument is functioning properly.	reventive maintenance procedures of the N.C. Department of Health
CRE	*SEC CHAM VILLES	Signature of Certifying Official	Certificate Number

RANDOLPH COUNTY LIBERTY PD 750

Serial Number: 008830 Test Date: 10/28/2020

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

Analyst's Name: Galloway, Charles L Permit Number: 0023-9771 Effective: 09/28/2020-09/28/2022

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

Lot Number: AG934001 Exp Date: 12/06/2021

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00 .00 .00	9:12pm 9:13pm 9:14pm 9:15pm 9:16pm 9:17pm 9:18pm
AIR BLK	.00	9:19pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## RANDOLPH COUNTY LIBERTY PD 750

Serial Number: 008830 Test Record Number: 693 Test Date: 10/28/2020 Test Time: 9:20pm EDT

System Check: Passed

#### Baseline Tests

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

#### Printer Tests

lest	Status	Time
PRNT	Pass	9:21pm
	AND IN THE R	

#### CRC Tests

rest	Status	Time
COMP	Pass	9:22pm
CAL	Pass	9:22pm

Preventive Maintenance Status: Pass

Analyst

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

1	instrument Ser	rial No. <u>0088/50</u> <u>Askeboro</u> , N. C.
3	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.
W	certify that on ere performed ad Human Ser	theday of
CREAT C	AND SOLITOR OF THE SO	
	4000	Signature of Certifying Official Certificate Number

## RANDOLPH COUNTY DETENTION CENTER 750

Serial Number: 008860 Test Date: 10/28/2020

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

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

Analyst's Name: Galloway, Charles L Permit Number: 0023-9771 Effective: 09/28/2020-09/28/2022

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

Lot Number: AG902202 Exp Date: 01/22/2021

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	7:38pm 7:38pm 7:39pm 7:40pm 7:40pm
AIR BLK SUB TEST AIR BLK	.00	7:41pm 7:43pm 7:44pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## RANDOLPH COUNTY DETENTION CENTER 750

Serial Number: 008860 Test Record Number: 2892 Test Date: 10/28/2020 Test Time: 7:47pm EDT

System Check: Passed

#### Baseline Tests

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

### Temperature Tests

Test	Status	Time
FC1	Pass	7:48pm
SRC	Pass	7:48pm
DET	Pass	7:48pm
BAR	Pass	7:48pm
BT	Pass	7:48pm

#### Blank Tests

Test	Status	Time 7:48pm	
AIR	Pass		

#### Printer Tests

Test	Status	Time
PRNT	Pass	7:48pm

#### CRC Tests

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

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)

-	nstrument Ser	Zence	are, me,
T s	The preventive erial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II a 10,000 or higher) to be followed at least once every four months are:	and Model Intox EC/IR II (Enhanced with
	(1)	Verify the ethanol gas canister displays at least 51 pounds per squ breath simulator thermometer shows 34 degrees, plus or minus .2 of	are inch (psi) of pressure, or the alcoholic degree centigrade;
	(2)	Verify instrument displays time and date;	
	(3)	Initiate breath test sequence;	
	(4)	Enter information as prompted;	
-	(5)	Verify instrument accuracy;	
	(6)	When "PLEASE BLOW" appears, collect breath sample;	
	(7)	When "PLEASE BLOW" appears, collect breath sample;	
	(8)	Print test record;	
	(9)	Run diagnostic program and confirm preventive maintenance status	s of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before e simulator solution is being changed every four months or after whichever occurs first.	whitetian date on the state of the state of
W	certify that on ere performed d Human Ser	the	ing preventive maintenance procedures ations of the N.C. Department of Health
4	OF OTHER PROPERTY.		667
		Signature of Certifying Official	Certificate Number

## RANDOLPH COUNTY DETENTION CENTER 750

Serial Number: 008899 Test Date: 10/28/2020

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

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

Analyst's Name: Galloway, Charles L Permit Number: 0023-9771 Effective: 09/28/2020-09/28/2022

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

Lot Number: AG902202 Exp Date: 01/22/2021

Test	g/210L	Time
DIAG AIR BLK	Pass	7:36pm
ACCY CHK	.08	7:37pm 7:38pm
AIR BLK SUB TEST	.00	7:38pm 7:39pm
AIR BLK	.00	7:40pm
SUB TEST AIR BLK	.00	7:41pm 7:42pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



## RANDOLPH COUNTY DETENTION CENTER 750

Serial Number: 008899 Test Record Number: 3518
Test Date: 10/28/2020 Test Time: 7:44pm EDT

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

Status	Time
Pass	7:44pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	7:45pm

#### Printer Tests

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

Pass Pass	7:45pm 7:45pm
	-

Preventive Maintenance Status: Pass

Analyst

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

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

RICHMOND COUNTY MAGISTRATE'S OFFICE 760

Serial Number: 008701 Test Date: 10/13/2020

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

Analyst's Name: Galloway, Charles L Permit Number: 0023-9771 Effective: 09/28/2020-09/28/2022

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

Lot Number: AG934001 Exp Date: 12/06/2021

Test	g/210L	Time
DIAG AIR BLK	Pass	2:48pm
ACCY CHK	.00	2:48pm 2:49pm
AIR BLK	.00	2:50pm
SUB TEST	.00	2:51pm
AIR BLK	.00	2:52pm
SUB TEST	.00	2:53pm
AIR BLK	.00	2:54pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analysi

## RICHMOND COUNTY MAGISTRATE'S OFFICE 760

Serial Number: 008701 Test Record Number: 1228
Test Date: 10/13/2020 Test Time: 2:57pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:57pm
FLO	Pass	2:57pm
FC	Pass	2:57pm

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	2:58pm

#### Printer Tests

TEST	Status	Time
PRNT	Pass	2:58pm

#### CRC Tests

Test	Status	Time
COMP	Pass	2:58pm
CAL	Pass	2:58pm

Preventive Maintenance Status: Pass

Analyst

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

Instrument Ser	rial No. 008840	ROCKI	DG. MAGISTRATES O NGHAM, N.C.
The preventive serial number	e maintenance procedures for the In 10,000 or higher) to be followed at I	toximeters, Model Intox EC/IR II and least once every four months are:	I Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister breath simulator thermometer s	displays at least 51 pounds per square hows 34 degrees, plus or minus .2 deg	e inch (psi) of pressure, or the alcoholic gree centigrade;
(2)	Verify instrument displays time	and date;	
(3)	Initiate breath test sequence;		
(4)	Enter information as prompted;		
(5)	Verify instrument accuracy;		
(6)	When "PLEASE BLOW" appear	ars, collect breath sample;	
(7)	When "PLEASE BLOW" appear	ars, collect breath sample;	
(8)	Print test record;		
(9)	Run diagnostic program and con	nfirm preventive maintenance status o	of "Pass"; and
(10)	Verify that the ethanol gas ca	anister is being changed before exp	piration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,
I certify that on were performed and Human Ser		. In accordance with current regulation	g preventive maintenance procedures ons of the N.C. Department of Health
STATE OF THE PARTY	CANOUS		
SEIVIN AND		iture of Certifying Official	Certificate Number

RICHMOND COUNTY MAGISTRATE'S OFFICE 760

Serial Number: 008840 Test Date: 10/13/2020

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

Analyst's Name: Galloway, Charles L Permit Number: 0023-9771 Effective: 09/28/2020-09/28/2022

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

Lot Number: AG934001 Exp Date: 12/06/2021

g/210L	Time
Pass	2:56pm
	2:56pm
100000000000000000000000000000000000000	2:57pm
	2:58pm
10 10 CA 10 TO	2:59pm
10910 To F /	3:00pm
	3:02pm
.00	3:03pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## RICHMOND COUNTY MAGISTRATE'S OFFICE 760

Serial Number: 008840 Test Record Number: 2491 Test Date: 10/13/2020 Test Time: 3:04pm EDT

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1	Pass	3:04pm
SRC	Pass	3:04pm
DET	Pass	3:04pm
BAR	Pass	3:04pm
BT	Pass	3:04pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:05pm

#### Printer Tests

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

COMP	Pass	3:05pm
CAL	Pass	3:05pm

Preventive Maintenance Status: Pass

Analyst

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

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

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

Signature of Certifying Official

Certificate Number

ROBESON COUNTY BAT MOBILE UNIT 5 770
Serial Number: 008647

Test Date: 10 09 2020

Citation Number: Modococo-o

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11 11 1911

Subject's Sex: Male

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

Analyst's Name: Todd, Shane C

Permit Number: 0035-4789

Effective:

06 08 2020-06 08 2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG933703 Exp Date: 12/03/2021

Test	g/210L	Time
DIAG	Pass	8:30pm
AIR BLK	.00	8:31pm
ACCY CHE	.07	8:32pm
AIR BLF	- 0.0	8:33pm
SUB TEST	.00	8:33pm
AIR BLK	.00	8:34pm
SUB TEST	.00	8:36pm
AIR BLK	.00	8:37pm

Reported AC: .00 g/210L

agriature 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

ROBESON COUNTY BAT MOBILE UNIT 5 770
Serial Number: 008647 Test Record Number: 2565
Test Date: 10 09 2020 Test Time: 8:38pm EDT
System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	8:38pm
FLO	Pass	8:38pm
FC	Pass	8:38pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	8:39pm
SRC	Pass	8:39pm
DET	Pass	8:39pm
BAR	Pass	8:39pm
BT	Pass	8:39pm

#### Blank Tests

Test	Status	Time
AIR	Pass	8:39pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:39pm

#### CRC Tests

Test	Status	Time
COMP	Pass	8:39pm
CAL	Pass	8:39pm

Preventive Maintenance Status: Pass

Analyst

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

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

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

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

Signature of Certifying Official

Certificate Number

ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008826 Test Date: 10/03/2020

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

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

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

Analyst's Name: Todd, Shane C Permit Number: 0035-4789 Effective: 06/08/2020-06/08/2022

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

Lot Number: AG934303 Exp Date: 12/09/2021

g/210L	Time
Pass	7:06pm
.00	7:07pm
.08	7:08pm
.00	7:09pm
.00	7:09pm
.00	7:10pm
.00	7:12pm
.00	7:13pm
	Pass .00 .08 .00 .00

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008826 Test Record Number: 8249
Test Date: 10/03/2020 Test Time: 7:14pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	7:14pm 7:14pm
FC	Pass	7:14pm

#### Temperature Tests

Status	Time
Pass	7:14pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	7:15pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	7:15pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	7:15pm 7:15pm

