

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Alamance Instrument Location BAT Mobile Unit 12
Instrument Serial No. 008601 Haw River PD

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. 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.

I certify that on the 26th day of July, 2025 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.



John Lanier
Signature of Certifying Official

1604930
Certificate Number

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

Intox EC/IR-II: Subject Test

ALAMANCE COUNTY BAT MOBILE UNIT 12 000

Serial Number: 008601
Test Date: 07/26/2025

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

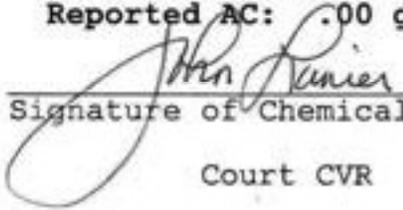
Analyst's Name: Lanier Jr., John P
Permit Number: 4582-9118
Effective:
03/01/2025-03/01/2027

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

Lot Number: AG501307
Exp Date: 01/13/2027

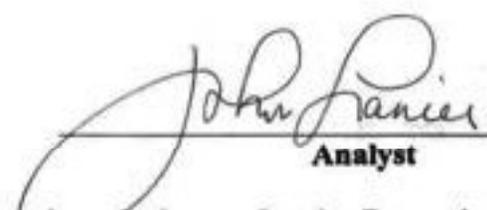
| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 10:21pm |
| AIR BLK | .00 | 10:22pm |
| ACCY CHK | .07 | 10:23pm |
| AIR BLK | .00 | 10:24pm |
| SUB TEST | .00 | 10:25pm |
| AIR BLK | .00 | 10:26pm |
| SUB TEST | .00 | 10:27pm |
| AIR BLK | .00 | 10:28pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

Intox EC/IR-II: Preventive Maintenance

ALAMANCE COUNTY BAT MOBILE UNIT 12 000

Serial Number: 008601 Test Record Number: 1798
Test Date: 07/26/2025 Test Time: 10:30pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:30pm |
| FLO | Pass | 10:30pm |
| FC | Pass | 10:30pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 10:30pm |
| SRC | Pass | 10:30pm |
| DET | Pass | 10:30pm |
| BAR | Pass | 10:30pm |
| BT | Pass | 10:30pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:31pm |

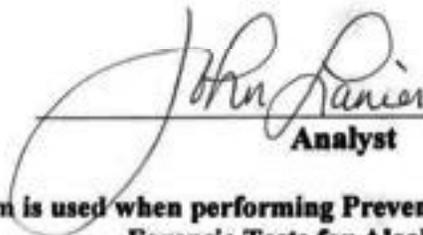
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 10:31pm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 10:31pm |
| CAL | Pass | 10:31pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Alamance Instrument Location BAT Mobile Unit 12
Instrument Serial No. 008698 Haw River PD

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. 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.

I certify that on the 26th day of July, 2005 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.



John Lanier
Signature of Certifying Official

1604930
Certificate Number

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

Intox EC/IR-II: Subject Test

ALAMANCE COUNTY BAT MOBILE UNIT 12 000

Serial Number: 008698
Test Date: 07/26/2025

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

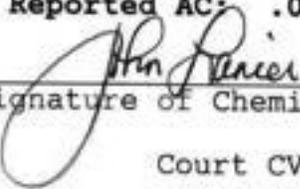
Analyst's Name: Lanier Jr., John P
Permit Number: 4582-9118
Effective:
03/01/2025-03/01/2027

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

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

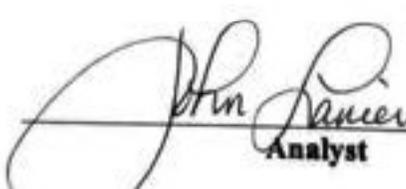
| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 10:29pm |
| AIR BLK | .00 | 10:30pm |
| ACCY CHK | .07 | 10:30pm |
| AIR BLK | .00 | 10:31pm |
| SUB TEST | .00 | 10:32pm |
| AIR BLK | .00 | 10:33pm |
| SUB TEST | .00 | 10:35pm |
| AIR BLK | .00 | 10:36pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

Intox EC/IR-II: Preventive Maintenance

ALAMANCE COUNTY BAT MOBILE UNIT 12 000

Serial Number: 008698 Test Record Number: 2632
Test Date: 07/26/2025 Test Time: 10:37pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:38pm |

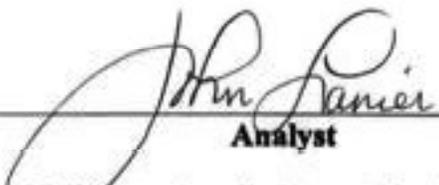
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 10:38pm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 10:38pm |
| CAL | Pass | 10:38pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Alamance Instrument Location BAT Mobile Unit 12

Instrument Serial No. 008788 Haw River PD

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. 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.

I certify that on the 26th day of July, 2005 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

1604930
Certificate Number

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

Intox EC/IR-II: Subject Test

ALAMANCE COUNTY BAT MOBILE UNIT 12 000

Serial Number: 008788
Test Date: 07/26/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Lanier Jr., John P

Permit Number: 4582-9118

Effective:

03/01/2025-03/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

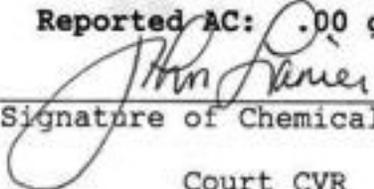
Test Type: Breath Test

Lot Number: AG417802

Exp Date: 06/26/2026

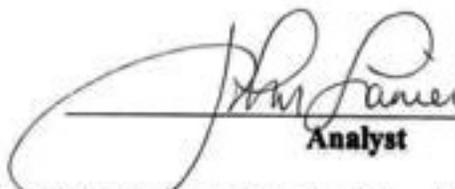
| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 10:37pm |
| AIR BLK | .00 | 10:38pm |
| ACCY CHK | .07 | 10:38pm |
| AIR BLK | .00 | 10:39pm |
| SUB TEST | .00 | 10:40pm |
| AIR BLK | .00 | 10:41pm |
| SUB TEST | .00 | 10:42pm |
| AIR BLK | .00 | 10:43pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

Intox EC/IR-II: Preventive Maintenance

ALAMANCE COUNTY BAT MOBILE UNIT 12 000

Serial Number: 008788 Test Record Number: 2432
Test Date: 07/26/2025 Test Time: 10:44pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:44pm |
| FLO | Pass | 10:44pm |
| FC | Pass | 10:44pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 10:44pm |
| SRC | Pass | 10:44pm |
| DET | Pass | 10:44pm |
| BAR | Pass | 10:44pm |
| BT | Pass | 10:44pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:45pm |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 10:45pm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 10:45pm |
| CAL | Pass | 10:45pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County ALAMANCE Instrument Location ALAMANCE Co Jail
Instrument Serial No 009853 109 S. Maple St GRAHAM, NC

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.

I certify that on the 2 day of JULY, 2025 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.



Simon Stokes Barcus
Signature of Certifying Official

146221
Certificate Number

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

Intox EC/IR-II: Subject Test

ALAMANCE COUNTY JAIL 000

Serial Number: 008853

Test Date: 07/02/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG506302

Exp Date: 03/04/2027

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 1:57pm |
| AIR BLK | .00 | 1:58pm |
| ACCY CHK | .08 | 1:59pm |
| AIR BLK | .00 | 2:00pm |
| SUB TEST | .00 | 2:01pm |
| AIR BLK | .00 | 2:02pm |
| SUB TEST | .00 | 2:03pm |
| AIR BLK | .00 | 2:04pm |

Reported AC: .00 g/210L


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**

Intox EC/IR-II: Preventive Maintenance

ALAMANCE COUNTY JAIL 000

Serial Number: 008853 Test Record Number: 5062
Test Date: 07/02/2025 Test Time: 2:05pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 2:05pm |
| FLO | Pass | 2:05pm |
| FC | Pass | 2:05pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 2:05pm |
| SRC | Pass | 2:05pm |
| DET | Pass | 2:05pm |
| BAR | Pass | 2:05pm |
| BT | Pass | 2:05pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 2:06pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 2:06pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 2:06pm |
| CAL | Pass | 2:06pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County ALAMANCE Instrument Location ALAMANCE Co JAIL
Instrument Serial No. 008913 109 S. Maple St GRAHAM, NC

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.

I certify that on the 2 day of JULY, 2025 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.



Simon Stokes Barnes
Signature of Certifying Official

146221
Certificate Number

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

Intox EC/IR-II: Subject Test

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008913
Test Date: 07/02/2025

Citation Number: M0000000-0
Subject's Name:

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

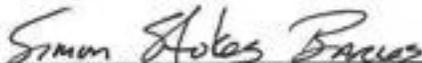
Analyst's Name: Barnes, Simon S
Permit Number: 0014-6221
Effective:
02/01/2025-02/01/2027

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

Lot Number: AG506302
Exp Date: 03/04/2027

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 1:58pm |
| AIR BLK | .00 | 1:59pm |
| ACCY CHK | .07 | 1:59pm |
| AIR BLK | .00 | 2:01pm |
| SUB TEST | .00 | 2:01pm |
| AIR BLK | .00 | 2:02pm |
| SUB TEST | .00 | 2:04pm |
| AIR BLK | .00 | 2:04pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

Intox EC/IR-II: Preventive Maintenance

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008913 Test Record Number: 5752
Test Date: 07/02/2025 Test Time: 2:05pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 2:05pm |
| FLO | Pass | 2:05pm |
| FC | Pass | 2:06pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 2:06pm |
| SRC | Pass | 2:06pm |
| DET | Pass | 2:06pm |
| BAR | Pass | 2:06pm |
| BT | Pass | 2:06pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 2:06pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 2:06pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 2:06pm |
| CAL | Pass | 2:06pm |

Preventive Maintenance
Status: Pass



Analyst

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County ASHE Instrument Location ASHE COUNTY JAIL
Instrument Serial No. 008849 JEFFERSON, NC

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.

I certify that on the 9TH day of JULY, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.




Signature of Certifying Official

353799
Certificate Number

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

Intox EC/IR-II: Subject Test

ASHE COUNTY ASHE COUNTY JAIL 040

Serial Number: 008849
Test Date: 07/09/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Oligmueller, Leo A

Permit Number: 0035-3799

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

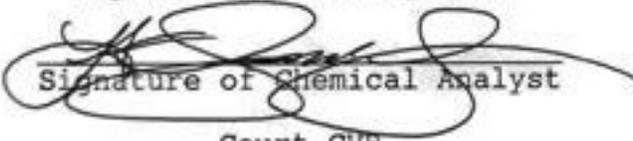
Test Type: Breath Test

Lot Number: AG417803

Exp Date: 06/26/2026

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 9:11am |
| AIR BLK | .00 | 9:12am |
| ACCY CHK | .07 | 9:12am |
| AIR BLK | .00 | 9:13am |
| SUB TEST | .00 | 9:14am |
| AIR BLK | .00 | 9:15am |
| SUB TEST | .00 | 9:17am |
| AIR BLK | .00 | 9:18am |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

ASHE COUNTY ASHE COUNTY JAIL 040

Serial Number: 008849 Test Record Number: 1814
Test Date: 07/09/2025 Test Time: 9:19am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:19am |
| FLO | Pass | 9:19am |
| FC | Pass | 9:19am |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:19am |
| SRC | Pass | 9:19am |
| DET | Pass | 9:19am |
| BAR | Pass | 9:19am |
| BT | Pass | 9:19am |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:20am |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 9:20am |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 9:20am |
| CAL | Pass | 9:20am |

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County AVERY Instrument Location AVERY COUNTY JAIL
Instrument Serial No. 008664 NEWLAND, NC

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.

I certify that on the 9TH day of JULY, 2025 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.



[Handwritten Signature]
Signature of Certifying Official

353799
Certificate Number

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

Intox EC/IR-II: Subject Test

AVERY COUNTY AVERY COUNTY JAIL 050

Serial Number: 008664
Test Date: 07/09/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Oligmueller, Leo A

Permit Number: 0035-3799

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

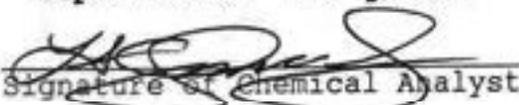
Test Type: Breath Test

Lot Number: AG431003

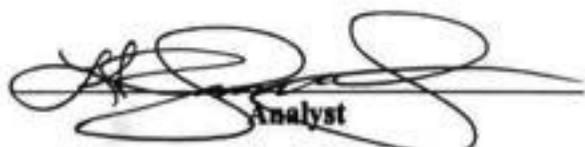
Exp Date: 11/05/2026

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 3:47pm |
| AIR BLK | .00 | 3:47pm |
| ACCY CHK | .08 | 3:48pm |
| AIR BLK | .00 | 3:49pm |
| SUB TEST | .00 | 3:50pm |
| AIR BLK | .00 | 3:51pm |
| SUB TEST | .00 | 3:52pm |
| AIR BLK | .00 | 3:53pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

AVERY COUNTY AVERY COUNTY JAIL 050

Serial Number: 008664 Test Record Number: 1312
Test Date: 07/09/2025 Test Time: 3:54pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 3:54pm |
| FLO | Pass | 3:54pm |
| FC | Pass | 3:54pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 3:54pm |
| SRC | Pass | 3:54pm |
| DET | Pass | 3:54pm |
| BAR | Pass | 3:54pm |
| BT | Pass | 3:54pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 3:55pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 3:55pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 3:55pm |
| CAL | Pass | 3:55pm |

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Avery Instrument Location Avery Co. Jail

Instrument Serial No. 008664 Newland, NC

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.

I certify that on the 31 day of July, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

184401
Certificate Number

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

Intox EC/IR-II: Subject Test

AVERY COUNTY AVERY COUNTY JAIL 050

Serial Number: 008664
Test Date: 07/31/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Burnette, Anthony J

Permit Number: 0018-4401

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

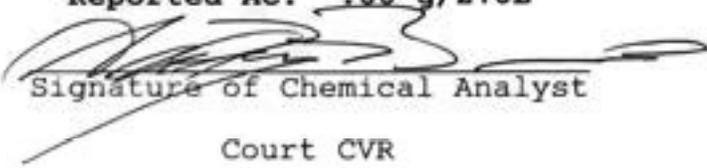
Test Type: Breath Test

Lot Number: AG431003

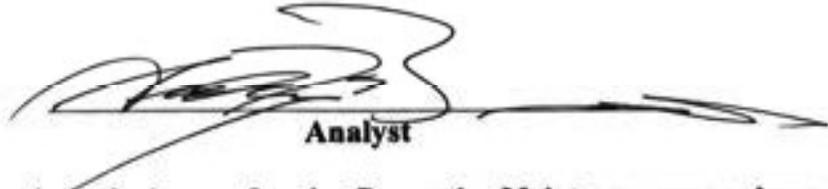
Exp Date: 11/05/2026

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 3:08pm |
| AIR BLK | .00 | 3:09pm |
| ACCY CHK | .08 | 3:09pm |
| AIR BLK | .00 | 3:10pm |
| SUB TEST | .00 | 3:11pm |
| AIR BLK | .00 | 3:11pm |
| SUB TEST | .00 | 3:13pm |
| AIR BLK | .00 | 3:14pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

AVERY COUNTY AVERY COUNTY JAIL 050

Serial Number: 008664 Test Record Number: 1319
Test Date: 07/31/2025 Test Time: 3:14pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 3:14pm |
| FLO | Pass | 3:14pm |
| FC | Pass | 3:15pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 3:15pm |
| SRC | Pass | 3:15pm |
| DET | Pass | 3:15pm |
| BAR | Pass | 3:15pm |
| BT | Pass | 3:15pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 3:15pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 3:15pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 3:15pm |
| CAL | Pass | 3:15pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Beaufort Instrument Location Beaufort Co. Courthouse
Instrument Serial No. 008586 112 W. 2nd St., Washington,
N.C.

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.

I certify that on the 22nd day of July, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

377722
Certificate Number

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

Intox EC/IR-II: Subject Test

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008586
Test Date: 07/22/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Gray, Kelly D

Permit Number: 0037-7722

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

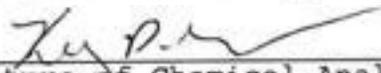
Test Type: Breath Test

Lot Number: AG400303

Exp Date: 01/03/2026

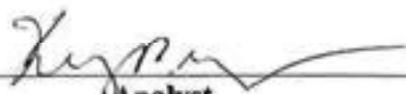
| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 1:27pm |
| AIR BLK | .00 | 1:28pm |
| ACCY CHK | .07 | 1:29pm |
| AIR BLK | .00 | 1:30pm |
| SUB TEST | .00 | 1:31pm |
| AIR BLK | .00 | 1:32pm |
| SUB TEST | .00 | 1:34pm |
| AIR BLK | .00 | 1:34pm |

Reported AC: .00 g/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**

Intox EC/IR-II: Preventive Maintenance

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008586 Test Record Number: 2358
Test Date: 07/22/2025 Test Time: 1:36pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 1:37pm |
| FLO | Pass | 1:37pm |
| FC | Pass | 1:37pm |

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 |

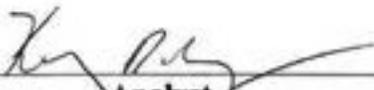
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 1:37pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 1:38pm |
| CAL | Pass | 1:38pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Beaufort Instrument Location BAT Mobile Unit 13

Instrument Serial No. 008869 NCWRC

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.

I certify that on the 4 day of July, 2025 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.



Timothy B. White
Signature of Certifying Official

307699
Certificate Number

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

Intox EC/IR-II: Subject Test

BEAUFORT COUNTY BAT MOBILE UNIT 13 060

Serial Number: 008869
Test Date: 07/04/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Whitehurst, Timothy B

Permit Number: 0030-7699

Effective:

03/01/2025-03/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

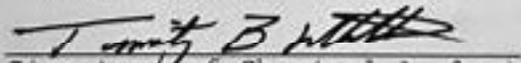
Test Type: Breath Test

Lot Number: AG417803

Exp Date: 06/26/2026

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 3:32pm |
| AIR BLK | .00 | 3:33pm |
| ACCY CHK | .07 | 3:33pm |
| AIR BLK | .00 | 3:34pm |
| SUB TEST | .00 | 3:35pm |
| AIR BLK | .00 | 3:36pm |
| SUB TEST | .00 | 3:37pm |
| AIR BLK | .00 | 3:38pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

BEAUFORT COUNTY BAT MOBILE UNIT 13 060

Serial Number: 008869 Test Record Number: 2047
Test Date: 07/04/2025 Test Time: 3:39pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 3:40pm |
| FLO | Pass | 3:40pm |
| FC | Pass | 3:40pm |

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 3:41pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 3:41pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 3:41pm |
| CAL | Pass | 3:41pm |

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**

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Beaufort Instrument Location BAT Mobile Unit 13
Instrument Serial No. 009898 NCWRC

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.

I certify that on the 4 day of July, 2025 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.



Timothy B. White

Signature of Certifying Official

307699

Certificate Number

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

Intox EC/IR-II: Subject Test

BEAUFORT COUNTY BAT MOBILE UNIT 13 060

Serial Number: 008898
Test Date: 07/04/2025

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Whitehurst, Timothy B

Permit Number: 0030-7699

Effective:

03/01/2025-03/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

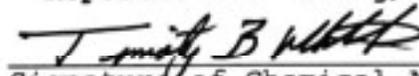
Test Type: Breath Test

Lot Number: AG506302

Exp Date: 03/04/2027

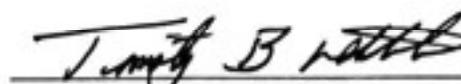
| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 3:12pm |
| AIR BLK | .00 | 3:13pm |
| ACCY CHK | .07 | 3:14pm |
| AIR BLK | .00 | 3:15pm |
| SUB TEST | .00 | 3:16pm |
| AIR BLK | .00 | 3:17pm |
| SUB TEST | .00 | 3:18pm |
| AIR BLK | .00 | 3:19pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

BEAUFORT COUNTY BAT MOBILE UNIT 13 060

Serial Number: 008898 Test Record Number: 2020
Test Date: 07/04/2025 Test Time: 3:19pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 3:20pm |
| FLO | Pass | 3:20pm |
| FC | Pass | 3:20pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 3:20pm |
| SRC | Pass | 3:20pm |
| DET | Pass | 3:20pm |
| BAR | Pass | 3:20pm |
| BT | Pass | 3:20pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 3:21pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 3:21pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 3:21pm |
| CAL | Pass | 3:21pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Beaufort Instrument Location BAT Mobile Unit 13
Instrument Serial No. 008239 NCWRC

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.

I certify that on the 4 day of July, 2025 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.



Timothy B. [Signature]
Signature of Certifying Official

307699
Certificate Number

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

Intox EC/IR-II: Subject Test

BEAUFORT COUNTY BAT MOBILE UNIT 13 060

Serial Number: 008939
Test Date: 07/04/2025

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Whitehurst, Timothy B

Permit Number: 0030-7699

Effective:

03/01/2025-03/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG506302

Exp Date: 03/04/2027

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 2:55pm |
| AIR BLK | .00 | 2:56pm |
| ACCY CHK | .08 | 2:57pm |
| AIR BLK | .00 | 2:57pm |
| SUB TEST | .00 | 2:58pm |
| AIR BLK | .00 | 2:59pm |
| SUB TEST | .00 | 3:01pm |
| AIR BLK | .00 | 3:02pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

BEAUFORT COUNTY BAT MOBILE UNIT 13 060

Serial Number: 008939 Test Record Number: 1884
Test Date: 07/04/2025 Test Time: 3:02pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 3:04pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 3:04pm |

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Bertie Instrument Location Bertie Co. S.O.
Instrument Serial No. 008897 222 County Farm Rd.
Windsor, Nc

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.

I certify that on the 21st day of July, 2025 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.



Mark A. Pappall
Signature of Certifying Official

206272
Certificate Number

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

Intox EC/IR-II: Subject Test

BERTIE COUNTY BERTIE CO SO 070

Serial Number: 008897

Test Date: 07/21/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Chappell, Mark A

Permit Number: 0020-6272

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

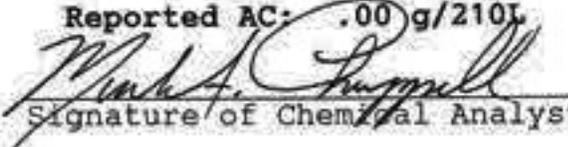
Test Type: Breath Test

Lot Number: AG400303

Exp Date: 01/03/2026

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

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

BERTIE COUNTY BERTIE CO SO 070

Serial Number: 008897 Test Record Number: 1685
Test Date: 07/21/2025 Test Time: 12:15pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:16pm |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 12:16pm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 12:16pm |
| CAL | Pass | 12:16pm |

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County BRUNSWICK Instrument Location LELAND
Instrument Serial No. 008787 POLICE DEPT

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.

I certify that on the 29 day of JULY, 2025 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.



Alan R. Barnes

Signature of Certifying Official

146279

Certificate Number

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

Intox EC/IR-II: Subject Test

BRUNSWICK COUNTY LELAND PD 090

Serial Number: 008787
Test Date: 07/29/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

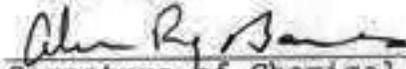
Test Type: Breath Test

Lot Number: AG400301

Exp Date: 01/03/2026

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

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

Intox EC/IR-II: Preventive Maintenance

BRUNSWICK COUNTY LELAND PD 090

Serial Number: 008787 Test Record Number: 1384
Test Date: 07/29/2025 Test Time: 2:28pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 2:29pm |

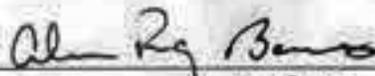
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 2:29pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 2:29pm |
| CAL | Pass | 2:29pm |

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Buncombe Instrument Location BAT Mobile Unit 11
Instrument Serial No. 008970 Buncombe SO

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.

I certify that on the 5th day of July, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official
62446
Certificate Number

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

Intox EC/IR-II: Subject Test

BUNCOMBE COUNTY BAT MOBILE UNIT 11 100

Serial Number: 008970
Test Date: 07/03/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Gillstrap, Jeffrey L

Permit Number: 0006-2446

Effective:

12/01/2023-12/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

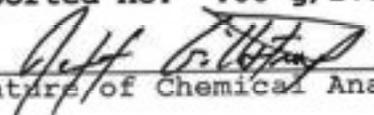
Test Type: Breath Test

Lot Number: AG417802

Exp Date: 06/26/2026

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 9:31pm |
| AIR BLK | .00 | 9:32pm |
| ACCY CHK | .08 | 9:33pm |
| AIR BLK | .00 | 9:34pm |
| SUB TEST | .00 | 9:34pm |
| AIR BLK | .00 | 9:35pm |
| SUB TEST | .00 | 9:37pm |
| AIR BLK | .00 | 9:37pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

BUNCOMBE COUNTY BAT MOBILE UNIT 11 100

Serial Number: 008970 Test Record Number: 1230
Test Date: 07/03/2025 Test Time: 9:39pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:40pm |
| FLO | Pass | 9:40pm |
| FC | Pass | 9:40pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:40pm |
| SRC | Pass | 9:40pm |
| DET | Pass | 9:40pm |
| BAR | Pass | 9:40pm |
| BT | Pass | 9:40pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:41pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 9:41pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 9:41pm |
| CAL | Pass | 9:41pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Burcombe Instrument Location BAT Mobile Unit 11
Instrument Serial No. 608870 Burcombe SD

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.

I certify that on the 4th day of July, 2025 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.



Jeff A. Williams
Signature of Certifying Official

62446
Certificate Number

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

Intox EC/IR-II: Subject Test

BUNCOMBE COUNTY BAT MOBILE UNIT 11 100

Serial Number: 008970

Test Date: 07/04/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Gillstrap, Jeffrey L

Permit Number: 0006-2446

Effective:

12/01/2023-12/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

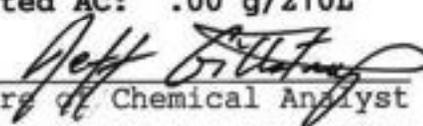
Test Type: Breath Test

Lot Number: AG417802

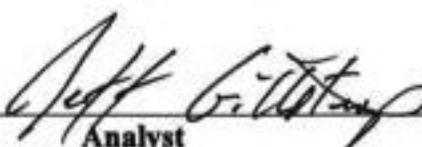
Exp Date: 06/26/2026

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 12:09am |
| AIR BLK | .00 | 12:10am |
| ACCY CHK | .07 | 12:11am |
| AIR BLK | .00 | 12:12am |
| SUB TEST | .00 | 12:12am |
| AIR BLK | .00 | 12:13am |
| SUB TEST | .00 | 12:15am |
| AIR BLK | .00 | 12:16am |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

BUNCOMBE COUNTY BAT MOBILE UNIT 11 100

Serial Number: 008970 Test Record Number: 1232
Test Date: 07/04/2025 Test Time: 12:17am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 12:17am |
| FLO | Pass | 12:17am |
| FC | Pass | 12:17am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 12:18am |
| SRC | Pass | 12:18am |
| DET | Pass | 12:18am |
| BAR | Pass | 12:18am |
| BT | Pass | 12:18am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:18am |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 12:18am |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 12:18am |
| CAL | Pass | 12:18am |

Preventive Maintenance
Status: *Pass*


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Buncombe Instrument Location BAT Mobile Unit 11
Instrument Serial No. 008973 Buncombe SO

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.

I certify that on the 3rd day of July, 2025 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.



Jeff Gillette
Signature of Certifying Official

62446
Certificate Number

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

Intox EC/IR-II: Subject Test

BUNCOMBE COUNTY BAT MOBILE UNIT 11 100

Serial Number: 008973
Test Date: 07/03/2025

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

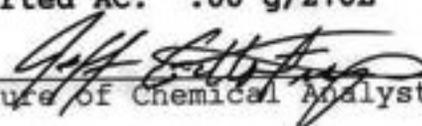
Analyst's Name: Gillstrap, Jeffrey L
Permit Number: 0006-2446
Effective:
12/01/2023-12/01/2025

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

Lot Number: AG431003
Exp Date: 11/05/2026

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 10:27pm |
| AIR BLK | .00 | 10:28pm |
| ACCY CHK | .07 | 10:28pm |
| AIR BLK | .00 | 10:29pm |
| SUB TEST | .00 | 10:30pm |
| AIR BLK | .00 | 10:31pm |
| SUB TEST | .00 | 10:32pm |
| AIR BLK | .00 | 10:33pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

BUNCOMBE COUNTY BAT MOBILE UNIT 11 100

Serial Number: 008973 Test Record Number: 1277
Test Date: 07/03/2025 Test Time: 10:36pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:36pm |
| FLO | Pass | 10:36pm |
| FC | Pass | 10:36pm |

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:37pm |

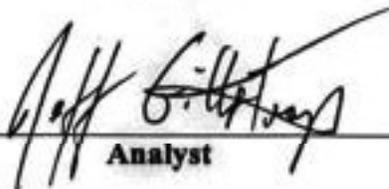
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 10:37pm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 10:37pm |
| CAL | Pass | 10:37pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Buncombe Instrument Location BAT Mobile Unit 11
Instrument Serial No. 008973 Buncombe SD

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.

I certify that on the 4th day of July, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

82446
Certificate Number

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

Intox EC/IR-II: Subject Test

BUNCOMBE COUNTY BAT MOBILE UNIT 11 100

Serial Number: 008973
Test Date: 07/04/2025

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

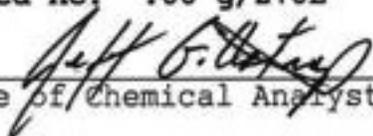
Analyst's Name: Gillstrap, Jeffrey L
Permit Number: 0006-2446
Effective:
12/01/2023-12/01/2025

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

Lot Number: AG431003
Exp Date: 11/05/2026

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

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

BUNCOMBE COUNTY BAT MOBILE UNIT 11 100

Serial Number: 008973 Test Record Number: 1279
Test Date: 07/04/2025 Test Time: 12:20am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 12:21am |
| FLO | Pass | 12:21am |
| FC | Pass | 12:21am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 12:21am |
| SRC | Pass | 12:21am |
| DET | Pass | 12:21am |
| BAR | Pass | 12:21am |
| BT | Pass | 12:21am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:22am |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 12:22am |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 12:22am |
| CAL | Pass | 12:22am |

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**

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Cabarrus Instrument Location Cabarrus County So
Instrument Serial No. 008590 Concord, NC

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.

I certify that on the 9th day of July, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

849845
Certificate Number

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

Intox EC/IR-II: Subject Test

CABARRUS COUNTY CABARRUS COUNTY SO 120

Serial Number: 008590
Test Date: 07/09/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Helms, Bryce A

Permit Number: 0084-9845

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

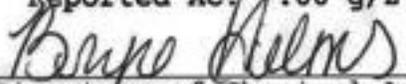
Test Type: Breath Test

Lot Number: AG417802

Exp Date: 06/26/2026

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 11:26am |
| AIR BLK | .00 | 11:26am |
| ACCY CHK | .08 | 11:27am |
| AIR BLK | .00 | 11:28am |
| SUB TEST | .00 | 11:29am |
| AIR BLK | .00 | 11:30am |
| SUB TEST | .00 | 11:31am |
| AIR BLK | .00 | 11:32am |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

Intox EC/IR-II: Preventive Maintenance

CABARRUS COUNTY CABARRUS COUNTY SO 120

Serial Number: 008590 Test Record Number: 5570
Test Date: 07/09/2025 Test Time: 11:34am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:35am |
| FLO | Pass | 11:35am |
| FC | Pass | 11:35am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:35am |
| SRC | Pass | 11:35am |
| DET | Pass | 11:35am |
| BAR | Pass | 11:35am |
| BT | Pass | 11:35am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:35am |

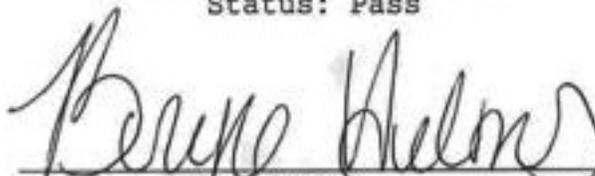
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:35am |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 11:36am |
| CAL | Pass | 11:36am |

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Cabarrus Instrument Location BAT Mobile Unit 8

Instrument Serial No. 008615 Kannapolis PD

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.

I certify that on the 2 day of July, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

2219283
Certificate Number

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

Intox EC/IR-II: Subject Test

CABARRUS COUNTY BAT MOBILE UNIT 8 120

Serial Number: 008615
Test Date: 07/02/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Glasscock, Jerry D

Permit Number: 7180-9235

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

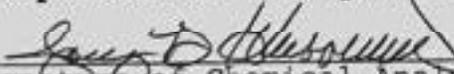
Test Type: Breath Test

Lot Number: AG405102

Exp Date: 02/20/2026

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 7:11pm |
| AIR BLK | .00 | 7:12pm |
| ACCY CHK | .07 | 7:12pm |
| AIR BLK | .00 | 7:13pm |
| SUB TEST | .00 | 7:14pm |
| AIR BLK | .00 | 7:15pm |
| SUB TEST | .00 | 7:17pm |
| AIR BLK | .00 | 7:18pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

CABARRUS COUNTY BAT MOBILE UNIT 8 120

Serial Number: 008615 Test Record Number: 6123
Test Date: 07/02/2025 Test Time: 7:21pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 7:22pm |
| FLO | Pass | 7:22pm |
| FC | Pass | 7:22pm |

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 |

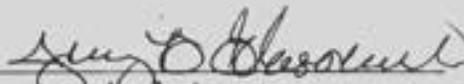
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 7:23pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 7:23pm |
| CAL | Pass | 7:23pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Cabarrus Instrument Location BAT Mobile Unit 8
Instrument Serial No. 008736 Kannapolis PD

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.

I certify that on the 2 day of July, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

2219283
Certificate Number

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

Intox EC/IR-II: Subject Test

CABARRUS COUNTY BAT MOBILE UNIT 8 120

Serial Number: 008736
Test Date: 07/02/2025

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

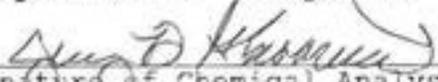
Analyst's Name: Glasscock, Jerry D
Permit Number: 7180-9235
Effective:
02/01/2025-02/01/2027

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

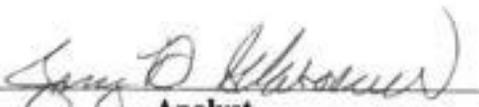
Lot Number: AG405102
Exp Date: 02/20/2026

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 7:15pm |
| AIR BLK | .00 | 7:16pm |
| ACCY CHK | .07 | 7:17pm |
| AIR BLK | .00 | 7:18pm |
| SUB TEST | .00 | 7:19pm |
| AIR BLK | .00 | 7:20pm |
| SUB TEST | .00 | 7:22pm |
| AIR BLK | .00 | 7:23pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

CABARRUS COUNTY BAT MOBILE UNIT, 8 120

Serial Number: 008736 Test Record Number: 1483
Test Date: 07/02/2025 Test Time: 7:24pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 7:25pm |

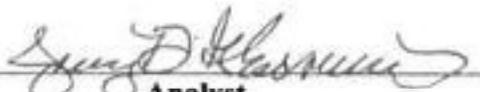
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 7:25pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 7:25pm |
| CAL | Pass | 7:25pm |

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Cabarrus Instrument Location BAT Mobile Unit 8
Instrument Serial No. 008775 Kannapolis PD

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.