Preventive Maintenance Status: Pass

Analyst

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the all breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;  (2) Verify instrument displays time and date;  (3) Initiate breath test sequence;  (4) Enter information as prompted;  (5) Verify instrument accuracy;  (6) When "PLEASE BLOW" appears, collect breath sample;  (7) When "PLEASE BLOW" appears, collect breath sample;  (8) Print test record;  (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and		The preventive main serial number 10,00
<ul> <li>(3) Initiate breath test sequence;</li> <li>(4) Enter information as prompted;</li> <li>(5) Verify instrument accuracy;</li> <li>(6) When "PLEASE BLOW" appears, collect breath sample;</li> <li>(7) When "PLEASE BLOW" appears, collect breath sample;</li> <li>(8) Print test record;</li> <li>(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and</li> </ul>	isplays at least 51 pounds per square inch (psi) of pressure, or the alcoholic ows 34 degrees, plus or minus .2 degree centigrade;	(1)
<ul> <li>(4) Enter information as prompted;</li> <li>(5) Verify instrument accuracy;</li> <li>(6) When "PLEASE BLOW" appears, collect breath sample;</li> <li>(7) When "PLEASE BLOW" appears, collect breath sample;</li> <li>(8) Print test record;</li> <li>(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and</li> </ul>	and date;	(2)
<ul> <li>(5) Verify instrument accuracy;</li> <li>(6) When "PLEASE BLOW" appears, collect breath sample;</li> <li>(7) When "PLEASE BLOW" appears, collect breath sample;</li> <li>(8) Print test record;</li> <li>(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and</li> </ul>		(3)
<ul> <li>(6) When "PLEASE BLOW" appears, collect breath sample;</li> <li>(7) When "PLEASE BLOW" appears, collect breath sample;</li> <li>(8) Print test record;</li> <li>(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and</li> </ul>		(4)
<ul> <li>(7) When "PLEASE BLOW" appears, collect breath sample;</li> <li>(8) Print test record;</li> <li>(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and</li> </ul>		(5)
<ul> <li>(8) Print test record;</li> <li>(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and</li> </ul>	rs, collect breath sample;	(6)
(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and	rs, collect breath sample;	(7)
		(8)
	nfirm preventive maintenance status of "Pass"; and	(9)
(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 Simulat whichever occurs first.	anister is being changed before expiration date, or the alcoholic breath anged every four months or after 125 Alcoholic Breath Simulator tests,	
I certify that on the	e, in accordance with current regulations of the N.C. Department of Health	were performed on

#### ROBESON COUNTY LUMBERTON PD 770

Serial Number: 008629 Test Date: 10/14/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: Keesler, Grayham C

Permit Number: 0045-5487

Effective:

11/04/2019-11/04/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG911506 Exp Date: 04/25/2021

Test	g/210L	Time
DIAG	Pass	9:17am
AIR BLK	.00	9:18am
ACCY CHK	.07	9:19am
AIR BLK	.00	9:20am
SUB TEST	.00	9:20am
AIR BLK	.00	9:21am
SUB TEST	.00	9:23am
AIR BLK	.00	9:24am

Reported AC: 00 g/210I

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

## ROBESON COUNTY LUMBERTON PD 770

Serial Number: 008629 Test Record Number: 924
Test Date: 10/14/2020 Test Time: 9:24am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	9:26am

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:26am
	CRC Tests	
Test	Status	Time
COMP	Pass	9;26am

Preventive Maintenance Status: Pass

Pass

CAL

9:26am

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	bessel Co. Instrument Location Robert Co. Defertion Center
Instrument Ser	al No. 008865 Lumberton, 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.
I certify that on were performed and Human Ser	theday 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.
SE SIVAN VIEW	654
	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)

ROBESON COUNTY DETENTION CENTER 770

Serial Number: 008805 Test Date: 10/14/2020

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

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

Analyst's Name: Keesler, Grayham C Permit Number: 0045-5487 Effective: 11/04/2019-11/04/2021

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

Lot Number: AG934001 Exp Date: 12/06/2021

Test	g/210L	Time
DIAG	Pass	10:12am
AIR BLK	.00	10:13am
ACCY CHK	.08	10:14am
AIR BLK	.00	10:15am
SUB TEST	.00	10:16am
AIR BLK	.00	10:16am
SUB TEST	.00	10:18am
AIR BLK	.00	10:19am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

# ROBESON COUNTY DETENTION CENTER 770

Serial Number: 008805 Test Record Number: 4626 Test Date: 10/14/2020

Test Time: 10:20am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO FC	Pass Pass Pass	10:20am 10:20am 10:20am
		To . Zouni

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time	

AIR Pass 10:21am

#### Printer Tests

Test	Status	Time
		11110

PRNT Pass 10:21am

#### CRC Tests

Test Status Time

COMP Pass 10:21am CAL Pass 10:21am

Preventive Maintenance Status: Pass

Analyst

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

Instrument Ser	rial No. 008836 Lumberton, NC
The preventive serial number 1	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced w 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholoreath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breasimulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes whichever occurs first.
THE STATE OF ANY 20, 1073	the
TO QUAM VIDEN	Signature of Certifying Official Certificate Number

ROBESON COUNTY DETENTION CENTER 770

Serial Number: 008836 Test Date: 10/14/2020

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

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

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

Analyst's Name: Keesler, Grayham C
Permit Number: 0045-5487
Effective:
11/04/2019-11/04/2021

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

Lot Number: AG934001 Exp Date: 12/06/2021

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

### ROBESON COUNTY DETENTION CENTER 770

Serial Number: 008836 Test Record Number: 5624 Test Date: 10/14/2020 Test Time: 10:16am EDT

System Check: Passed

#### Baseline Tests

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

#### 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	10:18am	

#### Printer Tests

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

Preventive Maintenance Status: Pass

CAL

10:18am

Pass 10:18am

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	ROWAN	Instrument Location	JAC	15BURY
Instrument Ser	rial No. 008835		CICE	DEPARTMENT
The preventive serial number	e maintenance procedures for 10,000 or higher) to be follow	the Intoximeters, Model Intox wed at least once every four mo	EC/IR II an nths are:	d Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas co	anister displays at least 51 pour meter shows 34 degrees, plus of	nds per squar r minus .2 de	re inch (psi) of pressure, or the alcoholic egree centigrade;
(2)	Verify instrument displa	ays time and date;		
(3)	Initiate breath test seque	ence;		
(4)	Enter information as pro	ompted;		
(5)	Verify instrument accur-	acy;		
(6)	When "PLEASE BLOW	V" appears, collect breath samp	le;	
(7)	When "PLEASE BLOW	V" appears, collect breath samp	le;	
(8)	Print test record;			
(9)	Run diagnostic program	and confirm preventive mainte	enance status	s of "Pass"; and
(10)	Verify that the ethano simulator solution is b whichever occurs first.	ol gas canister is being chang being changed every four mor	ged before eaths or after	expiration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests
were perform	ned on the instrument indicat Services, and the instrument is	ed above, in accordance with	the forgo current regul	oing preventive maintenance procedures lations of the N.C. Department of Health
A PARK OF THE CONTROL	CAROL	Signature of Certifying Off	ficial	G69 Certificate Number

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008835 Test Date: 10/27/2020

Citation Number: M000000-0 Subject's Name:

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

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

08/04/2020-08/04/2022

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

Test Type: Breath Test

Lot Number: AG933703 Exp Date: 12/03/2021

Test	g/210L	Time
DIAG	Pass	1:03pm
AIR BLK	.00	1:04pm
ACCY CHK	.08	1:05pm
AIR BLK	.00	1:06pm
SUB TEST	.00	1:07pm
AIR BLK	.00	1:08pm
SUB TEST	.00	1:09pm
AIR BLK	.00	1:10pm

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

#### ROWAN COUNTY SALISBURY PD 790

Serial Number: 008835 Test Record Number: 2654
Test Date: 10/27/2020 Test Time: 1:14pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:14pm
SRC	Pass	1:14pm
DET	Pass	1:14pm
BAR	Pass	1:14pm
BT	Pass	1:14pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:15pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:15pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:15pm
CAL	Pass	1:15pm

Preventive Maintenance Status: Pass

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

Department of Health and Human Services Rev. 12/2007

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

County	LOWAN	Instrument Location_		4 GROVE
Instrument Ser	ial No. 00886Z		POLICE	DEPARTMENT
The preventive serial number	maintenance procedures for 0,000 or higher) to be follow	the Intoximeters, Model In	tox EC/IR II and M	Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas ca breath simulator thermon	nister displays at least 51 p neter shows 34 degrees, plu	ounds per square in s or minus .2 degre	nch (psi) of pressure, or the alcoholice centigrade;
(2)	Verify instrument display	s time and date;		
(3)	Initiate breath test sequen	ce;		
(4)	Enter information as pron	npted;		
(5)	Verify instrument accuracy	y;		
(6)	When "PLEASE BLOW"	appears, collect breath san	nple;	
(7)	When "PLEASE BLOW"	appears, collect breath san	nple;	
(8)	Print test record;			
(9)	Run diagnostic program a	nd confirm preventive main	ntenance status of	"Pass"; and
(10)	Verify that the ethanol simulator solution is being whichever occurs first.	gas canister is being chan ng changed every four m	nged before expir onths or after 125	ation date, or the alcoholic breath 5 Alcoholic Breath Simulator tests,
were performed	the day of on the instrument indicated vices, and the instrument is fu	above, in accordance with	the forgoing current regulation	preventive maintenance procedures is of the N.C. Department of Health
7333	74	Signature of Certifying Of	ficial	Certificate Number

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

DHHS 4080 (04/20)

ROWAN COUNTY CHINA GROVE PD 790

Serial Number: 008862 Test Date: 10/28/2020

Citation Number: M0000000-0
Subject'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 Jr., Leo A
Permit Number: 0035-3799
Effective:
08/04/2020-08/04/2022

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

Lot Number: AG821401 Exp Date: 07/22/2021

Test	g/210L	Time
DIAG	Pass	9:06am
AIR BLK	.00	9:07am
ACCY CHK	.08	9:08am
AIR BLK	.00	9:09am
SUB TEST	.00	9:10am
AIR BLK	.00	9:11am
SUB TEST	.00	9:12am
AIR BLK	.00	9:13am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

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Rev. 12/2007

#### ROWAN COUNTY CHINA GROVE PD 790

Serial Number: 008862 Test Record Number: 914
Test Date: 10/28/2020 Test Time: 9:14am EDT

System Check: Passed

#### Baseline Tests

Status	Time
Pass	9:15am
Pass	9:15am
Pass	9:15am
	Pass Pass

#### Temperature Tests

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

#### Blank Tests

AIR	Pass	9:15am

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:15am
	CRC Tests	
Test	Status	Time