I certify that on the 2 day of July, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

2219283
Certificate Number

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

Intox EC/IR-II: Subject Test

CABARRUS COUNTY BAT MOBILE UNIT 8 120

Serial Number: 008775
Test Date: 07/02/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Glasscock, Jerry D

Permit Number: 7180-9235

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: PTA

Agency: DHHS

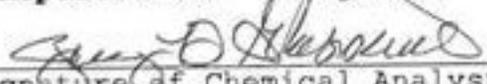
Test Type: Breath Test

Lot Number: AG506303

Exp Date: 03/04/2027

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 7:11pm |
| AIR BLK | .00 | 7:12pm |
| ACCY CHK | .08 | 7:13pm |
| AIR BLK | .00 | 7:14pm |
| SUB TEST | .00 | 7:14pm |
| AIR BLK | .00 | 7:15pm |
| SUB TEST | .00 | 7:17pm |
| AIR BLK | .00 | 7:18pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

CABARRUS COUNTY BAT MOBILE UNIT 8 120

Serial Number: 008775 Test Record Number: 2331
Test Date: 07/02/2025 Test Time: 7:18pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 7:19pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 7:19pm |

CRC Tests

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

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Cabarrus Instrument Location Cabarrus County &
Concord, NC
Instrument Serial No. 008792

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.

I certify that on the 9th day of July, 2025 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.



Boyo Helms
Signature of Certifying Official

849845
Certificate Number

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

Intox EC/IR-II: Subject Test

CABARRUS COUNTY CABARRUS COUNTY SO 120

Serial Number: 008792
Test Date: 07/09/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Helms, Bryce A

Permit Number: 0084-9845

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

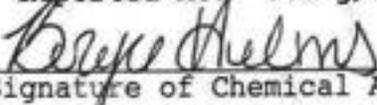
Test Type: Breath Test

Lot Number: AG405103

Exp Date: 02/20/2026

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 11:24am |
| AIR BLK | .00 | 11:24am |
| ACCY CHK | .08 | 11:25am |
| AIR BLK | .00 | 11:26am |
| SUB TEST | .00 | 11:27am |
| AIR BLK | .00 | 11:28am |
| SUB TEST | .00 | 11:30am |
| AIR BLK | .00 | 11:31am |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

CABARRUS COUNTY CABARRUS COUNTY SO 120

Serial Number: 008792 Test Record Number: 4606
Test Date: 07/09/2025 Test Time: 11:31am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:32am |
| FLO | Pass | 11:32am |
| FC | Pass | 11:32am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:32am |
| SRC | Pass | 11:32am |
| DET | Pass | 11:32am |
| BAR | Pass | 11:32am |
| BT | Pass | 11:32am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:33am |

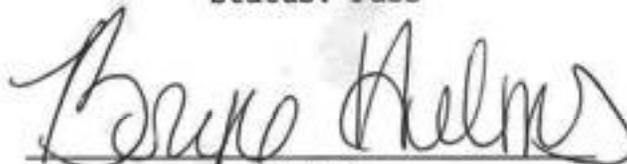
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:33am |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 11:33am |
| CAL | Pass | 11:33am |

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Cabarrus Instrument Location BAC Mobile Unit 8
Instrument Serial No. 008816 Kannapolis PD

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.

I certify that on the 2 day of July, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

2219283
Certificate Number

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

Serial Number: 008816
Test Date: 07/02/2025

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Glasscock, Jerry D

Permit Number: 7180-9235

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG431002

Exp Date: 11/05/2026

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 7:10pm |
| AIR BLK | .00 | 7:11pm |
| ACCY CHK | .07 | 7:11pm |
| AIR BLK | .00 | 7:12pm |
| SUB TEST | .00 | 7:13pm |
| AIR BLK | .00 | 7:14pm |
| SUB TEST | .00 | 7:16pm |
| AIR BLK | .00 | 7:17pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

CABARRUS COUNTY BAT MOBILE UNIT 8 120

Serial Number: 008816 Test Record Number: 7917
Test Date: 07/02/2025 Test Time: 7:19pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 7:20pm |

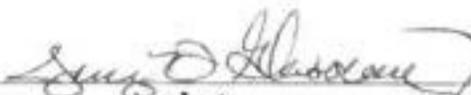
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 7:20pm |

CRC Tests

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

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Cabarrus Instrument Location BAT Mobile Unit 8

Instrument Serial No. 008929 Kannapolis PD

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.

I certify that on the 2 day of July, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

2219283
Certificate Number

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

Intox EC/IR-II: Subject Test

CABARRUS COUNTY BAT MOBILE UNIT 8 120

Serial Number: 008929
Test Date: 07/02/2025

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

Analyst's Name: Glasscock, Jerry D
Permit Number: 7180-9235
Effective:
02/01/2025-02/01/2027

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

Lot Number: AG506303
Exp Date: 03/04/2027

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 7:09pm |
| AIR BLK | .00 | 7:10pm |
| ACCY CHK | .07 | 7:11pm |
| AIR BLK | .00 | 7:12pm |
| SUB TEST | .00 | 7:13pm |
| AIR BLK | .00 | 7:14pm |
| SUB TEST | .00 | 7:15pm |
| AIR BLK | .00 | 7:17pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

CABARRUS COUNTY BAT MOBILE UNIT 8 120

Serial Number: 008929 Test Record Number: 1619
Test Date: 07/02/2025 Test Time: 7:17pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 7:18pm |
| FLO | Pass | 7:18pm |
| FC | Pass | 7:18pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 7:18pm |
| SRC | Pass | 7:18pm |
| DET | Pass | 7:18pm |
| BAR | Pass | 7:18pm |
| BT | Pass | 7:18pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 7:19pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 7:19pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 7:19pm |
| CAL | Pass | 7:19pm |

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County CAUDWELL Instrument Location CAUDWELL CO. JAIL

Instrument Serial No. 008803 LENOIR NC

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.

I certify that on the 03 day of July, 2025 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.



Jim S. Fleming
Signature of Certifying Official

274970
Certificate Number

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

Intox EC/IR-II: Subject Test

CALDWELL COUNTY CALDWELL COUNTY JAIL
130

Serial Number: 008803
Test Date: 07/03/2025

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

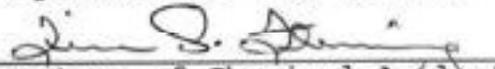
Analyst's Name: Fleming, Tina S
Permit Number: 0027-4970
Effective:
10/01/2023-10/01/2025

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

Lot Number: AG506302
Exp Date: 03/04/2027

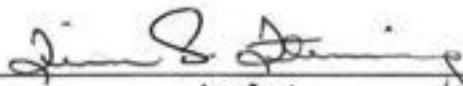
| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 12:13pm |
| AIR BLK | .00 | 12:13pm |
| ACCY CHK | .08 | 12:14pm |
| AIR BLK | .00 | 12:15pm |
| SUB TEST | .00 | 12:16pm |
| AIR BLK | .00 | 12:17pm |
| SUB TEST | .00 | 12:18pm |
| AIR BLK | .00 | 12:19pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

Intox EC/IR-II: Preventive Maintenance

CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008803 Test Record Number: 890
Test Date: 07/03/2025 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

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:21pm |

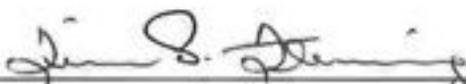
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 12:21pm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 12:21pm |
| CAL | Pass | 12:21pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County CARTERET Instrument Location MORE HEAD CITY
Instrument Serial No. 008731 POLICE DEPT

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.

I certify that on the 21st day of July, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

2821950
Certificate Number

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

Intox EC/IR-II: Subject Test

CARTERET COUNTY MOREHEAD CITY PD 150

Serial Number: 008731
Test Date: 07/21/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: GILLESPIE, PENTTI W

Permit Number: 9523-2149

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG405103

Exp Date: 02/20/2026

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 11:35am |
| 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


Analyst

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

Intox EC/IR-II: Preventive Maintenance

CARTERET COUNTY MOREHEAD CITY PD 150

Serial Number: 008731 Test Record Number: 2773
Test Date: 07/21/2025 Test Time: 11:41am 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

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:43am |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 11:43am |
| CAL | Pass | 11:43am |

**Preventive Maintenance
Status: Pass**



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Caswell Instrument Location Caswell Co Detention Ctr

Instrument Serial No. 008593 211 County Park Dr

Yanceyville, NC

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.

I certify that on the 3 day of July, 2025 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.



Simon Stokes Barcus
Signature of Certifying Official

146221
Certificate Number

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

Intox EC/IR-II: Subject Test

CASWELL COUNTY DETENTION CENTER 160

Serial Number: 008593

Test Date: 07/03/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

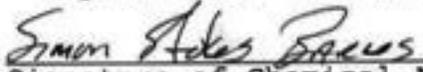
Test Type: Breath Test

Lot Number: AG501303

Exp Date: 01/13/2027

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 8:55am |
| AIR BLK | .00 | 8:56am |
| ACCY CHK | .07 | 8:56am |
| AIR BLK | .00 | 8:57am |
| SUB TEST | .00 | 8:58am |
| AIR BLK | .00 | 8:59am |
| SUB TEST | .00 | 9:00am |
| AIR BLK | .00 | 9:01am |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

CASWELL COUNTY DETENTION CENTER 160

Serial Number: 008593 Test Record Number: 2378
Test Date: 07/03/2025 Test Time: 9:02am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:02am |
| FLO | Pass | 9:02am |
| FC | Pass | 9:02am |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:02am |
| SRC | Pass | 9:02am |
| DET | Pass | 9:02am |
| BAR | Pass | 9:02am |
| BT | Pass | 9:02am |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:03am |

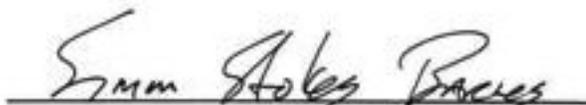
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 9:03am |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 9:03am |
| CAL | Pass | 9:03am |

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Chowan Instrument Location Chowan Co. Public Safety Center
Instrument Serial No. 008895 305 Freemason St. Edenston, NC

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.

I certify that on the 21st day of July, 2025 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.



Mark A. Russell
Signature of Certifying Official

206272
Certificate Number

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

Intox EC/IR-II: Subject Test

CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: 008895

Test Date: 07/21/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Chappell, Mark A

Permit Number: 0020-6272

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

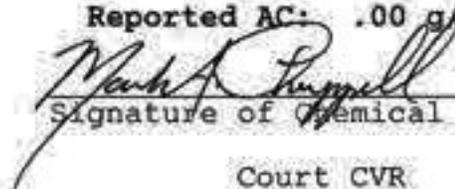
Test Type: Breath Test

Lot Number: AG431001

Exp Date: 11/05/2026

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 1:42pm |
| AIR BLK | .00 | 1:42pm |
| ACCY CHK | .07 | 1:43pm |
| AIR BLK | .00 | 1:44pm |
| SUB TEST | .00 | 1:45pm |
| AIR BLK | .00 | 1:46pm |
| SUB TEST | .00 | 1:47pm |
| AIR BLK | .00 | 1:48pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: 008895 Test Record Number: 1265
Test Date: 07/21/2025 Test Time: 1:50pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 1:50pm |
| FLO | Pass | 1:50pm |
| PC | Pass | 1:50pm |

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 1:51pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 1:51pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 1:51pm |
| CAL | Pass | 1:51pm |

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County COLUMBUS Instrument Location COLUMBUS COUNTY
Instrument Serial No. 008886 DETENTION CENTER

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.

I certify that on the 24 day of JULY, 2025 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.



Alan R. Barnes
Signature of Certifying Official

146279
Certificate Number

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

Intox EC/IR-II: Subject Test

COLUMBUS COUNTY DETENTION CENTER 230

Serial Number: 008886
Test Date: 07/24/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG400301

Exp Date: 01/03/2026

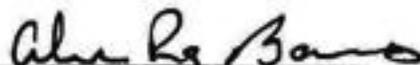
| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 1:11pm |
| AIR BLK | .00 | 1:12pm |
| ACCY CHK | .08 | 1:13pm |
| AIR BLK | .00 | 1:14pm |
| SUB TEST | .00 | 1:15pm |
| AIR BLK | .00 | 1:15pm |
| SUB TEST | .00 | 1:17pm |
| AIR BLK | .00 | 1:18pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

COLUMBUS COUNTY DETENTION CENTER 230

Serial Number: 008886 Test Record Number: 1882
Test Date: 07/24/2025 Test Time: 1:19pm 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 | 1:20pm |

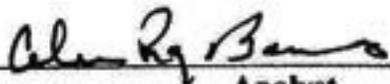
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 1:20pm |

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Craven Instrument Location BAT Mobile Unit 8

Instrument Serial No. 008615 Craven 50

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.

I certify that on the 4 day of July, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

2219283
Certificate Number

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

Intox EC/IR-II: Subject Test

CRAVEN COUNTY BAT MOBILE UNIT 8 240

Serial Number: 008615
Test Date: 07/04/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Glasscock, Jerry D

Permit Number: 7180-9235

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

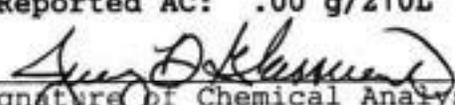
Test Type: Breath Test

Lot Number: AG405102

Exp Date: 02/20/2026

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 10:25pm |
| AIR BLK | .00 | 10:26pm |
| ACCY CHK | .07 | 10:27pm |
| AIR BLK | .00 | 10:28pm |
| SUB TEST | .00 | 10:28pm |
| AIR BLK | .00 | 10:29pm |
| SUB TEST | .00 | 10:32pm |
| AIR BLK | .00 | 10:33pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

CRAVEN COUNTY BAT MOBILE UNIT 8 240

Serial Number: 008615 Test Record Number: 6127
Test Date: 07/04/2025 Test Time: 10:34pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:34pm |
| FLO | Pass | 10:34pm |
| FC | Pass | 10:34pm |

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:35pm |

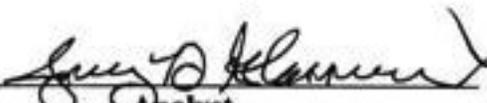
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 10:35pm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 10:35pm |
| CAL | Pass | 10:35pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Craven Instrument Location BAT Mobile Unit 8
Instrument Serial No. 008736 Craven 50

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.

I certify that on the 4 day of July, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

2219283
Certificate Number

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

Intox EC/IR-II: Subject Test

CRAVEN COUNTY BAT MOBILE UNIT 8 240

Serial Number: 008736
Test Date: 07/04/2025

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Glasscock, Jerry D

Permit Number: 7180-9235

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

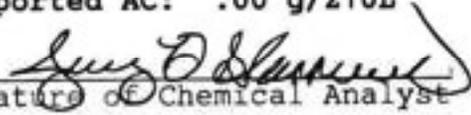
Test Type: Breath Test

Lot Number: AG405102

Exp Date: 02/20/2026

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 10:24pm |
| AIR BLK | .00 | 10:25pm |
| ACCY CHK | .07 | 10:26pm |
| AIR BLK | .00 | 10:27pm |
| SUB TEST | .00 | 10:27pm |
| AIR BLK | .00 | 10:28pm |
| SUB TEST | .00 | 10:29pm |
| AIR BLK | .00 | 10:30pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

CRAVEN COUNTY BAT MOBILE UNIT 8 240

Serial Number: 008736 Test Record Number: 1487
Test Date: 07/04/2025 Test Time: 10:36pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:36pm |
| FLO | Pass | 10:36pm |
| FC | Pass | 10:37pm |

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:37pm |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 10:37pm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 10:38pm |
| CAL | Pass | 10:38pm |

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Craven Instrument Location BAT Mobile Unit 8
Instrument Serial No. 008775 Craven SO

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.

I certify that on the 4 day of July, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

2219283
Certificate Number

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

Intox EC/IR-II: Subject Test

CRAVEN COUNTY BAT MOBILE UNIT 8 240

Serial Number: 008775
Test Date: 07/04/2025

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

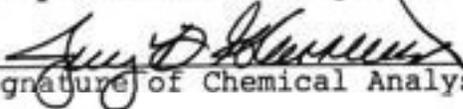
Analyst's Name: Glasscock, Jerry D
Permit Number: 7180-9235
Effective:
02/01/2025-02/01/2027

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

Lot Number: AG506303
Exp Date: 03/04/2027

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 10:26pm |
| AIR BLK | .00 | 10:27pm |
| ACCY CHK | .08 | 10:28pm |
| AIR BLK | .00 | 10:29pm |
| SUB TEST | .00 | 10:30pm |
| AIR BLK | .00 | 10:31pm |
| SUB TEST | .00 | 10:32pm |
| AIR BLK | .00 | 10:33pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

CRAVEN COUNTY BAT MOBILE UNIT 8 240

Serial Number: 008775 Test Record Number: 2336
Test Date: 07/04/2025 Test Time: 11:24pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:25pm |
| FLO | Pass | 11:25pm |
| FC | Pass | 11:25pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:25pm |
| SRC | Pass | 11:25pm |
| DET | Pass | 11:25pm |
| BAR | Pass | 11:25pm |
| BT | Pass | 11:25pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:26pm |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:26pm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 11:26pm |
| CAL | Pass | 11:26pm |

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Craven Instrument Location BAT Mobile Unit 8

Instrument Serial No. 008816 Craven SO

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.

I certify that on the 4 day of July, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

2219283
Certificate Number

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

Intox EC/IR-II: Subject Test

CRAVEN COUNTY BAT MOBILE UNIT 8 240

Serial Number: 008816
Test Date: 07/04/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Glasscock, Jerry D

Permit Number: 7180-9235

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

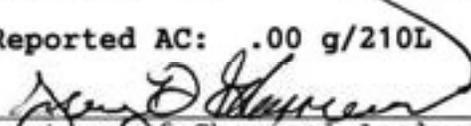
Test Type: Breath Test

Lot Number: AG431002

Exp Date: 11/05/2026

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 10:22pm |
| AIR BLK | .00 | 10:23pm |
| ACCY CHK | .08 | 10:23pm |
| AIR BLK | .00 | 10:24pm |
| SUB TEST | .00 | 10:26pm |
| AIR BLK | .00 | 10:27pm |
| SUB TEST | .00 | 10:28pm |
| AIR BLK | .00 | 10:29pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

CRAVEN COUNTY BAT MOBILE UNIT 8 240

Serial Number: 008816 Test Record Number: 7921
Test Date: 07/04/2025 Test Time: 10:32pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:32pm |
| FLO | Pass | 10:32pm |
| FC | Pass | 10:32pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 10:32pm |
| SRC | Pass | 10:32pm |
| DET | Pass | 10:32pm |
| BAR | Pass | 10:32pm |
| BT | Pass | 10:32pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:33pm |

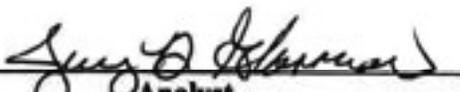
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 10:33pm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 10:33pm |
| CAL | Pass | 10:33pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Craven Instrument Location BAT Mobile Unit 8

Instrument Serial No. 008929 Craven 50

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.

I certify that on the 4 day of July, 2025 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.



[Handwritten Signature]
Signature of Certifying Official

2219283
Certificate Number

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

Intox EC/IR-II: Subject Test

CRAVEN COUNTY BAT MOBILE UNIT 8 240

Serial Number: 008929
Test Date: 07/04/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Glasscock, Jerry D

Permit Number: 7180-9235

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

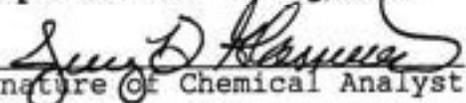
Test Type: Breath Test

Lot Number: AG506303

Exp Date: 03/04/2027

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 10:21pm |
| AIR BLK | .00 | 10:22pm |
| ACCY CHK | .08 | 10:23pm |
| AIR BLK | .00 | 10:24pm |
| SUB TEST | .00 | 10:25pm |
| AIR BLK | .00 | 10:26pm |
| SUB TEST | .00 | 10:28pm |
| AIR BLK | .00 | 10:29pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

CRAVEN COUNTY BAT MOBILE UNIT 8 240

Serial Number: 008929 Test Record Number: 1623
Test Date: 07/04/2025 Test Time: 10:31pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:32pm |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 10:32pm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 10:32pm |
| CAL | Pass | 10:32pm |

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Cumberland Instrument Location Cumberland County
Instrument Serial No. 008632 Detention Center

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.

I certify that on the 21 day of July, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

365156
Certificate Number

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

Intox EC/IR-II: Subject Test

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008632
Test Date: 07/21/2025

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

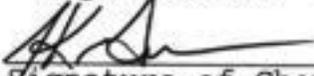
Analyst's Name: Garner, Joel K
Permit Number: 0036-5156
Effective:
02/01/2025-02/01/2027

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

Lot Number: AG506301
Exp Date: 03/04/2027

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 8:06am |
| AIR BLK | .00 | 8:07am |
| ACCY CHK | .07 | 8:08am |
| AIR BLK | .00 | 8:09am |
| SUB TEST | .00 | 8:09am |
| AIR BLK | .00 | 8:10am |
| SUB TEST | .00 | 8:12am |
| AIR BLK | .00 | 8:13am |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008632 Test Record Number: 4979
Test Date: 07/21/2025 Test Time: 8:14am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 8:14am |
| FLO | Pass | 8:14am |
| FC | Pass | 8:14am |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 8:14am |
| SRC | Pass | 8:14am |
| DET | Pass | 8:14am |
| BAR | Pass | 8:14am |
| BT | Pass | 8:14am |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 8:15am |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 8:15am |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 8:15am |
| CAL | Pass | 8:15am |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Cumberland Instrument Location Cumberland County
Instrument Serial No. 008633 Detention Center

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.

I certify that on the 21 day of July, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

365156
Certificate Number

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

Intox EC/IR-II: Subject Test

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008633
Test Date: 07/21/2025

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

Analyst's Name: Garner, Joel K
Permit Number: 0036-5156
Effective:
02/01/2025-02/01/2027

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

Lot Number: AG506301
Exp Date: 03/04/2027

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 8:07am |
| AIR BLK | .00 | 8:08am |
| ACCY CHK | .07 | 8:09am |
| AIR BLK | .00 | 8:10am |
| SUB TEST | .00 | 8:11am |
| AIR BLK | .00 | 8:12am |
| SUB TEST | .00 | 8:13am |
| AIR BLK | .00 | 8:14am |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008633 Test Record Number: 7242
Test Date: 07/21/2025 Test Time: 8:17am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 8:17am |
| FLO | Pass | 8:17am |
| FC | Pass | 8:17am |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 8:17am |
| SRC | Pass | 8:17am |
| DET | Pass | 8:17am |
| BAR | Pass | 8:17am |
| BT | Pass | 8:17am |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 8:18am |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 8:18am |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 8:18am |
| CAL | Pass | 8:18am |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Cumberland Instrument Location Cumberland County
Instrument Serial No. 008672 Detention Center

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.

I certify that on the 21 day of July, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

365156
Certificate Number

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

Intox EC/IR-II: Subject Test

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008672
Test Date: 07/21/2025

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

Analyst's Name: Garner, Joel K
Permit Number: 0036-5156
Effective:
02/01/2025-02/01/2027

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

Lot Number: AG506301
Exp Date: 03/04/2027

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 8:08am |
| AIR BLK | .00 | 8:09am |
| ACCY CHK | .07 | 8:09am |
| AIR BLK | .00 | 8:10am |
| SUB TEST | .00 | 8:11am |
| AIR BLK | .00 | 8:12am |
| SUB TEST | .00 | 8:14am |
| AIR BLK | .00 | 8:15am |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008672 Test Record Number: 8773
Test Date: 07/21/2025 Test Time: 8:21am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 8:22am |
| FLO | Pass | 8:22am |
| FC | Pass | 8:22am |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 8:22am |
| SRC | Pass | 8:22am |
| DET | Pass | 8:22am |
| BAR | Pass | 8:22am |
| BT | Pass | 8:22am |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 8:23am |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 8:23am |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 8:23am |
| CAL | Pass | 8:23am |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Dare Instrument Location Dare Co. Detention Center
Instrument Serial No. 008783 1044 Driftwood Dr. Manteo,
NC

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.

I certify that on the 22nd day of July, 2025 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.



Mark A. Russell
Signature of Certifying Official

206272
Certificate Number

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

Intox EC/IR-II: Subject Test

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008783
Test Date: 07/22/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Chappell, Mark A

Permit Number: 0020-6272

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: PTA

Agency: DHHS

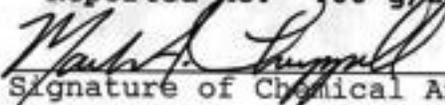
Test Type: Breath Test

Lot Number: AG506301

Exp Date: 03/04/2027

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 11:50am |
| AIR BLK | .00 | 11:50am |
| ACCY CHK | .07 | 11:51am |
| AIR BLK | .00 | 11:52am |
| SUB TEST | .00 | 11:53am |
| AIR BLK | .00 | 11:54am |
| SUB TEST | .00 | 11:55am |
| AIR BLK | .00 | 11:56am |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008783 Test Record Number: 1749
Test Date: 07/22/2025 Test Time: 11:58am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:59am |
| FLO | Pass | 11:59am |
| FC | Pass | 11:59am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:59am |
| SRC | Pass | 11:59am |
| DET | Pass | 11:59am |
| BAR | Pass | 11:59am |
| BT | Pass | 11:59am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:00pm |

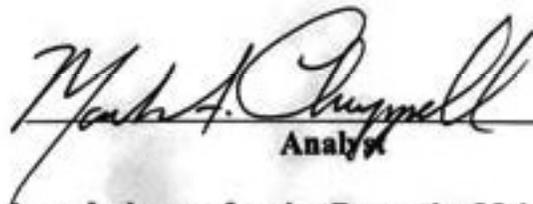
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 12:00pm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 12:00pm |
| CAL | Pass | 12:00pm |

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Dare Instrument Location Dare Co Detention Center
Instrument Serial No. 008804 1044 Driftwood Dr. Manteo,
NC

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.

I certify that on the 22nd day of July, 2025 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.



Mark A. Taylor
Signature of Certifying Official

206272
Certificate Number

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

Intox EC/IR-II: Subject Test

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008804
Test Date: 07/22/2025

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Chappell, Mark A

Permit Number: 0020-6272

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

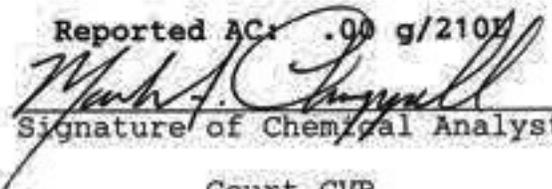
Test Type: Breath Test

Lot Number: AG506301

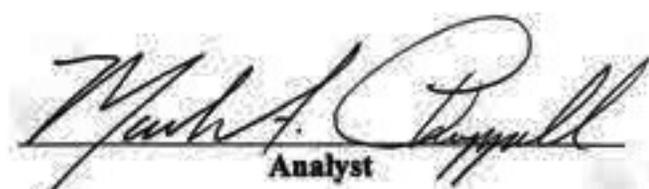
Exp Date: 03/04/2027

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 11:57am |
| AIR BLK | .00 | 11:58am |
| ACCY CHK | .07 | 11:58am |
| AIR BLK | .00 | 11:59am |
| SUB TEST | .00 | 12:00pm |
| AIR BLK | .00 | 12:01pm |
| SUB TEST | .00 | 12:03pm |
| AIR BLK | .00 | 12:04pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008804 Test Record Number: 2937
Test Date: 07/22/2025 Test Time: 12:06pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 12:06pm |
| FLO | Pass | 12:06pm |
| FC | Pass | 12:06pm |

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:07pm |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 12:07pm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 12:07pm |
| CAL | Pass | 12:07pm |

**Preventive Maintenance
Status: Pass**


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Dare Instrument Location BAT Mobile Unit 13
Instrument Serial No. 008869 Dare County J. O.

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.

I certify that on the 3 day of July, 2025 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.



Tim B. White
Signature of Certifying Official

307699
Certificate Number

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

Intox EC/IR-II: Subject Test

DARE COUNTY BAT MOBILE UNIT 13 270

Serial Number: 008869

Test Date: 07/03/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Whitehurst, Timothy B

Permit Number: 0030-7699

Effective:

03/01/2025-03/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

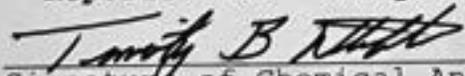
Test Type: Breath Test

Lot Number: AG417803

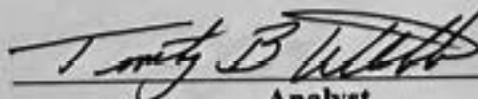
Exp Date: 06/26/2026

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 4:36pm |
| AIR BLK | .00 | 4:37pm |
| ACCY CHK | .07 | 4:38pm |
| AIR BLK | .00 | 4:39pm |
| SUB TEST | .00 | 4:40pm |
| AIR BLK | .00 | 4:41pm |
| SUB TEST | .00 | 4:42pm |
| AIR BLK | .00 | 4:43pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

DARE COUNTY BAT MOBILE UNIT 13 270

Serial Number: 008869 Test Record Number: 2045
Test Date: 07/03/2025 Test Time: 4:43pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 4:44pm |
| FLO | Pass | 4:44pm |
| FC | Pass | 4:44pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 4:44pm |
| SRC | Pass | 4:44pm |
| DET | Pass | 4:44pm |
| BAR | Pass | 4:44pm |
| BT | Pass | 4:44pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 4:45pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 4:45pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 4:45pm |
| CAL | Pass | 4:45pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Dare Instrument Location BAT Mobile Unit 13
Instrument Serial No. 008869 Dare County S.O.

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.

I certify that on the 22 day of July, 2025 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.



Tom B. Smith
Signature of Certifying Official

307699
Certificate Number

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

Intox EC/IR-II: Subject Test

DARE COUNTY BAT MOBILE UNIT 13 270

Serial Number: 008869
Test Date: 07/22/2025

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Whitehurst, Timothy B

Permit Number: 0030-7699

Effective:

03/01/2025-03/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG417803

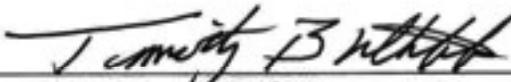
Exp Date: 06/26/2026

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 5:44pm |
| AIR BLK | .00 | 5:45pm |
| ACCY CHK | .07 | 5:46pm |
| AIR BLK | .00 | 5:47pm |
| SUB TEST | .00 | 5:47pm |
| AIR BLK | .00 | 5:48pm |
| SUB TEST | .00 | 5:50pm |
| AIR BLK | .00 | 5:51pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

DARE COUNTY BAT MOBILE UNIT 13 270

Serial Number: 008869 Test Record Number: 2060
Test Date: 07/22/2025 Test Time: 5:51pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 5:51pm |
| FLO | Pass | 5:51pm |
| FC | Pass | 5:51pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 5:52pm |
| SRC | Pass | 5:52pm |
| DET | Pass | 5:52pm |
| BAR | Pass | 5:52pm |
| BT | Pass | 5:52pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 5:52pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 5:52pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 5:52pm |
| CAL | Pass | 5:52pm |

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Dare Instrument Location BAT Mobile Unit 13
Instrument Serial No. 008898 Dare County S.O.

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.

I certify that on the 3 day of July, 2025 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.



Tommy B. White
Signature of Certifying Official

307699
Certificate Number

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

Intox EC/IR-II: Subject Test

DARE COUNTY BAT MOBILE UNIT 13 270

Serial Number: 008898

Test Date: 07/03/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Whitehurst, Timothy B

Permit Number: 0030-7699

Effective:

03/01/2025-03/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

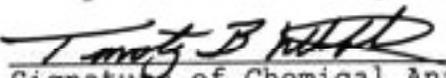
Test Type: Breath Test

Lot Number: AG506302

Exp Date: 03/04/2027

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 4:03pm |
| AIR BLK | .00 | 4:04pm |
| ACCY CHK | .07 | 4:04pm |
| AIR BLK | .00 | 4:05pm |
| SUB TEST | .00 | 4:06pm |
| AIR BLK | .00 | 4:07pm |
| SUB TEST | .00 | 4:08pm |
| AIR BLK | .00 | 4:09pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

DARE COUNTY BAT MOBILE UNIT 13 270

Serial Number: 008898 Test Record Number: 2017
Test Date: 07/03/2025 Test Time: 4:10pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 4:10pm |
| FLO | Pass | 4:10pm |
| FC | Pass | 4:10pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 4:10pm |
| SRC | Pass | 4:10pm |
| DET | Pass | 4:10pm |
| BAR | Pass | 4:10pm |
| BT | Pass | 4:10pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 4:11pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 4:11pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 4:11pm |
| CAL | Pass | 4:11pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Dare Instrument Location BAT Mobik Unit 13
Instrument Serial No. 008898 Dare County S.O.

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.

I certify that on the 22 day of July, 2025 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.



T. M. B. [Signature]
Signature of Certifying Official

307699
Certificate Number

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

Intox EC/IR-II: Subject Test

DARE COUNTY BAT MOBILE UNIT 13 270

Serial Number: 008898
Test Date: 07/22/2025

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

Analyst's Name: Whitehurst, Timothy B
Permit Number: 0030-7699
Effective:
03/01/2025-03/01/2027

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

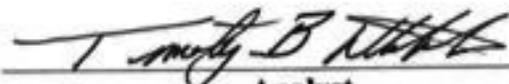
Lot Number: AG506302
Exp Date: 03/04/2027

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 5:30pm |
| AIR BLK | .00 | 5:31pm |
| ACCY CHK | .07 | 5:32pm |
| AIR BLK | .00 | 5:33pm |
| SUB TEST | .00 | 5:33pm |
| AIR BLK | .00 | 5:34pm |
| SUB TEST | .00 | 5:36pm |
| AIR BLK | .00 | 5:36pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

DARE COUNTY BAT MOBILE UNIT 13 270

Serial Number: 008898 Test Record Number: 2028
Test Date: 07/22/2025 Test Time: 5:37pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 5:37pm |
| FLO | Pass | 5:37pm |
| FC | Pass | 5:37pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 5:37pm |
| SRC | Pass | 5:37pm |
| DET | Pass | 5:37pm |
| BAR | Pass | 5:37pm |
| BT | Pass | 5:37pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 5:38pm |

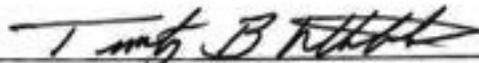
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 5:38pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 5:38pm |
| CAL | Pass | 5:38pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Dare Instrument Location BAT Mobile Unit 13

Instrument Serial No. 008939 Dare County S.O.

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.

I certify that on the 3 day of July, 2025 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.



Timothy B. White
Signature of Certifying Official

307699
Certificate Number

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

Intox EC/IR-II: Subject Test

DARE COUNTY BAT MOBILE UNIT 13 270

Serial Number: 008939
Test Date: 07/03/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Whitehurst, Timothy B

Permit Number: 0030-7699

Effective:

03/01/2025-03/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG506302

Exp Date: 03/04/2027

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 3:46pm |
| AIR BLK | .00 | 3:47pm |
| ACCY CHK | .08 | 3:48pm |
| AIR BLK | .00 | 3:49pm |
| SUB TEST | .00 | 3:49pm |
| AIR BLK | .00 | 3:50pm |
| SUB TEST | .00 | 3:52pm |
| AIR BLK | .00 | 3:53pm |

Reported AC: .00 g/210L

Timothy B Whitehurst
Signature of Chemical Analyst

Court CVR

Timothy B Whitehurst
Analyst

Intox EC/IR-II: Preventive Maintenance

DARE COUNTY BAT MOBILE UNIT 13 270

Serial Number: 008939 Test Record Number: 1882
Test Date: 07/03/2025 Test Time: 3:55pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 3:55pm |
| FLO | Pass | 3:55pm |
| FC | Pass | 3:55pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 3:56pm |
| SRC | Pass | 3:56pm |
| DET | Pass | 3:56pm |
| BAR | Pass | 3:56pm |
| BT | Pass | 3:56pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 3:56pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 3:56pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 3:56pm |
| CAL | Pass | 3:56pm |

Preventive Maintenance
Status: *Pass*



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Dare Instrument Location BAT Mobile Unit 13
Instrument Serial No. 00P939 Dare County S.O.