COMP Pass 9:16am Pass 9:16am

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	ROCUAN	Instrument Location	SALIS	BURY
Instrument Ser	ial No. <u>008868</u>		POLICE	DEPARTMENT
The preventive serial number	maintenance procedures for th 10,000 or higher) to be followed	e Intoximeters, Model Intox I d at least once every four mon	EC/IR II and Model ths are:	Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas cani breath simulator thermome	ster displays at least 51 pound ter shows 34 degrees, plus or	ls per square inch (p minus .2 degree cen	osi) of pressure, or the alcoholic tigrade;
(2)	Verify instrument displays	time and date;		
(3)	Initiate breath test sequence	e;		
(4)	Enter information as promp	oted;		
(5)	Verify instrument accuracy	ï		
(6)	When "PLEASE BLOW" a	appears, collect breath sample;		
(7)	When "PLEASE BLOW" a	appears, collect breath sample;		
(8)	Print test record;			
(9)	Run diagnostic program an	d confirm preventive maintena	ance status of "Pass	"; and
(10)	Verify that the ethanol go simulator solution is being whichever occurs first.	as canister is being changed g changed every four month	before expiration s or after 125 Alc	date, or the alcoholic breath oholic Breath Simulator tests,
were performed	the 27 day of 007 day of 100 the instrument indicated a vices, and the instrument is fun	bove, in accordance with curr	the forgoing preve rent regulations of t	ntive maintenance procedures the N.C. Department of Health
THE CHANGE OF TH	CAROL	00 10	2	669
		Signature of Certifying Officia	il	Certificate Number

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008868 Test Date: 10/27/2020

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject'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 Jr., Leo A

Permit Number: 0035-3799

Effective:

08/04/2020-08/04/2022

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

Lot Number: AG933703 Exp Date: 12/03/2021

Test	g/210L	Time
DIAG	Pass	1:04pm
AIR BLK	.00	1:05pm
ACCY CHK	.08	1:06pm
AIR BLK	.00	1:07pm
SUB TEST	.00	1:07pm
AIR BLK	.00	1:08pm
SUB TEST	.00	1:10pm
AIR BLK	.00	1:11pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst S

#### ROWAN COUNTY SALISBURY PD 790

Serial Number: 008868 Test Record Number: 3138 Test Date: 10/27/2020 Test Time: 1:14pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:14pm
SRC	Pass	1:14pm
DET	Pass	1:14pm
BAR	Pass	1:14pm
BT	Pass	1:14pm

#### Blank Tests

Test	Status	Time	
AIR	Pass	1:15pm	

#### Printer Tests

Test Status Time

	000000	
PRNT	Pass	1:15pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:15pm
CAL	Pass	1:15pm

Preventive Maintenance Status: Pass

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

Department of Health and Human Services Rev. 12/2007

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

	Instrument Ser	rial No. 008825 Detention Center
	The preventive serial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced w. 10,000 or higher) to be followed at least once every four months are:
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the 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;
4	(5)	Verify instrument accuracy;
	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.
1	certify that on were performed and Human Ser	the
100	STATE	See Control of the Co
	GUAM VIDER	12 del 11 14 de 670

#### SAMPSON COUNTY DETENTION CENTER 810

Serial Number: 008825 Test Date: 10/19/2020

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

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

Analyst's Name: Ryan, Robert F
Permit Number: 0084-5023
Effective:
07/31/2020-07/31/2022

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

Lot Number: AG007601 Exp Date: 03/16/2022

Test	g/210L	Time
DIAG	Pass	2:16pm
AIR BLK	.00	2:17pm
ACCY CHK	.08	2:17pm
AIR BLK	.00	2:18pm
SUB TEST	.00	2:19pm
AIR BLK	.00	2:20pm
SUB TEST	.00	2:22pm
AIR BLK	.00	2:23pm

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

#### SAMPSON COUNTY DETENTION CENTER 810

Serial Number: 008825 Test Record Number: 3042
Test Date: 10/19/2020 Test Time: 2:26pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:26pm
FLO	Pass	2:26pm
FC	Pass	2:26pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:26pm
SRC	Pass	2:26pm
DET	Pass	2:26pm
BAR	Pass	2:26pm
BT	Pass	2:26pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:27pm

#### Printer Tests

Status Time

2:27pm

Test

CAL

PRNT	Pass	2:27pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:27pm

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_Sc	mpson Instrument Location Sampson County
	Instrument Ser	al No. 008877 Detention Center
	The preventive serial number	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced wit 0,000 or higher) to be followed at least once every four months are:
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the 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.
W	certify that on vere performed nd Human Serv	he day of day of the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health instrument is functioning properly.
CREAT	STATE ON THE STATE OF THE STATE	
	Times of the same	Signature of Certifying Official Certificate Number
		Certificate Number

SAMPSON COUNTY DETENTION CENTER 810

Serial Number: 008877 Test Date: 10/19/2020

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

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

Analyst's Name: Ryan, Robert F
Permit Number: 0084-5023
Effective:
07/31/2020-07/31/2022

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

Lot Number: AG007601 Exp Date: 03/16/2022

Test	g/210L	Time
DIAG	Pass	2:19pm
AIR BLK	.00	2:19pm
ACCY CHK	.08	2:20pm
AIR BLK	.00	2:21pm
SUB TEST	.00	2:21pm
AIR BLK	.00	2:22pm
SUB TEST	.00	2:24pm
AIR BLK	.00	2:25pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# SAMPSON COUNTY DETENTION CENTER 810

Serial Number: 008877 Test Record Number: 3277
Test Date: 10/19/2020 Test Time: 2:26pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:26pm
FLO	Pass	2:26pm
FC	Pass	2:26pm

#### Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	2:26pm
DET	Pass	2:26pm 2:26pm
BAR BT	Pass Pass	2:26pm 2:26pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:27pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:27pm
	CRC Tests	
Test	C+ >+	m !

Test	Status	Time
COMP	Pass	2:27pm
CAL	Pass	2:27pm

Preventive Maintenance

Status: Pass

Analyst

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

County	at land Co. Instrument Location LAUR	emburg Palice Dept.
Instrument Ser	rial No	upenburg , HC
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:	I and Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per so breath simulator thermometer shows 34 degrees, plus or minus 2	quare inch (psi) of pressure, or the alcoholic 2 degree centigrade;
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance sta	tus of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before simulator solution is being changed every four months or aft whichever occurs first.	e expiration date, or the alcoholic breath ter 125 Alcoholic Breath Simulator tests,
I certify that or were performe and Human Ser	the day of, 20 the forgot on the instrument indicated above, in accordance with current regretices, and the instrument is functioning properly.	going preventive maintenance procedures ulations of the N.C. Department of Health
N. STATE OF THE ST	CAROLL	184
	Signature of Certifying Official	Certificate Number

#### SCOTLAND COUNTY LAURINBURG PD 820

Serial Number: 008834 Test Date: 10/22/2020

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Keesler, Grayham C

Permit Number: 0045-5487

Effective:

10/08/2020-10/08/2022

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

Test Type: Breath Test

Lot Number: AG934001 Exp Date: 12/06/2021

Test	g/210L	Time
DIAG	Pass	12:30pm
AIR BLK	.00	12:30pm
ACCY CHK	.08	12:31pm
AIR BLK	.00	12:32pm
SUB TEST	.00	12:33pm
AIR BLK	.00	12:33pm
SUB TEST	.00	12:35pm
AIR BLK	.00	12:36pm

Reported AC: ,00

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

#### SCOTLAND COUNTY LAURINBURG PD 820

Serial Number: 008834 Test Record Number: 975 Test Date: 10/22/2020 Test Time: 12:37pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	12:38pm

#### Printer Tests

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

COMP Pass 12:38pm CAL Pass 12:38pm

Preventive Maintenance Status: Pass

Analyst

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

County	Instrument Location Scotland C Sheath Cotton
Instrument Ser	ial No. OCREEL LAURINDURG 11C
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 day of, 20 the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
THE STATE OF THE S	
	Signature of Certifying Official Certificate Number

SCOTLAND COUNTY SHERIFF'S OFFICE 820

Serial Number: 008861 Test Date: 10/22/2020

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

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

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

Analyst's Name: Keesler, Grayham C
Permit Number: 0045-5487
Effective:
10/08/2020-10/08/2022

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

Lot Number: AG007601 Exp Date: 03/16/2022

Test	g/210L	Time
DIAG	Pass	1:29pm
AIR BLK	.00	1:30pm
ACCY CHK	.08	1:30pm
AIR BLK	.00	1:31pm
SUB TEST	.00	1:32pm
AIR BLK	.00	1:33pm
SUB TEST	.00	1:34pm
AIR BLK	.00	1:35pm

Reported AC: 400 g/2

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

#### SCOTLAND COUNTY SHERIFF'S OFFICE 820

Serial Number: 008861 Test Record Number: 1673
Test Date: 10/22/2020 Test Time: 1:36pm EDT

System Check: Passed

#### Baseline Tests

Status	Time
Pass	1:36pm
Pass	1:36pm
Pass	1:37pm
	Pass Pass

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:37pm
SRC	Pass	1:37pm
DET	Pass	1:37pm
BAR	Pass	1:37pm
BT	Pass	1:37pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:37pm

#### Printer Tests

Test	Status	Time	
PRNT	Pass	1.37pm	

#### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County	tanly Instrument Location Stanly Cnty 50	
Instrument S	erial No. 008824 126 5. 3rd Street, Albemarle	
The prevent four months	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once ever are:	егу
I.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer s 34 degrees, plus or minus .2 degree centigrade;	hov
2.	Verify instrument displays time and date;	
3,	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; 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 te whichever occurs first.	h sts,
I certify that procedures v Department	on the 9th day of 0ctober, 2000, the foregoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.	ce
THE STATE OF THE S	A CAROLLA CARO	

STANLY COUNTY STANLY COUNTY SO 830

Serial Number: 008824 Test Date: 10/09/2020

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

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

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

Analyst's Name: Hutchinson, Joseph E
Permit Number: 0035-6075
Effective:
07/09/2019-07/09/2021

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

Lot Number: AG007601 Exp Date: 03/16/2022

Test	g/210L	Time
DIAG AIR BLK	Pass	11:14am
ACCY CHK	.00	11:15am 11:15am
AIR BLK	.00	11:16am
SUB TEST AIR BLK	.00	11:17am 11:18am
SUB TEST	.00	11:20am
AIR BLK	.00	11:21am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### STANLY COUNTY STANLY COUNTY SO 830

Serial Number: 008824 Test Record Number: 1648 

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:23am
FLO	Pass	11:23am
FC	Pass	11:23am

#### Temperature Tests

Time
11:23am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:23am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:23am
	CRC Tests	
Test	Status	Time
COMP	Pass	11.24am