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.

I certify that on the 22 day of July, 2025 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.



Timothy B. [Signature]
Signature of Certifying Official

307699
Certificate Number

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

Intox EC/IR-II: Subject Test

DARE COUNTY BAT MOBILE UNIT 13 270

Serial Number: 008939
Test Date: 07/22/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Whitehurst, Timothy B

Permit Number: 0030-7699

Effective:

03/01/2025-03/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

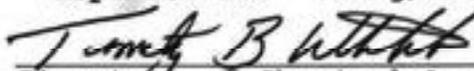
Test Type: Breath Test

Lot Number: AG506302

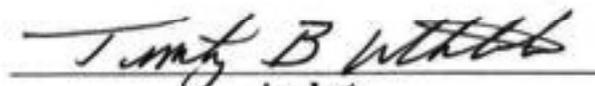
Exp Date: 03/04/2027

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

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

DARE COUNTY BAT MOBILE UNIT 13 270

Serial Number: 008939 Test Record Number: 1892
Test Date: 07/22/2025 Test Time: 5:15pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 5:15pm |
| FLO | Pass | 5:15pm |
| FC | Pass | 5:15pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 5:15pm |
| SRC | Pass | 5:15pm |
| DET | Pass | 5:15pm |
| BAR | Pass | 5:15pm |
| BT | Pass | 5:15pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 5:16pm |

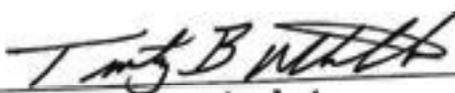
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 5:16pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 5:16pm |
| CAL | Pass | 5:16pm |

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Davidson Instrument Location BAT Mobile Unit 12

Instrument Serial No. 008601 Davidson 50

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. 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.

I certify that on the 18 day of July, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

2219283
Certificate Number

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

Intox EC/IR-II: Subject Test

DAVIDSON COUNTY BAT MOBILE UNIT 12 280

Serial Number: 008601
Test Date: 07/18/2025

Citation Number: M0000000-0

Subject's Name: .

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Glasscock, Jerry D

Permit Number: 7180-9235

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG501307

Exp Date: 01/13/2027

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 9:08pm |
| AIR BLK | .00 | 9:09pm |
| ACCY CHK | .07 | 9:09pm |
| AIR BLK | .00 | 9:10pm |
| SUB TEST | .00 | 9:11pm |
| AIR BLK | .00 | 9:12pm |
| SUB TEST | .00 | 9:13pm |
| AIR BLK | .00 | 9:14pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

DAVIDSON COUNTY BAT MOBILE UNIT 12 280

Serial Number: 008601 Test Record Number: 1794
Test Date: 07/18/2025 Test Time: 9:18pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:19pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 9:19pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 9:19pm |
| CAL | Pass | 9:19pm |

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Davidson Instrument Location BAT Mobile Unit 12

Instrument Serial No. 008601 Davidson SO

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. 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.

I certify that on the 19 day of July, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

2219283
Certificate Number

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

Intox EC/IR-II: Subject Test

DAVIDSON COUNTY BAT MOBILE UNIT 12 280

Serial Number: 008601
Test Date: 07/19/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Glasscock, Jerry D

Permit Number: 7180-9235

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

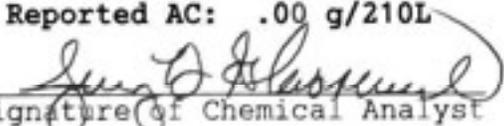
Test Type: Breath Test

Lot Number: AG501307

Exp Date: 01/13/2027

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 2:28pm |
| AIR BLK | .00 | 2:30pm |
| ACCY CHK | .08 | 2:31pm |
| AIR BLK | .00 | 2:32pm |
| SUB TEST | .00 | 2:32pm |
| AIR BLK | .00 | 2:33pm |
| SUB TEST | .00 | 2:35pm |
| AIR BLK | .00 | 2:36pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

DAVIDSON COUNTY BAT MOBILE UNIT 12 280

Serial Number: 008601 Test Record Number: 1796
Test Date: 07/19/2025 Test Time: 2:37pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 2:38pm |
| SRC | Pass | 2:38pm |
| DET | Pass | 2:38pm |
| BAR | Pass | 2:38pm |
| BT | Pass | 2:38pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 2:38pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 2:38pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 2:38pm |
| CAL | Pass | 2:38pm |

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Davidson Instrument Location BAT Mobile Unit 12
Instrument Serial No. 008698 Davidson 50

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. 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.

I certify that on the 18 day of July, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

2219283
Certificate Number

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

Intox EC/IR-II: Subject Test

DAVIDSON COUNTY BAT MOBILE UNIT 12 280

Serial Number: 008698
Test Date: 07/18/2025

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

Analyst's Name: Glasscock, Jerry D
Permit Number: 7180-9235
Effective:
02/01/2025-02/01/2027

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

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

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 9:07pm |
| AIR BLK | .00 | 9:08pm |
| ACCY CHK | .07 | 9:08pm |
| AIR BLK | .00 | 9:09pm |
| SUB TEST | .00 | 9:10pm |
| AIR BLK | .00 | 9:11pm |
| SUB TEST | .00 | 9:12pm |
| AIR BLK | .00 | 9:13pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

DAVIDSON COUNTY BAT MOBILE UNIT 12 280

Serial Number: 008698 Test Record Number: 2626
Test Date: 07/18/2025 Test Time: 9:15pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:17pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 9:17pm |

CRC Tests

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

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Davidson Instrument Location BAT Mobile Unit 12
Instrument Serial No. 008698 Davidson 50

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. 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.

I certify that on the 19 day of July, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official 2219283
Certificate Number

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

Intox EC/IR-II: Subject Test

DAVIDSON COUNTY BAT MOBILE UNIT 12 280

Serial Number: 008698
Test Date: 07/19/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Glasscock, Jerry D

Permit Number: 7180-9235

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

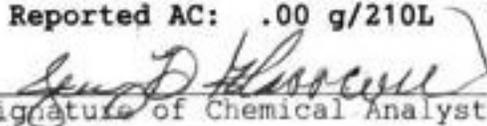
Test Type: Breath Test

Lot Number: AG400303

Exp Date: 01/03/2026

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 2:27pm |
| AIR BLK | .00 | 2:29pm |
| ACCY CHK | .07 | 2:30pm |
| AIR BLK | .00 | 2:30pm |
| SUB TEST | .00 | 2:31pm |
| AIR BLK | .00 | 2:32pm |
| SUB TEST | .00 | 2:33pm |
| AIR BLK | .00 | 2:34pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

DAVIDSON COUNTY BAT MOBILE UNIT 12 280

Serial Number: 008698 Test Record Number: 2628
Test Date: 07/19/2025 Test Time: 2:37pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 2:38pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 2:38pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 2:38pm |
| CAL | Pass | 2:38pm |

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Davidson Instrument Location BAT Mobile Unit 12
Instrument Serial No. 008788 Davidson 50

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. 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.

I certify that on the 18 day of July, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

2219283
Certificate Number

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

Intox EC/IR-II: Subject Test

DAVIDSON COUNTY BAT MOBILE UNIT 12 280

Serial Number: 008788
Test Date: 07/18/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Glasscock, Jerry D

Permit Number: 7180-9235

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

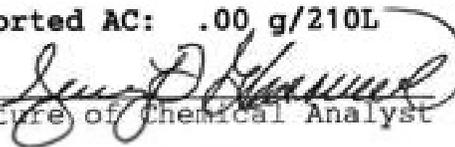
Test Type: Breath Test

Lot Number: AG417802

Exp Date: 06/26/2026

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 9:19pm |
| AIR BLK | .00 | 9:20pm |
| ACCY CHK | .08 | 9:20pm |
| AIR BLK | .00 | 9:21pm |
| SUB TEST | .00 | 9:22pm |
| AIR BLK | .00 | 9:23pm |
| SUB TEST | .00 | 9:24pm |
| AIR BLK | .00 | 9:25pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

DAVIDSON COUNTY BAT MOBILE UNIT 12 280

Serial Number: 008788 Test Record Number: 2428
Test Date: 07/18/2025 Test Time: 9:26pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:26pm |
| FLO | Pass | 9:26pm |
| FC | Pass | 9:26pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:26pm |
| SRC | Pass | 9:26pm |
| DET | Pass | 9:26pm |
| BAR | Pass | 9:26pm |
| BT | Pass | 9:26pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:27pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 9:27pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 9:27pm |
| CAL | Pass | 9:27pm |

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Davidson Instrument Location BAT Mobile Unit 12
Instrument Serial No. 008788 Davidson 50

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. 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.

I certify that on the 19 day of July, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official
2219283
Certificate Number

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

Intox EC/IR-II: Subject Test

DAVIDSON COUNTY BAT MOBILE UNIT 12 280

Serial Number: 008788
Test Date: 07/19/2025

Citation Number: M0000000-Q

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Glasscock, Jerry D

Permit Number: 7180-9235

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG417802

Exp Date: 06/26/2026

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 2:29pm |
| AIR BLK | .00 | 2:30pm |
| ACCY CHK | .07 | 2:31pm |
| AIR BLK | .00 | 2:32pm |
| SUB TEST | .00 | 2:33pm |
| AIR BLK | .00 | 2:33pm |
| SUB TEST | .00 | 2:35pm |
| AIR BLK | .00 | 2:36pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

DAVIDSON COUNTY BAT MOBILE UNIT 12 280

Serial Number: 008788 Test Record Number: 2430
Test Date: 07/19/2025 Test Time: 2:41pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 2:42pm |
| FLO | Pass | 2:42pm |
| FC | Pass | 2:42pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 2:42pm |
| SRC | Pass | 2:42pm |
| DET | Pass | 2:42pm |
| BAR | Pass | 2:42pm |
| BT | Pass | 2:42pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 2:42pm |

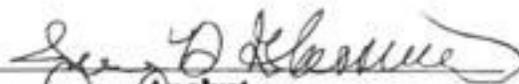
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 2:42pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 2:43pm |
| CAL | Pass | 2:43pm |

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County DAVIE Instrument Location DAVIE COUNTY JAIL
Instrument Serial No. 008905 MOCKSVILLE, NC

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.

I certify that on the 8TH day of JULY, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.




Signature of Certifying Official

353799
Certificate Number

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

Intox EC/IR-II: Subject Test

DAVIE COUNTY DAVIE COUNTY JAIL 290

Serial Number: 008905
Test Date: 07/08/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Oligmueller, Leo A

Permit Number: 0035-3799

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG431003

Exp Date: 11/05/2026

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 12:00pm |
| AIR BLK | .00 | 12:00pm |
| ACCY CHK | .07 | 12:01pm |
| AIR BLK | .00 | 12:02pm |
| SUB TEST | .00 | 12:03pm |
| AIR BLK | .00 | 12:03pm |
| SUB TEST | .00 | 12:05pm |
| AIR BLK | .00 | 12:06pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

DAVIE COUNTY DAVIE COUNTY JAIL 290

Serial Number: 008905 Test Record Number: 3215
Test Date: 07/08/2025 Test Time: 12:08pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:09pm |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 12:09pm |

CRC Tests

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

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Durham Instrument Location Durham Co Jail
Instrument Serial No. 008859 219 S. MANSUM ST
Durham, NC

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.

I certify that on the 28 day of July, 2025 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.



Sam Stokes Barnes
Signature of Certifying Official

146221
Certificate Number

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

Intox EC/IR-II: Subject Test

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008859
Test Date: 07/28/2025

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: 02/01/2025-02/01/2027

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

Lot Number: AG431003
Exp Date: 11/05/2026

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 8:18pm |
| AIR BLK | .00 | 8:19pm |
| ACCY CHK | .08 | 8:19pm |
| AIR BLK | .00 | 8:21pm |
| SUB TEST | .00 | 8:22pm |
| AIR BLK | .00 | 8:23pm |
| SUB TEST | .00 | 8:25pm |
| AIR BLK | .00 | 8:26pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

Intox EC/IR-II: Preventive Maintenance

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008859 Test Record Number: 3312
Test Date: 07/28/2025 Test Time: 8:26pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 8:26pm |
| FLO | Pass | 8:26pm |
| FC | Pass | 8:27pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 8:27pm |
| SRC | Pass | 8:27pm |
| DET | Pass | 8:27pm |
| BAR | Pass | 8:27pm |
| BT | Pass | 8:27pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 8:27pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 8:27pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 8:27pm |
| CAL | Pass | 8:27pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Durham Instrument Location Durham Co JAIL
Instrument Serial No. 008878 219 S. Mangum ST
Durham, NC

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.

I certify that on the 28 day of July, 2025 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.



Simon Stokes Barcus
Signature of Certifying Official

146221
Certificate Number

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

Intox EC/IR-II: Subject Test

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008878
Test Date: 07/28/2025

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2025-02/01/2027

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

Lot Number: AG431003
Exp Date: 11/05/2026

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 8:16pm |
| AIR BLK | .00 | 8:16pm |
| ACCY CHK | .08 | 8:17pm |
| AIR BLK | .00 | 8:18pm |
| SUB TEST | .00 | 8:19pm |
| AIR BLK | .00 | 8:20pm |
| SUB TEST | .00 | 8:21pm |
| AIR BLK | .00 | 8:22pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

Intox EC/IR-II: Preventive Maintenance

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008878 Test Record Number: 6982
Test Date: 07/28/2025 Test Time: 8:23pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 8:23pm |
| FLO | Pass | 8:23pm |
| FC | Pass | 8:23pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 8:23pm |
| SRC | Pass | 8:23pm |
| DET | Pass | 8:23pm |
| BAR | Pass | 8:23pm |
| BT | Pass | 8:23pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 8:24pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 8:24pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 8:24pm |
| CAL | Pass | 8:24pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County DURHAM Instrument Location Durham Co JAIL
Instrument Serial No 008891 219 S. Mangum ST
Durham, NC

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.

I certify that on the 28 day of JULY, 2025 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.



Sam Adams Bacios
Signature of Certifying Official

146221
Certificate Number

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

Intox EC/IR-II: Subject Test

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008891
Test Date: 07/28/2025

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2025-02/01/2027

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

Lot Number: AG431003
Exp Date: 11/05/2026

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 8:17pm |
| AIR BLK | .00 | 8:18pm |
| ACCY CHK | .07 | 8:19pm |
| AIR BLK | .00 | 8:20pm |
| SUB TEST | .00 | 8:21pm |
| AIR BLK | .00 | 8:22pm |
| SUB TEST | .00 | 8:24pm |
| AIR BLK | .00 | 8:25pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008891 Test Record Number: 4861
Test Date: 07/28/2025 Test Time: 8:25pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 8:25pm |
| FLO | Pass | 8:25pm |
| FC | Pass | 8:25pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 8:26pm |
| SRC | Pass | 8:26pm |
| DET | Pass | 8:26pm |
| BAR | Pass | 8:26pm |
| BT | Pass | 8:26pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 8:26pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 8:26pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 8:26pm |
| CAL | Pass | 8:26pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County FORSYTH

Instrument Location FORSYTH CO. DETENTION

Instrument Serial No. 008659

WINSTON - SALEM, NC

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.

I certify that on the 8TH day of JULY, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.




Signature of Certifying Official

353799

Certificate Number

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

Intox EC/IR-II: Subject Test

FORSYTH COUNTY FORSYTH CO DETENTION
330

Serial Number: 008659
Test Date: 07/08/2025

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Oligmueller, Leo A

Permit Number: 0035-3799

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG506301
Exp Date: 03/04/2027

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 9:54am |
| AIR BLK | .00 | 9:55am |
| ACCY CHK | .08 | 9:56am |
| AIR BLK | .00 | 9:57am |
| SUB TEST | .00 | 9:57am |
| AIR BLK | .00 | 9:58am |
| SUB TEST | .00 | 10:00am |
| AIR BLK | .00 | 10:01am |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008659 Test Record Number: 6684
Test Date: 07/08/2025 Test Time: 10:02am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:03am |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 10:03am |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 10:03am |
| CAL | Pass | 10:03am |

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County GRANVILLE Instrument Location GRANVILLE Co. LEC
Instrument Serial No. 008738 525 NEW COMMERCE DR
OXFORD, NC

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.

I certify that on the 21 day of July, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

179707
Certificate Number

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

Intox EC/IR-II: Subject Test

GRANVILLE COUNTY GRANVILLE COUNTY LEC
380

Serial Number: 008738
Test Date: 07/21/2025

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

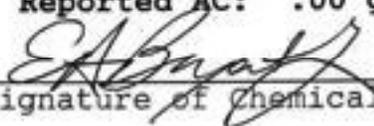
Analyst's Name: Bryant, Earl A
Permit Number: 0017-9707
Effective:
02/01/2025-02/01/2027

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

Lot Number: AG505001
Exp Date: 02/19/2027

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 6:46pm |
| AIR BLK | .00 | 6:47pm |
| ACCY CHK | .07 | 6:48pm |
| AIR BLK | .00 | 6:49pm |
| SUB TEST | .00 | 6:51pm |
| AIR BLK | .00 | 6:52pm |
| SUB TEST | .00 | 6:53pm |
| AIR BLK | .00 | 6:54pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

GRANVILLE COUNTY GRANVILLE COUNTY LEC 380

Serial Number: 008738 Test Record Number: 1406
Test Date: 07/21/2025 Test Time: 6:55pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 6:55pm |
| FLO | Pass | 6:55pm |
| FC | Pass | 6:55pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 6:55pm |
| SRC | Pass | 6:55pm |
| DET | Pass | 6:55pm |
| BAR | Pass | 6:55pm |
| BT | Pass | 6:55pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 6:56pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 6:56pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 6:56pm |
| CAL | Pass | 6:56pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County GRANVILLE Instrument Location GRANVILLE County LEC
Instrument Serial No. 008923 525 NEW COMMERCE DR
OXFORD, NC

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.

I certify that on the 25 day of July, 20 25 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.



E. B. [Signature]
Signature of Certifying Official

179707
Certificate Number

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

Intox EC/IR-II: Subject Test

GRANVILLE COUNTY GRANVILLE COUNTY LEC
380

Serial Number: 008923
Test Date: 07/25/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Bryant, Earl A

Permit Number: 0017-9707

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG505001

Exp Date: 02/19/2027

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 1:24pm |
| AIR BLK | .00 | 1:24pm |
| ACCY CHK | .07 | 1:25pm |
| AIR BLK | .00 | 1:26pm |
| SUB TEST | .00 | 1:27pm |
| AIR BLK | .00 | 1:27pm |
| SUB TEST | .00 | 1:29pm |
| AIR BLK | .00 | 1:30pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

GRANVILLE COUNTY GRANVILLE COUNTY LEC 380

Serial Number: 008923 Test Record Number: 3532
Test Date: 07/25/2025 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 |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 1:32pm |
| CAL | Pass | 1:32pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Guilford Instrument Location BA Mobile Unit 12

Instrument Serial No. 008601 NCSHP

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. 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.

I certify that on the 4th day of July, 2025 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.



John Lanier
Signature of Certifying Official

1604930
Certificate Number

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

Intox EC/IR-II: Subject Test

GUILFORD COUNTY BAT MOBILE UNIT 12 400

Serial Number: 008601

Test Date: 07/04/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Lanier Jr., John P

Permit Number: 4582-9118

Effective:

03/01/2025-03/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

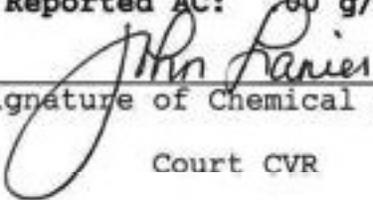
Test Type: Breath Test

Lot Number: AG501307

Exp Date: 01/13/2027

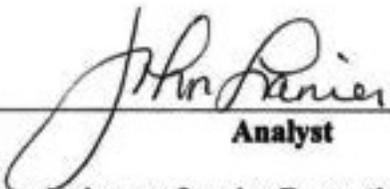
| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 8:40pm |
| AIR BLK | .00 | 8:42pm |
| ACCY CHK | .07 | 8:42pm |
| AIR BLK | .00 | 8:43pm |
| SUB TEST | .00 | 8:44pm |
| AIR BLK | .00 | 8:45pm |
| SUB TEST | .00 | 8:46pm |
| AIR BLK | .00 | 8:47pm |

Reported AC: 80 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

Intox EC/IR-II: Preventive Maintenance

GUILFORD COUNTY BAT MOBILE UNIT 12 400

Serial Number: 008601 Test Record Number: 1785
Test Date: 07/04/2025 Test Time: 8:48pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 8:48pm |
| FLO | Pass | 8:48pm |
| FC | Pass | 8:48pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 8:49pm |
| SRC | Pass | 8:49pm |
| DET | Pass | 8:49pm |
| BAR | Pass | 8:49pm |
| BT | Pass | 8:49pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 8:49pm |

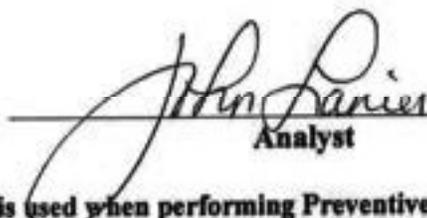
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 8:49pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 8:49pm |
| CAL | Pass | 8:49pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Guilford Instrument Location BAT Mobile Unit 12

Instrument Serial No. 008601 Guilford County Traffic Safety Task Force

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. 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.

I certify that on the 11th day of July, 2025 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.



John Panier
Signature of Certifying Official

1604930
Certificate Number

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

Intox EC/IR-II: Subject Test

GUILFORD COUNTY BAT MOBILE UNIT 12 400

Serial Number: 008601
Test Date: 07/11/2025

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

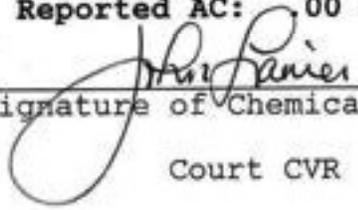
Analyst's Name: Lanier Jr., John P
Permit Number: 4582-9118
Effective:
03/01/2025-03/01/2027

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

Lot Number: AG501307
Exp Date: 01/13/2027

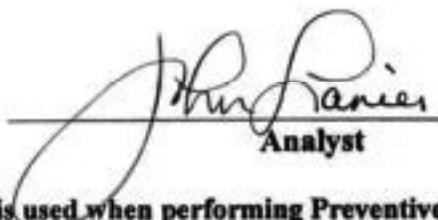
| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 9:56pm |
| AIR BLK | .00 | 9:58pm |
| ACCY CHK | .07 | 9:58pm |
| AIR BLK | .00 | 9:59pm |
| SUB TEST | .00 | 10:00pm |
| AIR BLK | .00 | 10:01pm |
| SUB TEST | .00 | 10:02pm |
| AIR BLK | .00 | 10:03pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

Intox EC/IR-II: Preventive Maintenance

GUILFORD COUNTY BAT MOBILE UNIT 12 400

Serial Number: 008601 Test Record Number: 1791
Test Date: 07/11/2025 Test Time: 10:07pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:07pm |
| FLO | Pass | 10:07pm |
| FC | Pass | 10:07pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 10:07pm |
| SRC | Pass | 10:07pm |
| DET | Pass | 10:07pm |
| BAR | Pass | 10:07pm |
| BT | Pass | 10:07pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:08pm |

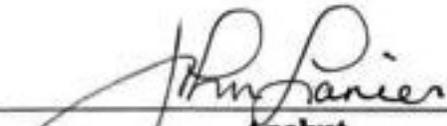
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 10:08pm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 10:08pm |
| CAL | Pass | 10:08pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Guilford Instrument Location BAT Mobile Unit 12

Instrument Serial No. 008698 NCSHP

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. 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.

I certify that on the 4th day of July, 2005 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.



John Lanier
Signature of Certifying Official

1604930
Certificate Number

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

Intox EC/IR-II: Subject Test

GUILFORD COUNTY BAT MOBILE UNIT 12 400

Serial Number: 008698
Test Date: 07/04/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Lanier Jr., John P

Permit Number: 4582-9118

Effective:

03/01/2025-03/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

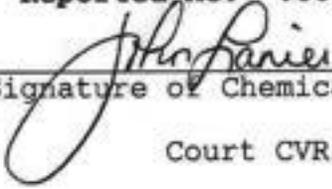
Test Type: Breath Test

Lot Number: AG400303

Exp Date: 01/03/2026

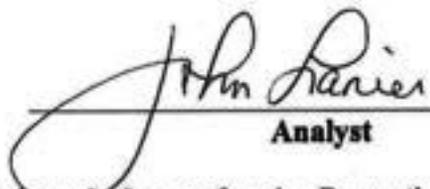
| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 8:51pm |
| AIR BLK | .00 | 8:53pm |
| ACCY CHK | .07 | 8:53pm |
| AIR BLK | .00 | 8:54pm |
| SUB TEST | .00 | 8:56pm |
| AIR BLK | .00 | 8:57pm |
| SUB TEST | .00 | 8:58pm |
| AIR BLK | .00 | 8:59pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

Intox EC/IR-II: Preventive Maintenance

GUILFORD COUNTY BAT MOBILE UNIT 12 400

Serial Number: 008698 Test Record Number: 2619
Test Date: 07/04/2025 Test Time: 9:00pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:01pm |
| FLO | Pass | 9:01pm |
| FC | Pass | 9:01pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:01pm |
| SRC | Pass | 9:01pm |
| DET | Pass | 9:01pm |
| BAR | Pass | 9:01pm |
| BT | Pass | 9:01pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:02pm |

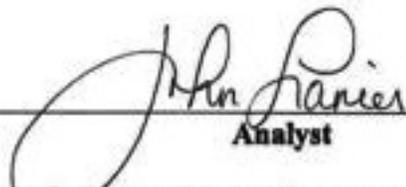
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 9:02pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 9:02pm |
| CAL | Pass | 9:02pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Guilford Instrument Location BAT Mobile Unit 12

Instrument Serial No. 008698 Guilford County Traffic Safety Task Force

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. 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.

I certify that on the 11th day of July, 2025 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.



John Lanier
Signature of Certifying Official

1604930
Certificate Number

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

Intox EC/IR-II: Subject Test

GUILFORD COUNTY BAT MOBILE UNIT 12 400

Serial Number: 008698
Test Date: 07/11/2025

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

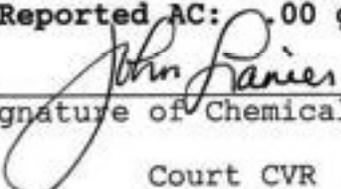
Analyst's Name: Lanier Jr., John P
Permit Number: 4582-9118
Effective:
03/01/2025-03/01/2027

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

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

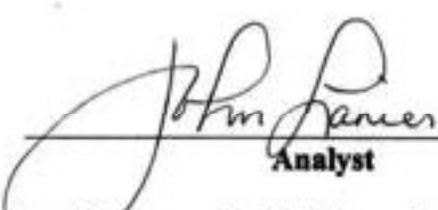
| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 10:07pm |
| AIR BLK | .00 | 10:08pm |
| ACCY CHK | .07 | 10:08pm |
| AIR BLK | .00 | 10:09pm |
| SUB TEST | .00 | 10:10pm |
| AIR BLK | .00 | 10:11pm |
| SUB TEST | .00 | 10:12pm |
| AIR BLK | .00 | 10:13pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

Intox EC/IR-II: Preventive Maintenance

GUILFORD COUNTY BAT MOBILE UNIT 12 400

Serial Number: 008698 Test Record Number: 2624
Test Date: 07/11/2025 Test Time: 10:16pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:16pm |
| FLO | Pass | 10:16pm |
| FC | Pass | 10:16pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 10:16pm |
| SRC | Pass | 10:16pm |
| DET | Pass | 10:16pm |
| BAR | Pass | 10:16pm |
| BT | Pass | 10:16pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:17pm |

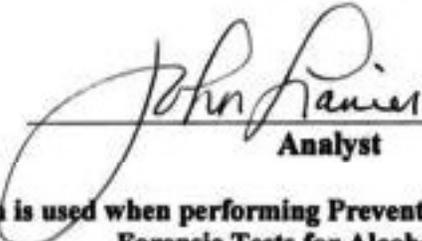
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 10:17pm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 10:17pm |
| CAL | Pass | 10:17pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Guilford Instrument Location 3AT Mobile Unit 12
Instrument Serial No. 008788 NCSHP

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. 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.

I certify that on the 4th day of July, 2025 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.



John Lanier
Signature of Certifying Official

1604930
Certificate Number

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

Intox EC/IR-II: Subject Test

GUILFORD COUNTY BAT MOBILE UNIT 12 400

Serial Number: 008788
Test Date: 07/04/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Lanier Jr., John P

Permit Number: 4582-9118

Effective:

03/01/2025-03/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

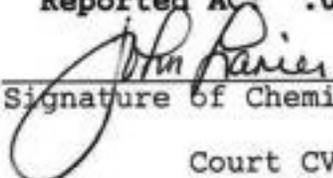
Test Type: Breath Test

Lot Number: AG417802

Exp Date: 06/26/2026

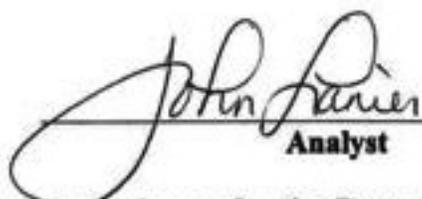
| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 9:00pm |
| AIR BLK | .00 | 9:01pm |
| ACCY CHK | .07 | 9:02pm |
| AIR BLK | .00 | 9:03pm |
| SUB TEST | .00 | 9:04pm |
| AIR BLK | .00 | 9:04pm |
| SUB TEST | .00 | 9:06pm |
| AIR BLK | .00 | 9:07pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

Intox EC/IR-II: Preventive Maintenance

GUILFORD COUNTY BAT MOBILE UNIT 12 400

Serial Number: 008788 Test Record Number: 2422
Test Date: 07/04/2025 Test Time: 9:08pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:08pm |
| FLO | Pass | 9:08pm |
| FC | Pass | 9:08pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:08pm |
| SRC | Pass | 9:08pm |
| DET | Pass | 9:08pm |
| BAR | Pass | 9:08pm |
| BT | Pass | 9:08pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:09pm |

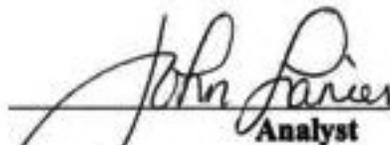
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 9:09pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 9:09pm |
| CAL | Pass | 9:09pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Guilford Instrument Location BAT Mobile Unit 12
Instrument Serial No. 008788 Guilford County Traffic Safety Task Force

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. 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.

I certify that on the 11th day of July, 2025 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.



John Lanier
Signature of Certifying Official

11604930
Certificate Number

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

Intox EC/IR-II: Subject Test

GUILFORD COUNTY BAT MOBILE UNIT 12 400

Serial Number: 008788
Test Date: 07/11/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Lanier Jr., John P

Permit Number: 4582-9118

Effective:

03/01/2025-03/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

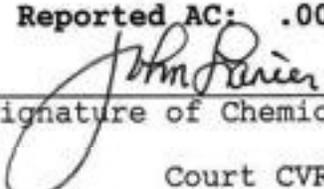
Test Type: Breath Test

Lot Number: AG417802

Exp Date: 06/26/2026

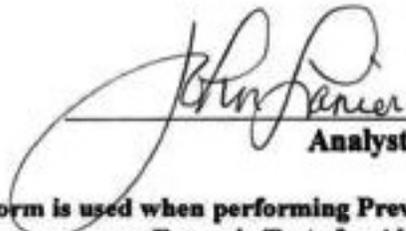
| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 10:30pm |
| AIR BLK | .00 | 10:32pm |
| ACCY CHK | .07 | 10:32pm |
| AIR BLK | .00 | 10:33pm |
| SUB TEST | .00 | 10:34pm |
| AIR BLK | .00 | 10:35pm |
| SUB TEST | .00 | 10:36pm |
| AIR BLK | .00 | 10:37pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

Intox EC/IR-II: Preventive Maintenance

GUILFORD COUNTY BAT MOBILE UNIT 12 400

Serial Number: 008788 Test Record Number: 2426
Test Date: 07/11/2025 Test Time: 10:39pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 10:39pm |
| SRC | Pass | 10:39pm |
| DET | Pass | 10:39pm |
| BAR | Pass | 10:39pm |
| BT | Pass | 10:39pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:40pm |

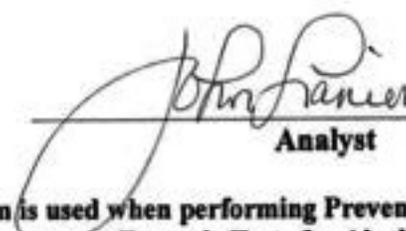
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 10:40pm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 10:40pm |
| CAL | Pass | 10:40pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Guilford Instrument Location Gibsonville PD
Instrument Serial No. 008812 129 W. Main St Gibsonville, NC

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.

I certify that on the 2 day of July, 2025 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.



Simon Stokes Barnes
Signature of Certifying Official

144221
Certificate Number

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

Intox EC/IR-II: Subject Test

GUILFORD COUNTY GIBSONVILLE PD 400

Serial Number: 008812
Test Date: 07/02/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG501303

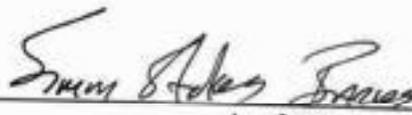
Exp Date: 01/13/2027

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

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

Intox EC/IR-II: Preventive Maintenance

GUILFORD COUNTY GIBSONVILLE PD 400

Serial Number: 008812 Test Record Number: 3829
Test Date: 07/02/2025 Test Time: 3:45pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 3:45pm |
| FLO | Pass | 3:45pm |
| FC | Pass | 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 |
|------|--------|--------|
| AIR | Pass | 3:46pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 3:46pm |

CRC Tests

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

Preventive Maintenance
Status: *Pass*



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Halifax Instrument Location BAT Mobile Unit 13
Instrument Serial No. 008869 NCWRC

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.

I certify that on the 5th day of July, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

147953
Certificate Number

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

Intox EC/IR-II: Subject Test

HALIFAX COUNTY BAT MOBILE UNIT 13 410

Serial Number: 008869
Test Date: 07/05/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Barrier, Dennis J

Permit Number: 0014-7953

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

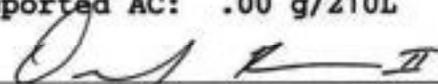
Test Type: Breath Test

Lot Number: AG417803

Exp Date: 06/26/2026

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 5:29pm |
| AIR BLK | .00 | 5:30pm |
| ACCY CHK | .07 | 5:31pm |
| AIR BLK | .00 | 5:32pm |
| SUB TEST | .00 | 5:32pm |
| AIR BLK | .00 | 5:33pm |
| SUB TEST | .00 | 5:35pm |
| AIR BLK | .00 | 5:36pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

HALIFAX COUNTY BAT MOBILE UNIT 13 410

Serial Number: 008869 Test Record Number: 2049
Test Date: 07/05/2025 Test Time: 5:37pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 5:37pm |
| FLO | Pass | 5:37pm |
| FC | Pass | 5:37pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 5:38pm |
| SRC | Pass | 5:38pm |
| DET | Pass | 5:38pm |
| BAR | Pass | 5:38pm |
| BT | Pass | 5:38pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 5:38pm |

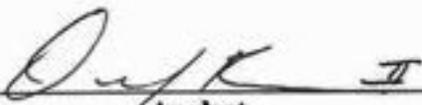
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 5:38pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 5:38pm |
| CAL | Pass | 5:38pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Halifax Instrument Location BAT Mobile Unit 13
Instrument Serial No. 008898 NCLWRC

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.

I certify that on the 5th day of July, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

147953
Certificate Number

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

Intox EC/IR-II: Subject Test

HALIFAX COUNTY BAT MOBILE UNIT 13 410

Serial Number: 008898
Test Date: 07/05/2025

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

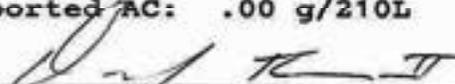
Analyst's Name: Barrier, Dennis J
Permit Number: 0014-7953
Effective:
10/01/2023-10/01/2025

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

Lot Number: AG506302
Exp Date: 03/04/2027

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 5:37pm |
| AIR BLK | .00 | 5:38pm |
| ACCY CHK | .07 | 5:38pm |
| AIR BLK | .00 | 5:39pm |
| SUB TEST | .00 | 5:40pm |
| AIR BLK | .00 | 5:41pm |
| SUB TEST | .00 | 5:43pm |
| AIR BLK | .00 | 5:43pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

HALIFAX COUNTY BAT MOBILE UNIT 13 410

Serial Number: 008898 Test Record Number: 2022
Test Date: 07/05/2025 Test Time: 5:44pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 5:44pm |
| FLO | Pass | 5:44pm |
| FC | Pass | 5:44pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 5:45pm |
| SRC | Pass | 5:45pm |
| DET | Pass | 5:45pm |
| BAR | Pass | 5:45pm |
| BT | Pass | 5:45pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 5:45pm |

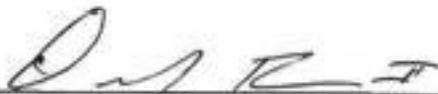
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 5:45pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 5:45pm |
| CAL | Pass | 5:45pm |

Preventive Maintenance
Status: *Pass*



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Halifax Instrument Location BAT Mobile Unit 13

Instrument Serial No. 008939 NLWRC

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.

I certify that on the 5th day of July, 2005 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature] II 147953
Signature of Certifying Official Certificate Number

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

Serial Number: 008939
Test Date: 07/05/2025

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

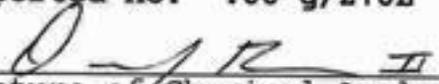
Analyst's Name: Barrier, Dennis J
Permit Number: 0014-7953
Effective:
10/01/2023-10/01/2025

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

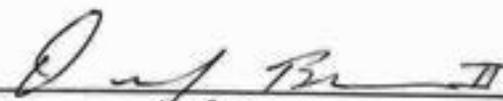
Lot Number: AG506302
Exp Date: 03/04/2027

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 5:25pm |
| AIR BLK | .00 | 5:26pm |
| ACCY CHK | .07 | 5:27pm |
| AIR BLK | .00 | 5:28pm |
| SUB TEST | .00 | 5:28pm |
| AIR BLK | .00 | 5:29pm |
| SUB TEST | .00 | 5:31pm |
| AIR BLK | .00 | 5:32pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

HALIFAX COUNTY BAT MOBILE UNIT 13 410

Serial Number: 008939 Test Record Number: 1886
Test Date: 07/05/2025 Test Time: 5:37pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 5:38pm |
| FLO | Pass | 5:38pm |
| FC | Pass | 5:38pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 5:38pm |
| SRC | Pass | 5:38pm |
| DET | Pass | 5:38pm |
| BAR | Pass | 5:38pm |
| BT | Pass | 5:38pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 5:39pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 5:39pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 5:39pm |
| CAL | Pass | 5:39pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Haywood Instrument Location Haywood Co. Jail
Instrument Serial No. 008712 Waynesville, NC

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.

I certify that on the 23 day of July, 2025 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.



Paul R. Cuth
Signature of Certifying Official

843310
Certificate Number

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

Intox EC/IR-II: Subject Test

HAYWOOD COUNTY JAIL 430

Serial Number: 008712
Test Date: 07/23/2025

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:
02/01/2025-02/01/2027

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

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

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 11:46am |
| AIR BLK | .00 | 11:47am |
| ACCY CHK | .08 | 11:47am |
| AIR BLK | .00 | 11:48am |
| SUB TEST | .00 | 11:49am |
| AIR BLK | .00 | 11:50am |
| SUB TEST | .00 | 11:51am |
| AIR BLK | .00 | 11:52am |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

HAYWOOD COUNTY JAIL 430

Serial Number: 008712 Test Record Number: 2550
Test Date: 07/23/2025 Test Time: 11:52am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:53am |
| FLO | Pass | 11:53am |
| FC | Pass | 11:53am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:53am |
| SRC | Pass | 11:53am |
| DET | Pass | 11:53am |
| BAR | Pass | 11:53am |
| BT | Pass | 11:53am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:54am |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:54am |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 11:54am |
| CAL | Pass | 11:54am |

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Haywood Instrument Location Haywood Co. Jail
Instrument Serial No. 008714 Waynesville, NC

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.

I certify that on the 23 day of July, 2025 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.



Paul R. Cutler

Signature of Certifying Official

843310

Certificate Number

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

Intox EC/IR-II: Subject Test

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008714
Test Date: 07/23/2025

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG431002

Exp Date: 11/05/2026

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 11:44am |
| AIR BLK | .00 | 11:45am |
| ACCY CHK | .07 | 11:45am |
| AIR BLK | .00 | 11:47am |
| SUB TEST | .00 | 11:47am |
| AIR BLK | .00 | 11:48am |
| SUB TEST | .00 | 11:50am |
| AIR BLK | .00 | 11:51am |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008714 Test Record Number: 2506
Test Date: 07/23/2025 Test Time: 11:51am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:52am |
| FLO | Pass | 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 | 11:53am |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:53am |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 11:53am |
| CAL | Pass | 11:53am |

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Henderson Instrument Location Henderson County Detention
Instrument Serial No. 008822 Hendersonville, NC

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.

I certify that on the 7 day of July, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.




Signature of Certifying Official

244987
Certificate Number

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

Intox EC/IR-II: Subject Test

HENDERSON COUNTY HENDERSON COUNTY
DETENTION 440

Serial Number: 008822
Test Date: 07/07/2025

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

03/01/2025-03/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

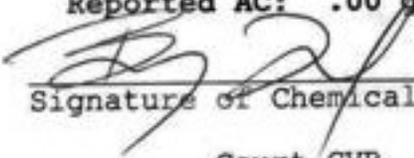
Test Type: Breath Test

Lot Number: AG405101

Exp Date: 02/20/2026

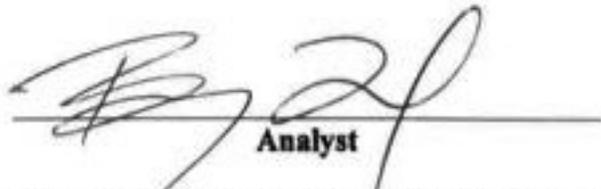
| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 12:46pm |
| AIR BLK | .00 | 12:47pm |
| ACCY CHK | .07 | 12:47pm |
| AIR BLK | .00 | 12:48pm |
| SUB TEST | .00 | 12:50pm |
| AIR BLK | .00 | 12:51pm |
| SUB TEST | .00 | 12:52pm |
| AIR BLK | .00 | 12:53pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

Intox EC/IR-II: Preventive Maintenance

HENDERSON COUNTY HENDERSON COUNTY DETENTION 440

Serial Number: 008822 Test Record Number: 3509
Test Date: 07/07/2025 Test Time: 12:54pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 12:55pm |
| FLO | Pass | 12:55pm |
| FC | Pass | 12:55pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 12:55pm |
| SRC | Pass | 12:55pm |
| DET | Pass | 12:55pm |
| BAR | Pass | 12:55pm |
| BT | Pass | 12:55pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:56pm |

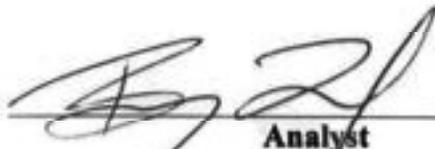
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 12:56pm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 12:56pm |
| CAL | Pass | 12:56pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Henderson Instrument Location Henderson County Detention
Instrument Serial No. 003911 Hendersonville, NC

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.

I certify that on the 7 day of July, 2025 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.



[Handwritten Signature]
Signature of Certifying Official

244987
Certificate Number

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

Intox EC/IR-II: Subject Test

HENDERSON COUNTY HENDERSON COUNTY
DETENTION 440

Serial Number: 008911
Test Date: 07/07/2025

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

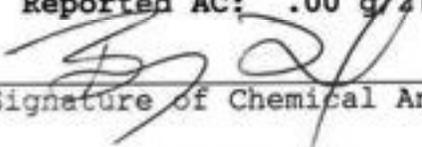
Analyst's Name: Loftis, Benjamin C
Permit Number: 0024-4987
Effective:
03/01/2025-03/01/2027

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

Lot Number: AG506301
Exp Date: 03/04/2027

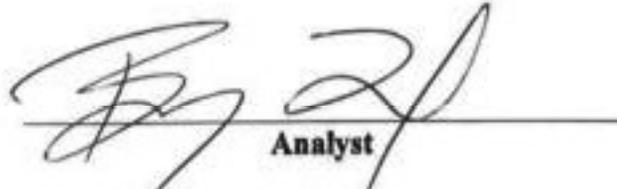
| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 1:07pm |
| AIR BLK | .00 | 1:08pm |
| ACCY CHK | .08 | 1:08pm |
| AIR BLK | .00 | 1:09pm |
| SUB TEST | .00 | 1:10pm |
| AIR BLK | .00 | 1:11pm |
| SUB TEST | .00 | 1:12pm |
| AIR BLK | .00 | 1:13pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

Intox EC/IR-II: Preventive Maintenance

HENDERSON COUNTY HENDERSON COUNTY DETENTION 440

Serial Number: 008911 Test Record Number: 885
Test Date: 07/07/2025 Test Time: 1:13pm 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 |

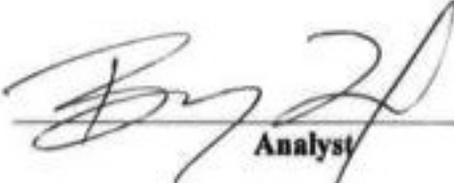
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 1:15pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 1:15pm |
| CAL | Pass | 1:15pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Hoke Instrument Location Hoke County
Instrument Serial No. 008852 Detention Center

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.

I certify that on the 3 day of July, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

365156
Certificate Number

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

Intox EC/IR-II: Subject Test

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008852
Test Date: 07/03/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Garner, Joel K

Permit Number: 0036-5156

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG405101

Exp Date: 02/20/2026

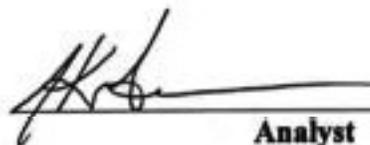
| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 8:24am |
| AIR BLK | .00 | 8:25am |
| ACCY CHK | .08 | 8:26am |
| AIR BLK | .00 | 8:27am |
| SUB TEST | .00 | 8:27am |
| AIR BLK | .00 | 8:28am |
| SUB TEST | .00 | 8:30am |
| AIR BLK | .00 | 8:30am |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

Intox EC/IR-II: Preventive Maintenance

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008852 Test Record Number: 1749
Test Date: 07/03/2025 Test Time: 8:31am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 8:32am |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 8:32am |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 8:33am |
| CAL | Pass | 8:33am |

Preventive Maintenance
Status: *Pass*



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Hoke Instrument Location Hoke County
Instrument Serial No. 008855 Detention Center

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.

I certify that on the 3 day of July, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

365156
Certificate Number

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

Intox EC/IR-II: Subject Test

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008855
Test Date: 07/03/2025

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

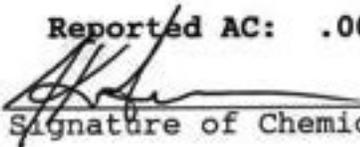
Analyst's Name: Garner, Joel K
Permit Number: 0036-5156
Effective:
02/01/2025-02/01/2027

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

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

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 8:25am |
| AIR BLK | .00 | 8:26am |
| ACCY CHK | .08 | 8:26am |
| AIR BLK | .00 | 8:28am |
| SUB TEST | .00 | 8:28am |
| AIR BLK | .00 | 8:29am |
| SUB TEST | .00 | 8:31am |
| AIR BLK | .00 | 8:31am |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

Intox EC/IR-II: Preventive Maintenance

HOKE COUNTY DETENTION CENTER.460

Serial Number: 008855 Test Record Number: 1985
Test Date: 07/03/2025 Test Time: 8:34am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 8:36am |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 8:36am |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 8:36am |
| CAL | Pass | 8:36am |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Hyde Instrument Location Hyde Co. S.O.
Instrument Serial No. 008588 1223 Main St, Susan Quarter,
NC.

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.

I certify that on the 24th day of July, 2025 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.



Kay D.M. Signature of Certifying Official 377722 Certificate Number

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

Intox EC/IR-II: Subject Test

HYDE COUNTY HYDE CO SO SWAN QUAR 470

Serial Number: 008588
Test Date: 07/24/2025

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

Analyst's Name: Gray, Kelly D
Permit Number: 0037-7722
Effective:
02/01/2025-02/01/2027

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

Lot Number: AG506301
Exp Date: 03/04/2027

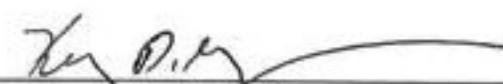
| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 10:59am |
| AIR BLK | .00 | 10:59am |
| ACCY CHK | .08 | 11:00am |
| AIR BLK | .00 | 11:01am |
| SUB TEST | .00 | 11:01am |
| AIR BLK | .00 | 11:02am |
| SUB TEST | .00 | 11:04am |
| AIR BLK | .00 | 11:05am |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

HYDE COUNTY HYDE CO SO SWAN QUAR 470

Serial Number: 008588 Test Record Number: 1341
Test Date: 07/24/2025 Test Time: 11:05am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:06am |
| SRC | Pass | 11:06am |
| DET | Pass | 11:06am |
| BAR | Pass | 11:06am |
| BT | Pass | 11:06am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:07am |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:07am |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 11:07am |
| CAL | Pass | 11:07am |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County IREDELL Instrument Location MOOREVILLE PD

Instrument Serial No. 008702 MOOREVILLE NC

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.

I certify that on the 01 day of June, 2025 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.



Jim S. Fleming
Signature of Certifying Official

274970
Certificate Number

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

Intox EC/IR-II: Subject Test

IREDELL COUNTY MOORESVILLE PD 480

Serial Number: 008702
Test Date: 07/01/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Fleming, Tina S

Permit Number: 0027-4970

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

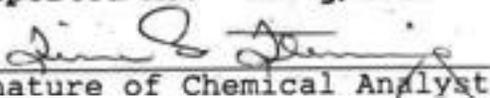
Test Type: Breath Test

Lot Number: AG431002

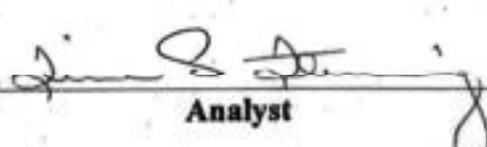
Exp Date: 11/05/2026

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 3:39pm |
| AIR BLK | .00 | 3:39pm |
| ACCY CHK | .08 | 3:40pm |
| AIR BLK | .00 | 3:41pm |
| SUB TEST | .00 | 3:42pm |
| AIR BLK | .00 | 3:42pm |
| SUB TEST | .00 | 3:44pm |
| AIR BLK | .00 | 3:45pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

IREDELL COUNTY MOORESVILLE PD 480

Serial Number: 008702 Test Record Number: 2312
Test Date: 07/01/2025 Test Time: 3:46pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 3:47pm |

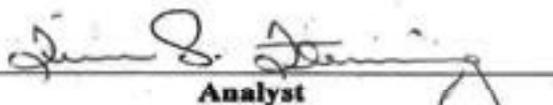
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 3:47pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 3:47pm |
| CAL | Pass | 3:47pm |

**Preventive Maintenance
Status: Pass**


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County IRENELL Instrument Location IRENELL CO. NC

Instrument Serial No. 608809 STATESVILLE NC

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.

I certify that on the 07 day of July, 2025 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.



Jim S. Fleming
Signature of Certifying Official

274970
Certificate Number

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

Intox EC/IR-II: Subject Test

IREDELL COUNTY IREDELL COUNTY SO 480

Serial Number: 008809
Test Date: 07/07/2025

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

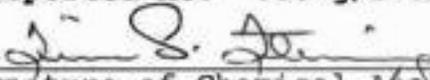
Analyst's Name: Fleming, Tina S
Permit Number: 0027-4970
Effective:
10/01/2023-10/01/2025

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

Lot Number: AG431001
Exp Date: 11/05/2026

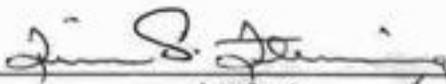
| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 11:50am |
| AIR BLK | .00 | 11:51am |
| ACCY CHK | .08 | 11:51am |
| AIR BLK | .00 | 11:52am |
| SUB TEST | .00 | 11:53am |
| AIR BLK | .00 | 11:54am |
| SUB TEST | .00 | 11:55am |
| AIR BLK | .00 | 11:56am |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

Intox EC/IR-II: Preventive Maintenance

IREDELL COUNTY IREDELL COUNTY SO 480

Serial Number: 008809 Test Record Number: 6367
Test Date: 07/07/2025 Test Time: 11:57am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:57am |
| FLO | Pass | 11:57am |
| FC | Pass | 11:57am |

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:58am |

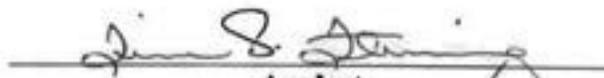
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:58am |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 11:58am |
| CAL | Pass | 11:58am |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County IREDELL Instrument Location MOORESVILLE PD

Instrument Serial No. 008823 MOORESVILLE NC

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.

I certify that on the 01 day of July, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

214970
Certificate Number

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

Intox EC/IR-II: Subject Test

IREDELL COUNTY MOORESVILLE PD 480

Serial Number: 008823

Test Date: 07/01/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Fleming, Tina S

Permit Number: 0027-4970

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

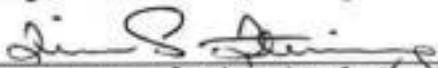
Test Type: Breath Test

Lot Number: AG405102

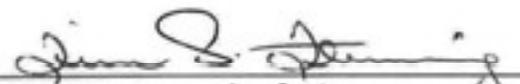
Exp Date: 02/20/2026

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 11:26am |
| AIR BLK | .00 | 11:27am |
| ACCY CHK | .08 | 11:27am |
| AIR BLK | .00 | 11:28am |
| SUB TEST | .00 | 11:29am |
| AIR BLK | .00 | 11:30am |
| SUB TEST | .00 | 11:32am |
| AIR BLK | .00 | 11:32am |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

IREDELL COUNTY MOORESVILLE PD 480

Serial Number: 008823 Test Record Number: 2136
Test Date: 07/01/2025 Test Time: 11:34am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:35am |

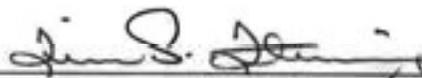
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:35am |

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Iredell Instrument Location BAT Mobile Unit 13
Instrument Serial No. 008869 Mooresville PD

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.

I certify that on the 12 day of July, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

2219283
Certificate Number

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

Intox EC/IR-II: Subject Test

IREDELL COUNTY BAT MOBILE UNIT 13 480

Serial Number: 008869
Test Date: 07/12/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Glasscock, Jerry D

Permit Number: 7180-9235

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

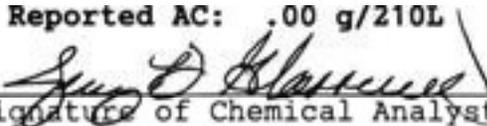
Test Type: Breath Test

Lot Number: AG417803

Exp Date: 06/26/2026

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 6:42pm |
| AIR BLK | .00 | 6:43pm |
| ACCY CHK | .07 | 6:44pm |
| AIR BLK | .00 | 6:45pm |
| SUB TEST | .00 | 6:45pm |
| AIR BLK | .00 | 6:46pm |
| SUB TEST | .00 | 6:47pm |
| AIR BLK | .00 | 6:48pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

IREDELL COUNTY BAT MOBILE UNIT 13 480

Serial Number: 008869 Test Record Number: 2052
Test Date: 07/12/2025 Test Time: 6:50pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 6:51pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 6:51pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 6:51pm |
| CAL | Pass | 6:51pm |

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Iredell Instrument Location BAT Mobile Unit 13
Instrument Serial No. 008898 Mooresville PD

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.

I certify that on the 12 day of July, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

2219283
Certificate Number

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

Intox EC/IR-II: Subject Test

IREDELL COUNTY BAT MOBILE UNIT 13 480

Serial Number: 008898
Test Date: 07/12/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Glasscock, Jerry D

Permit Number: 7180-9235

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

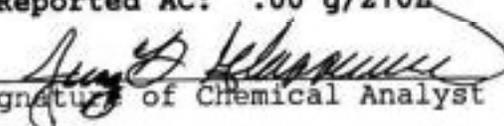
Test Type: Breath Test

Lot Number: AG506302

Exp Date: 03/04/2027

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 6:43pm |
| AIR BLK | .00 | 6:44pm |
| ACCY CHK | .07 | 6:45pm |
| AIR BLK | .00 | 6:45pm |
| SUB TEST | .00 | 6:46pm |
| AIR BLK | .00 | 6:47pm |
| SUB TEST | .00 | 6:49pm |
| AIR BLK | .00 | 6:50pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

IREDELL COUNTY BAT MOBILE UNIT 13 480

Serial Number: 008898 Test Record Number: 2024
Test Date: 07/12/2025 Test Time: 6:51pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 6:51pm |
| FLO | Pass | 6:51pm |
| FC | Pass | 6:51pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 6:51pm |
| SRC | Pass | 6:51pm |
| DET | Pass | 6:51pm |
| BAR | Pass | 6:51pm |
| BT | Pass | 6:51pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 6:52pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 6:52pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 6:52pm |
| CAL | Pass | 6:52pm |

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Fredell Instrument Location BAT Mobile Unit 13
Instrument Serial No. 008939 Mooresville PD

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.

I certify that on the 12 day of July, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

2219283
Certificate Number

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

Intox EC/IR-II: Subject Test

IREDELL COUNTY BAT MOBILE UNIT 13 480

Serial Number: 008939
Test Date: 07/12/2025

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Glasscock, Jerry D

Permit Number: 7180-9235

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

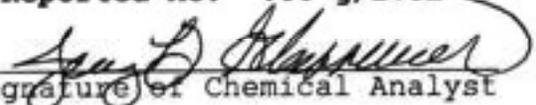
Test Type: Breath Test

Lot Number: AG506302

Exp Date: 03/04/2027

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 6:44pm |
| AIR BLK | .00 | 6:45pm |
| ACCY CHK | .07 | 6:45pm |
| AIR BLK | .00 | 6:46pm |
| SUB TEST | .00 | 6:47pm |
| AIR BLK | .00 | 6:48pm |
| SUB TEST | .00 | 6:49pm |
| AIR BLK | .00 | 6:50pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

IREDELL COUNTY BAT MOBILE UNIT 13 480

Serial Number: 008939 Test Record Number: 1888
Test Date: 07/12/2025 Test Time: 6:53pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 6:54pm |
| FLO | Pass | 6:54pm |
| FC | Pass | 6:54pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 6:54pm |
| SRC | Pass | 6:54pm |
| DET | Pass | 6:54pm |
| BAR | Pass | 6:54pm |
| BT | Pass | 6:54pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 6:55pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 6:55pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 6:55pm |
| CAL | Pass | 6:55pm |

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Franklin Instrument Location BAT Mobile Unit II
Instrument Serial No. 008970 Statesville PD

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.

I certify that on the 28th day of July, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

62446
Certificate Number

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

Intox EC/IR-II: Subject Test

IREDELL COUNTY BAT MOBILE UNIT 11 480

Serial Number: 008970
Test Date: 07/26/2025

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

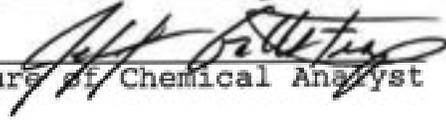
Analyst's Name: Gillstrap, Jeffrey L
Permit Number: 0006-2446
Effective:
12/01/2023-12/01/2025

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

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

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

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

IREDELL COUNTY BAT MOBILE UNIT 11 480

Serial Number: 008970 Test Record Number: 1246
Test Date: 07/26/2025 Test Time: 11:31pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:31pm |
| FLO | Pass | 11:31pm |
| FC | Pass | 11:31pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:31pm |
| SRC | Pass | 11:31pm |
| DET | Pass | 11:31pm |
| BAR | Pass | 11:31pm |
| BT | Pass | 11:31pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:32pm |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:32pm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 11:32pm |
| CAL | Pass | 11:32pm |

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Franklin Instrument Location BAT Mobile Unit II
Instrument Serial No. 008970 Statesville PD

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.

I certify that on the 28th day of July, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

62446
Certificate Number

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

Intox EC/IR-II: Subject Test

IREDELL COUNTY BAT MOBILE UNIT 11 480

Serial Number: 008970
Test Date: 07/26/2025

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

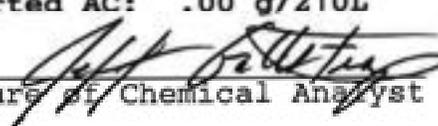
Analyst's Name: Gillstrap, Jeffrey L
Permit Number: 0006-2446
Effective:
12/01/2023-12/01/2025

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

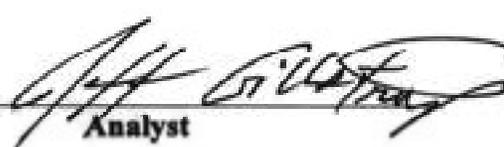
Lot Number: AG417802
Exp Date: 06/26/2026

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

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

IREDELL COUNTY BAT MOBILE UNIT 11 480

Serial Number: 008970 Test Record Number: 1246
Test Date: 07/26/2025 Test Time: 11:31pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:31pm |
| FLO | Pass | 11:31pm |
| FC | Pass | 11:31pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:31pm |
| SRC | Pass | 11:31pm |
| DET | Pass | 11:31pm |
| BAR | Pass | 11:31pm |
| BT | Pass | 11:31pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:32pm |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:32pm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 11:32pm |
| CAL | Pass | 11:32pm |

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Irredell Instrument Location BAT Mobile Unit 11
Instrument Serial No. 008970 Statesville PD

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.

I certify that on the 21 day of July, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

62446
Certificate Number

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

Intox EC/IR-II: Subject Test

IREDELL COUNTY BAT MOBILE UNIT 11 480

Serial Number: 008970

Test Date: 07/27/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Gillstrap, Jeffrey L

Permit Number: 0006-2446

Effective:

12/01/2023-12/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

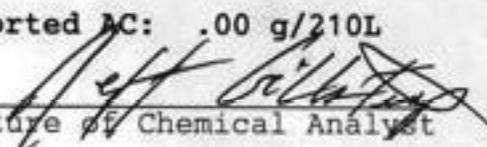
Test Type: Breath Test

Lot Number: AG417802

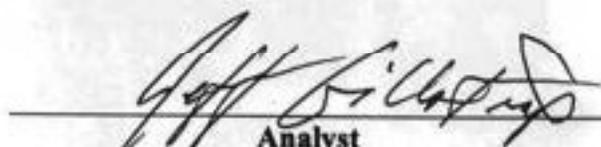
Exp Date: 06/26/2026

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 2:00am |
| AIR BLK | .00 | 2:01am |
| ACCY CHK | .07 | 2:02am |
| AIR BLK | .00 | 2:03am |
| SUB TEST | .00 | 2:03am |
| AIR BLK | .00 | 2:04am |
| SUB TEST | .00 | 2:06am |
| AIR BLK | .00 | 2:07am |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

IREDELL COUNTY BAT MOBILE UNIT 11 480

Serial Number: 008970 Test Record Number: 1248
Test Date: 07/27/2025 Test Time: 2:08am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 2:08am |
| FLO | Pass | 2:08am |
| FC | Pass | 2:08am |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 2:08am |
| SRC | Pass | 2:08am |
| DET | Pass | 2:08am |
| BAR | Pass | 2:08am |
| BT | Pass | 2:08am |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 2:09am |

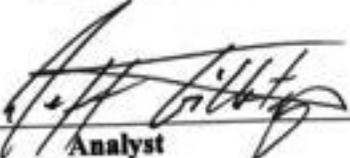
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 2:09am |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 2:09am |
| CAL | Pass | 2:09am |

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**

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Fredell Instrument Location BAT Mobile Unit 11
Instrument Serial No. 008973 Statesville PD

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.

I certify that on the 25th day of July, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

62446
Certificate Number

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

Intox EC/IR-II: Subject Test

IREDELL COUNTY BAT MOBILE UNIT 11 480

Serial Number: 008973
Test Date: 07/26/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Gillstrap, Jeffrey L

Permit Number: 0006-2446

Effective:

12/01/2023-12/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG431003

Exp Date: 11/05/2026

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 10:49pm |
| AIR BLK | .00 | 10:50pm |
| ACCY CHK | .07 | 10:51pm |
| AIR BLK | .00 | 10:52pm |
| SUB TEST | .00 | 10:52pm |
| AIR BLK | .00 | 10:53pm |
| SUB TEST | .00 | 10:55pm |
| AIR BLK | .00 | 10:56pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

IREDELL COUNTY BAT MOBILE UNIT 11 480

Serial Number: 008973 Test Record Number: 1293
Test Date: 07/26/2025 Test Time: 10:57pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:57pm |
| FLO | Pass | 10:57pm |
| FC | Pass | 10:57pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 10:57pm |
| SRC | Pass | 10:57pm |
| DET | Pass | 10:57pm |
| BAR | Pass | 10:57pm |
| BT | Pass | 10:57pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:58pm |

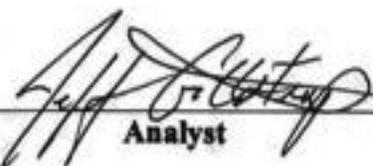
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 10:58pm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 10:58pm |
| CAL | Pass | 10:58pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Fredell Instrument Location BAT Mobile Unit 11
Instrument Serial No. 008973 Statesville PD

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.

I certify that on the 25th day of July, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

62446
Certificate Number

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

Intox EC/IR-II: Subject Test

IREDELL COUNTY BAT MOBILE UNIT 11 480

Serial Number: 008973
Test Date: 07/26/2025

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Gillstrap, Jeffrey L

Permit Number: 0006-2446

Effective:

12/01/2023-12/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG431003

Exp Date: 11/05/2026

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 10:49pm |
| AIR BLK | .00 | 10:50pm |
| ACCY CHK | .07 | 10:51pm |
| AIR BLK | .00 | 10:52pm |
| SUB TEST | .00 | 10:52pm |
| AIR BLK | .00 | 10:53pm |
| SUB TEST | .00 | 10:55pm |
| AIR BLK | .00 | 10:56pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

Intox EC/IR-II: Preventive Maintenance

IREDELL COUNTY BAT MOBILE UNIT 11 480

Serial Number: 008973 Test Record Number: 1293
Test Date: 07/26/2025 Test Time: 10:57pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:57pm |
| FLO | Pass | 10:57pm |
| FC | Pass | 10:57pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 10:57pm |
| SRC | Pass | 10:57pm |
| DET | Pass | 10:57pm |
| BAR | Pass | 10:57pm |
| BT | Pass | 10:57pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:58pm |

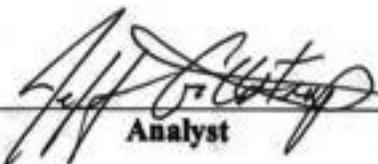
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 10:58pm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 10:58pm |
| CAL | Pass | 10:58pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Irredell Instrument Location BAT Mobile Unit 11
Instrument Serial No. 008973 Statesville PD

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.

I certify that on the 25th day of July, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

62446
Certificate Number

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

Intox EC/IR-II: Subject Test

IREDELL COUNTY BAT MOBILE UNIT 11 480

Serial Number: 008973
Test Date: 07/27/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Gillstrap, Jeffrey L

Permit Number: 0006-2446

Effective:

12/01/2023-12/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

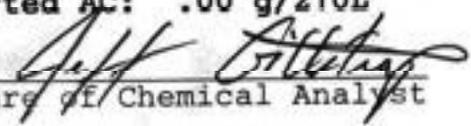
Test Type: Breath Test

Lot Number: AG431003

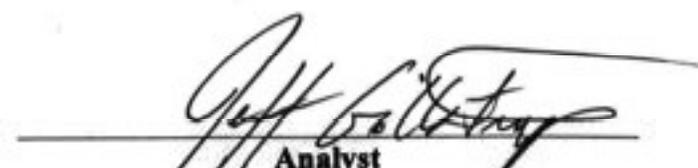
Exp Date: 11/05/2026

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 1:54am |
| AIR BLK | .00 | 1:55am |
| ACCY CHK | .07 | 1:56am |
| AIR BLK | .00 | 1:56am |
| SUB TEST | .00 | 1:57am |
| AIR BLK | .00 | 1:58am |
| SUB TEST | .00 | 2:00am |
| AIR BLK | .00 | 2:00am |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

IREDELL COUNTY BAT MOBILE UNIT 11 480

Serial Number: 008973 Test Record Number: 1296
Test Date: 07/27/2025 Test Time: 2:01am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 2:01am |
| FLO | Pass | 2:01am |
| FC | Pass | 2:02am |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 2:02am |
| SRC | Pass | 2:02am |
| DET | Pass | 2:02am |
| BAR | Pass | 2:02am |
| BT | Pass | 2:02am |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 2:02am |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 2:02am |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 2:02am |
| CAL | Pass | 2:02am |

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Jackson Instrument Location Jackson Co. Jail
Instrument Serial No. 008708 Sylva, NC

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.

I certify that on the 7 day of July, 2025 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.



David R. Luther
Signature of Certifying Official

843310
Certificate Number

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

Intox EC/IR-II: Subject Test

JACKSON COUNTY JAIL 490

Serial Number: 008708
Test Date: 07/07/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG431002

Exp Date: 11/05/2026

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 11:12am |
| AIR BLK | .00 | 11:13am |
| ACCY CHK | .07 | 11:13am |
| AIR BLK | .00 | 11:15am |
| SUB TEST | .00 | 11:15am |
| AIR BLK | .00 | 11:16am |
| SUB TEST | .00 | 11:18am |
| AIR BLK | .00 | 11:19am |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

JACKSON COUNTY JAIL 490

Serial Number: 008708 Test Record Number: 2068
Test Date: 07/07/2025 Test Time: 11:19am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:20am |
| FLO | Pass | 11:20am |
| FC | Pass | 11:20am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:20am |
| SRC | Pass | 11:20am |
| DET | Pass | 11:20am |
| BAR | Pass | 11:20am |
| BT | Pass | 11:20am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:20am |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:21am |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 11:21am |
| CAL | Pass | 11:21am |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Jackson Instrument Location Jackson Co. Jail
Instrument Serial No. 008722 Sylva, NC

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.

I certify that on the 7 day of July, 2025 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.



Chris R. Luth

Signature of Certifying Official

843310

Certificate Number

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

Intox EC/IR-II: Subject Test

JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008722
Test Date: 07/07/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

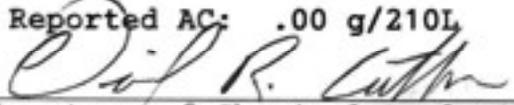
Test Type: Breath Test

Lot Number: AG431002

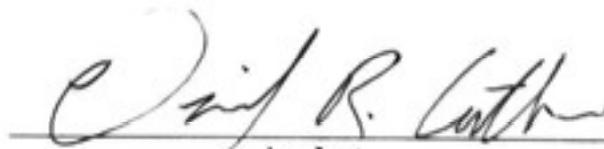
Exp Date: 11/05/2026

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

Reported AC: .00 g/210L


Signature of 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**

Intox EC/IR-II: Preventive Maintenance

JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008722 Test Record Number: 1660
Test Date: 07/07/2025 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

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:12am |

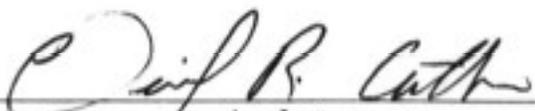
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:12am |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 11:12am |
| CAL | Pass | 11:12am |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Lincoln Instrument Location Lincoln County Jail
Instrument Serial No. 008827 Lincolnton, NC

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.