Pass 11:24am

11:24am

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

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

County	STOKES		Instrument Location_	KING	POLICE	
Instrument	Serial No. 008	718	-	DEPAR	TMEXT	
The prever	ntive maintenance pr ber 10,000 or higher	ocedures for the	ne Intoximeters, Model In d at least once every four	tox EC/IR II and I months are:	Model Intox EC/IR	. II (Enhanced with
(1)	Verify the e breath simu	thanol gas can lator thermome	ister displays at least 51 peter shows 34 degrees, plu	oounds per square is or minus .2 degr	nch (psi) of pressu ee centigrade;	ire, or the alcoholic
(2)	Verify instr	ument displays	time and date;			
(3)	) Initiate brea	th test sequence	e;			
(4)	) Enter inform	nation as prom	pted;			
(5)	) Verify instr	ument accurac	y;			
(6	) When "PLF	ASE BLOW"	appears, collect breath sa	mple;		
(7	) When "PLI	EASE BLOW"	appears, collect breath sa	ample;		
(8	) Print test re	cord;				
(9			nd confirm preventive ma			
(1	simulator s	the ethanol colution is bei	gas canister is being changed every four	nanged before exp months or after 1	iration date, or the 25 Alcoholic Brea	ne alcoholic breath ath Simulator tests,
were perf and Huma	formed on the instru an Services, and the	ment indicated	above, in accordance with the control of the contro	20 the forgoing th current regulation	g preventive main ons of the N.C. D	itenance procedures epartment of Health
COREAT CO	CAROLLIN		Minall			669
The same of the sa	_	CXA	Signature of Certifying	Official	Certifi	cate Number

STOKES COUNTY KING P D 840

Serial Number: 008718 Test Date: 10/28/2020

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

Subject'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 Jr., Leo A
Permit Number: 0035-3799
Effective:
08/04/2020-08/04/2022

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

Lot Number: AG007601 Exp Date: 03/16/2022

Test	g/210L	Time
DIAG	Pass	2:04pm
AIR BLK	.00	2:05pm
ACCY CHK	.08	2:06pm
AIR BLK	.00	2:07pm
SUB TEST	.00	2:09pm
AIR BLK	.00	2:09pm
SUB TEST	.00	2:11pm
AIR BLK	.00	2:12pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Anatyst S

#### STOKES COUNTY KING P D 840

Serial Number: 008718 Test Record Number: 2061 Test Date: 10/28/2020 Test Time: 2:13pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:14pm
SRC	Pass	2:14pm
DET	Pass	2:14pm
BAR	Pass	2:14pm
BT	Pass	2:14pm

#### Blank Tests

Status	Time
Pass	2:14pm

#### Printer Tests

lest	blacus	TIME
PRNT	Pass	2:14pm

Status Time

#### CRC Tests

Test	Status	Time
COMP	Pass	2:15pm
CAL	Pass	2:15pm

Preventive Maintenance Status: Pass

Analyst S

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

County	SURRY	Instrument Location_	SURRY COUNTY	JAIL
Instrument Se	rial No. 008934		DOBSON, N	C
The preventiv	e maintenance procedures 10,000 or higher) to be for	for the Intoximeters, Model Inflowed at least once every four	tox EC/IR II and Model Intox months are:	EC/IR II (Enhanced with
(1)	Verify the ethanol ga breath simulator there	s canister displays at least 51 p mometer shows 34 degrees, plu	ounds per square inch (psi) of s or minus .2 degree centigrade	pressure, or the alcoholic
(2)	Verify instrument dis	plays time and date;		
(3)	Initiate breath test sec	quence;		
(4)	Enter information as	prompted;		
(5)	Verify instrument acc	curacy;		
(6)	When "PLEASE BLO	DW" appears, collect breath san	nple;	
(7)	When "PLEASE BLO	OW" appears, collect breath san	nple;	
(8)	Print test record;			
(9)	Run diagnostic progra	am and confirm preventive main	ntenance status of "Pass"; and	
(10)	Verify that the ethan simulator solution is whichever occurs firs	nol gas canister is being chan being changed every four m t.	nged before expiration date, onths or after 125 Alcoholic	or the alcoholic breath Breath Simulator tests,
I certify that of were performed and Human Se	n the day of ed on the instrument indicatorices, and the instrument	ated above, in accordance with is functioning properly.	the forgoing preventive current regulations of the N.	maintenance procedures C. Department of Health
THE COMM VIEW		Signature of Certifying Or	fficial Ce	669 ertificate Number

SURRY COUNTY SURRY CO JAIL 850

Serial Number: 008934 Test Date: 10/06/2020

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject'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 Jr., Leo A

Permit Number: 0035-3799

Effective:

08/04/2020-08/04/2022

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

Agency: DHHS

Test Type: Breath Test

Lot Number: AG007601 Exp Date: 03/16/2022

Test	g/210L	Time
DIAG	Pass	6:19pm
AIR BLK	.00	6:20pm
ACCY CHK	.07	6:20pm
AIR BLK	.00	6:21pm
SUB TEST	.00	6:22pm
AIR BLK	.00	6:23pm
SUB TEST	.00	6:25pm
AIR BLK	.00	6:26pm

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

## SURRY COUNTY SURRY CO JAIL 850

Serial Number: 008934 Test Record Number: 2149
Test Date: 10/06/2020 Test Time: 6:27pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	6:27pm
FLO	Pass	6:27pm
FC	Pass	6:27pm

## Temperature Tests

Test	Status	Time
FC1	Pass	6:27pm
SRC	Pass	6:27pm
DET	Pass	6:27pm
BAR	Pass	6:27pm
BT	Pass	6:27pm

## Blank Tests

Test	Status	Time	
AIR	Pass	6:28pm	

## Printer Tests

Test	Status	Time
PRNT	Pass	6:28pm

## CRC Tests

Test	Status	Time
COMP	Pass	6:28pm
CAL	Pass	6:28pm

Preventive Maintenance Status: Pass

Analyst S

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

County	SURRY	_ Instrument Location	PILOT	MOUNTAIN
Instrument Seri	al No. 008938		POLICE	DEPARTMENT
	maintenance procedures for t 0,000 or higher) to be followed			d Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas car breath simulator thermom			re inch (psi) of pressure, or the alcoholic gree centigrade;
(2)	Verify instrument displays	s time and date;		
(3)	Initiate breath test sequence	ce;		
(4)	Enter information as pron	apted;		
(5)	Verify instrument accurac	y;		
(6)	When "PLEASE BLOW" appears, collect breath sample;			
(7)	When "PLEASE BLOW"	appears, collect breath s	ample;	
(8)	Print test record;			
(9)	Run diagnostic program a	and confirm preventive m	aintenance status	of "Pass"; and
(10)				xpiration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,
		above, in accordance w		ng preventive maintenance procedures ations of the N.C. Department of Health
	CAROLINA			
A COS CHAM VIDES	1	1 Dennuall	0	669

SURRY COUNTY PILOT MOUNTAIN PD 850

Serial Number: 008938 Test Date: 10/05/2020

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE Subject'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 Jr., Leo A
Permit Number: 0035-3799
Effective:
08/04/2020-08/04/2022

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

Lot Number: AG919901 Exp Date: 07/18/2021

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Test	g/210L	Time
DIAG	Pass	6:07pm
AIR BLK	.00	6:08pm
ACCY CHK	.08	6:09pm
AIR BLK	.00	6:10pm
SUB TEST	.00	6:12pm
AIR BLK	.00	6:13pm
SUB TEST	.00	6:14pm
AIR BLK	.00	6:15pm

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

## SURRY COUNTY PILOT MOUNTAIN PD 850

Serial Number: 008938 Test Record Number: 691 Test Date: 10/05/2020

Test Time: 6:16pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	6:16pm
FLO	Pass	6:16pm
FC	Pass	6:16pm

## Temperature Tests

Test	Status	Time
FC1	Pass	6:17pm
SRC	Pass	6:17pm
DET	Pass	6:17pm
BAR	Pass	6:17pm
BT	Pass	6:17pm

## Blank Tests

Test	Status	Time
AIR	Pass	6:17pm

## Printer Tests

Test	Status	Time
PRNT	Pass	6:17pm
	CRC Tests	
Test	Status	Time
COMP	Pass	6:17pm
CAL	Pass	6:17pm

Preventive Maintenance Status: Pass

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

County	SURRY	Instrument Location_	MOUNT	T AIRY
Instrument Se	erial No. 008443		POLICE	DEPARTMENT
The preventive serial number	ve maintenance procedures for r 10,000 or higher) to be follow	the Intoximeters, Model Ir	ntox EC/IR II and M months are:	lodel Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas cobreath simulator thermo	anister displays at least 51 pmeter shows 34 degrees, ph	oounds per square in us or minus ,2 degre	ach (psi) of pressure, or the alcoholic e centigrade;
(2)	Verify instrument displa	ys time and date;		
(3)	Initiate breath test seque	ence;		
(4)	Enter information as pro	ompted;		
(5)	Verify instrument accur	acy;		
(6)	When "PLEASE BLOW	" appears, collect breath sa	mple;	
(7)	When "PLEASE BLOW	" appears, 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 ethano simulator solution is b whichever occurs first.	l gas canister is being ch eing changed every four i	anged before expir months or after 12:	ration date, or the alcoholic breatl 5 Alcoholic Breath Simulator tests
I certify that were perform and Human	on the day of ned on the instrument indicate Services, and the instrument is	ed above, in accordance wi	the forgoing th current regulation	preventive maintenance procedure ns of the N.C. Department of Healt
WE STATE	Sold Control of the C			
HAT STAND OF THE S		+ Clanell-	2	669
450000		Signature of Certifying	Official	Certificate Number

## SURRY COUNTY MOUNT AIRY PD 850

Serial Number: 008943 Test Record Number: 2229
Test Date: 10/06/2020 Test Time: 7:22pm EDT

System Check: Passed

#### Baseline Tests

Status	Time
Pass	7:22pm
Pass	7:22pm
Pass	7:22pm
	Pass Pass

## Temperature Tests

Test	Status	Time
FC1	Pass	7:22pm
SRC	Pass	7:22pm
DET	Pass	7:22pm
BAR	Pass	7:22pm
BT	Pass	7:22pm

#### Blank Tests

Test	Status	Time
AIR	Pass	7:23pm
P	rinter Tes	sts

Test	Status	Time
TCDC	Deacas	TAINC

PRNT Pass 7:23pm

#### CRC Tests

Test	Status	Time
COMP	Pass	7:23pm
CAL	Pass	7:23pm

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

SURRY COUNTY MOUNT AIRY PD 850

Serial Number: 008943 Test Date: 10/06/2020

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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 Jr., Leo A

Permit Number: 0035-3799

Effective:

08/04/2020-08/04/2022

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

Test Type: Breath Test

Lot Number: AG007601 Exp Date: 03/16/2022

Test	g/210L	Time
DIAG	Pass	7:14pm
AIR BLK	.00	7:15pm
ACCY CHK	.08	7:15pm
AIR BLK	.00	7:16pm
SUB TEST	.00	7:17pm
AIR BLK	.00	7:17pm
SUB TEST	.00	7:19pm
AIR BLK	.00	7:20pm

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

# 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 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 brea simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes whichever occurs first.
were p		theday of, 20

SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008727 Test Date: 10/05/2020

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
07/12/2019-07/12/2021

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

Lot Number: AG911506 Exp Date: 04/25/2021

Test	g/210L	Time
DIAG	Pass	1:27pm
AIR BLK	.00	1:28pm
ACCY CHK	.07	1:28pm
AIR BLK	.00	1:29pm
SUB TEST	.00	1:30pm
AIR BLK	.00	1:31pm
SUB TEST	.00	1:32pm
AIR BLK	.00	1:33pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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## SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008727 Test Record Number: 1383 Test Date: 10/05/2020 Test Time: 1:34pm EDT

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

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

#### Blank Tests

Status	Time
Pass	1:35pm
	3211120023000

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:35pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:35pm

Preventive Maintenance Status: Pass

Pass

1:35pm

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)

TI se	ne preventive rial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	(2)	Verify instrument displays time and date;
	(3)	Initiate breath test sequence;
	(4)	Enter information as prompted;
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.
we	ertify that on re performed I Human Serv	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.
	WHILL THE STATE OF	121

## SWAIN COUNTY CHEROKEE DETENTION 860

Serial Number: 008808 Test Date: 10/06/2020

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject'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: 09/17/2020-09/17/2022

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

Agency: DHHS
Test Type: Breath Test

Lot Number: AG920301 Exp Date: 07/22/2021

Test	g/210L	Time
DIAG	Pass	2:52pm
AIR BLK	.00	2:53pm
ACCY CHK	.08	2:54pm
AIR BLK	.00	2:55pm
SUB TEST	.00	2:55pm
AIR BLK	.00	2:56pm
SUB TEST	.00	2:57pm
AIR BLK	.00	2:58pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### SWAIN COUNTY CHEROKEE DETENTION 860

Serial Number: 008808 Test Record Number: 1464
Test Date: 10/06/2020 Test Time: 3:00pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:00pm
FLO	Pass	3:00pm
FC	Pass	3:00pm

## Temperature Tests

Test	Status	Time
FC1	Pass	3:00pm
SRC	Pass	3:00pm
DET	Pass	3:00pm
BAR	Pass	3:00pm
BT	Pass	3:00pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:01pm

## Printer Tests

Test	Status	Time
PRNT	Pass	3:01pm
	CRC Tests	

Test	Status	Time
COMP	Pass	3:01pm
CAL	Pass	3:01pm

Preventive Maintenance Status: Pass

Analyst

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

	Instrument Ser	tial No. 00 \$609 Brevare	I, NC
		e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model 10,000 or higher) to be followed at least once every four months are:	Intox EC/IR II (Enhanced with
	(1).	Verify the ethanol gas canister displays at least 51 pounds per square inch (per 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	(6)	When "PLEASE BLOW" appears, collect breath sample;	
	(7)	When "PLEASE BLOW" appears, collect breath sample;	
	. (8)	Print test record;	
	(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 Ald whichever occurs first.	date, or the alcoholic breath coholic Breath Simulator tests,
		n the 13 day of October, 2020 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
	QUAN VOO	( DX	668

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

DHHS 4080 (04/20)

TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

> Serial Number: 008609 Test Date: 10/13/2020

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

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

Analyst's Name: Loftis, Benjamin C
Permit Number: 0024-4987
Effective:
09/17/2020-09/17/2022

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

Lot Number: AG920301 Exp Date: 07/22/2021

Test	g/210L	Time
DIAG	Pass	11:29am
AIR BLK	.00	11:30am
ACCY CHK	.08	11:31am
AIR BLK	.00	11:32am
SUB TEST	.00	11:32am
AIR BLK	.00	11:33am
SUB TEST	.00	11:35am
AIR BLK	.00	11:36am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

Serial Number: 008609 Test Record Number: 926 Test Date: 10/13/2020 Test Time: 11:38am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:38am
FLO	Pass	11:38am
FC	Pass	11:39am

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:39am

#### Printer Tests

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

Preventive Maintenance Status: Pass

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

Analyst

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

Ins	trument Seri	al No. 008820		Transylvania Biovana	1.00
			÷-		
Th	e preventive ial number 1	maintenance procedures for th 0,000 or higher) to be followed	ue Intoximeters, Model In d at least once every four	tox EC/IR II and Model In	tox EC/IR II (Enhanced with
	(1)	Verify the ethanol gas cani breath simulator thermome	ister displays at least 51 p eter shows 34 degrees, plu	ounds per square inch (psi s or minus 2 degree centig	) of pressure, or the alcoholic grade;
	(2)	Verify instrument displays	time and date;		
	(3)	Initiate breath test sequence	e;		
	(4)	Enter information as promp	pted;		
į.	(5)	Verify instrument accuracy	13.		
	(6)	When "PLEASE BLOW" a	appears, collect breath san	nple;	
	(7)	When "PLEASE BLOW" a	appears, collect breath san	mple;	
	(8)	Print test record;			
	(9)	Run diagnostic program an	d confirm preventive mai	ntenance status of "Pass";	and
	(10)	Verify that the ethanol gasimulator solution is being whichever occurs first.	as canister is being cha g changed every four m	nged before expiration donths or after 125 Alcoh	ate, or the alcoholic breath olic Breath Simulator tests,
wei	e performed	the <u>73</u> day of <u>Octor</u> on the instrument indicated a vices, and the instrument is fun	bove, in accordance with	the forgoing prevents current regulations of the	
			Signature of Certifying O	fficial	Certificate Number

TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

> Serial Number: 008820 Test Date: 10/23/2020

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE Subject'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: 09/17/2020-09/17/2022

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

> > Lot Number: AG920301 Exp Date: 07/22/2021

Test	g/210L	Time
DIAG	Pass	12:24pm
AIR BLK	.00	12:25pm
ACCY CHK	.07	12:26pm
AIR BLK	.00	12:26pm
SUB TEST	.00	12:27pm
AIR BLK	-00	12:28pm
SUB TEST	.00	12:29pm
AIR BLK	.00	12:30pm

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

## TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

Serial Number: 008820 Test Record Number: 1324
Test Date: 10/23/2020 Test Time: 12:31pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	12:31pm
FLO	Pass	12:31pm
FC	Pass	12:31pm

## Temperature Tests

Test	Status	Time
FC1	Pass	12:31pm
SRC	Pass	12:31pm
DET	Pass	12:31pm
BAR	Pass	12:31pm
BT	Pass	12:31pm

## Blank Tests

Test	Status	Time
AIR	Pass	12:32pm

#### Printer Tests

Status	Time
Pass	12:32pm
CRC Tests	
Status	Time
Pass Pass	12:33pm 12:33pm
	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)

CountyInstrument Ser	Instrument Location
msuument ser	all 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.
I certify that on were performed and Human Ser	the day of, 20 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
O WE STATE OF	CAROLLE CAROLL
TOP QUAM VIDEN	Times Keep 647
	Signature of Certifying Official Certificate Number

TYRRELL COUNTY SHERIFF'S OFFICE 880

Serial Number: 008902 Test Date: 10/07/2020

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

Analyst's Name: Keesler, Linda A
Permit Number: 0045-5468
Effective:
09/16/2020-09/16/2022

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

Lot Number: AG919901 Exp Date: 07/18/2021

Test	g/210L	Time
DIAG	Pass	10:46am
AIR BLK	.00	10:46am
ACCY CHK	.08	10:47am
AIR BLK	.00	10:48am
SUB TEST	.00	10:49am
AIR BLK	.00	10:50am
SUB TEST	.00	10:52am
AIR BLK	.00	10:53am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

FINEN. Leest

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: 931 Test Date: 10/07/2020 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	10:55am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:55am 10:55am

Preventive Maintenance Status: Pass

Find A Keesl

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

C	County 6/4	he	Instrument Loca	ution Walls 6	Delasto	n an
I	nstrument Seri	al No. <u>2081 77</u>		3301 HAMM	ND P	Robert JC
T s	The preventive erial number 1	maintenance procedures for the thickness of the contract of th	ne Intoximeters, Mo d at least once ever	del Intox EC/IR II and I	Model Intox E	C/IR II (Enhanced with
	(1)	Verify the ethanol gas can breath simulator thermome	ister displays at lease eter shows 34 degre	st 51 pounds per square es, plus or minus .2 degr	inch (psi) of p	ressure, or the alcoholic
	(2)	Verify instrument displays	time and date;			
	(3)	Initiate breath test sequence	e;			
	(4)	Enter information as prom	pted;			
Y	(5)	Verify instrument accuracy	y;			
	(6)	When "PLEASE BLOW"	appears, collect bre	ath sample;		
	(7)	When "PLEASE BLOW"	appears, collect bre	ath sample;		
	(8)	Print test record;				
	(9)	Run diagnostic program an	nd confirm preventi	ve maintenance status of	"Pass"; and	
	(10)	Verify that the ethanol g simulator solution is bein whichever occurs first.	as canister is being changed every f	g changed before expi our months or after 12	ration date, o	or the alcoholic breath Breath Simulator tests,
V	vere performed	the day of I on the instrument indicated a vices, and the instrument is fur	above, in accordance netioning properly.	e with current regulation	ons of the N.C	442
			Signature of Certify	ing Official	Cer	tificate Number

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008577 Test Date: 10/23/2020

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
09/01/2020-09/01/2022

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

Lot Number: AG018202 Exp Date: 06/30/2022

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	1:07pm
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

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

Analyst

## WAKE COUNTY DETENTION CENTER 910

Serial Number: 008577 Test Record Number: 5167
Test Date: 10/23/2020 Test Time: 1:16pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	1:16pm
FLO	Pass	1:16pm
FC	Pass	1:16pm

## Temperature Tests

Test	Status	Time
FC1	Pass	1:17pm
SRC	Pass	1:17pm
DET	Pass	1:17pm
BAR	Pass	1:17pm
BT	Pass	1:17pm

## Blank Tests

Test	Status	Time	
AIR	Pass	1:17pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:17pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:17pm
CAL	Pass	1:17pm