I certify that on the 7th day of July, 2025 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.



Benjamin Helms
Signature of Certifying Official

849845
Certificate Number

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

Intox EC/IR-II: Subject Test

LINCOLN COUNTY LINCOLN COUNTY SO 540

Serial Number: 008827

Test Date: 07/07/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Helms, Bryce A

Permit Number: 0084-9845

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

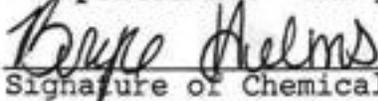
Test Type: Breath Test

Lot Number: AG506303

Exp Date: 03/04/2027

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 12:02pm |
| AIR BLK | .00 | 12:03pm |
| ACCY CHK | .08 | 12:03pm |
| AIR BLK | .00 | 12:04pm |
| SUB TEST | .00 | 12:05pm |
| AIR BLK | .00 | 12:06pm |
| SUB TEST | .00 | 12:07pm |
| AIR BLK | .00 | 12:08pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

LINCOLN COUNTY LINCOLN COUNTY SO 540

Serial Number: 008827 Test Record Number: 4361
Test Date: 07/07/2025 Test Time: 12:08pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:09pm |

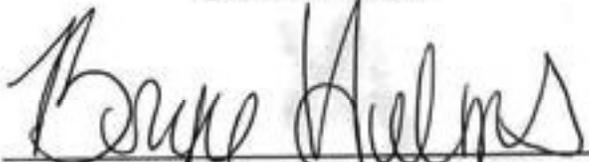
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 12:10pm |

CRC Tests

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

Preventive Maintenance
Status: *Pass*



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Lincoln Instrument Location BAT Mobile Unit 13
Instrument Serial No. 008869 Lincoln County S.O.

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.

I certify that on the 19 day of July, 2025 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.



Tony B. White
Signature of Certifying Official

307699
Certificate Number

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

Intox EC/IR-II: Subject Test

LINCOLN COUNTY BAT MOBILE UNIT 13 540

Serial Number: 008869
Test Date: 07/19/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Whitehurst, Timothy B

Permit Number: 0030-7699

Effective:

03/01/2025-03/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

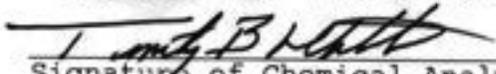
Test Type: Breath Test

Lot Number: AG417803

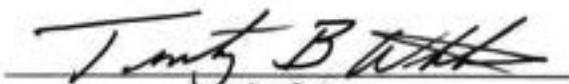
Exp Date: 06/26/2026

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 10:59am |
| AIR BLK | .00 | 11:00am |
| ACCY CHK | .07 | 11:00am |
| AIR BLK | .00 | 11:02am |
| SUB TEST | .00 | 11:02am |
| AIR BLK | .00 | 11:03am |
| SUB TEST | .00 | 11:05am |
| AIR BLK | .00 | 11:06am |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

LINCOLN COUNTY BAT MOBILE UNIT 13 540

Serial Number: 008869 Test Record Number: 2057
Test Date: 07/19/2025 Test Time: 11:06am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:06am |
| FLO | Pass | 11:06am |
| FC | Pass | 11:07am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:07am |
| SRC | Pass | 11:07am |
| DET | Pass | 11:07am |
| BAR | Pass | 11:07am |
| BT | Pass | 11:07am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:07am |

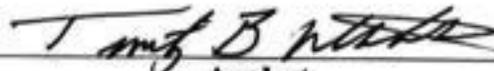
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:07am |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 11:08am |
| CAL | Pass | 11:08am |

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**

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Lincoln Instrument Location BAT Mobile Unit 13
Instrument Serial No. 008898 Lincoln County S.O.

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.

I certify that on the 19 day of July, 2025 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.



Tony B. White
Signature of Certifying Official

307699
Certificate Number

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

Intox EC/IR-II: Subject Test

LINCOLN COUNTY BAT MOBILE UNIT 13 540

Serial Number: 008898
Test Date: 07/19/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Whitehurst, Timothy B

Permit Number: 0030-7699

Effective:

03/01/2025-03/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG506302

Exp Date: 03/04/2027

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 10:21am |
| AIR BLK | .00 | 10:22am |
| ACCY CHK | .07 | 10:23am |
| AIR BLK | .00 | 10:24am |
| SUB TEST | .00 | 10:25am |
| AIR BLK | .00 | 10:25am |
| SUB TEST | .00 | 10:27am |
| AIR BLK | .00 | 10:28am |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

LINCOLN COUNTY BAT MOBILE UNIT 13 540

Serial Number: 008898 Test Record Number: 2026
Test Date: 07/19/2025 Test Time: 10:30am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:30am |
| FLO | Pass | 10:30am |
| FC | Pass | 10:31am |

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:31am |

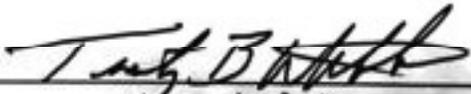
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 10:31am |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 10:32am |
| CAL | Pass | 10:32am |

Preventive Maintenance
Status: *Pass*



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Lincoln Instrument Location BAT Mobile Unit 13
Instrument Serial No. 008939 Lincoln County S.O.

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.

I certify that on the 19 day of July, 2025 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.



T. M. B. White
Signature of Certifying Official

307699
Certificate Number

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

Intox EC/IR-II: Subject Test

LINCOLN COUNTY BAT MOBILE UNIT 13 540

Serial Number: 008939
Test Date: 07/19/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Whitehurst, Timothy B

Permit Number: 0030-7699

Effective:

03/01/2025-03/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

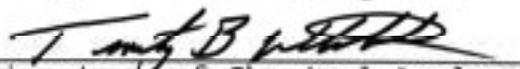
Test Type: Breath Test

Lot Number: AG506302

Exp Date: 03/04/2027

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 10:02am |
| AIR BLK | .00 | 10:03am |
| ACCY CHK | .08 | 10:04am |
| AIR BLK | .00 | 10:05am |
| SUB TEST | .00 | 10:05am |
| AIR BLK | .00 | 10:06am |
| SUB TEST | .00 | 10:08am |
| AIR BLK | .00 | 10:09am |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

LINCOLN COUNTY BAT MOBILE UNIT 13 540

Serial Number: 008939 Test Record Number: 1890
Test Date: 07/19/2025 Test Time: 10:10am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:10am |
| FLO | Pass | 10:10am |
| FC | Pass | 10:10am |

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:11am |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 10:11am |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 10:11am |
| CAL | Pass | 10:11am |

Preventive Maintenance
Status: *Pass*



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Lincoln Instrument Location BAT Mobile Unit 11
Instrument Serial No. 008970 Lincoln SO

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.

I certify that on the 14 day of July, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

12446
Certificate Number

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

Intox EC/IR-II: Subject Test

LINCOLN COUNTY BAT MOBILE UNIT 11 540

Serial Number: 008970
Test Date: 07/19/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Gillstrap, Jeffrey L

Permit Number: 0006-2446

Effective:

12/01/2023-12/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

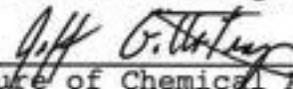
Test Type: Breath Test

Lot Number: AG417802

Exp Date: 06/26/2026

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 10:18am |
| AIR BLK | .00 | 10:19am |
| ACCY CHK | .07 | 10:20am |
| AIR BLK | .00 | 10:21am |
| SUB TEST | .00 | 10:21am |
| AIR BLK | .00 | 10:22am |
| SUB TEST | .00 | 10:24am |
| AIR BLK | .00 | 10:24am |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

LINCOLN COUNTY BAT MOBILE UNIT 11 540

Serial Number: 008970 Test Record Number: 1235
Test Date: 07/19/2025 Test Time: 10:26am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:27am |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 10:27am |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 10:27am |
| CAL | Pass | 10:27am |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Lincoln Instrument Location BAT Mobile Unit 11

Instrument Serial No. 008973 Lincoln 50

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.

I certify that on the 17th day of July, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

62446
Certificate Number

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

Intox EC/IR-II: Subject Test

LINCOLN COUNTY BAT MOBILE UNIT 11 540

Serial Number: 008973
Test Date: 07/19/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Gillstrap, Jeffrey L

Permit Number: 0006-2446

Effective:

12/01/2023-12/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

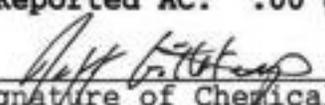
Test Type: Breath Test

Lot Number: AG431003

Exp Date: 11/05/2026

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

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

Intox EC/IR-II: Preventive Maintenance

LINCOLN COUNTY BAT MOBILE UNIT 11 540

Serial Number: 008973 Test Record Number: 1287
Test Date: 07/19/2025 Test Time: 12:18pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 12:19pm |
| FLO | Pass | 12:19pm |
| FC | Pass | 12:19pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 12:19pm |
| SRC | Pass | 12:19pm |
| DET | Pass | 12:19pm |
| BAR | Pass | 12:19pm |
| BT | Pass | 12:19pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:20pm |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 12:20pm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 12:20pm |
| CAL | Pass | 12:20pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Macon Instrument Location Macon Co. Magistrate
Highlands, NC
Instrument Serial No. 008795

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.

I certify that on the 18 day of July, 2025 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.



Orvil R. Cotton
Signature of Certifying Official

843310
Certificate Number

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

Intox EC/IR-II: Subject Test

MACON COUNTY MACON CO MAGISTRATE 550

Serial Number: 008795

Test Date: 07/18/2025

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject'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:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

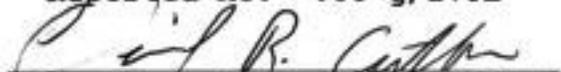
Test Type: Breath Test

Lot Number: AG417803

Exp Date: 06/26/2026

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 1:44pm |
| AIR BLK | .00 | 1:45pm |
| ACCY CHK | .08 | 1:45pm |
| AIR BLK | .00 | 1:47pm |
| SUB TEST | .00 | 1:47pm |
| AIR BLK | .00 | 1:48pm |
| SUB TEST | .00 | 1:49pm |
| AIR BLK | .00 | 1:50pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

MACON COUNTY MACON CO MAGISTRATE 550

Serial Number: 008795 Test Record Number: 753
Test Date: 07/18/2025 Test Time: 1:56pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 1:56pm |
| FLO | Pass | 1:56pm |
| FC | Pass | 1:57pm |

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 1:57pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 1:57pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 1:57pm |
| CAL | Pass | 1:57pm |

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Macon Instrument Location Macon Co. Magistrate

Instrument Serial No. 008808 Highlands, NC

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.

I certify that on the 2 day of July, 2025 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.



David R. Cobb
Signature of Certifying Official

843310
Certificate Number

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

Intox EC/IR-II: Subject Test

MACON COUNTY MACON CO MAGISTRATE 550

Serial Number: 008808
Test Date: 07/02/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

02/01/2025-02/01/2027

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG417803

Exp Date: 06/26/2026

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 1:58pm |
| AIR BLK | .00 | 1:59pm |
| ACCY CHK | .07 | 2:00pm |
| AIR BLK | .00 | 2:01pm |
| SUB TEST | .00 | 2:02pm |
| AIR BLK | .00 | 2:03pm |
| SUB TEST | .00 | 2:04pm |
| AIR BLK | .00 | 2:05pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

MACON COUNTY MACON CO MAGISTRATE 550

Serial Number: 008808 Test Record Number: 1542
Test Date: 07/02/2025 Test Time: 2:05pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 2:05pm |
| FLO | Pass | 2:05pm |
| FC | Pass | 2:06pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 2:06pm |
| SRC | Pass | 2:06pm |
| DET | Pass | 2:06pm |
| BAR | Pass | 2:06pm |
| BT | Pass | 2:06pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 2:06pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 2:06pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 2:06pm |
| CAL | Pass | 2:06pm |

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Madison Instrument Location Madison County Jail

Instrument Serial No 008599 Marshall, NC

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.

I certify that on the 23 day of July, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

244987
Certificate Number

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

Intox EC/IR-II: Subject Test

MADISON COUNTY MADISON COUNTY JAIL 560

Serial Number: 008599
Test Date: 07/23/2025

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

03/01/2025-03/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

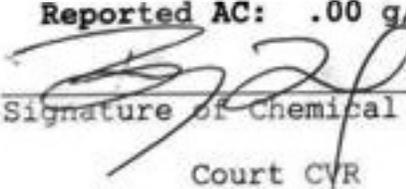
Test Type: Breath Test

Lot Number: AG503001

Exp Date: 01/30/2027

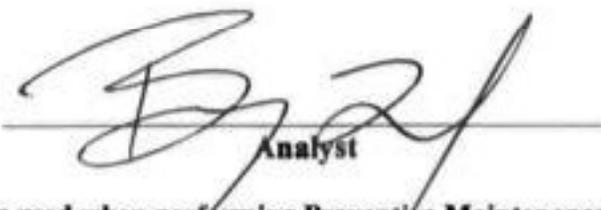
| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 12:43pm |
| AIR BLK | .00 | 12:44pm |
| ACCY CHK | .07 | 12:45pm |
| AIR BLK | .00 | 12:46pm |
| SUB TEST | .00 | 12:47pm |
| AIR BLK | .00 | 12:48pm |
| SUB TEST | .00 | 12:49pm |
| AIR BLK | .00 | 12:50pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

Intox EC/IR-II: Preventive Maintenance

MADISON COUNTY MADISON COUNTY JAIL 560

Serial Number: 008599 Test Record Number: 1548
Test Date: 07/23/2025 Test Time: 12:51pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 12:51pm |
| FLO | Pass | 12:51pm |
| FC | Pass | 12:51pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 12:51pm |
| SRC | Pass | 12:51pm |
| DET | Pass | 12:51pm |
| BAR | Pass | 12:51pm |
| BT | Pass | 12:51pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:52pm |

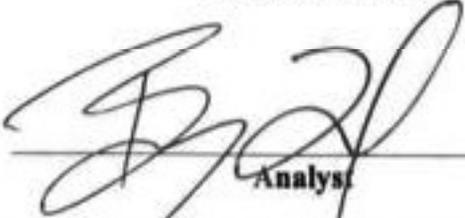
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 12:52pm |

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Madison Instrument Location Madison County Jail

Instrument Serial No. 003916 Marshall, NC

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.

I certify that on the 17 day of July, 2025 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.



[Handwritten Signature]
Signature of Certifying Official

244987
Certificate Number

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

Intox EC/IR-II: Subject Test

MADISON COUNTY MADISON COUNTY JAIL 560

Serial Number: 008916
Test Date: 07/17/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

03/01/2025-03/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

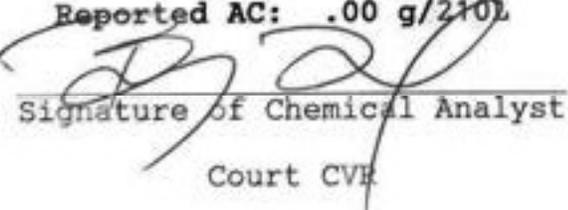
Test Type: Breath Test

Lot Number: AG503001

Exp Date: 01/30/2027

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 12:46pm |
| AIR BLK | .00 | 12:46pm |
| ACCY CHK | .07 | 12:47pm |
| AIR BLK | .00 | 12:48pm |
| SUB TEST | .00 | 12:49pm |
| AIR BLK | .00 | 12:49pm |
| SUB TEST | .00 | 12:51pm |
| AIR BLK | .00 | 12:52pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

MADISON COUNTY MADISON COUNTY JAIL 560

Serial Number: 008916 Test Record Number: 1966
Test Date: 07/17/2025 Test Time: 12:52pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:53pm |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 12:53pm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 12:53pm |
| CAL | Pass | 12:53pm |

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Martin Instrument Location Martin Co. S.O.
305 E. Main St.
Williamston, NC

Instrument Serial No. 008912

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.

I certify that on the 21st day of July, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

206272
Certificate Number

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

Intox EC/IR-II: Subject Test

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008912
Test Date: 07/21/2025

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

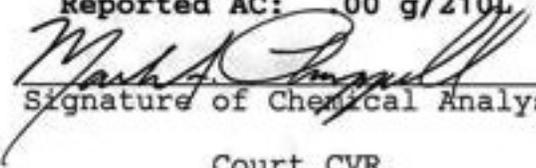
Analyst's Name: Chappell, Mark A
Permit Number: 0020-6272
Effective:
02/01/2025-02/01/2027

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

Lot Number: AG431001
Exp Date: 11/05/2026

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 10:49am |
| AIR BLK | .00 | 10:49am |
| ACCY CHK | .08 | 10:50am |
| AIR BLK | .00 | 10:51am |
| SUB TEST | .00 | 10:52am |
| AIR BLK | .00 | 10:53am |
| SUB TEST | .00 | 10:55am |
| AIR BLK | .00 | 10:55am |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008912 Test Record Number: 2317
Test Date: 07/21/2025 Test Time: 10:57am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:57am |
| FLO | Pass | 10:57am |
| FC | Pass | 10:57am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 10:57am |
| SRC | Pass | 10:57am |
| DET | Pass | 10:57am |
| BAR | Pass | 10:57am |
| BT | Pass | 10:57am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:58am |

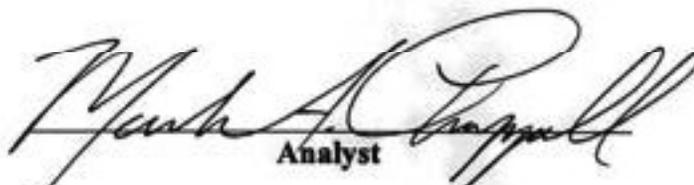
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 10:58am |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 10:58am |
| CAL | Pass | 10:58am |

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County MECKLENBURG Instrument Location CMAD LEC

Instrument Serial No. 008573 CHARLOTTE NC

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.

I certify that on the 22 day of July, 2025 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.



Jim S. Fleming
Signature of Certifying Official

274970
Certificate Number

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

Intox EC/IR-II: Subject Test

MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008573

Test Date: 07/22/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Fleming, Tina S

Permit Number: 0027-4970

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

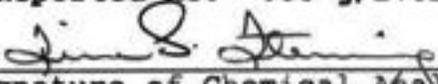
Test Type: Breath Test

Lot Number: AG506302

Exp Date: 03/04/2027

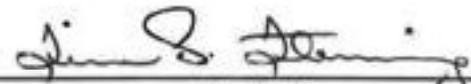
| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 10:50am |
| AIR BLK | .00 | 10:51am |
| ACCY CHK | .08 | 10:51am |
| AIR BLK | .00 | 10:52am |
| SUB TEST | .00 | 10:53am |
| AIR BLK | .00 | 10:54am |
| SUB TEST | .00 | 10:55am |
| AIR BLK | .00 | 10:56am |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008573 Test Record Number: 5708
Test Date: 07/22/2025 Test Time: 10:57am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:57am |
| FLO | Pass | 10:57am |
| FC | Pass | 10:57am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 10:57am |
| SRC | Pass | 10:57am |
| DET | Pass | 10:57am |
| BAR | Pass | 10:57am |
| BT | Pass | 10:57am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:58am |

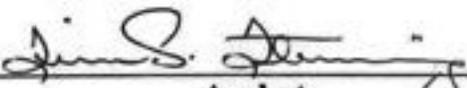
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 10:58am |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 10:58am |
| CAL | Pass | 10:58am |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Mecklenburg Instrument Location BAT Mobile Unit 8
Instrument Serial No. 008615 CMPD

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.

I certify that on the 2 day of July, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

2219283
Certificate Number

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

Intox EC/IR-II: Subject Test

MECKLENBURG COUNTY BAT MOBILE UNIT 8
590

Serial Number: 008615
Test Date: 07/02/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Glasscock, Jerry D

Permit Number: 7180-9235

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG405102

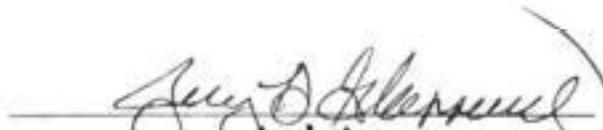
Exp Date: 02/20/2026

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

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY BAT MOBILE UNIT 8 590

Serial Number: 008615 Test Record Number: 6125
Test Date: 07/02/2025 Test Time: 11:19pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:19pm |
| FLO | Pass | 11:19pm |
| FC | Pass | 11:20pm |

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:20pm |

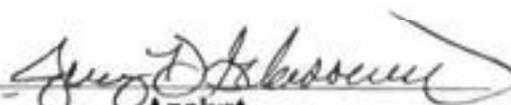
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:20pm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 11:21pm |
| CAL | Pass | 11:21pm |

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Mecklenburg Instrument Location Mecklenburg County SO
Instrument Serial No. 008698 Charlotte, NC

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.

I certify that on the 31st day of July, 2025 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.



Cory Adams
Signature of Certifying Official

849845
Certificate Number

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

Intox EC/IR-II: Subject Test

MECKLENBURG COUNTY SHERIFFS OFFICE 590

Serial Number: 008690

Test Date: 07/31/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Helms, Bryce A

Permit Number: 0084-9845

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

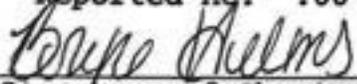
Test Type: Breath Test

Lot Number: AG506303

Exp Date: 03/04/2027

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 10:24am |
| AIR BLK | .00 | 10:25am |
| ACCY CHK | .08 | 10:25am |
| AIR BLK | .00 | 10:26am |
| SUB TEST | .00 | 10:27am |
| AIR BLK | .00 | 10:28am |
| SUB TEST | .00 | 10:29am |
| AIR BLK | .00 | 10:30am |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY SHERIFFS OFFICE 590

Serial Number: 008690 Test Record Number: 7797
Test Date: 07/31/2025 Test Time: 10:31am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:32am |

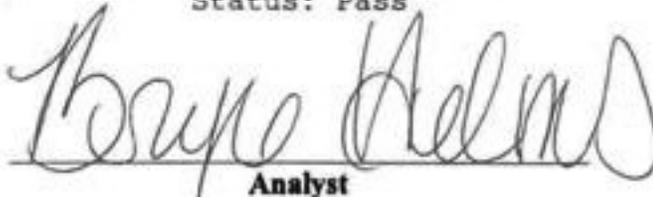
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 10:32am |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 10:32am |
| CAL | Pass | 10:32am |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County MECKLENBURG Instrument Location CORNELIUS PD

Instrument Serial No. 008692 CORNELIUS NC

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.

I certify that on the 01 day of July, 2025 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.



James S. Stearns
Signature of Certifying Official

274970
Certificate Number

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

Intox EC/IR-II: Subject Test

MECKLENBURG COUNTY CORNELIUS PD 590

Serial Number: 008692
Test Date: 07/01/2025

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

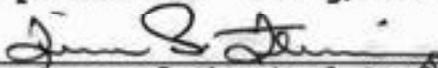
Analyst's Name: Fleming, Tina S
Permit Number: 0027-4970
Effective:
10/01/2023-10/01/2025

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

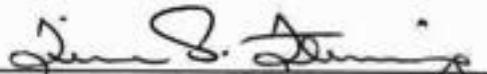
Lot Number: AG431001
Exp Date: 11/05/2026

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 2:06pm |
| AIR BLK | .00 | 2:07pm |
| ACCY CHK | .08 | 2:07pm |
| AIR BLK | .00 | 2:09pm |
| SUB TEST | .00 | 2:09pm |
| AIR BLK | .00 | 2:10pm |
| SUB TEST | .00 | 2:12pm |
| AIR BLK | .00 | 2:12pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY CORNELIUS PD 590

Serial Number: 008692 Test Record Number: 3864
Test Date: 07/01/2025 Test Time: 2:16pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 2:16pm |
| FLO | Pass | 2:16pm |
| FC | Pass | 2:16pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 2:16pm |
| SRC | Pass | 2:16pm |
| DET | Pass | 2:16pm |
| BAR | Pass | 2:16pm |
| BT | Pass | 2:16pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 2:17pm |

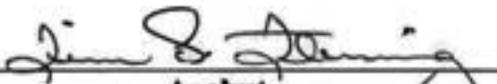
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 2:17pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 2:17pm |
| CAL | Pass | 2:17pm |

Preventive Maintenance
Status: *Pass*



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Mecklenburg Instrument Location BAT Mobile Unit 8
Instrument Serial No. 008736 CMPD

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.

I certify that on the 2 day of July, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

2219283
Certificate Number

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

Intox EC/IR-II: Subject Test

MECKLENBURG COUNTY BAT MOBILE UNIT 8
590

Serial Number: 008736
Test Date: 07/02/2025

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

Analyst's Name: Glasscock, Jerry D
Permit Number: 7180-9235
Effective:
02/01/2025-02/01/2027

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

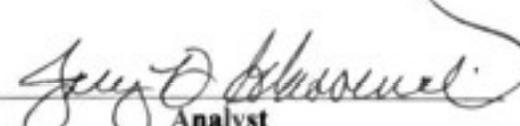
Lot Number: AG405102
Exp Date: 02/20/2026

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

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY BAT MOBILE UNIT 8 590

Serial Number: 008736 Test Record Number: 1485
Test Date: 07/02/2025 Test Time: 11:20pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:21pm |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:21pm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 11:21pm |
| CAL | Pass | 11:21pm |

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County MECKLENBURG Instrument Location HUNTERSVILLE PD

Instrument Serial No. 008747 HUNTERSVILLE NC

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.

I certify that on the 01 day of July, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

21970
Certificate Number

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

Intox EC/IR-II: Subject Test

MECKLENBURG COUNTY HUNTERSVILLE PD 590

Serial Number: 008747
Test Date: 07/01/2025

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

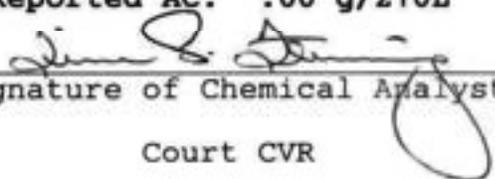
Analyst's Name: Fleming, Tina S
Permit Number: 0027-4970
Effective:
10/01/2023-10/01/2025

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

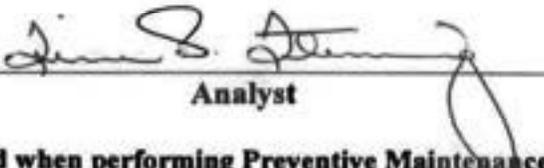
Lot Number: AG400301
Exp Date: 01/03/2026

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

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY HUNTERSVILLE PD 590

Serial Number: 008747 Test Record Number: 3397
Test Date: 07/01/2025 Test Time: 1:13pm 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 | 1:14pm |

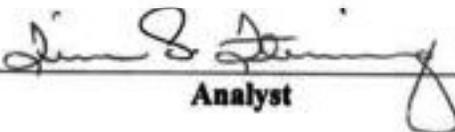
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 1:14pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 1:15pm |
| CAL | Pass | 1:15pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Mecklenburg Instrument Location BAT Mobile Unit 8
Instrument Serial No. 008775 CPMPD

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.

I certify that on the 2 day of July, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

2219283
Certificate Number

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

Intox EC/IR-II: Subject Test

MECKLENBURG COUNTY BAT MOBILE UNIT 8
590

Serial Number: 008775
Test Date: 07/02/2025

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Glasscock, Jerry D

Permit Number: 7180-9235

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

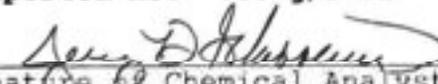
Test Type: Breath Test

Lot Number: AG506303

Exp Date: 03/04/2027

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

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY BAT MOBILE UNIT 8 590

Serial Number: 008775 Test Record Number: 2334
Test Date: 07/02/2025 Test Time: 11:15pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:16pm |
| FLO | Pass | 11:16pm |
| FC | Pass | 11:16pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:16pm |
| SRC | Pass | 11:16pm |
| DET | Pass | 11:16pm |
| BAR | Pass | 11:16pm |
| BT | Pass | 11:16pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:17pm |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:17pm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 11:17pm |
| CAL | Pass | 11:17pm |

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Mecklenburg Instrument Location BAT Mobile Unit 8
Instrument Serial No. 008816 CMPD

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.

I certify that on the 2 day of July, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

2219283
Certificate Number

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

Intox EC/IR-II: Subject Test

MECKLENBURG COUNTY BAT MOBILE UNIT 8
590

Serial Number: 008816
Test Date: 07/02/2025

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Glasscock, Jerry D

Permit Number: 7180-9235

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

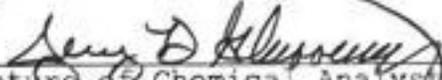
Test Type: Breath Test

Lot Number: AG431002

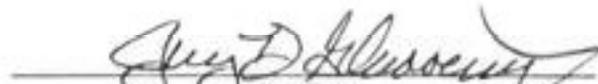
Exp Date: 11/05/2026

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 11:09pm |
| AIR BLK | .00 | 11:10pm |
| ACCY CHK | .08 | 11:11pm |
| AIR BLK | .00 | 11:12pm |
| SUB TEST | .00 | 11:12pm |
| AIR BLK | .00 | 11:13pm |
| SUB TEST | .00 | 11:15pm |
| AIR BLK | .00 | 11:16pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY BAT MOBILE UNIT 8 590

Serial Number: 008816 Test Record Number: 7919
Test Date: 07/02/2025 Test Time: 11:16pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:16pm |
| FLO | Pass | 11:16pm |
| FC | Pass | 11:17pm |

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:17pm |

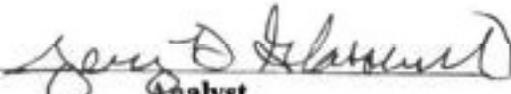
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:17pm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 11:17pm |
| CAL | Pass | 11:17pm |

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Mecklenburg Instrument Location BAT Mobile Unit 13

Instrument Serial No. 008869 CMPD

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.

I certify that on the 31 day of July, 2025 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.



T. M. B. White
Signature of Certifying Official

307699
Certificate Number

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

Intox EC/IR-II: Subject Test

MECKLENBURG COUNTY BAT MOBILE UNIT 13
590

Serial Number: 008869
Test Date: 07/31/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Whitehurst, Timothy B

Permit Number: 0030-7699

Effective:

03/01/2025-03/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG417803

Exp Date: 06/26/2026

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 9:52pm |
| AIR BLK | .00 | 9:53pm |
| ACCY CHK | .07 | 9:53pm |
| AIR BLK | .00 | 9:54pm |
| SUB TEST | .00 | 9:55pm |
| AIR BLK | .00 | 9:56pm |
| SUB TEST | .00 | 9:58pm |
| AIR BLK | .00 | 9:59pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY BAT MOBILE UNIT 13 590

Serial Number: 008869 Test Record Number: 2067
Test Date: 07/31/2025 Test Time: 10:00pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:00pm |
| FLO | Pass | 10:00pm |
| FC | Pass | 10:00pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 10:00pm |
| SRC | Pass | 10:00pm |
| DET | Pass | 10:00pm |
| BAR | Pass | 10:00pm |
| BT | Pass | 10:00pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:01pm |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 10:01pm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 10:01pm |
| CAL | Pass | 10:01pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Mecklenburg Instrument Location BAT Mobile Unit 13
Instrument Serial No. 008898 CMPD

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.

I certify that on the 31 day of July, 2025 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.



Tommy B. White
Signature of Certifying Official

307699
Certificate Number

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

Intox EC/IR-II: Subject Test

MECKLENBURG COUNTY BAT MOBILE UNIT 13
590

Serial Number: 008898
Test Date: 07/31/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Whitehurst, Timothy B

Permit Number: 0030-7699

Effective:

03/01/2025-03/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG506302

Exp Date: 03/04/2027

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 9:35pm |
| AIR BLK | .00 | 9:36pm |
| ACCY CHK | .07 | 9:36pm |
| AIR BLK | .00 | 9:37pm |
| SUB TEST | .00 | 9:38pm |
| AIR BLK | .00 | 9:39pm |
| SUB TEST | .00 | 9:40pm |
| AIR BLK | .00 | 9:41pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY BAT MOBILE UNIT 13 590

Serial Number: 008898 Test Record Number: 2033
Test Date: 07/31/2025 Test Time: 9:42pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:42pm |
| FLO | Pass | 9:42pm |
| FC | Pass | 9:42pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:42pm |
| SRC | Pass | 9:42pm |
| DET | Pass | 9:42pm |
| BAR | Pass | 9:42pm |
| BT | Pass | 9:42pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:43pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 9:43pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 9:43pm |
| CAL | Pass | 9:43pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Mecklenburg Instrument Location BAT Mobile Unit 8
Instrument Serial No. 008929 CMPD

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.

I certify that on the 2 day of July, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature] 2219283
Signature of Certifying Official Certificate Number

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

Intox EC/IR-II: Subject Test

MECKLENBURG COUNTY BAT MOBILE UNIT 8
590

Serial Number: 008929
Test Date: 07/02/2025

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Glasscock, Jerry D

Permit Number: 7180-9235

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

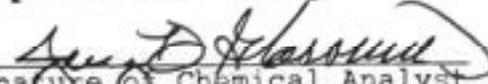
Test Type: Breath Test

Lot Number: AG506303

Exp Date: 03/04/2027

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 11:10pm |
| AIR BLK | .00 | 11:11pm |
| ACCY CHK | .07 | 11:12pm |
| AIR BLK | .00 | 11:13pm |
| SUB TEST | .00 | 11:14pm |
| AIR BLK | .00 | 11:15pm |
| SUB TEST | .00 | 11:16pm |
| AIR BLK | .00 | 11:17pm |

Reported AC: .00 g/210L


Signature Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY BAT MOBILE UNIT 8 590

Serial Number: 008929 Test Record Number: 1621
Test Date: 07/02/2025 Test Time: 11:18pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:19pm |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:19pm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 11:19pm |
| CAL | Pass | 11:19pm |

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Mecklenburg Instrument Location BAT Mobile Unit 13

Instrument Serial No. 008939 CMPD

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.

I certify that on the 31 day of July, 2025 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.



Timothy B. [Signature]
Signature of Certifying Official

307699
Certificate Number

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

Intox EC/IR-II: Subject Test

MECKLENBURG COUNTY BAT MOBILE UNIT 13
590

Serial Number: 008939
Test Date: 07/31/2025

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

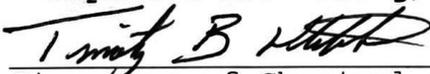
Analyst's Name: Whitehurst, Timothy B
Permit Number: 0030-7699
Effective:
03/01/2025-03/01/2027

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

Lot Number: AG506302
Exp Date: 03/04/2027

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 9:16pm |
| AIR BLK | .00 | 9:17pm |
| ACCY CHK | .07 | 9:18pm |
| AIR BLK | .00 | 9:18pm |
| SUB TEST | .00 | 9:19pm |
| AIR BLK | .00 | 9:21pm |
| SUB TEST | .00 | 9:22pm |
| AIR BLK | .00 | 9:23pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY BAT MOBILE UNIT 13 590

Serial Number: 008939 Test Record Number: 1899
Test Date: 07/31/2025 Test Time: 9:23pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:23pm |
| FLO | Pass | 9:23pm |
| FC | Pass | 9:23pm |

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:24pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 9:24pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 9:24pm |
| CAL | Pass | 9:24pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Mecklenburg Instrument Location Bot Mobile Unit II
Instrument Serial No. 008970 Matthews PD

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.