Preventive Maintenance Status: Pass

Analyst

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

	County W	Instrument LocationPD		
1	nstrument Ser	rial No. 008587 120 1/1/4	Was An	Cory
Т	The preventive	re maintenance procedures for the Intoximeters, Model Intox EC/IR II and M	Andal Intov ECAR II A	
S	erial number	10,000 or higher) to be followed at least once every four months are:	roder max EC/IK II (E)	nnanced 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 degrees.	ich (psi) of pressure, or e centigrade;	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 expira simulator solution is being changed every four months or after 125 whichever occurs first.	tion date, or the alcol Alcoholic Breath Sim	nolic breath ulator tests,
Lo	certify that on			
We	ere performed	d on the instrument indicated above in and it	reventive maintenance s of the N.C. Department	procedures
411	as STATE	rvices, and the instrument is functioning properly.		or assured
15				
GREAD	131			
Mar.	POLICE VITE			
	COAM VIE	- CHONDAD	671	
		Signature of Certifying Official	Certificate Num	ber

WAKE COUNTY CARY PD 910

Serial Number: 008587 Test Date: 10/28/2020

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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 Jr., Earl A
Permit Number: 0017-9707
Effective:
09/15/2020-09/15/2022

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

Lot Number: AG911501 Exp Date: 04/25/2021

Test	g/210L	Time
DIAG	Pass	12:49pm
AIR BLK	.00	12:50pm
ACCY CHK	.07	12:51pm
AIR BLK	.00	12:52pm
SUB TEST	.00	12:52pm
AIR BLK	.00	12:53pm
SUB TEST	.00	12:55pm
AIR BLK	.00	12:56pm

Reported AC; .00 g/210L

Signature of Chemilal Analyst

Court CVR

## WAKE COUNTY CARY PD 910

Serial Number: 008587 Test Record Number: 4353 Test Date: 10/28/2020 Test Time: 12:57pm EDT

System Check: Passed

## Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1	Pass	12:57pm
SRC	Pass	12:57pm
DET	Pass	12:57pm
BAR	Pass	12:57pm
BT	Pass	12:57pm

## Blank Tests

Test	Status	Time
AIR	Pass	12.50nm

## Printer Tests

Test	Status	Time
PRNT	Pass	12:58pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:58pm

Preventive Maintenance Status: Pass

Analyst

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

			moet 10,000 of nighter)
County	Ja Vo	strument Location	a Delection Gre
Instrument Se	rial No. <u>00 8412</u>	3301 Hm	mamo Po Zelagh.
The preventive serial number	e maintenance procedures for the Into 10,000 or higher) to be followed at lea	ximeters, Model Intox EC/IR II as	nd Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas capitate di		
(2)	Verify instrument displays time a	nd date;	-Sive ventigrade,
(3)	Initiate breath test sequence;		
(4)	Enter information as prompted;		
(5)	Verify instrument accuracy;		
(6)	When "PLEASE BLOW" appears	, collect breath sample	
(7)	When "PLEASE BLOW" appears	And the second s	
(8)	Print test record;	on approx	
(9)	Run diagnostic program and confi	rm preventive maintenance status	of "Doga", and
(10)	Verify that the ethanol gas cani	eter is being about 1 to	piration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,
ere performed	the day of on the instrument indicated above, in vices, and the instrument is functionin	n accordance with current regulate	g preventive maintenance procedures ions of the N.C. Department of Health
STATE OF THE STATE	O TO CAROLINA CAROLIN		617
	Signatur	re of Certifying Official	Certificate Number

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008612 Test Date: 10/23/2020

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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: 09/01/2020-09 01/2022

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

Lot Number: AG018202 Exp Date: 06/30/2022

Test	g/210L	Time
DIAG AIR BLK	Pass .00	1:05pm 1:06pm
ACCY CHK AIR BLK	.07	1:06pm 1:07pm
SUB TEST AIR BLK	-00	1:08pm
SUB TEST	.00	1:09pm 1:10pm
AIR BLK	-00	1:11pm

Reported AC: . 00 g/210L

Signature of Chemical Analyst

Court CVP

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Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

## WAKE COUNTY DETENTION CENTER

Serial Number: 008612 Test Record Number: 1524
Test Date: 10/23/2020 Test Time: 1524

System Check: Passed

## Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	1:13pm 1:13pm 1:13pm 1:13pm 1:13pm

## Blank Tests

Test	Status	Time
AIR	Pass	7 · 13 nm

## Printer Tests

Test	Status	Time
PRNT	Pass	1:13pm
	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)

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

WAKE COUNTY APEX PD

Serial Number: 008621 Test Date: 10/28/2020

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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 Jr., Earl A
Permit Number: 0017-9707
Effective:
09/15/2020-09/15/2022

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

Lot Number: AG919902 Exp Date: 07/18/2021

Test	g/210L	Time
DIAG	Pass	11:37am
AIR BLK	.00	11:37am
ACCY CHK	.07	11:38am
AIR BLK	.00	11:39am
SUB TEST	.00	11:39am
AIR BLK	.00	11:40am
SUB TEST	.00	11:42am
AIR BLK	.00	11:43am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## WAKE COUNTY APEX PD

Serial Number: 008621 Test Record Number: 2889
Test Date: 10/28/2020 Test Time: 11:43am EDT

System Check: Passed

#### Baseline Tests

Status	Time
Pass	11:43am
Pass	11:43am
Pass	11:43am
	Pass Pass

## Temperature Tests

Test	Status	Time
FC1	Pass	11:44am
SRC	Pass	11:44am
DET	Pass	11:44am
BAR	Pass	11:44am
BT	Pass	11:44am

## Blank Tests

Test	Status	Time
AIR	Pass	11:44am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:44am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:44am

Pass

11:44am

Preventive Maintenance Status: Pass

CAL

Analyst

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

(	County (A)	ke	_ Instrument Loca	ation	Markey PIST
1	nstrument Ser	rial No.		5228 GALKI	12 Daing Pol
>				Refeyby .	46
S	The preventive serial number	e maintenance procedures for the follower to be follower.	he Intoximeters, Moed at least once every	del Intox EC/IR II and Mo	del Intox EC/IR II (Enhanced with
	(1)	Verify the ethanol gas can breath simulator thermome	ister displays at leas eter shows 34 degree	t 51 pounds per square inc es, plus or minus .2 degree	h (psi) of pressure, or the alcoholic centigrade;
	(2)	Verify instrument displays			
	(3)	Initiate breath test sequence	ce;		
	(4)	Enter information as prom	pted;		
	(5)	Verify instrument accuracy	y;		
	(6)	When "PLEASE BLOW"	appears, collect brea	th sample;	
	(7)	When "PLEASE BLOW"	appears, collect brea	th sample;	
	(8)	Print test record;			
	(9)	Run diagnostic program an	nd confirm preventiv	e maintenance status of "P	ass"; and
	(10)	Verify that the ethanol g simulator solution is bein whichever occurs first.	as canister is being g changed every fo	g changed before expirati our months or after 125 /	on date, or the alcoholic breath Alcoholic Breath Simulator tests,
200	DOC BUSINESS	the day of d on the instrument indicated a vices, and the instrument is fur	HOUVE III SUCCITIBING	20 the forgoing pro	eventive maintenance procedures of the N.C. Department of Health
A	SIATE OF				
CREAT		- CA			$\alpha$
1	SE QUAM VEEN		400		1071
		9	Signature of Certifyi	ng Official	Certificate Number

WAKE COUNTY NORTH EAST DISTRICT 910

Serial Number: 003623 Test Date: 10/28/2020

Citatis Number Mocoocoo-o

PREVENTIVE, IA NTENANCE

Subject s Date of Burth: 11/11/1911

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

Analyst's Name 3 vant Jr., Earl A
Permit Number: 0017-9707
Mifeon : a:
09/15/2022

Officer's Name NONE NONE Type of Acency: FTA Agency LAHS Test Type Lreath Test

Lot Number 16902201 Exp Date: 01 22/2021

Test	3 4 - 11	Time
DIAG ALR BLK ALR BLK ALR BLK SUB TEST ALR BLK ALR BLK	2 ## 5 . 0 ( . 0 ( )	53pm :53pm :54pm :55pm :56pm :57pm :58pm :59pm

Reported AC: 00 g/210L

Signature of legical Analyst

Court CVR

## WAKE COUNTY NORTH EAST DISTRICT 910

Test Record Number: 4076
Test Time: 2:10pm EDT

System Check: Passed

### Baseline Tests

Status	Time
Pass	2:10pm
Pass	2:10pm
Pass	2:10pm
	Pass Pass

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
ATR	Pass	2 · 1 1 mm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:11pm
	CRC Tests	

Test	Status	Time
COMP	Pass	2:11pm
CAL	Pass	2:11pm

Preventive Maintenance Status: Pass

Analyst

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

		Instrument Location Medical Total
1	nstrument Ser	rial No. 008700 225 5 70 Az Stand
-		ial No. 00 223 70 10 54 10 10 10 10 10 10 10 10 10 10 10 10 10
T S	he preventive erial number l	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;
6	(5)	Verify instrument accuracy;
	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before 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 id Human Ser	the day of, 20 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
GREAT CO	STATE OF NO. 2015	The state of the s

WAKE COUNTY WAKE FOREST PD 910

Serial Number: 008700 Test Date: 10/28/2020

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

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

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

Analyst's Name: Bryant Jr., Earl A
Permit Number: 0017-9707
Effective:
09/15/2020-09/15/2022

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

Lot Number: AG934303 Exp Date: 12/09/2021

Test	g/210L	Time
DIAG	Pass	3:15pm
AIR BLK	.00	3:16pm
ACCY CHK	.08	3:16pm
AIR BLK	.00	3:17pm
SUB TEST	.00	3:18pm
AIR BLK	.00	3:19pm
SUB TEST	.00	3:20pm
AIR BLK	.00	3:21pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

## WAKE COUNTY WAKE FOREST PD 910

Serial Number: 008700 Test Record Number: 1760 Test Date: 10/28/2020 Test Time: 3:22pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	3:23pm
FLO	Pass	3:23pm
FC	Pass	3:23pm

## Temperature Tests

Test	Status	Time
FC1	Pass	3:23pm
SRC	Pass	3:23pm
DET	Pass	3:23pm
BAR	Pass	3:23pm
BT	Pass	3:23pm

## Blank Tests

Test	Status	Time	
AIR	Pass	3:23pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:23pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3 · 24 pm

Preventive Maintenance Status: Pass

Pass 3:24pm

CAL

nalyst

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

County 4/	A NE Ins	trument Location	16 Go. De	lestin (	TR
Instrument Seri	al No. 008760	33	Ol Havison	0 %	Roley La
The preventive serial number 1	maintenance procedures for the Into: 0,000 or higher) to be followed at lea	kimeters, Model Intox I st once every four mon	EC/IR II and Model ths are:	Intox EC/IR I	I (Enhanced with
(1)	Verify the ethanol gas canister di breath simulator thermometer sho	splays at least 51 pound ws 34 degrees, plus or	ls per square inch (p minus .2 degree cen	si) of pressure	e, or the alcoholic
(2)	Verify instrument displays time a	nd date;			
(3)	Initiate breath test sequence;				
(4)	Enter information as prompted;				
(5)	Verify instrument accuracy;				
(6)	When "PLEASE BLOW" appears	s, collect breath sample:			
(7)	When "PLEASE BLOW" appears	s, collect breath sample			
(8)	Print test record;				
(9)	Run diagnostic program and conf	irm preventive mainten	ance status of "Pass"	'; and	
(10)	Verify that the ethanol gas can simulator solution is being char whichever occurs first.	ister is being changed ged every four month	before expiration s or after 125 Alco	date, or the pholic Breath	alcoholic breath Simulator tests,
were performed	on the instrument indicated above,	in accordance with cur	the forgoing prevent regulations of t	ntive mainten he N.C. Depa	nance procedures
O IVE STATE OF THE	O THE CAROLINA			11-	
- Charles	Signati	are of Certifying Officia	al –	Certificate	Number
	The preventive serial number 1 (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  I certify that on were performed	The preventive maintenance procedures for the Intoserial number 10,000 or higher) to be followed at least the serial number 10,000 or higher) to be followed at least the serial number 10,000 or higher) to be followed at least 10,000 or high	The preventive maintenance procedures for the Intoximeters, Model Intox I serial number 10,000 or higher) to be followed at least once every four mon (1)  Verify the ethanol gas canister displays at least 51 pound breath simulator thermometer shows 34 degrees, plus or (2)  Verify instrument displays time and date;  (3)  Initiate breath test sequence;  (4)  Enter information as prompted;  (5)  Verify instrument accuracy;  (6)  When "PLEASE BLOW" appears, collect breath sample;  (7)  When "PLEASE BLOW" appears, collect breath sample;  (8)  Print test record;  (9)  Run diagnostic program and confirm preventive maintense is being changed simulator solution is being changed every four month whichever occurs first.  I certify that on the day of day of the confirm property.	The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model serial number 10,000 or higher) to be followed at least once every four months are:  (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (p. breath simulator thermometer shows 34 degrees, plus or minus .2 degree cent (2) Verify instrument displays time and date;  (3) Initiate breath test sequence;  (4) Enter information as prompted;  (5) Verify instrument accuracy;  (6) When "PLEASE BLOW" appears, collect breath sample;  (7) When "PLEASE BLOW" appears, collect breath sample;  (8) Print test record;  (9) Run diagnostic program and confirm preventive maintenance status of "Pass" (10) Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Alcowhichever occurs first.	Instrument Serial No. 00800 3300 46000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 48000 480

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008760 Test Date: 10/23/2020

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject'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:
09/01/2020-09/01/2022

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

Lot Number: AG018202 Exp Date: 06/30/2022

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

Reported AC. . 00 g/210L

Signature of chemical Analyst

Court CVR

Analyst

## WAKE COUNTY DETENTION CENTER 910

Serial Number: 008760 Test Record Number: 3900 Test Date: 10/23/2020 Test Time: 1:10pm EDT

System Check: Passed

## Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1	Pass	1:11pm
SRC	Pass	1:11pm
DET	Pass	1:11pm
BAR	Pass	1:11pm
BT	Pass	1:11pm

## Blank Tests

Test	Status	Time	
AIR	Pass	1:11pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:11pm
	CRC Tests	
Toct	Status	Timo

Status	Time
Pass	1:11pm
Pass	1:11pm
	Pass

Preventive Maintenance Status: Pass

Analyst

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

(	County <u>U</u>	la Ke	Instrument Location	ke G Defeut	in the
1	nstrument Se	rial No. <u>2 08 7778</u>	330,	Hammer B	Roberch a
7 s	The preventiverial number	e maintenance procedures for th 10,000 or higher) to be followed	e Intoximeters, Model Intox Ed at least once every four month	C/IR II and Model Intox E	C/IR II (Enhanced with
	(1)	Verify the ethanol gas canis	ster displays at least 51 pounds er shows 34 degrees, plus or m		ressure, or the alcoholic
	(2)	Verify instrument displays			
	(3)	Initiate breath test sequence	*		
	(4)	Enter information as promp	ted;		
	(5)	Verify instrument accuracy;			
	(6)	When "PLEASE BLOW" ap	opears, collect breath sample;		
	(7)		ppears, 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	s canister is being changed be changed every four months		the alcoholic breath reath Simulator tests,
We	ere performed	the day of on the instrument indicated ab vices, and the instrument is func	ove in accordance id	e forgoing preventive mant regulations of the N.C.	intenance procedures Department of Health
	Carrier Co.	- C+3/(si	gnature of Certifying Official		icate Number

WAKE COUNTY DETENTI NITER 910

Serial Number 8
Test Date: 18

Citation Number: Subject's November:

PREVENTIVE, MAIN IN N F

Subject's Date of Fire 1 11 11 1911

Subject's Set Wild Driver's License Wild NONE

Effecti n

09/01/2020-05

Officer's Name: N WE NONE

Type of Agend Th

Agency: DH.

Test Type: Bie Tout

Lot Number: Ac + o Exp Date: 06/

Test	g/2101,	Time
DIAG	Pass	1:03pm
AIR BLK	.00	1:0+pm
ACCY CHK	.07	1: 15pm
AIR BLK	.00	: 06 pm
SUB TEST	.00	1:07pm
AIR BLK	.00	: 077pm
SUB TEST	.00	1:09pm
AIR BLK	.00	1: Opm

Reported AC: Q0 g/210L

Signature of Chem and yst

Court T

Analyst

WINTY DETENTION CENTER

Serial Monte: 0.08778 Test Record Number: 5.426 Test Fine: 1.023/2020 Test Time: 1.00000000

System Check: Passed

## Baseline Tests

"∍st	Status	Time
1.6	Pass	1:11pm
F1.10	Pass	1:11pm
T. V	Pass	1:11pm

## Temperature Tests

Test	Status	Time
FC1 PC	Pass Pass	1:11pm 1:11pm
DET	Pass	1:11pm
BEF	Pass	1:11pm
87	Pass	1:11pm

## Blank Tests

'Est	Status	Time
NP	Pass	1:12pm

## Printer Tests

FEE	Status	Time
PENT	Pass	1:12pm
	CRC Tests	
Test	Status	Time
*OMP	Pass	1:12pm

Pass

1:12pm

Preventive Maintenance Status: Pass

PAL

Analyst

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

	nty		Instrument Location_		holdele	
Insti	rument Seri	al No. <u>603838</u>		879	Stuppe	e Square CT
				HAVIST	+dalo A	/C -
		maintenance procedures for the 0,000 or higher) to be followed				tox EC/IR II (Enhanced with
	(1)	Verify the ethanol gas canis breath simulator thermometer				
	(2)	Verify instrument displays t	ime and date;			
	(3)	Initiate breath test sequence				
	(4)	Enter information as prompt	ed;			
	(5)	Verify instrument accuracy;				
	(6)	When "PLEASE BLOW" ap	opears, collect breath sa	mple;		
	(7)	When "PLEASE BLOW" ap	opears, collect breath sa	mple;		
	(8)	Print test record;				
	(9)	Run diagnostic program and	confirm preventive ma	intenance sta	atus of "Pass";	and
	(10)					ate, or the alcoholic breath solic Breath Simulator tests
wer		the day of d on the instrument indicated al vices, and the instrument is fun	bove, in accordance wit	the for	rgoing prevent gulations of the	ive maintenance procedure e N.C. Department of Health
THE GREAT S		CAROLIN	12/	)		

WAKE COUNTY KNIGHTDALE PD 910

Serial Number: 008838 Test Date: 10/28/2020

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

Subject'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 Jr., Earl A
Permit Number: 0017-9707
Effective:
09/15/2020-09/15/2022

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

Lot Number: AG919902 Exp Date: 07/18/2021

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Department of Health and Human Services Rev. 12/2007

## WAKE COUNTY KNIGHTDALE PD 910

Serial Number: 008838 Test Record Number: 2046 Test Date: 10/28/2020 Test Time: 10:06am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:07am
FLO	Pass	10:07am
FC	Pass	10:07am

## Temperature Tests

Test	Status	Time
FC1	Pass	10:07am
SRC	Pass	10:07am
DET	Pass	10:07am
BAR	Pass	10:07am
BT	Pass	10:07am

## Blank Tests

Test	Status	Time
AIR	Pass	10:08am

### Printer Tests

Test	Status	Time
PRNT	Pass	10:08am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:08am

Pass 10:08am

Preventive Maintenance Status: Pass

CAL

Analyst

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

The		
serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and 0,000 or higher) to be followed at least once every four months are:	Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square breath simulator thermometer shows 34 degrees, plus or minus .2 deg	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 o	of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before exp simulator solution is being changed every four months or after 1 whichever occurs first.	piration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,
I certify that on were performed and Human Ser	the	g preventive maintenance procedures ons of the N.C. Department of Health
SOE QUAM VILER		147
We man and	Signature of Certifying Official	Certificate Number

## WASHINGTON COUNTY SHERIFF'S OFFICE 930

Serial Number: 008829 Test Date: 10/19/2020

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

Analyst's Name: Keesler, Linda A
Permit Number: 0045-5468
Effective:
09/16/2020-09/16/2022

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

Lot Number: AG902201 Exp Date: 01/22/2021

rest	g/210L	Time
DIAG	Pass	2:33pm
AIR BLK	.00	2:33pm
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: .00 g/210L

Signature of Chemical Analyst

Court CVR

Jinda Keese

## WASHINGTON COUNTY SHERIFF'S OFFICE 930

Serial Number: 008829 Test Record Number: 1003 Test Date: 10/19/2020 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	2:41pm
SRC	Pass	2:41pm
DET	Pass	2:41pm
BAR	Pass	2:41pm
BT	Pass	2:41pm

## Blank Tests

Test	Status	Time
AIR	Pass	2:41pm

## Printer Tests

Status	Time
Pass	2:41pm
CRC Tests	
Status	Time
Pass Pass	2:41pm 2:41pm
	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)

serial number 10,000 or h	ice procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced wit igher) to be followed at least once every four months are:
213	
(1) Verify breath	the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholisimulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2) Verify	instrument displays time and date;
(3) Initiate	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	iagnostic program and confirm preventive maintenance status of "Pass"; and
simula	that the ethanol gas canister is being changed before expiration date, or the alcoholic breat stor solution is being changed every four months or after 125 Alcoholic Breath Simulator test ever 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

#### WATAUGA COUNTY WATAUGA JAIL 940

Serial Number: 008715 Test Date: 10/30/2020

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

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

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

Analyst's Name: BURNETTE, ANTHONY J
Permit Number: 11304E
Effective:
06/01/2019-06/01/2021

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

Lot Number: AG911506 Exp Date: 04/25/2021

Test	g/210L	Time
DIAG	Pass	2:19pm
AIR BLK	.00	2:20pm
ACCY CHK	.08	2:21pm
AIR BLK	.00	2:22pm
SUB TEST	.00	2:23pm
AIR BLK	.00	2:24pm
SUB TEST	.00	2:25pm
AIR BLK	.00	2:26pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## WATAUGA COUNTY WATAUGA JAIL 940

Serial Number: 008715 Test Record Number: 2436 Test Date: 10/30/2020 Test Time: 2:27pm 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

#### Blank Tests

Test	Status	Time
AIR	Pass	2:28pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:28pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:28pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

2:28pm

## 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. 008716 Instrument Location Boone PD Boone, NC
	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before 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>30</u> day of <u>0cto60r</u> , 20 <u>30</u> the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rvices, and the instrument is functioning properly.