I certify that on the 24th day of July, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

62446
Certificate Number

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

Intox EC/IR-II: Subject Test

MECKLENBURG COUNTY BAT MOBILE UNIT 11
590

Serial Number: 008970
Test Date: 07/24/2025

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

Analyst's Name: Gillstrap, Jeffrey L
Permit Number: 0006-2446
Effective:
12/01/2023-12/01/2025

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

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

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 10:45pm |
| AIR BLK | .00 | 10:46pm |
| ACCY CHK | .07 | 10:46pm |
| AIR BLK | .00 | 10:47pm |
| SUB TEST | .00 | 10:48pm |
| AIR BLK | .00 | 10:49pm |
| SUB TEST | .00 | 10:50pm |
| AIR BLK | .00 | 10:51pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY BAT MOBILE UNIT 11 590

Serial Number: 008970 Test Record Number: 1238
Test Date: 07/24/2025 Test Time: 10:52pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:52pm |
| FLO | Pass | 10:52pm |
| FC | Pass | 10:52pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 10:53pm |
| SRC | Pass | 10:53pm |
| DET | Pass | 10:53pm |
| BAR | Pass | 10:53pm |
| BT | Pass | 10:53pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:53pm |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 10:53pm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 10:53pm |
| CAL | Pass | 10:53pm |

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Mecklenburg Instrument Location BAT Mobile Unit 11
Instrument Serial No. 008970 Mint Hill PD

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.

I certify that on the 25 day of July, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

Certificate Number

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

MECKLENBURG COUNTY BAT MOBILE UNIT 11
590

Serial Number: 008970
Test Date: 07/25/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Gillstrap, Jeffrey L

Permit Number: 0006-2446

Effective:

12/01/2023-12/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

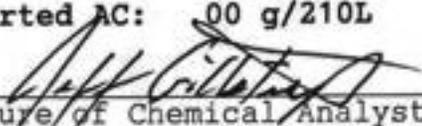
Test Type: Breath Test

Lot Number: AG417802

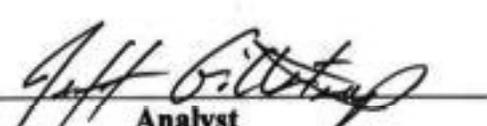
Exp Date: 06/26/2026

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

Reported AC: 00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY BAT MOBILE UNIT 11 590

Serial Number: 008970 Test Record Number: 1240
Test Date: 07/25/2025 Test Time: 9:13pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:13pm |
| FLO | Pass | 9:13pm |
| FC | Pass | 9:14pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:14pm |
| SRC | Pass | 9:14pm |
| DET | Pass | 9:14pm |
| BAR | Pass | 9:14pm |
| BT | Pass | 9:14pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:14pm |

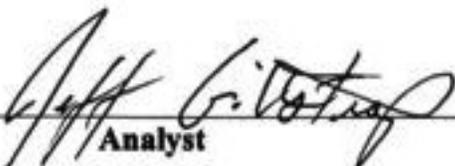
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 9:14pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 9:15pm |
| CAL | Pass | 9:15pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Mecklenburg Instrument Location BAT Mobile Unit 11
Instrument Serial No. 008970 Mint Hill PD

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.

I certify that on the 25 day of July, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

Certificate Number

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

MECKLENBURG COUNTY BAT MOBILE UNIT 11
590

Serial Number: 008970
Test Date: 07/25/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Gillstrap, Jeffrey L

Permit Number: 0006-2446

Effective:

12/01/2023-12/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

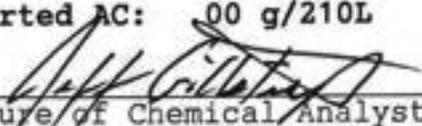
Test Type: Breath Test

Lot Number: AG417802

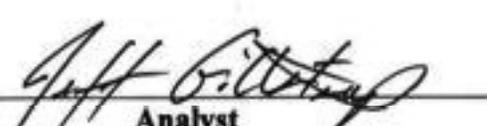
Exp Date: 06/26/2026

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

Reported AC: 00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY BAT MOBILE UNIT 11 590

Serial Number: 008970 Test Record Number: 1240
Test Date: 07/25/2025 Test Time: 9:13pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:13pm |
| FLO | Pass | 9:13pm |
| FC | Pass | 9:14pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:14pm |
| SRC | Pass | 9:14pm |
| DET | Pass | 9:14pm |
| BAR | Pass | 9:14pm |
| BT | Pass | 9:14pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:14pm |

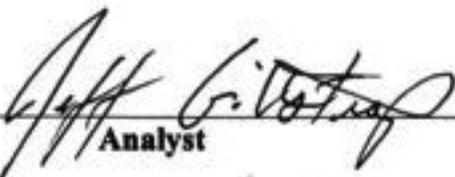
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 9:14pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 9:15pm |
| CAL | Pass | 9:15pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Mecklenburg Instrument Location BAT Mobile Unit 11
Instrument Serial No. 008970 Mint Hill PD

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.

I certify that on the 25 day of July, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

Certificate Number

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

MECKLENBURG COUNTY BAT MOBILE UNIT 11
590

Serial Number: 008970
Test Date: 07/25/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Gillstrap, Jeffrey L

Permit Number: 0006-2446

Effective:

12/01/2023-12/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

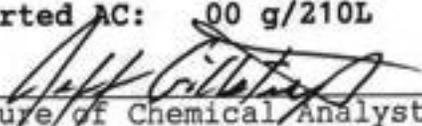
Test Type: Breath Test

Lot Number: AG417802

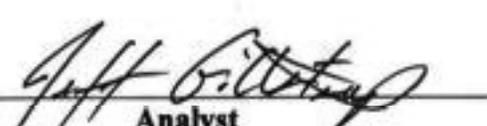
Exp Date: 06/26/2026

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

Reported AC: 00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY BAT MOBILE UNIT 11 590

Serial Number: 008970 Test Record Number: 1240
Test Date: 07/25/2025 Test Time: 9:13pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:13pm |
| FLO | Pass | 9:13pm |
| FC | Pass | 9:14pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:14pm |
| SRC | Pass | 9:14pm |
| DET | Pass | 9:14pm |
| BAR | Pass | 9:14pm |
| BT | Pass | 9:14pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:14pm |

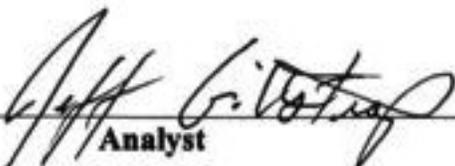
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 9:14pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 9:15pm |
| CAL | Pass | 9:15pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Mecklenburg Instrument Location BAT Mobile Unit 11
Instrument Serial No. 008973 Matthews PD

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.

I certify that on the 24th day of July, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

62446
Certificate Number

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

Intox EC/IR-II: Subject Test

MECKLENBURG COUNTY BAT MOBILE UNIT 11
590

Serial Number: 008973
Test Date: 07/24/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Gillstrap, Jeffrey L

Permit Number: 0006-2446

Effective:

12/01/2023-12/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG431003

Exp Date: 11/05/2026

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 10:34pm |
| AIR BLK | .00 | 10:35pm |
| ACCY CHK | .07 | 10:36pm |
| AIR BLK | .00 | 10:37pm |
| SUB TEST | .00 | 10:37pm |
| AIR BLK | .00 | 10:38pm |
| SUB TEST | .00 | 10:40pm |
| AIR BLK | .00 | 10:40pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY BAT MOBILE UNIT 11 590

Serial Number: 008973 Test Record Number: 1289
Test Date: 07/24/2025 Test Time: 10:42pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:43pm |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 10:44pm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 10:44pm |
| CAL | Pass | 10:44pm |

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Mecklenburg Instrument Location BAT Mobile Unit 11
Instrument Serial No. 008973 Mid Hill PD

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.

I certify that on the 25th day of July, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

62446
Certificate Number

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

Intox EC/IR-II: Subject Test

MECKLENBURG COUNTY BAT MOBILE UNIT 11
590

Serial Number: 008973
Test Date: 07/25/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Gillstrap, Jeffrey L

Permit Number: 0006-2446

Effective:

12/01/2023-12/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

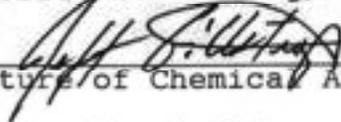
Test Type: Breath Test

Lot Number: AG431003

Exp Date: 11/05/2026

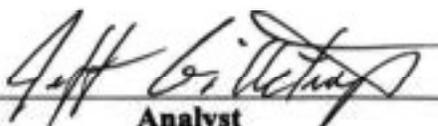
| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 8:42pm |
| AIR BLK | .00 | 8:43pm |
| ACCY CHK | .07 | 8:44pm |
| AIR BLK | .00 | 8:45pm |
| SUB TEST | .00 | 8:46pm |
| AIR BLK | .00 | 8:46pm |
| SUB TEST | .00 | 8:48pm |
| AIR BLK | .00 | 8:49pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY BAT MOBILE UNIT 11 590

Serial Number: 008973 Test Record Number: 1291
Test Date: 07/25/2025 Test Time: 8:58pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 8:58pm |
| FLO | Pass | 8:58pm |
| FC | Pass | 8:58pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 8:59pm |
| SRC | Pass | 8:59pm |
| DET | Pass | 8:59pm |
| BAR | Pass | 8:59pm |
| BT | Pass | 8:59pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 8:59pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 8:59pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 8:59pm |
| CAL | Pass | 8:59pm |

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County MOORE Instrument Location PINEHURST POLICE
Instrument Serial No. 008710 DEPARTMENT

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.

I certify that on the 24 day of JULY, 2025 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.



[Handwritten Signature]
Signature of Certifying Officer

239771
Certificate Number

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

Intox EC/IR-II: Subject Test

MOORE COUNTY PINEHURST PD 620

Serial Number: 008710

Test Date: 07/24/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Galloway, Charles L

Permit Number: 0023-9771

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: PTA

Agency: DHHS

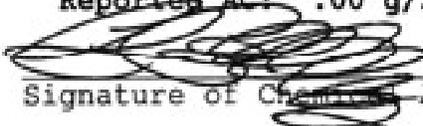
Test Type: Breath Test

Lot Number: AG417803

Exp Date: 06/26/2026

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

Reported AC: .00 g/210L


Signature of Chemist/Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

MOORE COUNTY PINEHURST PD 620

Serial Number: 008710 Test Record Number: 2251
Test Date: 07/24/2025 Test Time: 12:18pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 12:19pm |
| FLO | Pass | 12:19pm |
| FC | Pass | 12:19pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 12:19pm |
| SRC | Pass | 12:19pm |
| DET | Pass | 12:19pm |
| BAR | Pass | 12:19pm |
| BT | Pass | 12:19pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:19pm |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 12:20pm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 12:20pm |
| CAL | Pass | 12:20pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County MOORE Instrument Location SOUTHERN PINES
Instrument Serial No. 008720 POLICE DEPARTMENT

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.

I certify that on the 24 day of JULY, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.




Signature of Certifying Official

239771
Certificate Number

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

Intox EC/IR-II: Subject Test

MOORE COUNTY SOUTHERN PINES PD 620

Serial Number: 008720
Test Date: 07/24/2025

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

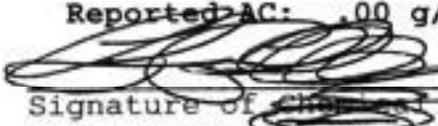
Analyst's Name: Galloway, Charles L
Permit Number: 0023-9771
Effective:
02/01/2025-02/01/2027

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

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

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 10:30am |
| AIR BLK | .00 | 10:31am |
| ACCY CHK | .07 | 10:31am |
| AIR BLK | .00 | 10:32am |
| SUB TEST | .00 | 10:33am |
| AIR BLK | .00 | 10:34am |
| SUB TEST | .00 | 10:36am |
| AIR BLK | .00 | 10:36am |

Reported AC: .00 g/210L


Signature of ~~Charles L. Galloway~~ 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**

Intox EC/IR-II: Preventive Maintenance

MOORE COUNTY SOUTHERN PINES PD 620

Serial Number: 008720 Test Record Number: 1578
Test Date: 07/24/2025 Test Time: 10:37am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:39am |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 10:39am |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 10:39am |
| CAL | Pass | 10:39am |

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County MOORE Instrument Location MOORE COUNTY
Instrument Serial No. 008735 DETENTION CENTER

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.

I certify that on the 24 day of JULY, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.




Signature of Certifying Official

239771
Certificate Number

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

Intox EC/IR-II: Subject Test

MOORE COUNTY DETENTION CENTER 620

Serial Number: 008735
Test Date: 07/24/2025

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

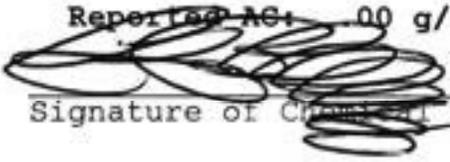
Analyst's Name: Galloway, Charles L
Permit Number: 0023-9771
Effective:
02/01/2025-02/01/2027

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

Lot Number: AG506301
Exp Date: 03/04/2027

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 2:42pm |
| AIR BLK | .00 | 2:43pm |
| ACCY CHK | .08 | 2:44pm |
| AIR BLK | .00 | 2:45pm |
| SUB TEST | .00 | 2:45pm |
| AIR BLK | .00 | 2:46pm |
| SUB TEST | .00 | 2:48pm |
| AIR BLK | .00 | 2:49pm |

Reported AG: .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**

Intox EC/IR-II: Preventive Maintenance

MOORE COUNTY DETENTION CENTER 620

Serial Number: 008735 Test Record Number: 3660
Test Date: 07/24/2025 Test Time: 2:49pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 2:49pm |
| FLO | Pass | 2:49pm |
| FC | Pass | 2:50pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 2:50pm |
| SRC | Pass | 2:50pm |
| DET | Pass | 2:50pm |
| BAR | Pass | 2:50pm |
| BT | Pass | 2:50pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 2:50pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 2:50pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 2:50pm |
| CAL | Pass | 2:50pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Moore Instrument Location BAT Mobile Unit 11
Instrument Serial No. 008970 Pinebluff PD

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.

I certify that on the 31st day of July, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

62446
Certificate Number

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

Intox EC/IR-II: Subject Test

MOORE COUNTY BAT MOBILE UNIT 11 620

Serial Number: 008970

Test Date: 07/31/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Gillstrap, Jeffrey L

Permit Number: 0006-2446

Effective:

12/01/2023-12/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

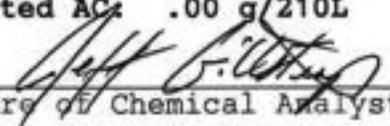
Test Type: Breath Test

Lot Number: AG417802

Exp Date: 06/26/2026

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 5:33pm |
| AIR BLK | .00 | 5:34pm |
| ACCY CHK | .07 | 5:35pm |
| AIR BLK | .00 | 5:36pm |
| SUB TEST | .00 | 5:37pm |
| AIR BLK | .00 | 5:37pm |
| SUB TEST | .00 | 5:39pm |
| AIR BLK | .00 | 5:40pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

MOORE COUNTY BAT MOBILE UNIT 11 620

Serial Number: 008970 Test Record Number: 1251
Test Date: 07/31/2025 Test Time: 5:43pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 5:43pm |
| FLO | Pass | 5:43pm |
| FC | Pass | 5:43pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 5:43pm |
| SRC | Pass | 5:43pm |
| DET | Pass | 5:43pm |
| BAR | Pass | 5:43pm |
| BT | Pass | 5:43pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 5:44pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 5:44pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 5:44pm |
| CAL | Pass | 5:44pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Macon Instrument Location BAT Mobile Unit II
Instrument Serial No. 008973 Pine Bluff PD

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.

I certify that on the 31st day of July, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

62446
Certificate Number

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

Intox EC/IR-II: Subject Test

MOORE COUNTY BAT MOBILE UNIT 11 620

Serial Number: 008973
Test Date: 07/31/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Gillstrap, Jeffrey L

Permit Number: 0006-2446

Effective:

12/01/2023-12/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG431003

Exp Date: 11/05/2026

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 6:05pm |
| AIR BLK | .00 | 6:06pm |
| ACCY CHK | .07 | 6:06pm |
| AIR BLK | .00 | 6:07pm |
| SUB TEST | .00 | 6:08pm |
| AIR BLK | .00 | 6:09pm |
| SUB TEST | .00 | 6:10pm |
| AIR BLK | .00 | 6:11pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

MOORE COUNTY BAT MOBILE UNIT 11 620

Serial Number: 008973 Test Record Number: 1298
Test Date: 07/31/2025 Test Time: 6:12pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 6:13pm |

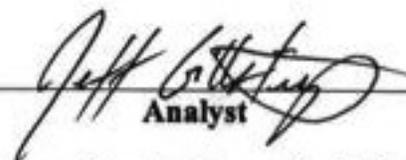
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 6:13pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 6:13pm |
| CAL | Pass | 6:13pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County NASH Instrument Location NASA County Detention Center
Instrument Serial No. 008630 222 S. WASHINGTON ST
NASHVILLE, NC

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.

I certify that on the 18 day of July, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

179707
Certificate Number

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

Intox EC/IR-II: Subject Test

NASH COUNTY NASH DETENTION CTR 630

Serial Number: 008630
Test Date: 07/18/2025

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

Analyst's Name: Bryant, Earl A
Permit Number: 0017-9707
Effective:
02/01/2025-02/01/2027

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

Lot Number: AG506303
Exp Date: 03/04/2027

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 8:53am |
| AIR BLK | .00 | 8:53am |
| ACCY CHK | .07 | 8:54am |
| AIR BLK | .00 | 8:55am |
| SUB TEST | .00 | 8:56am |
| AIR BLK | .00 | 8:57am |
| SUB TEST | .00 | 8:58am |
| AIR BLK | .00 | 8:59am |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

NASH COUNTY NASH DETENTION CTR 630

Serial Number: 008630 Test Record Number: 6598
Test Date: 07/18/2025 Test Time: 9:00am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:00am |
| FLO | Pass | 9:00am |
| FC | Pass | 9:01am |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:01am |
| SRC | Pass | 9:01am |
| DET | Pass | 9:01am |
| BAR | Pass | 9:01am |
| BT | Pass | 9:01am |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:01am |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 9:01am |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 9:01am |
| CAL | Pass | 9:01am |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County New Hanover Instrument Location BAT Mobile Unit 10

Instrument Serial No. 008584 New Hanover County SU

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.

I certify that on the 5th day of July, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

2266313
Certificate Number

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

Intox EC/IR-II: Subject Test

**NEW HANOVER COUNTY BAT MOBILE UNIT 10
640**

Serial Number: 008584
Test Date: 07/05/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Sharpe Jr., Robert J

Permit Number: 1820-8591

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG400303

Exp Date: 01/03/2026

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

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

Intox EC/IR-II: Preventive Maintenance

NEW HANOVER COUNTY BAT MOBILE UNIT 10 640

Serial Number: 008584 Test Record Number: 2808
Test Date: 07/05/2025 Test Time: 3:02pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 3:04pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 3:04pm |

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County New Hanover Instrument Location BAT Mobile Unit 10
Instrument Serial No. 008637 New Hanover County SD

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.

I certify that on the 5th day of July, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

2266313
Certificate Number

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

Intox EC/IR-II: Subject Test

**NEW HANOVER COUNTY BAT MOBILE UNIT 10
640**

**Serial Number: 008637
Test Date: 07/05/2025**

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Sharpe Jr., Robert J

Permit Number: 1820-8591

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

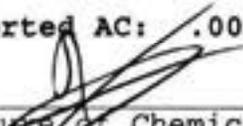
Test Type: Breath Test

Lot Number: AG400303

Exp Date: 01/03/2026

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 2:58pm |
| AIR BLK | .00 | 2:59pm |
| ACCY CHK | .08 | 2:59pm |
| AIR BLK | .00 | 3:00pm |
| SUB TEST | .00 | 3:01pm |
| AIR BLK | .00 | 3:02pm |
| SUB TEST | .00 | 3:03pm |
| AIR BLK | .00 | 3:04pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

Intox EC/IR-II: Preventive Maintenance

NEW HANOVER COUNTY BAT MOBILE UNIT 10 640

Serial Number: 008637 Test Record Number: 3546
Test Date: 07/05/2025 Test Time: 3:05pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 3:05pm |
| FLO | Pass | 3:05pm |
| FC | Pass | 3:05pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 3:05pm |
| SRC | Pass | 3:05pm |
| DET | Pass | 3:05pm |
| BAR | Pass | 3:05pm |
| BT | Pass | 3:05pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 3:06pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 3:06pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 3:06pm |
| CAL | Pass | 3:06pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County New Hanover Instrument Location BAT Mobile Unit 10

Instrument Serial No. 008686 New Hanover County SC

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.

I certify that on the 5th day of July, 2025 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.



[Handwritten Signature]
Signature of Certifying Official

2266313
Certificate Number

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

Intox EC/IR-II: Subject Test

**NEW HANOVER COUNTY BAT MOBILE UNIT 10
640**

**Serial Number: 008686
Test Date: 07/05/2025**

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

**Analyst's Name: Sharpe Jr., Robert J
Permit Number: 1820-8591
Effective:
02/01/2025-02/01/2027**

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

**Lot Number: AG506302
Exp Date: 03/04/2027**

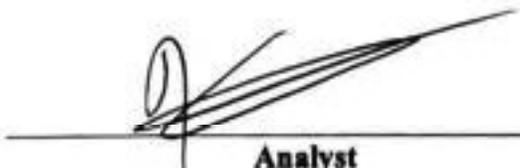
| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 2:56pm |
| AIR BLK | .00 | 2:57pm |
| ACCY CHK | .07 | 2:57pm |
| AIR BLK | .00 | 2:58pm |
| SUB TEST | .00 | 2:59pm |
| AIR BLK | .00 | 3:00pm |
| SUB TEST | .00 | 3:01pm |
| AIR BLK | .00 | 3:02pm |

Reported AC: .00 g/210L



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**

Intox EC/IR-II: Preventive Maintenance

NEW HANOVER COUNTY BAT MOBILE UNIT 10 640

Serial Number: 008686 Test Record Number: 7170
Test Date: 07/05/2025 Test Time: 3:04pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 3:04pm |
| FLO | Pass | 3:04pm |
| FC | Pass | 3:04pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 3:04pm |
| SRC | Pass | 3:04pm |
| DET | Pass | 3:04pm |
| BAR | Pass | 3:04pm |
| BT | Pass | 3:04pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 3:05pm |

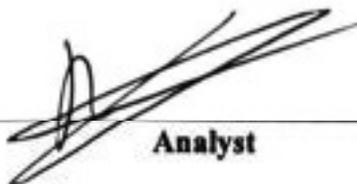
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 3:05pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 3:05pm |
| CAL | Pass | 3:05pm |

**Preventive Maintenance
Status: Pass**



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County New Hanover Instrument Location BAT Mobile Unit 10
Instrument Serial No. 008776 New Hanover County SO

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.

I certify that on the 5th day of July, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

2266313
Certificate Number

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

Intox EC/IR-II: Subject Test

NEW HANOVER COUNTY BAT MOBILE UNIT 10
640

Serial Number: 008776
Test Date: 07/05/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Sharpe Jr., Robert J

Permit Number: 1820-8591

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

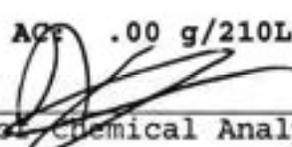
Test Type: Breath Test

Lot Number: AG417803

Exp Date: 06/26/2026

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

Reported ACP .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**

Intox EC/IR-II: Preventive Maintenance

NEW HANOVER COUNTY BAT MOBILE UNIT 10 640

Serial Number: 008776 Test Record Number: 4126
Test Date: 07/05/2025 Test Time: 3:06pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 3:07pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 3:07pm |

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County New Hanover Instrument Location BAT Mobile Unit 10
Instrument Serial No. 008779 New Hanover County SO

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.

I certify that on the 5th day of July, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

2266313
Certificate Number

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

Intox EC/IR-II: Subject Test

**NEW HANOVER COUNTY BAT MOBILE UNIT 10
640**

**Serial Number: 008779
Test Date: 07/05/2025**

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Sharpe Jr., Robert J

Permit Number: 1820-8591

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

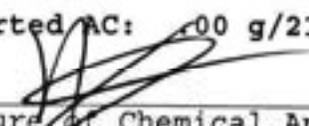
Test Type: Breath Test

Lot Number: AG431002

Exp Date: 11/05/2026

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

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

Intox EC/IR-II: Preventive Maintenance

NEW HANOVER COUNTY BAT MOBILE UNIT 10 640

Serial Number: 008779 Test Record Number: 4073
Test Date: 07/05/2025 Test Time: 3:05pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 3:07pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 3:07pm |

CRC Tests

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

Preventive Maintenance
Status: *Pass*



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Onslow Instrument Location BAT Mobile Unit 10
Instrument Serial No. 008584 NCWRC

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.

I certify that on the 4th day of July, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

2266313
Certificate Number

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

Intox EC/IR-II: Subject Test

ONslow COUNTY BAT MOBILE UNIT 10 660

Serial Number: 008584

Test Date: 07/04/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Sharpe Jr., Robert J

Permit Number: 1820-8591

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG400303

Exp Date: 01/03/2026

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

Intox EC/IR-II: Preventive Maintenance

ONslow COUNTY BAT MOBILE UNIT 10 660

Serial Number: 008584 Test Record Number: 2804
Test Date: 07/04/2025 Test Time: 5:14pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 5:15pm |
| FLO | Pass | 5:15pm |
| FC | Pass | 5:15pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 5:15pm |
| SRC | Pass | 5:15pm |
| DET | Pass | 5:15pm |
| BAR | Pass | 5:15pm |
| BT | Pass | 5:15pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 5:16pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 5:16pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 5:16pm |
| CAL | Pass | 5:16pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Onslow Instrument Location BAT Mobile Unit 10
Instrument Serial No. 00 8637 NCWRC

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.

I certify that on the 4th day of July, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

2266313
Certificate Number

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

Intox EC/IR-II: Subject Test

ONSLOW COUNTY BAT MOBILE UNIT 10 660

Serial Number: 008637

Test Date: 07/04/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Sharpe Jr., Robert J

Permit Number: 1820-8591

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG400303

Exp Date: 01/03/2026

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 5:28pm |
| AIR BLK | .00 | 5:29pm |
| ACCY CHK | .08 | 5:29pm |
| AIR BLK | .00 | 5:30pm |
| SUB TEST | .00 | 5:31pm |
| AIR BLK | .00 | 5:32pm |
| SUB TEST | .00 | 5:34pm |
| AIR BLK | .00 | 5:34pm |

Reported AC: .00 g/210L

Signature of ~~Chemical~~ Analyst

Court CVR

Analyst

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

Intox EC/IR-II: Preventive Maintenance

ONslow COUNTY BAT MOBILE UNIT 10 660

Serial Number: 008637 Test Record Number: 3544
Test Date: 07/04/2025 Test Time: 5:41pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 5:42pm |
| FLO | Pass | 5:42pm |
| FC | Pass | 5:42pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 5:42pm |
| SRC | Pass | 5:42pm |
| DET | Pass | 5:42pm |
| BAR | Pass | 5:42pm |
| BT | Pass | 5:42pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 5:43pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 5:43pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 5:43pm |
| CAL | Pass | 5:43pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Onslow Instrument Location BAT Mobile Unit 10

Instrument Serial No. 008686 NCWRC

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.

I certify that on the 4th day of July, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

2266313
Certificate Number

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

Intox EC/IR-II: Subject Test

ONslow COUNTY BAT MOBILE UNIT 10 660

Serial Number: 008686

Test Date: 07/04/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Sharpe Jr., Robert J

Permit Number: 1820-8591

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

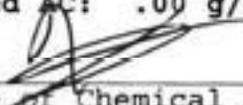
Test Type: Breath Test

Lot Number: AG506302

Exp Date: 03/04/2027

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 5:25pm |
| AIR BLK | .00 | 5:26pm |
| ACCY CHK | .07 | 5:27pm |
| AIR BLK | .00 | 5:28pm |
| SUB TEST | .00 | 5:28pm |
| AIR BLK | .00 | 5:29pm |
| SUB TEST | .00 | 5:31pm |
| AIR BLK | .00 | 5:32pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

Intox EC/IR-II: Preventive Maintenance

ONslow COUNTY BAT MOBILE UNIT 10 660

Serial Number: 008686 Test Record Number: 7168
Test Date: 07/04/2025 Test Time: 5:32pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 5:33pm |
| FLO | Pass | 5:33pm |
| FC | Pass | 5:33pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 5:33pm |
| SRC | Pass | 5:33pm |
| DET | Pass | 5:33pm |
| BAR | Pass | 5:33pm |
| BT | Pass | 5:33pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 5:33pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 5:33pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 5:34pm |
| CAL | Pass | 5:34pm |

Preventive Maintenance
Status: *Pass*



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Onslow Instrument Location BAT Mobile Unit 10
Instrument Serial No. 008776 NCWPC

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.

I certify that on the 4th day of July, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

2266313
Certificate Number

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

Intox EC/IR-II: Subject Test

ONslow COUNTY BAT MOBILE UNIT 10 660

Serial Number: 008776
Test Date: 07/04/2025

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

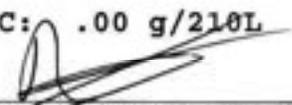
Analyst's Name: Sharpe Jr., Robert J
Permit Number: 1820-8591
Effective:
02/01/2025-02/01/2027

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

Lot Number: AG417803
Exp Date: 06/26/2026

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 5:36pm |
| AIR BLK | .00 | 5:37pm |
| ACCY CHK | .07 | 5:38pm |
| AIR BLK | .00 | 5:39pm |
| SUB TEST | .00 | 5:40pm |
| AIR BLK | .00 | 5:40pm |
| SUB TEST | .00 | 5:42pm |
| AIR BLK | .00 | 5:43pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

Intox EC/IR-II: Preventive Maintenance

ONSLOW COUNTY BAT MOBILE UNIT 10 660

Serial Number: 008776 Test Record Number: 4124
Test Date: 07/04/2025 Test Time: 5:48pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 5:49pm |
| FLO | Pass | 5:49pm |
| FC | Pass | 5:49pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 5:49pm |
| SRC | Pass | 5:49pm |
| DET | Pass | 5:49pm |
| BAR | Pass | 5:49pm |
| BT | Pass | 5:49pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 5:50pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 5:50pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 5:50pm |
| CAL | Pass | 5:50pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Onslow Instrument Location BAT Mobile Unit 10
Instrument Serial No. 008779 NC WRC

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.

I certify that on the 4th day of July, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]

Signature of Certifying Official

2266313

Certificate Number

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

Intox EC/IR-II: Subject Test

ONSLOW COUNTY BAT MOBILE UNIT 10 660

Serial Number: 008779

Test Date: 07/04/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Sharpe Jr., Robert J

Permit Number: 1820-8591

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

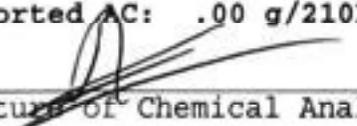
Test Type: Breath Test

Lot Number: AG431002

Exp Date: 11/05/2026

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 5:37pm |
| AIR BLK | .00 | 5:38pm |
| ACCY CHK | .07 | 5:39pm |
| AIR BLK | .00 | 5:39pm |
| SUB TEST | .00 | 5:40pm |
| AIR BLK | .00 | 5:41pm |
| SUB TEST | .00 | 5:42pm |
| AIR BLK | .00 | 5:43pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

Intox EC/IR-II: Preventive Maintenance

ONSLow COUNTY BAT MOBILE UNIT 10 660

Serial Number: 008779 Test Record Number: 4071
Test Date: 07/04/2025 Test Time: 5:44pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 5:44pm |
| FLO | Pass | 5:44pm |
| FC | Pass | 5:44pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 5:44pm |
| SRC | Pass | 5:44pm |
| DET | Pass | 5:44pm |
| BAR | Pass | 5:44pm |
| BT | Pass | 5:44pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 5:45pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 5:45pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 5:45pm |
| CAL | Pass | 5:45pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County ORANGE Instrument Location Chapel Hill PD

Instrument Serial No. 008856 828 Martin Luther King Jr Blvd
Chapel Hill, NC

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.

I certify that on the 3 day of July, 2025 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.



Sam Stokes Brues
Signature of Certifying Official

146221
Certificate Number

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

Intox EC/IR-II: Subject Test

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008856
Test Date: 07/03/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG431003

Exp Date: 11/05/2026

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 1:51pm |
| AIR BLK | .00 | 1:51pm |
| ACCY CHK | .08 | 1:52pm |
| AIR BLK | .00 | 1:53pm |
| SUB TEST | .00 | 1:54pm |
| AIR BLK | .00 | 1:54pm |
| SUB TEST | .00 | 1:56pm |
| AIR BLK | .00 | 1:57pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008856 Test Record Number: 3299
Test Date: 07/03/2025 Test Time: 1:57pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 1:58pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 1:59pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 1:59pm |
| CAL | Pass | 1:59pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County ORANGE Instrument Location CARRBORO PD

Instrument Serial No. 008945 100 N. Greensboro St
CARRBORO, NC

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.

I certify that on the 3 day of JULY, 2025 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.



Susan Stokes Barnes
Signature of Certifying Official

146221
Certificate Number

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

Intox EC/IR-II: Subject Test

ORANGE COUNTY CARRBORO PD 670

Serial Number: 008945
Test Date: 07/03/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

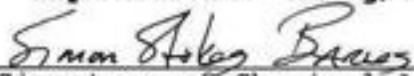
Test Type: Breath Test

Lot Number: AG505001

Exp Date: 02/19/2027

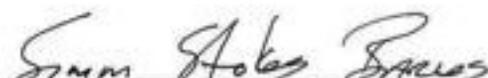
| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 2:35pm |
| AIR BLK | .00 | 2:36pm |
| ACCY CHK | .08 | 2:36pm |
| AIR BLK | .00 | 2:37pm |
| SUB TEST | .00 | 2:38pm |
| AIR BLK | .00 | 2:39pm |
| SUB TEST | .00 | 2:40pm |
| AIR BLK | .00 | 2:41pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

Intox EC/IR-II: Preventive Maintenance

ORANGE COUNTY CARRBORO PD 670

Serial Number: 008945 Test Record Number: 865
Test Date: 07/03/2025 Test Time: 2:41pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 2:42pm |
| FLO | Pass | 2:42pm |
| FC | Pass | 2:42pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 2:42pm |
| SRC | Pass | 2:42pm |
| DET | Pass | 2:42pm |
| BAR | Pass | 2:42pm |
| BT | Pass | 2:42pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 2:42pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 2:42pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 2:43pm |
| CAL | Pass | 2:43pm |

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**

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Perquimans Instrument Location Perquimans Co. S.O.
Instrument Serial No. 008921 110 N. Church St. Hertford, NC

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.

I certify that on the 21st day of July, 2025 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.



Mark A. Russell
Signature of Certifying Official

206272
Certificate Number

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

Intox EC/IR-II: Subject Test

PERQUIMANS COUNTY PERQUIMANS CO SO 710

Serial Number: 008921
Test Date: 07/21/2025

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

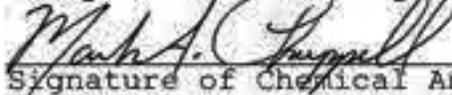
Analyst's Name: Chappell, Mark A
Permit Number: 0020-6272
Effective:
02/01/2025-02/01/2027

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

Lot Number: AG431001
Exp Date: 11/05/2026

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

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

PERQUIMANS COUNTY PERQUIMANS CO SO 710

Serial Number: 008921 Test Record Number: 1376
Test Date: 07/21/2025 Test Time: 3:08pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 3:09pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 3:09pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 3:09pm |
| CAL | Pass | 3:09pm |

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Person Instrument Location Roxboro PD

Instrument Serial No. 008880 109 N. LAMAR ST
Roxboro, NC

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.