Signature of Certifying Official Certificate Number

WATAUGA COUNTY BOONE P D 940

Serial Number: 008716 Test Date: 10/30/2020

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

06/01/2019-06/01/2021

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

Agency: DHHS
Test Type: Breath Test

Lot Number: AG007601 Exp Date: 03/16/2022

Test	g/210L	Time
DIAG	Pass	3:05pm
AIR BLK	.00	3:06pm
ACCY CHK	.08	3:06pm
AIR BLK	.00	3:07pm
SUB TEST	.00	3:08pm
AIR BLK	.00	3:09pm
SUB TEST	.00	3:10pm
AIR BLK	.00	3:11pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## WATAUGA COUNTY BOONE P D 940

Serial Number: 008716 Test Record Number: 2592 Test Date: 10/30/2020 Test Time: 3:12pm EDT

System Check: Passed

## Baseline Tests

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

## Temperature Tests

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

## Blank Tests

Test	Status	Time	
AIR	Pass	3:13pm	

## Printer Tests

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

Preventive Maintenance Status: Pass

Pass

3:13pm

Analyst

This form is used when performing Preventive Maintenance p

CAL

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

Instrument Ser	rial No. 1118649 -207 F 16-1 A
	N.
The preventive serial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced wi 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcohol breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.
I certify that on were performed and Human Ser	the day of 20 the forgoing preventive maintenance procedure d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Healt rvices, and the instrument is functioning properly.
SE QUAM VILLEN	

## WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008649 Test Date: 10/09/2020

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

Analyst's Name: Keesler, Linda A
Permit Number: 0045-5468
Effective:
09/16/2020-09/16/2022

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

Lot Number: AG007601 Exp Date: 03/16/2022

Test	g/210L	Time
DIAG	Pass	9:47am
AIR BLK	.00	9:48am
ACCY CHK	.08	9:49am
AIR BLK	.00	9:50am
SUB TEST	.00	9:51am
AIR BLK	.00	9:52am
SUB TEST	.00	9:54am
AIR BLK	.00	9:55am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst Keege

## WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008649 Test Record Number: 4436
Test Date: 10/09/2020 Test Time: 9:56am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:56am
FLO	Pass	9:56am
FC	Pass	9:56am

## Temperature Tests

Test	Status	Time
FC1	Pass	9:56am
SRC	Pass	9:56am
DET	Pass	9:56am
BAR	Pass	9:56am
BT	Pass	9:56am

## Blank Tests

Test	Status	Time
AIR	Pass	9:57am

## Printer Tests

Test	Status	Time
PRNT	Pass	9:57am
	CRC Tests	
Test	Status	Time

Pass

Pass 9:57am

9:57am

Preventive Maintenance Status: Pass

COMP

CAL

Inica Keese

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

I	nstrument Seri	rial No. 008671 207 E. ChesTNUT ST. 601	di
1,0		N.	
T	he preventive erial number 1	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:	with
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcohoreath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;	olic
	(2)	Verify instrument displays time and date;	
	(3)	Initiate breath test sequence;	
	(4)	Enter information as prompted;	
	(5)	Verify instrument accuracy;	
	(6)	When "PLEASE BLOW" appears, collect breath sample;	
	(7)	When "PLEASE BLOW" appears, collect breath sample;	
	(8)	Print test record;	
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and	
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic bre simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator te whichever occurs first.	eath
W	certify that on ere performed nd Human Ser	the day of, 20 the forgoing preventive maintenance procedude on the instrument indicated above, in accordance with current regulations of the N.C. Department of Heat revices, and the instrument is functioning properly.	ires alth
CREATE	STATE CONSTRUCTION OF THE PARTY	A state of the instrument is functioning properly.	

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008671 Test Date: 10/09/2020

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

Analyst's Name: Keesler, Linda A
Permit Number: 0045-5468
Effective:
09/16/2020-09/16/2022

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

Lot Number: AG933703 Exp Date: 12/03/2021

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Linie A. Kense Analyst

## WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008671 Test Record Number: 5145
Test Date: 10/09/2020 Test Time: 10:17am 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	10:18am
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

Preventive Maintenance Status: Pass

CAL

Analyst

Pass 10:18am

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

Instrument Ser	al No. 008879 207E. Ch.	ESTNUT ST. Golds
		N.C.
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Mo,000 or higher) to be followed at least once every four months are:	odel Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inc breath simulator thermometer shows 34 degrees, plus or minus .2 degree	ch (psi) of pressure, or the alcoholic centigrade;
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of "	Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expira simulator solution is being changed every four months or after 125 whichever occurs first.	tion date, or the alcoholic breath Alcoholic Breath Simulator tests,
were performed and Human Ser	the day of, 20 the forgoing p. on the instrument indicated above, in accordance with current regulations vices, and the instrument is functioning properly.	reventive maintenance procedures of the N.C. Department of Health
W SIATE OF MAN 20 1775	GRANGE CARD CONTRACT OF THE CA	1.04
	Signature of Certifying Official	Certificate Number

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008879 Test Date: 10/09/2020

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

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

Analyst's Name: Keesler, Linda A
Permit Number: 0045-5468
Effective:
09/16/2020-09/16/2022

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

Lot Number: AG902201 Exp Date: 01/22/2021

Test	g/210L	Time
DIAG	Pass	9:38am
AIR BLK	.00	9:38am
ACCY CHK	.07	9:39am
AIR BLK	.00	9:40am
SUB TEST	.00	9:41am
AIR BLK	.00	9:42am
SUB TEST	.00	9:43am
AIR BLK	.00	9:44am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Times X. Clean

## WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008879 Test Record Number: 1341
Test Date: 10/09/2020 Test Time: 9:48am EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	9:48am
FLO	Pass	9:48am
FC	Pass	9:49am

## Temperature Tests

Test	Status	Time
FC1	Pass	9:49am
SRC	Pass	9:49am
DET	Pass	9:49am
BAR	Pass	9:49am
BT	Pass	9:49am

#### Blank Tests

Test	Status	Time	
AIR	Pass	9:49am	

#### Printer Tests

iest	Status	Time
PRNT	Pass	9:49am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass	9:49am

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)

	ADKIN Instrument Location YADKIN COUNTY JAIL
Instrument Seria	INO. 008944 YADKINVILLE, NC
The preventive reserval number 10	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on the were performed and Human Servi	he
STATE OF STA	ANY CAROLINA
Cor QUAM VIDER	Signature of Certifying Official Certificate Number

YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008944 Test Date: 10/01/2020

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE
Subject'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 Jr., Leo A
Permit Number: 0035-3799
Effective:
08/04/2020-08/04/2022

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

Lot Number: AG007601 Exp Date: 03/16/2022

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

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

## YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008944 Test Record Number: 1616 Test Date: 10/01/2020 Test Time: 10:41am EDT

System Check: Passed

## Baseline Tests

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

## Temperature Tests

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

#### Blank Tests

Test	Status	Time	
	Pass	10:42am	

## Printer Tests

Test	Status	Time
PRNT	Pass	10:42am
	CRC Tests	
Test	Status	Time

CAL Pass 10:42am

Pass

10:42am

Preventive Maintenance Status: Pass

COMP

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

CountyYAT	DIKIN	Instrument Location	YADEIN C	YTHEO	JAIL
Instrument Serial	No. 005854		YADEMUIL	E, NC	
The preventive m	naintenance procedures for the 000 or higher) to be followed	Intoximeters, Model I at least once every fou	ntox EC/IR II and Mr months are:	odel Intox EC/	IR II (Enhanced with
(1)	Verify the ethanol gas canis breath simulator thermomet	ter displays at least 51 er shows 34 degrees, p	pounds per square in lus or minus .2 degre	ich (psi) of pres e centigrade;	ssure, or the alcoholic
(2)	Verify instrument displays t	ime and date;			
(3)	Initiate breath test sequence	÷			
(4)	Enter information as promp	ted;			
(5)	Verify instrument accuracy				
(6)	When "PLEASE BLOW" a	ppears, collect breath s	ample;		
(7)	When "PLEASE BLOW" a	ppears, collect breath s	ample;		
(8)	Print test record;				
(9)	Run diagnostic program an	d confirm preventive n	naintenance status of	"Pass"; and	
(10)	Verify that the ethanol go simulator solution is being whichever occurs first.	as canister is being og g changed every four	hanged before expir months or after 12	ration date, or 5 Alcoholic B	the alcoholic breath reath Simulator tests,
I certify that on were performed and Human Serv	the day of on the instrument indicated a vices, and the instrument is fur	above, in accordance vactioning properly.	the forgoing the current regulation	preventive mans of the N.C.	intenance procedures Department of Health
STATE OF	ORTH CAROLINA				7.4.9
AND OLIM VIDER	71	Signature of Certifyin	Official	Cert	ificate Number

#### YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008854 Test Date: 10/01/2020

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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 Jr., Leo A

Permit Number: 0035-3799

Effective:

08/04/2020-08/04/2022

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

Test Type: Breath Test

Lot Number: AG007601 Exp Date: 03/16/2022

g/210L	Time
Pass	11:02am
.00	11:03am
.08	11:04am
.00	11:05am
.00	11:05am
.00	11:06am
.00	11:08am
.00	11:08am
	Pass .00 .08 .00 .00

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

JA Olymull Analyst

#### YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008854 Test Record Number: 728
Test Date: 10/01/2020 Test Time: 11:11am EDT

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

Status	Time
Pass	11:12am
	Pass Pass Pass Pass

## Blank Tests

Test	Status	Time	
AIR	Pass	11:12am	

#### Printer Tests

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

Preventive Maintenance Status: Pass

Pass

11:12am

CAL