I certify that on the 3 day of July, 2025 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.



Simon Stokes Barnes
Signature of Certifying Official

146221
Certificate Number

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

Intox EC/IR-II: Subject Test

PERSON COUNTY ROXBORO POLICE DEPT 720

Serial Number: 008880

Test Date: 07/03/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG501307

Exp Date: 01/13/2027

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

Reported AC: .00 g/210L

Simon Stokes Barnes
Signature of Chemical Analyst

Court CVR

Simon Stokes Barnes
Analyst

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

Intox EC/IR-II: Preventive Maintenance

PERSON COUNTY ROXBORO POLICE DEPT 720

Serial Number: 008880 Test Record Number: 2460
Test Date: 07/03/2025 Test Time: 11:21am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:21am |
| FLO | Pass | 11:21am |
| FC | Pass | 11:21am |

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:22am |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:22am |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 11:22am |
| CAL | Pass | 11:22am |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Person Instrument Location Person Co LEC

Instrument Serial No. 008924 120 Court St Roxboro, NC

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.

I certify that on the 3 day of July, 2025 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.



Simon Aulus Barcus
Signature of Certifying Official

146221
Certificate Number

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

Intox EC/IR-II: Subject Test

PERSON COUNTY LAW ENFORCEMENT CTR 720

Serial Number: 008924

Test Date: 07/03/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

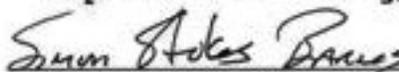
Test Type: Breath Test

Lot Number: AG501303

Exp Date: 01/13/2027

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 10:36am |
| AIR BLK | .00 | 10:37am |
| ACCY CHK | .07 | 10:37am |
| AIR BLK | .00 | 10:38am |
| SUB TEST | .00 | 10:39am |
| AIR BLK | .00 | 10:40am |
| SUB TEST | .00 | 10:41am |
| AIR BLK | .00 | 10:43am |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

PERSON COUNTY LAW ENFORCEMENT CTR 720

Serial Number: 008924 Test Record Number: 2006
Test Date: 07/03/2025 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 | 10:44am |
| SRC | Pass | 10:44am |
| DET | Pass | 10:44am |
| BAR | Pass | 10:44am |
| BT | Pass | 10:44am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:44am |

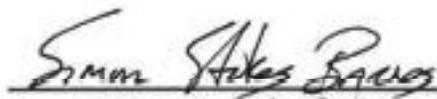
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 10:44am |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 10:44am |
| CAL | Pass | 10:44am |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Pitt Instrument Location Pitt Co Detention Center
Instrument Serial No. 008646 124 New Hope Rd., Greenville, N.C.

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.

I certify that on the 29th day of July, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

377722
Certificate Number

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

Intox EC/IR-II: Subject Test

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008646
Test Date: 07/29/2025

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

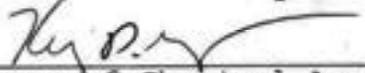
Analyst's Name: Gray, Kelly D
Permit Number: 0037-7722
Effective:
02/01/2025-02/01/2027

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

Lot Number: AG431003
Exp Date: 11/05/2026

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 9:17am |
| AIR BLK | .00 | 9:17am |
| ACCY CHK | .07 | 9:18am |
| AIR BLK | .00 | 9:19am |
| SUB TEST | .00 | 9:20am |
| AIR BLK | .00 | 9:21am |
| SUB TEST | .00 | 9:23am |
| AIR BLK | .00 | 9:24am |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

Intox EC/IR-II: Preventive Maintenance

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008646 Test Record Number: 5236
Test Date: 07/29/2025 Test Time: 9:25am 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 |

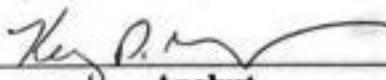
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 9:26am |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 9:26am |
| CAL | Pass | 9:26am |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Pitt Instrument Location Pitt Co Detention Center
Instrument Serial No. 008662 124 New Hope Rd, Greenville, NC.

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.

I certify that on the 20th day of July, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

377722
Certificate Number

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

Intox EC/IR-II: Subject Test

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008662
Test Date: 07/29/2025

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

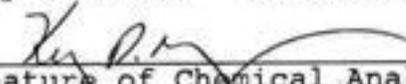
Analyst's Name: Gray, Kelly D
Permit Number: 0037-7722
Effective:
02/01/2025-02/01/2027

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

Lot Number: AG431003
Exp Date: 11/05/2026

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 9:48am |
| 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 | 9:53am |
| AIR BLK | .00 | 9:54am |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

Intox EC/IR-II: Preventive Maintenance

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008662 Test Record Number: 1446
Test Date: 07/29/2025 Test Time: 9:55am 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 |
|------|--------|--------|
| COMP | Pass | 9:57am |
| CAL | Pass | 9:57am |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Polk Instrument Location Polk County Jail

Instrument Serial No. 008832 Columbus, NC

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.

I certify that on the 18 day of July, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.




Signature of Certifying Official

244987
Certificate Number

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

Intox EC/IR-II: Subject Test

POLK COUNTY POLK COUNTY JAIL 740

Serial Number: 008832
Test Date: 07/18/2025

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

03/01/2025-03/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

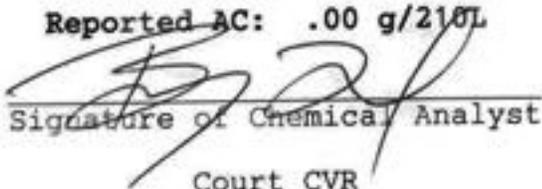
Test Type: Breath Test

Lot Number: AG431001

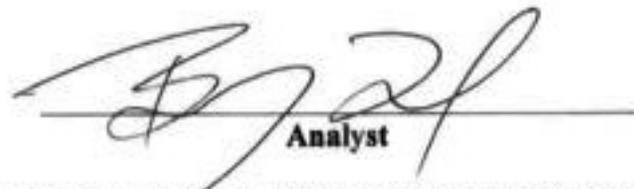
Exp Date: 11/05/2026

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 10:23am |
| AIR BLK | .00 | 10:24am |
| ACCY CHK | .07 | 10:25am |
| AIR BLK | .00 | 10:26am |
| SUB TEST | .00 | 10:27am |
| AIR BLK | .00 | 10:28am |
| SUB TEST | .00 | 10:30am |
| AIR BLK | .00 | 10:30am |

Reported AC: .00 g/210L


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

Intox EC/IR-II: Preventive Maintenance

POLK COUNTY POLK COUNTY JAIL 740

Serial Number: 008832 Test Record Number: 1953
Test Date: 07/18/2025 Test Time: 10:31am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:32am |

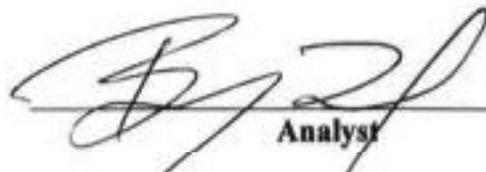
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 10:32am |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 10:32am |
| CAL | Pass | 10:32am |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Polk Instrument Location Polk County Jail
Instrument Serial No. 009881 Columbus, NC

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.

I certify that on the 18 day of July, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.




Signature of Certifying Official

244987
Certificate Number

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

Intox EC/IR-II: Subject Test

POLK COUNTY POLK COUNTY JAIL 740

Serial Number: 008881
Test Date: 07/18/2025

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

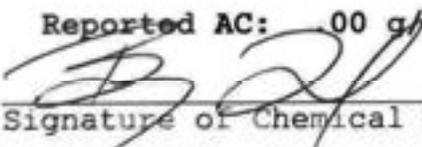
Analyst's Name: Loftis, Benjamin C
Permit Number: 0024-4987
Effective:
03/01/2025-03/01/2027

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

Lot Number: AG506301
Exp Date: 03/04/2027

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 10:25am |
| AIR BLK | .00 | 10:26am |
| ACCY CHK | .08 | 10:27am |
| AIR BLK | .00 | 10:28am |
| SUB TEST | .00 | 10:28am |
| AIR BLK | .00 | 10:29am |
| SUB TEST | .00 | 10:30am |
| AIR BLK | .00 | 10:31am |

Reported AC: 00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

Intox EC/IR-II: Preventive Maintenance

POLK COUNTY POLK COUNTY JAIL 740

Serial Number: 008881 Test Record Number: 1284
Test Date: 07/18/2025 Test Time: 10:32am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:32am |
| FLO | Pass | 10:32am |
| FC | Pass | 10:32am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 10:32am |
| SRC | Pass | 10:32am |
| DET | Pass | 10:32am |
| BAR | Pass | 10:32am |
| BT | Pass | 10:32am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:33am |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 10:33am |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 10:33am |
| CAL | Pass | 10:33am |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County RANDOLPH Instrument Location RANDLEMAN POLICE
Instrument Serial No. 008737 DEPARTMENT

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.

I certify that on the 25 day of JULY, 2025 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.



[Handwritten Signature]
Signature of Certifying Official

239771
Certificate Number

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

Intox EC/IR-II: Subject Test

RANDOLPH COUNTY RANDLEMAN PD 750

Serial Number: 008737

Test Date: 07/25/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Galloway, Charles L

Permit Number: 0023-9771

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG417802

Exp Date: 06/26/2026

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 4:41pm |
| AIR BLK | .00 | 4:42pm |
| ACCY CHK | .08 | 4:43pm |
| AIR BLK | .00 | 4:44pm |
| SUB TEST | .00 | 4:45pm |
| AIR BLK | .00 | 4:46pm |
| SUB TEST | .00 | 4:48pm |
| AIR BLK | .00 | 4:48pm |

Reported AC: .00 g/210L


Signature of ~~Charles L. Galloway~~ Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

RANDOLPH COUNTY RANDLEMAN PD 750

Serial Number: 008737 Test Record Number: 1639
Test Date: 07/25/2025 Test Time: 4:50pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 4:50pm |
| FLO | Pass | 4:50pm |
| FC | Pass | 4:51pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 4:51pm |
| SRC | Pass | 4:51pm |
| DET | Pass | 4:51pm |
| BAR | Pass | 4:51pm |
| BT | Pass | 4:51pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 4:51pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 4:51pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 4:51pm |
| CAL | Pass | 4:51pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County RANDOLPH Instrument Location ARCHDALE POLICE
Instrument Serial No. 008791 DEPARTMENT

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.

I certify that on the 25 day of JULY, 2025 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.



[Handwritten Signature]
Signature of Certifying Official

239771
Certificate Number

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

Intox EC/IR-II: Subject Test
RANDOLPH COUNTY ARCHDALE PD 750

Serial Number: 008791
Test Date: 07/25/2025

Citation Number: M0000000-0

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

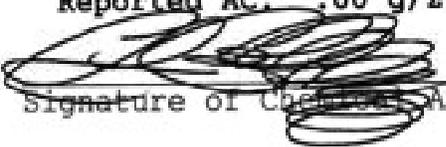
Analyst's Name: Galloway, Charles L
Permit Number: 0023-9771
Effective:
02/01/2025-02/01/2027

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

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

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 2:59pm |
| AIR BLK | .00 | 3:00pm |
| ACCY CHK | .08 | 3:00pm |
| AIR BLK | .00 | 3:01pm |
| SUB TEST | .00 | 3:02pm |
| AIR BLK | .00 | 3:03pm |
| SUB TEST | .00 | 3:05pm |
| AIR BLK | .00 | 3:06pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

RANDOLPH COUNTY ARCHDALE PD 750

Serial Number: 008791 Test Record Number: 1746
Test Date: 07/25/2025 Test Time: 3:06pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 3:08pm |

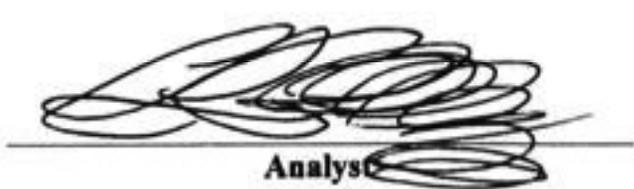
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 3:08pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 3:08pm |
| CAL | Pass | 3:08pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County RANDOLPH Instrument Location LIBERTY POLICE
Instrument Serial No. 008830 DEPARTMENT

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.

I certify that on the 25 day of JULY, 2025 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.



[Handwritten Signature]
Signature of Certifying Official

239771
Certificate Number

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

Intox EC/IR-II: Subject Test

RANDOLPH COUNTY LIBERTY PD 750

Serial Number: 008830

Test Date: 07/25/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Galloway, Charles L

Permit Number: 0023-9771

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

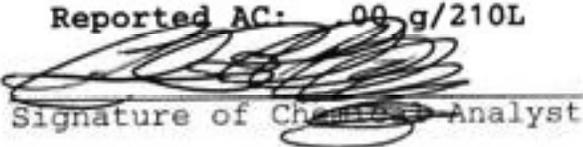
Test Type: Breath Test

Lot Number: AG503001

Exp Date: 01/30/2027

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 6:53pm |
| AIR BLK | .00 | 6:53pm |
| ACCY CHK | .08 | 6:54pm |
| AIR BLK | .00 | 6:55pm |
| SUB TEST | .00 | 6:56pm |
| AIR BLK | .00 | 6:57pm |
| SUB TEST | .00 | 6:58pm |
| AIR BLK | .00 | 6:59pm |

Reported AC: 00 g/210L


Signature of Charles L. Galloway 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**

Intox EC/IR-II: Preventive Maintenance

RANDOLPH COUNTY LIBERTY PD 750

Serial Number: 008830 Test Record Number: 943
Test Date: 07/25/2025 Test Time: 7:01pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 7:01pm |
| FLO | Pass | 7:01pm |
| FC | Pass | 7:01pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 7:01pm |
| SRC | Pass | 7:01pm |
| DET | Pass | 7:01pm |
| BAR | Pass | 7:01pm |
| BT | Pass | 7:01pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 7:02pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 7:02pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 7:02pm |
| CAL | Pass | 7:02pm |

Preventive Maintenance
Status: *Pass*



DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County RANDOLPH Instrument Location RANDOLPH COUNTY
Instrument Serial No. 008860 DETENTION CENTER

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.

I certify that on the 25 day of JULY, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.




Signature of Certifying Official

239771
Certificate Number

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

Intox EC/IR-II: Subject Test

RANDOLPH COUNTY DETENTION CENTER 750

Serial Number: 008860
Test Date: 07/25/2025

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

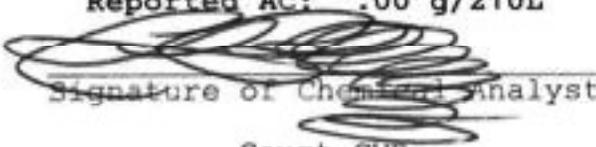
Analyst's Name: Galloway, Charles L
Permit Number: 0023-9771
Effective:
02/01/2025-02/01/2027

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

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

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 12:52pm |
| AIR BLK | .00 | 12:53pm |
| ACCY CHK | .07 | 12:54pm |
| AIR BLK | .00 | 12:55pm |
| SUB TEST | .00 | 12:55pm |
| AIR BLK | .00 | 12:56pm |
| SUB TEST | .00 | 12:58pm |
| AIR BLK | .00 | 12:58pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

RANDOLPH COUNTY DETENTION CENTER 750

Serial Number: 008860 Test Record Number: 3657
Test Date: 07/25/2025 Test Time: 1:00pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 1:00pm |
| FLO | Pass | 1:00pm |
| FC | Pass | 1:00pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 1:00pm |
| SRC | Pass | 1:00pm |
| DET | Pass | 1:00pm |
| BAR | Pass | 1:00pm |
| BT | Pass | 1:00pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 1:01pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 1:01pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 1:01pm |
| CAL | Pass | 1:01pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County RANDOLPH Instrument Location RANDOLPH COUNTY
Instrument Serial No. 008879 DETENTION CENTER

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.

I certify that on the 25 day of JULY, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

239771
Certificate Number

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

Intox EC/IR-II: Subject Test

RANDOLPH COUNTY DETENTION CENTER 750

Serial Number: 008899
Test Date: 07/25/2025

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

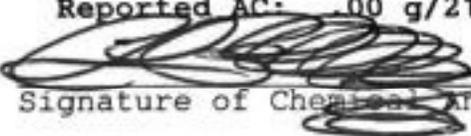
Analyst's Name: Galloway, Charles L
Permit Number: 0023-9771
Effective:
02/01/2025-02/01/2027

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

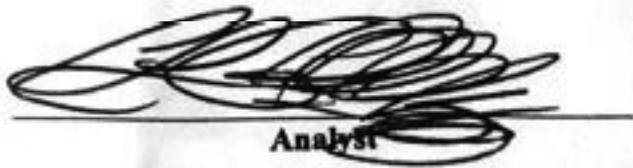
Lot Number: AG405101
Exp Date: 02/20/2026

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 12:51pm |
| AIR BLK | .00 | 12:52pm |
| ACCY CHK | .07 | 12:53pm |
| AIR BLK | .00 | 12:54pm |
| SUB TEST | .00 | 12:55pm |
| AIR BLK | .00 | 12:56pm |
| SUB TEST | .00 | 12:57pm |
| AIR BLK | .00 | 12:58pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

RANDOLPH COUNTY DETENTION CENTER 750

Serial Number: 008899 Test Record Number: 4397
Test Date: 07/25/2025 Test Time: 12:59pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 1:00pm |
| FLO | Pass | 1:00pm |
| FC | Pass | 1:00pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 1:00pm |
| SRC | Pass | 1:00pm |
| DET | Pass | 1:00pm |
| BAR | Pass | 1:00pm |
| BT | Pass | 1:00pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 1:01pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 1:01pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 1:01pm |
| CAL | Pass | 1:01pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Robeson Instrument Location BAT Mobile Unit 10

Instrument Serial No. 008584 Pembroke PD

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.

I certify that on the 1st day of July, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

2266313
Certificate Number

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

Intox EC/IR-II: Subject Test

ROBESON COUNTY BAT MOBILE UNIT 10 770

Serial Number: 008584

Test Date: 07/01/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Sharpe Jr., Robert J

Permit Number: 1820-8591

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

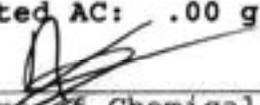
Test Type: Breath Test

Lot Number: AG400303

Exp Date: 01/03/2026

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 7:25pm |
| AIR BLK | .00 | 7:26pm |
| ACCY CHK | .07 | 7:27pm |
| AIR BLK | .00 | 7:27pm |
| SUB TEST | .00 | 7:28pm |
| AIR BLK | .00 | 7:29pm |
| SUB TEST | .00 | 7:31pm |
| AIR BLK | .00 | 7:32pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

Intox EC/IR-II: Preventive Maintenance

ROBESON COUNTY BAT MOBILE UNIT 10 770

Serial Number: 008584 Test Record Number: 2798
Test Date: 07/01/2025 Test Time: 7:34pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| PC1 | Pass | 7:34pm |
| SRC | Pass | 7:34pm |
| DET | Pass | 7:34pm |
| BAR | Pass | 7:34pm |
| BT | Pass | 7:34pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 7:35pm |

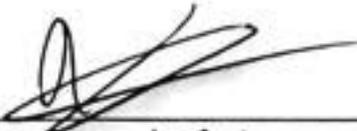
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 7:35pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 7:35pm |
| CAL | Pass | 7:35pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Robeson Instrument Location BAT Mobile Unit 10
Instrument Serial No. 008584 Robeson County SO

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.

I certify that on the 2nd day of July, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

2266313
Certificate Number

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

Intox EC/IR-II: Subject Test

ROBESON COUNTY BAT MOBILE UNIT 10 770

Serial Number: 008584
Test Date: 07/02/2025

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Sharpe Jr., Robert J

Permit Number: 1820-8591

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

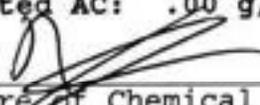
Test Type: Breath Test

Lot Number: AG400303

Exp Date: 01/03/2026

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 3:36pm |
| AIR BLK | .00 | 3:37pm |
| ACCY CHK | .07 | 3:38pm |
| AIR BLK | .00 | 3:39pm |
| SUB TEST | .00 | 3:40pm |
| AIR BLK | .00 | 3:41pm |
| SUB TEST | .00 | 3:42pm |
| AIR BLK | .00 | 3:43pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

Intox EC/IR-II: Preventive Maintenance

ROBESON COUNTY BAT MOBILE UNIT 10 770

Serial Number: 008584 Test Record Number: 2800
Test Date: 07/02/2025 Test Time: 3:44pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 3:44pm |
| FLO | Pass | 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 |

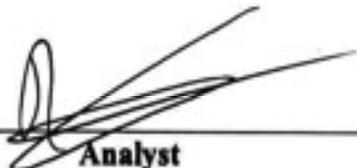
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 3:45pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 3:45pm |
| CAL | Pass | 3:45pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Robeson Instrument Location BAT Mobile Unit 10

Instrument Serial No. 00 8584 Pembroke PD

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.

I certify that on the 3rd day of July, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

2266313
Certificate Number

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

Intox EC/IR-II: Subject Test

ROBESON COUNTY BAT MOBILE UNIT 10 770

Serial Number: 008584
Test Date: 07/03/2025

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

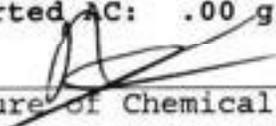
Analyst's Name: Sharpe Jr., Robert J
Permit Number: 1820-8591
Effective:
02/01/2025-02/01/2027

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

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

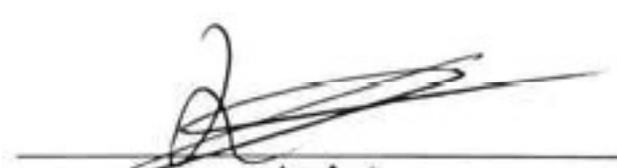
| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 6:46pm |
| AIR BLK | .00 | 6:47pm |
| ACCY CHK | .07 | 6:48pm |
| AIR BLK | .00 | 6:49pm |
| SUB TEST | .00 | 6:50pm |
| AIR BLK | .00 | 6:51pm |
| SUB TEST | .00 | 6:52pm |
| AIR BLK | .00 | 6:53pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

Intox EC/IR-II: Preventive Maintenance

ROBESON COUNTY BAT MOBILE UNIT 10 770

Serial Number: 008584 Test Record Number: 2802
Test Date: 07/03/2025 Test Time: 6:55pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 6:55pm |
| FLO | Pass | 6:55pm |
| FC | Pass | 6:55pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 6:55pm |
| SRC | Pass | 6:55pm |
| DET | Pass | 6:55pm |
| BAR | Pass | 6:55pm |
| BT | Pass | 6:55pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 6:56pm |

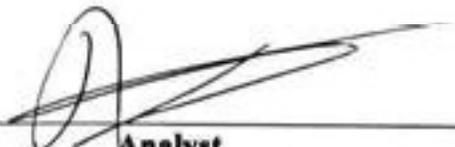
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 6:56pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 6:56pm |
| CAL | Pass | 6:56pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Robeson Instrument Location BAT Mobile Unit 10
Instrument Serial No. 008637 Penbrooke PD

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.

I certify that on the 1st day of July, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

2266313
Certificate Number

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

Intox EC/IR-II: Subject Test

ROBESON COUNTY BAT MOBILE UNIT 10 770

Serial Number: 008637

Test Date: 07/01/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Sharpe Jr., Robert J

Permit Number: 1820-8591

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

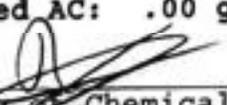
Test Type: Breath Test

Lot Number: AG400303

Exp Date: 01/03/2026

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 7:21pm |
| AIR BLK | .00 | 7:22pm |
| ACCY CHK | .08 | 7:23pm |
| AIR BLK | .00 | 7:24pm |
| SUB TEST | .00 | 7:24pm |
| AIR BLK | .00 | 7:25pm |
| SUB TEST | .00 | 7:27pm |
| AIR BLK | .00 | 7:28pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR



Analyst

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

Intox EC/IR-II: Preventive Maintenance

ROBESON COUNTY BAT MOBILE UNIT 10 770

Serial Number: 008637 Test Record Number: 3535
Test Date: 07/01/2025 Test Time: 7:28pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 7:28pm |
| FLO | Pass | 7:28pm |
| FC | Pass | 7:29pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 7:29pm |
| SRC | Pass | 7:29pm |
| DET | Pass | 7:29pm |
| BAR | Pass | 7:29pm |
| BT | Pass | 7:29pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 7:29pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 7:29pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 7:30pm |
| CAL | Pass | 7:30pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Robeson Instrument Location BAT Mobile Unit 10
Instrument Serial No. 009637 Robeson County SO

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.

I certify that on the 22nd day of July, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

2266313
Certificate Number

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

Intox EC/IR-II: Subject Test

ROBESON COUNTY BAT MOBILE UNIT 10 770

Serial Number: 008637
Test Date: 07/02/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Sharpe Jr., Robert J

Permit Number: 1820-8591

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

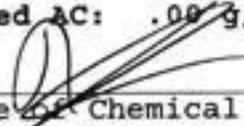
Test Type: Breath Test

Lot Number: AG400303

Exp Date: 01/03/2026

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 3:39pm |
| AIR BLK | .00 | 3:40pm |
| ACCY CHK | .08 | 3:40pm |
| AIR BLK | .00 | 3:41pm |
| SUB TEST | .00 | 3:42pm |
| AIR BLK | .00 | 3:43pm |
| SUB TEST | .00 | 3:44pm |
| AIR BLK | .00 | 3:45pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

Intox EC/IR-II: Preventive Maintenance

ROBESON COUNTY BAT MOBILE UNIT 10 770

Serial Number: 008637 Test Record Number: 3539
Test Date: 07/02/2025 Test Time: 3:46pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 3:47pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 3:47pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 3:47pm |
| CAL | Pass | 3:47pm |

**Preventive Maintenance
Status: Pass**



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Robeson Instrument Location BAT Mobile Unit 10

Instrument Serial No. 008637 Penbroke PD

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.

I certify that on the 30th day of July, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

2266313
Certificate Number

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

Intox EC/IR-II: Subject Test

ROBESON COUNTY BAT MOBILE UNIT 10 770

Serial Number: 008637
Test Date: 07/03/2025

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

Analyst's Name: Sharpe Jr., Robert J
Permit Number: 1820-8591
Effective:
02/01/2025-02/01/2027

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

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

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 6:55pm |
| AIR BLK | .00 | 6:55pm |
| ACCY CHK | .08 | 6:56pm |
| AIR BLK | .00 | 6:57pm |
| SUB TEST | .00 | 6:57pm |
| AIR BLK | .00 | 6:58pm |
| SUB TEST | .00 | 7:00pm |
| AIR BLK | .00 | 7:01pm |

Reported AC: ~~0.00~~ 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**

Intox EC/IR-II: Preventive Maintenance

ROBESON COUNTY BAT MOBILE UNIT 10 770

Serial Number: 008637 Test Record Number: 3542
Test Date: 07/03/2025 Test Time: 7:01pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 7:02pm |
| FLO | Pass | 7:02pm |
| FC | Pass | 7:02pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 7:02pm |
| SRC | Pass | 7:02pm |
| DET | Pass | 7:02pm |
| BAR | Pass | 7:02pm |
| BT | Pass | 7:02pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 7:02pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 7:02pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 7:03pm |
| CAL | Pass | 7:03pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Robeson Instrument Location BAT Mobile Unit 10
Instrument Serial No. 008686 Pembroke PD

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.

I certify that on the 1st day of July, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

2266313
Certificate Number

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

Intox EC/IR-II: Subject Test

ROBESON COUNTY BAT MOBILE UNIT 10 770

Serial Number: 008686
Test Date: 07/01/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Sharpe Jr., Robert J

Permit Number: 1820-8591

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

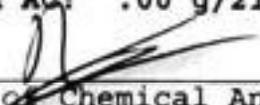
Test Type: Breath Test

Lot Number: AG506302

Exp Date: 03/04/2027

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 7:22pm |
| AIR BLK | .00 | 7:23pm |
| ACCY CHK | .07 | 7:24pm |
| AIR BLK | .00 | 7:25pm |
| SUB TEST | .00 | 7:26pm |
| AIR BLK | .00 | 7:26pm |
| SUB TEST | .00 | 7:28pm |
| AIR BLK | .00 | 7:29pm |

Reported AG: .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

Intox EC/IR-II: Preventive Maintenance

ROBESON COUNTY BAT MOBILE UNIT 10 770

Serial Number: 008686 Test Record Number: 7161
Test Date: 07/01/2025 Test Time: 7:33pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 7:33pm |
| FLO | Pass | 7:33pm |
| FC | Pass | 7:33pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 7:33pm |
| SRC | Pass | 7:33pm |
| DET | Pass | 7:33pm |
| BAR | Pass | 7:33pm |
| BT | Pass | 7:33pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 7:34pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 7:34pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 7:34pm |
| CAL | Pass | 7:34pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Robeson Instrument Location BAT Mobile Unit 10
Instrument Serial No. 008686 Robeson County SO

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.

I certify that on the 2nd day of July, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

2266313
Certificate Number

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

Intox EC/IR-II: Subject Test

ROBESON COUNTY BAT MOBILE UNIT 10 770

Serial Number: 008686
Test Date: 07/02/2025

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

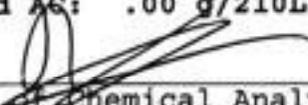
Analyst's Name: Sharpe Jr., Robert J
Permit Number: 1820-8591
Effective:
02/01/2025-02/01/2027

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

Lot Number: AG506302
Exp Date: 03/04/2027

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 3:37pm |
| AIR BLK | .00 | 3:38pm |
| ACCY CHK | .07 | 3:38pm |
| AIR BLK | .00 | 3:39pm |
| SUB TEST | .00 | 3:40pm |
| AIR BLK | .00 | 3:41pm |
| SUB TEST | .00 | 3:43pm |
| AIR BLK | .00 | 3:43pm |

Reported AG: .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

Intox EC/IR-II: Preventive Maintenance

ROBESON COUNTY BAT MOBILE UNIT 10 770

Serial Number: 008686 Test Record Number: 7164
Test Date: 07/02/2025 Test Time: 3:44pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 3:45pm |
| SRC | Pass | 3:45pm |
| DET | Pass | 3:45pm |
| BAR | Pass | 3:45pm |
| BT | Pass | 3:45pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 3:45pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 3:45pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 3:45pm |
| CAL | Pass | 3:45pm |

**Preventive Maintenance
Status: Pass**



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Robeson Instrument Location BAT Mobile Unit 10
Instrument Serial No. 008686 Robeson County SO

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.

I certify that on the 2nd day of July, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

2266313
Certificate Number

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

Intox EC/IR-II: Subject Test

ROBESON COUNTY BAT MOBILE UNIT 10 770

Serial Number: 008686
Test Date: 07/02/2025

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

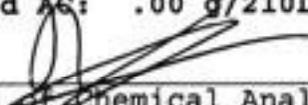
Analyst's Name: Sharpe Jr., Robert J
Permit Number: 1820-8591
Effective:
02/01/2025-02/01/2027

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

Lot Number: AG506302
Exp Date: 03/04/2027

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 3:37pm |
| AIR BLK | .00 | 3:38pm |
| ACCY CHK | .07 | 3:38pm |
| AIR BLK | .00 | 3:39pm |
| SUB TEST | .00 | 3:40pm |
| AIR BLK | .00 | 3:41pm |
| SUB TEST | .00 | 3:43pm |
| AIR BLK | .00 | 3:43pm |

Reported AG: .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

Intox EC/IR-II: Preventive Maintenance

ROBESON COUNTY BAT MOBILE UNIT 10 770

Serial Number: 008686 Test Record Number: 7164
Test Date: 07/02/2025 Test Time: 3:44pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 3:45pm |
| SRC | Pass | 3:45pm |
| DET | Pass | 3:45pm |
| BAR | Pass | 3:45pm |
| BT | Pass | 3:45pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 3:45pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 3:45pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 3:45pm |
| CAL | Pass | 3:45pm |

**Preventive Maintenance
Status: Pass**



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Robeson Instrument Location BAT Mobile Unit 10
Instrument Serial No. 008686 Pembroke PD

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.

I certify that on the 3rd day of July, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

2266313
Certificate Number

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

Intox EC/IR-II: Subject Test

ROBESON COUNTY BAT MOBILE UNIT 10 770

Serial Number: 008686

Test Date: 07/03/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Sharpe Jr., Robert J

Permit Number: 1820-8591

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

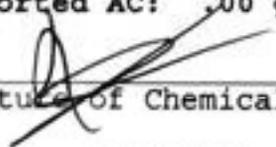
Test Type: Breath Test

Lot Number: AG506302

Exp Date: 03/04/2027

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 6:46pm |
| AIR BLK | .00 | 6:47pm |
| ACCY CHK | .07 | 6:48pm |
| AIR BLK | .00 | 6:49pm |
| SUB TEST | .00 | 6:50pm |
| AIR BLK | .00 | 6:50pm |
| SUB TEST | .00 | 6:52pm |
| AIR BLK | .00 | 6:53pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

Intox EC/IR-II: Preventive Maintenance

ROBESON COUNTY BAT MOBILE UNIT 10 770

Serial Number: 008686 Test Record Number: 7166
Test Date: 07/03/2025 Test Time: 6:54pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 6:54pm |
| FLO | Pass | 6:54pm |
| FC | Pass | 6:55pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 6:55pm |
| SRC | Pass | 6:55pm |
| DET | Pass | 6:55pm |
| BAR | Pass | 6:55pm |
| BT | Pass | 6:55pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 6:55pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 6:55pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 6:55pm |
| CAL | Pass | 6:55pm |

**Preventive Maintenance
Status: Pass**



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Robeson Instrument Location BAT Mobile Unit 10

Instrument Serial No. 008776 Pembroke PD

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.

I certify that on the 1st day of July, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

2266313
Certificate Number

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

Intox EC/IR-II: Subject Test

ROBESON COUNTY BAT MOBILE UNIT 10 770

Serial Number: 008776

Test Date: 07/01/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Sharpe Jr., Robert J

Permit Number: 1820-8591

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

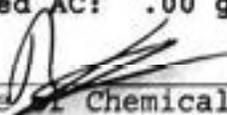
Test Type: Breath Test

Lot Number: AG417803

Exp Date: 06/26/2026

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 7:25pm |
| AIR BLK | .00 | 7:26pm |
| ACCY CHK | .07 | 7:27pm |
| AIR BLK | .00 | 7:28pm |
| SUB TEST | .00 | 7:29pm |
| AIR BLK | .00 | 7:30pm |
| SUB TEST | .00 | 7:32pm |
| AIR BLK | .00 | 7:33pm |

Reported AC: .00 g/210L

Signature  of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

ROBESON COUNTY BAT MOBILE UNIT 10 770

Serial Number: 008776 Test Record Number: 4118
Test Date: 07/01/2025 Test Time: 7:33pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 7:35pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 7:35pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 7:35pm |
| CAL | Pass | 7:35pm |

**Preventive Maintenance
Status: Pass**



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Robeson Instrument Location BAT Mobile Unit 10

Instrument Serial No. 008776 Robeson County SO

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.

I certify that on the 2nd day of July, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

2266313
Certificate Number

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

Intox EC/IR-II: Subject Test

ROBESON COUNTY BAT MOBILE UNIT 10 770

Serial Number: 008776

Test Date: 07/02/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Sharpe Jr., Robert J

Permit Number: 1820-8591

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG417803

Exp Date: 06/26/2026

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 3:40pm |
| AIR BLK | .00 | 3:41pm |
| ACCY CHK | .07 | 3:41pm |
| AIR BLK | .00 | 3:42pm |
| SUB TEST | .00 | 3:43pm |
| AIR BLK | .00 | 3:44pm |
| SUB TEST | .00 | 3:46pm |
| AIR BLK | .00 | 3:47pm |

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

Intox EC/IR-II: Preventive Maintenance

ROBESON COUNTY BAT MOBILE UNIT 10 770

Serial Number: 008776 Test Record Number: 4120
Test Date: 07/02/2025 Test Time: 3:48pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 3:48pm |
| FLO | Pass | 3:48pm |
| FC | Pass | 3:48pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 3:48pm |
| SRC | Pass | 3:48pm |
| DET | Pass | 3:48pm |
| BAR | Pass | 3:48pm |
| BT | Pass | 3:48pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 3:49pm |

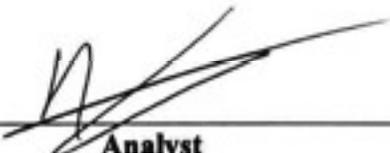
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 3:49pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 3:49pm |
| CAL | Pass | 3:49pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Robeson Instrument Location BAT Mobile Unit 10
Instrument Serial No. 00 8776 Pembroke PD

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.

I certify that on the 3rd day of July, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

2266313
Certificate Number

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

Intox EC/IR-II: Subject Test

ROBESON COUNTY BAT MOBILE UNIT 10 770

Serial Number: 008776

Test Date: 07/03/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Sharpe Jr., Robert J

Permit Number: 1820-8591

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

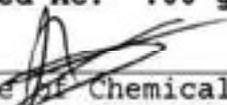
Test Type: Breath Test

Lot Number: AG417803

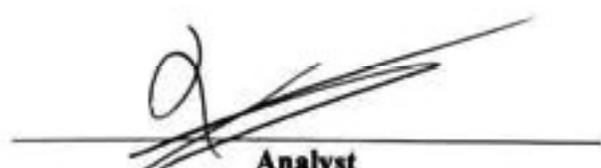
Exp Date: 06/26/2026

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 6:49pm |
| AIR BLK | .00 | 6:50pm |
| ACCY CHK | .07 | 6:50pm |
| AIR BLK | .00 | 6:51pm |
| SUB TEST | .00 | 6:52pm |
| AIR BLK | .00 | 6:53pm |
| SUB TEST | .00 | 6:54pm |
| AIR BLK | .00 | 6:55pm |

Reported AC: .00 g/210L

Signature  of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

ROBESON COUNTY BAT MOBILE UNIT 10 770

Serial Number: 008776 Test Record Number: 4122
Test Date: 07/03/2025 Test Time: 6:55pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 6:56pm |
| FLO | Pass | 6:56pm |
| FC | Pass | 6:56pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 6:56pm |
| SRC | Pass | 6:56pm |
| DET | Pass | 6:56pm |
| BAR | Pass | 6:56pm |
| BT | Pass | 6:56pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 6:57pm |

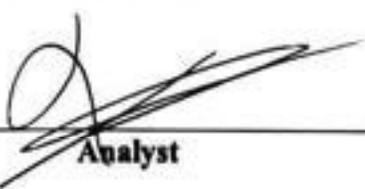
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 6:57pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 6:57pm |
| CAL | Pass | 6:57pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Robeson Instrument Location BAT Mobile Unit 10
Instrument Serial No. 008779 Pembroke PD

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.

I certify that on the 1st day of July, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

2266313
Certificate Number

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

Intox EC/IR-II: Subject Test

ROBESON COUNTY BAT MOBILE UNIT 10 770

Serial Number: 008779

Test Date: 07/01/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Sharpe Jr., Robert J

Permit Number: 1820-8591

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

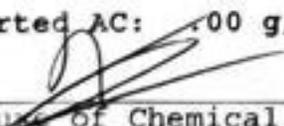
Test Type: Breath Test

Lot Number: AG431002

Exp Date: 11/05/2026

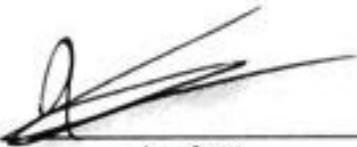
| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 7:28pm |
| AIR BLK | .00 | 7:29pm |
| ACCY CHK | .07 | 7:30pm |
| AIR BLK | .00 | 7:31pm |
| SUB TEST | .00 | 7:31pm |
| AIR BLK | .00 | 7:32pm |
| SUB TEST | .00 | 7:34pm |
| AIR BLK | .00 | 7:35pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

ROBESON COUNTY BAT MOBILE UNIT 10 770

Serial Number: 008779 Test Record Number: 4065
Test Date: 07/01/2025 Test Time: 7:35pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 7:36pm |
| FLO | Pass | 7:36pm |
| FC | Pass | 7:36pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 7:36pm |
| SRC | Pass | 7:36pm |
| DET | Pass | 7:36pm |
| BAR | Pass | 7:36pm |
| BT | Pass | 7:36pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 7:36pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 7:37pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 7:37pm |
| CAL | Pass | 7:37pm |

Preventive Maintenance
Status: *Pass*



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Robeson Instrument Location BAT Mobile Unit 10
Instrument Serial No. 008779 Robeson County SO

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.

I certify that on the 2nd day of July, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

2266313
Certificate Number

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

Intox EC/IR-II: Subject Test

ROBESON COUNTY BAT MOBILE UNIT 10 770

Serial Number: 008779
Test Date: 07/02/2025

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Sharpe Jr., Robert J

Permit Number: 1820-8591

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

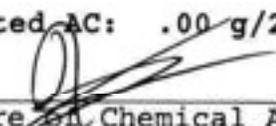
Test Type: Breath Test

Lot Number: AG431002

Exp Date: 11/05/2026

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

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

ROBESON COUNTY BAT MOBILE UNIT 10 770

Serial Number: 008779 Test Record Number: 4067
Test Date: 07/02/2025 Test Time: 3:49pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 3:50pm |
| FLO | Pass | 3:50pm |
| FC | Pass | 3:50pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 3:50pm |
| SRC | Pass | 3:50pm |
| DET | Pass | 3:50pm |
| BAR | Pass | 3:50pm |
| BT | Pass | 3:50pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 3:51pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 3:51pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 3:51pm |
| CAL | Pass | 3:51pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Robeson Instrument Location BAT Mobile Unit 10
Instrument Serial No. 008779 Pembroke PD

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.

I certify that on the 3rd day of July, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

2266313
Certificate Number

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

Intox EC/IR-II: Subject Test

ROBESON COUNTY BAT MOBILE UNIT 10 770

Serial Number: 008779
Test Date: 07/03/2025

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

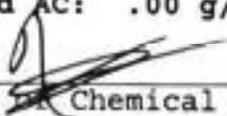
Analyst's Name: Sharpe Jr., Robert J
Permit Number: 1820-8591
Effective:
02/01/2025-02/01/2027

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

Lot Number: AG431002
Exp Date: 11/05/2026

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 6:49pm |
| AIR BLK | .00 | 6:50pm |
| ACCY CHK | .07 | 6:51pm |
| AIR BLK | .00 | 6:52pm |
| SUB TEST | .00 | 6:52pm |
| AIR BLK | .00 | 6:53pm |
| SUB TEST | .00 | 6:55pm |
| AIR BLK | .00 | 6:56pm |

Reported AC: .00 g/210L

Signature  Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

ROBESON COUNTY BAT MOBILE UNIT 10 770

Serial Number: 008779 Test Record Number: 4069
Test Date: 07/03/2025 Test Time: 6:56pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 6:57pm |
| FLO | Pass | 6:57pm |
| FC | Pass | 6:57pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 6:57pm |
| SRC | Pass | 6:57pm |
| DET | Pass | 6:57pm |
| BAR | Pass | 6:57pm |
| BT | Pass | 6:57pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 6:58pm |

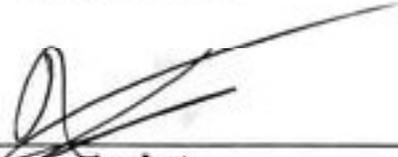
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 6:58pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 6:58pm |
| CAL | Pass | 6:58pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County ROCKINGHAM Instrument Location EDEN POLICE

Instrument Serial No. 008636 DEPARTMENT

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.

I certify that on the 24th day of July, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.




Signature of Certifying Official

353799
Certificate Number

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

Intox EC/IR-II: Subject Test

ROCKINGHAM COUNTY EDEN PD 780

Serial Number: 008636

Test Date: 07/24/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Oligmueller, Leo A

Permit Number: 0035-3799

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG503001

Exp Date: 01/30/2027

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 11:43am |
| AIR BLK | .00 | 11:44am |
| ACCY CHK | .07 | 11:45am |
| AIR BLK | .00 | 11:46am |
| SUB TEST | .00 | 11:46am |
| AIR BLK | .00 | 11:47am |
| SUB TEST | .00 | 11:49am |
| AIR BLK | .00 | 11:50am |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

ROCKINGHAM COUNTY EDEN PD 780

Serial Number: 008636 Test Record Number: 2876
Test Date: 07/24/2025 Test Time: 11:50am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:50am |
| FLO | Pass | 11:50am |
| FC | Pass | 11:51am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:51am |
| SRC | Pass | 11:51am |
| DET | Pass | 11:51am |
| BAR | Pass | 11:51am |
| BT | Pass | 11:51am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:51am |

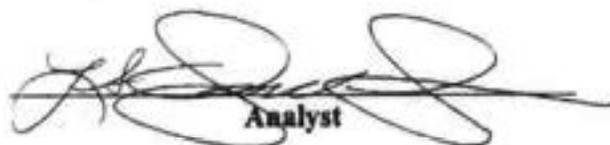
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:51am |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 11:52am |
| CAL | Pass | 11:52am |

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County ROCKINGHAM Instrument Location REIDSVILLE
Instrument Serial No. 008784 POLICE DEPARTMENT

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.

I certify that on the 24th day of JULY, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

353799
Certificate Number

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

Intox EC/IR-II: Subject Test

ROCKINGHAM COUNTY REIDSVILLE PD 780

Serial Number: 008784
Test Date: 07/24/2025

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

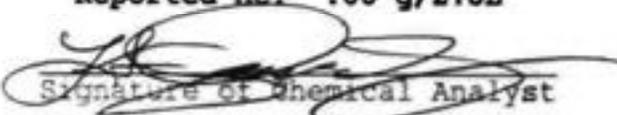
Analyst's Name: Oligmueller, Leo A
Permit Number: 0035-3799
Effective:
02/01/2025-02/01/2027

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

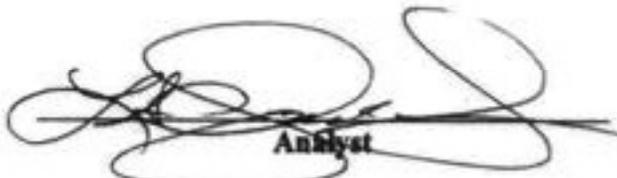
Lot Number: AG417802
Exp Date: 06/26/2026

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 9:37am |
| AIR BLK | .00 | 9:38am |
| ACCY CHK | .08 | 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


Analyst

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

Intox EC/IR-II: Preventive Maintenance

ROCKINGHAM COUNTY REIDSVILLE PD 780

Serial Number: 008784 Test Record Number: 1613
Test Date: 07/24/2025 Test Time: 9:45am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:46am |
| FLO | Pass | 9:46am |
| FC | Pass | 9:46am |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:46am |
| SRC | Pass | 9:46am |
| DET | Pass | 9:46am |
| BAR | Pass | 9:46am |
| BT | Pass | 9:46am |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:46am |

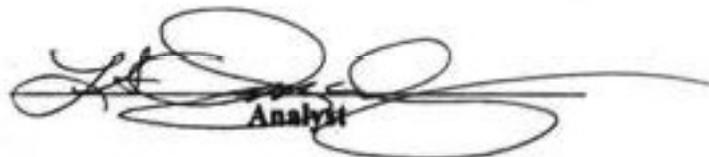
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 9:46am |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 9:47am |
| CAL | Pass | 9:47am |

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

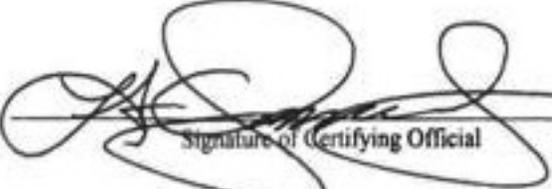
County ROCKINGHAM Instrument Location ROCKINGHAM COUNTY
Instrument Serial No. 008796 JAIL

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.

I certify that on the 24TH day of JULY, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.




Signature of Certifying Official 353799
Certificate Number

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

Intox EC/IR-II: Subject Test

ROCKINGHAM COUNTY ROCKINGHAM CO JAIL
780

Serial Number: 008796
Test Date: 07/24/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Oligmueller, Leo A

Permit Number: 0035-3799

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

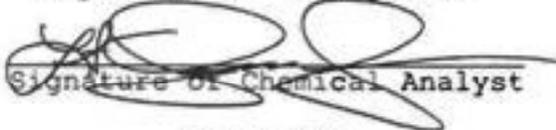
Test Type: Breath Test

Lot Number: AG431003

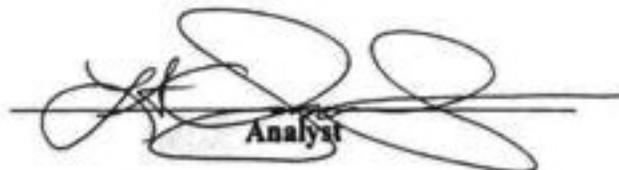
Exp Date: 11/05/2026

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 10:25am |
| AIR BLK | .00 | 10:25am |
| ACCY CHK | .08 | 10:26am |
| AIR BLK | .00 | 10:27am |
| SUB TEST | .00 | 10:28am |
| AIR BLK | .00 | 10:29am |
| SUB TEST | .00 | 10:30am |
| AIR BLK | .00 | 10:31am |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

ROCKINGHAM COUNTY ROCKINGHAM CO JAIL 780

Serial Number: 008796 Test Record Number: 3942
Test Date: 07/24/2025 Test Time: 10:32am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:32am |
| FLO | Pass | 10:32am |
| FC | Pass | 10:32am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 10:32am |
| SRC | Pass | 10:32am |
| DET | Pass | 10:32am |
| BAR | Pass | 10:32am |
| BT | Pass | 10:32am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:33am |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 10:33am |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 10:33am |
| CAL | Pass | 10:33am |

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County ROCKINGHAM Instrument Location MADISON

Instrument Serial No. 008802 POLICE DEPARTMENT

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.

I certify that on the 24th day of July, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.




Signature of Certifying Official

353799
Certificate Number

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

Intox EC/IR-II: Subject Test

ROCKINGHAM COUNTY MADISON PD 780

Serial Number: 008802

Test Date: 07/24/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Oligmueller, Leo A

Permit Number: 0035-3799

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

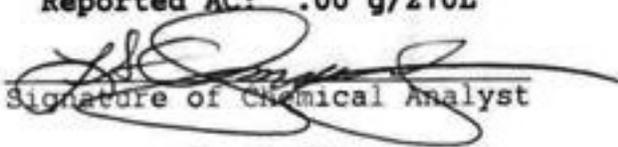
Test Type: Breath Test

Lot Number: AG400302

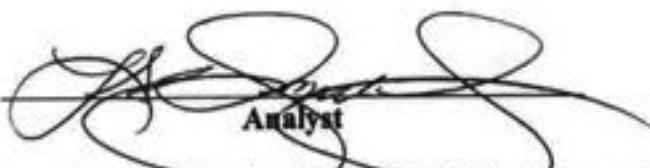
Exp Date: 01/03/2026

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 1:22pm |
| AIR BLK | .00 | 1:23pm |
| ACCY CHK | .08 | 1:24pm |
| AIR BLK | .00 | 1:25pm |
| SUB TEST | .00 | 1:25pm |
| AIR BLK | .00 | 1:26pm |
| SUB TEST | .00 | 1:28pm |
| AIR BLK | .00 | 1:29pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

ROCKINGHAM COUNTY MADISON PD 780

Serial Number: 008802 Test Record Number: 1118
Test Date: 07/24/2025 Test Time: 1:29pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 1:29pm |
| FLO | Pass | 1:29pm |
| FC | Pass | 1:30pm |

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 1:30pm |

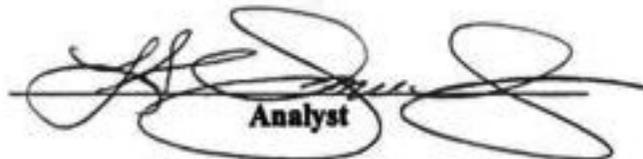
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 1:30pm |

CRC Tests

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

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**

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County STOKES Instrument Location STOKES COUNTY JAIL

Instrument Serial No. 008596 DANBURY, NC

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.

I certify that on the 17th day of JULY, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.




Signature of Certifying Official

353799
Certificate Number

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

Intox EC/IR-II: Subject Test

STOKES COUNTY STOKES COUNTY JAIL 840

Serial Number: 008596
Test Date: 07/17/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Oligmueller, Leo A

Permit Number: 0035-3799

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG506301

Exp Date: 03/04/2027

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 5:32pm |
| AIR BLK | .00 | 5:32pm |
| ACCY CHK | .07 | 5:33pm |
| AIR BLK | .00 | 5:34pm |
| SUB TEST | .00 | 5:35pm |
| AIR BLK | .00 | 5:35pm |
| SUB TEST | .00 | 5:37pm |
| AIR BLK | .00 | 5:38pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

STOKES COUNTY STOKES COUNTY JAIL 840

Serial Number: 008596 Test Record Number: 1588
Test Date: 07/17/2025 Test Time: 5:38pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 5:39pm |
| FLO | Pass | 5:39pm |
| FC | Pass | 5:39pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 5:39pm |
| SRC | Pass | 5:39pm |
| DET | Pass | 5:39pm |
| BAR | Pass | 5:39pm |
| BT | Pass | 5:39pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 5:40pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 5:40pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 5:40pm |
| CAL | Pass | 5:40pm |

Preventive Maintenance
Status: *Pass*


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County STOKES Instrument Location KING POLICE
Instrument Serial No. 00 8718 DEPARTMENT

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.

I certify that on the 17th day of JULY, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.




Signature of Certifying Official

353799
Certificate Number

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

Intox EC/IR-II: Subject Test

STOKES COUNTY KING PD 840

Serial Number: 008718

Test Date: 07/17/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Oligmueller, Leo A

Permit Number: 0035-3799

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

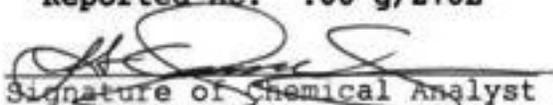
Test Type: Breath Test

Lot Number: AG506301

Exp Date: 03/04/2027

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 3:01pm |
| AIR BLK | .00 | 3:02pm |
| ACCY CHK | .08 | 3:02pm |
| AIR BLK | .00 | 3:03pm |
| SUB TEST | .00 | 3:04pm |
| AIR BLK | .00 | 3:05pm |
| SUB TEST | .00 | 3:06pm |
| AIR BLK | .00 | 3:07pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

**This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007**

Intox EC/IR-II: Preventive Maintenance

STOKES COUNTY KING PD 840

Serial Number: 008718 Test Record Number: 2508
Test Date: 07/17/2025 Test Time: 3:07pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 3:08pm |
| FLO | Pass | 3:08pm |
| FC | Pass | 3:08pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 3:08pm |
| SRC | Pass | 3:08pm |
| DET | Pass | 3:08pm |
| BAR | Pass | 3:08pm |
| BT | Pass | 3:08pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 3:09pm |

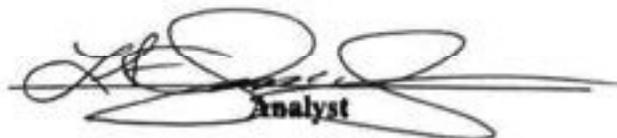
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 3:09pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 3:09pm |
| CAL | Pass | 3:09pm |

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County Surry Instrument Location Mount Airy Police
Instrument Serial No. 008896 Department

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.

I certify that on the 17th day of July, 2025 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.



Timothy Harbo
Signature of Certifying Official

633175
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

SURRY COUNTY MOUNT AIRY PD 850

Serial Number: 008896
Test Date: 07/17/2025

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

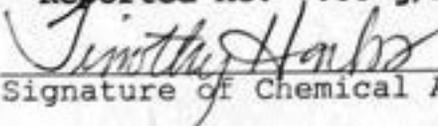
Analyst's Name: Hanks, Timothy S
Permit Number: 0063-3175
Effective:
02/01/2025-02/01/2027

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

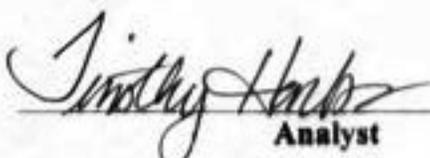
Lot Number: AG501303
Exp Date: 01/13/2027

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 3:37pm |
| AIR BLK | .00 | 3:38pm |
| ACCY CHK | .07 | 3:38pm |
| AIR BLK | .00 | 3:40pm |
| SUB TEST | .00 | 3:40pm |
| AIR BLK | .00 | 3:41pm |
| SUB TEST | .00 | 3:42pm |
| AIR BLK | .00 | 3:44pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

SURRY COUNTY MOUNT AIRY PD 850

Serial Number: 008896 Test Record Number: 1775
Test Date: 07/17/2025 Test Time: 3:45pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 3:46pm |
| FLO | Pass | 3:46pm |
| FC | Pass | 3:46pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 3:46pm |
| SRC | Pass | 3:46pm |
| DET | Pass | 3:46pm |
| BAR | Pass | 3:46pm |
| BT | Pass | 3:46pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 3:47pm |

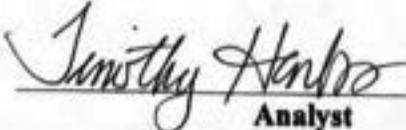
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 3:47pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 3:47pm |
| CAL | Pass | 3:47pm |

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Surry Instrument Location Elkin Police
Instrument Serial No. 008926 Department

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.

I certify that on the 3 day of July, 2025 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.



Justin Harker
Signature of Certifying Official

633175
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

SURRY COUNTY ELKIN PD 850

Serial Number: 008926
Test Date: 07/03/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Hanks, Timothy S

Permit Number: 0063-3175

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG417803

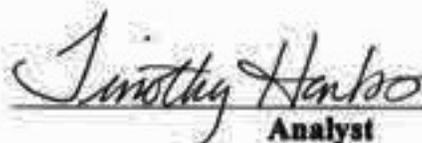
Exp Date: 06/26/2026

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 1:04pm |
| AIR BLK | .00 | 1:05pm |
| ACCY CHK | .08 | 1:05pm |
| 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

Intox EC/IR-II: Preventive Maintenance

SURRY COUNTY ELKIN PD 850

Serial Number: 008926 Test Record Number: 1211
Test Date: 07/03/2025 Test Time: 1:20pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 1:21pm |
| FLO | Pass | 1:21pm |
| FC | Pass | 1:21pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 1:21pm |
| SRC | Pass | 1:21pm |
| DET | Pass | 1:21pm |
| BAR | Pass | 1:21pm |
| BT | Pass | 1:21pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 1:22pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 1:22pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 1:22pm |
| CAL | Pass | 1:22pm |

Preventive Maintenance
Status: *Pass*


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Surry Instrument Location Surry County Jail
Instrument Serial No. 008934 Dobson, NC

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.

I certify that on the 3 day of July, 2005 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.



Timothy Harbo
Signature of Certifying Official

633175
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

SURRY COUNTY SURRY CO JAIL 850

Serial Number: 008934
Test Date: 07/03/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Hanks, Timothy S

Permit Number: 0063-3175

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

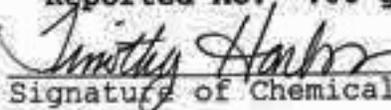
Test Type: Breath Test

Lot Number: AG405102

Exp Date: 02/20/2026

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 2:17pm |
| AIR BLK | .00 | 2:18pm |
| ACCY CHK | .07 | 2:18pm |
| AIR BLK | .00 | 2:19pm |
| SUB TEST | .00 | 2:20pm |
| AIR BLK | .00 | 2:21pm |
| SUB TEST | .00 | 2:22pm |
| AIR BLK | .00 | 2:23pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

SURRY COUNTY SURRY CO JAIL 850

Serial Number: 008934 Test Record Number: 2725
Test Date: 07/03/2025 Test Time: 2:24pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 2:24pm |
| FLO | Pass | 2:24pm |
| FC | Pass | 2:24pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 2:24pm |
| SRC | Pass | 2:24pm |
| DET | Pass | 2:24pm |
| BAR | Pass | 2:24pm |
| BT | Pass | 2:24pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 2:25pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 2:25pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 2:25pm |
| CAL | Pass | 2:25pm |

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County SURRY Instrument Location PILOT MOUNTAIN
Instrument Serial No. 00 8938 POLICE DEPARTMENT

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.

I certify that on the 17TH day of JULY, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.




Signature of Certifying Official

353799
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

SURRY COUNTY PILOT MOUNTAIN PD 850

Serial Number: 008938

Test Date: 07/17/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Oligmueller, Leo A

Permit Number: 0035-3799

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

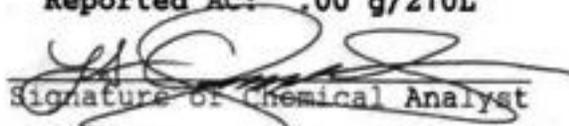
Test Type: Breath Test

Lot Number: AG506301

Exp Date: 03/04/2027

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 3:50pm |
| AIR BLK | .00 | 3:51pm |
| ACCY CHK | .08 | 3:52pm |
| AIR BLK | .00 | 3:53pm |
| SUB TEST | .00 | 3:54pm |
| AIR BLK | .00 | 3:54pm |
| SUB TEST | .00 | 3:56pm |
| AIR BLK | .00 | 3:57pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

**This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007**

Intox EC/IR-II: Preventive Maintenance

SURRY COUNTY PILOT MOUNTAIN PD 850

Serial Number: 008938 Test Record Number: 898
Test Date: 07/17/2025 Test Time: 3:57pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 3:58pm |
| FLO | Pass | 3:58pm |
| FC | Pass | 3:58pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 3:58pm |
| SRC | Pass | 3:58pm |
| DET | Pass | 3:58pm |
| BAR | Pass | 3:58pm |
| BT | Pass | 3:58pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 3:58pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 3:58pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 3:59pm |
| CAL | Pass | 3:59pm |

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Swain Instrument Location Cherokee Tribal Det.
Instrument Serial No. 008782 Cherokee, NC

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.

I certify that on the 3 day of July, 2025 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.



Deif R. Cuth
Signature of Certifying Official

843310
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

SWAIN COUNTY CHEROKEE DETENTION 860

Serial Number: 008782
Test Date: 07/03/2025

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2025-02/01/2027

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG400303
Exp Date: 01/03/2026

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 10:41am |
| AIR BLK | .00 | 10:42am |
| ACCY CHK | .07 | 10:43am |
| AIR BLK | .00 | 10:44am |
| SUB TEST | .00 | 10:45am |
| AIR BLK | .00 | 10:45am |
| SUB TEST | .00 | 10:47am |
| AIR BLK | .00 | 10:48am |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

SWAIN COUNTY CHEROKEE DETENTION 860

Serial Number: 008782 Test Record Number: 1605
Test Date: 07/03/2025 Test Time: 10:51am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:51am |
| FLO | Pass | 10:51am |
| FC | Pass | 10:51am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 10:51am |
| SRC | Pass | 10:51am |
| DET | Pass | 10:51am |
| BAR | Pass | 10:51am |
| BT | Pass | 10:51am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:52am |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 10:52am |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 10:52am |
| CAL | Pass | 10:52am |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County Transylvania Instrument Location Transylvania County Jail

Instrument Serial No. 009609 Brevard, NC

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.

I certify that on the 7 day of July, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

244987
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

TRANSYLVANIA COUNTY TRANSYLVANIA
COUNTY JAIL 870

Serial Number: 008609
Test Date: 07/07/2025

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

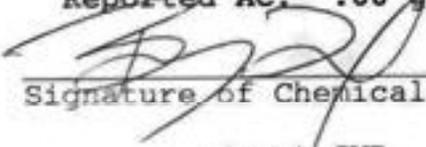
Analyst's Name: Loftis, Benjamin C
Permit Number: 0024-4987
Effective:
03/01/2025-03/01/2027

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG417803
Exp Date: 06/26/2026

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 11:39am |
| AIR BLK | .00 | 11:39am |
| ACCY CHK | .07 | 11:40am |
| AIR BLK | .00 | 11:41am |
| SUB TEST | .00 | 11:42am |
| AIR BLK | .00 | 11:42am |
| SUB TEST | .00 | 11:44am |
| AIR BLK | .00 | 11:45am |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

**This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007**

Intox EC/IR-II: Preventive Maintenance

TRANSYLVANIA COUNTY TRANSYLVANIA COUNTY JAIL 870

Serial Number: 008609 Test Record Number: 1339
Test Date: 07/07/2025 Test Time: 11:45am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:45am |
| FLO | Pass | 11:45am |
| FC | Pass | 11:45am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:45am |
| SRC | Pass | 11:45am |
| DET | Pass | 11:45am |
| BAR | Pass | 11:45am |
| BT | Pass | 11:45am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:46am |

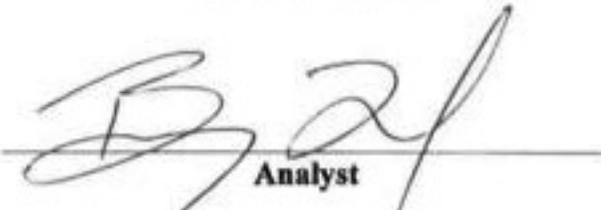
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:46am |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 11:46am |
| CAL | Pass | 11:46am |

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County Transylvania Instrument Location Transylvania County Jail
Instrument Serial No. 009820 Brevard, NC

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.

I certify that on the 7 day of July, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

244987
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

TRANSYLVANIA COUNTY TRANSYLVANIA
COUNTY JAIL 870

Serial Number: 008820
Test Date: 07/07/2025

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

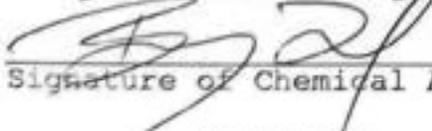
Analyst's Name: Loftis, Benjamin C
Permit Number: 0024-4987
Effective:
03/01/2025-03/01/2027

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG417803
Exp Date: 06/26/2026

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 11:38am |
| AIR BLK | .00 | 11:39am |
| ACCY CHK | .07 | 11:40am |
| AIR BLK | .00 | 11:41am |
| SUB TEST | .00 | 11:41am |
| AIR BLK | .00 | 11:42am |
| SUB TEST | .00 | 11:43am |
| AIR BLK | .00 | 11:44am |

Reported AC: .00 g/210L



Signature of Chemical Analyst
Court CVR



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

TRANSYLVANIA COUNTY TRANSYLVANIA COUNTY JAIL 870

Serial Number: 008820 Test Record Number: 1790
Test Date: 07/07/2025 Test Time: 11:45am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:45am |
| FLO | Pass | 11:45am |
| FC | Pass | 11:45am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:45am |
| SRC | Pass | 11:45am |
| DET | Pass | 11:45am |
| BAR | Pass | 11:45am |
| BT | Pass | 11:45am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:46am |

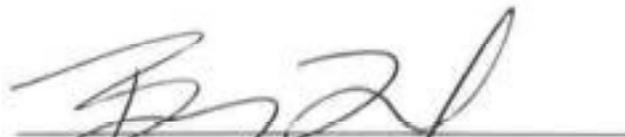
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:46am |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 11:46am |
| CAL | Pass | 11:46am |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Union Instrument Location BAT Mobile Unit 8
Instrument Serial No. 008615 Union SO

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.

I certify that on the 5 day of July, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

2219283
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

UNION COUNTY BAT MOBILE UNIT 8 890

Serial Number: 008615
Test Date: 07/05/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Glasscock, Jerry D

Permit Number: 7180-9235

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

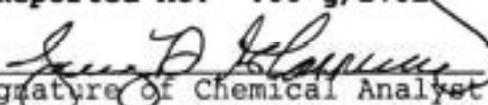
Test Type: Breath Test

Lot Number: AG405102

Exp Date: 02/20/2026

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 7:49pm |
| AIR BLK | .00 | 7:50pm |
| ACCY CHK | .07 | 7:51pm |
| AIR BLK | .00 | 7:52pm |
| SUB TEST | .00 | 7:52pm |
| AIR BLK | .00 | 7:53pm |
| SUB TEST | .00 | 7:55pm |
| AIR BLK | .00 | 7:56pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

UNION COUNTY BAT MOBILE UNIT 8 890

Serial Number: 008615 Test Record Number: 6129
Test Date: 07/05/2025 Test Time: 7:56pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 7:56pm |
| FLO | Pass | 7:56pm |
| FC | Pass | 7:56pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 7:57pm |
| SRC | Pass | 7:57pm |
| DET | Pass | 7:57pm |
| BAR | Pass | 7:57pm |
| BT | Pass | 7:57pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 7:57pm |

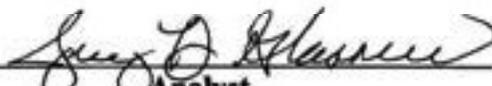
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 7:57pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 7:57pm |
| CAL | Pass | 7:57pm |

Preventive Maintenance
Status: *Pass*



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Union Instrument Location BAT Mobile Unit 8
Instrument Serial No. 008736 Union SO

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.

I certify that on the 5 day of July, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

2219283
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

UNION COUNTY BAT MOBILE UNIT 8 890

Serial Number: 008736
Test Date: 07/05/2025

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Glasscock, Jerry D
Permit Number: 7180-9235
Effective:
02/01/2025-02/01/2027

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG405102
Exp Date: 02/20/2026

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 7:50pm |
| AIR BLK | .00 | 7:51pm |
| ACCY CHK | .07 | 7:51pm |
| AIR BLK | .00 | 7:52pm |
| SUB TEST | .00 | 7:53pm |
| AIR BLK | .00 | 7:54pm |
| SUB TEST | .00 | 7:55pm |
| AIR BLK | .00 | 7:56pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

UNION COUNTY BAT MOBILE UNIT 8 890

Serial Number: 008736 Test Record Number: 1491
Test Date: 07/05/2025 Test Time: 7:57pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 7:57pm |
| FLO | Pass | 7:57pm |
| FC | Pass | 7:57pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 7:57pm |
| SRC | Pass | 7:57pm |
| DET | Pass | 7:57pm |
| BAR | Pass | 7:57pm |
| BT | Pass | 7:57pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 7:58pm |

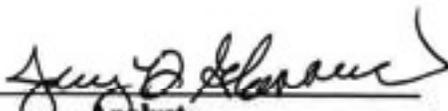
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 7:58pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 7:58pm |
| CAL | Pass | 7:58pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Union Instrument Location BAT Mobile Unit 8
Instrument Serial No. 008775 Union SO

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.

I certify that on the 5 day of July, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature] 2219283
Signature of Certifying Official Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

UNION COUNTY BAT MOBILE UNIT 8 890

Serial Number: 008775
Test Date: 07/05/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Glasscock, Jerry D

Permit Number: 7180-9235

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

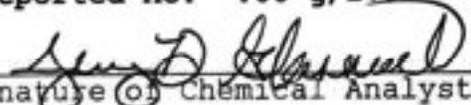
Test Type: Breath Test

Lot Number: AG506303

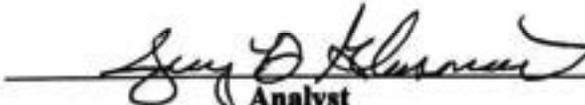
Exp Date: 03/04/2027

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 6:58pm |
| AIR BLK | .00 | 6:59pm |
| ACCY CHK | .08 | 7:00pm |
| AIR BLK | .00 | 7:01pm |
| SUB TEST | .00 | 7:01pm |
| AIR BLK | .00 | 7:02pm |
| SUB TEST | .00 | 7:04pm |
| AIR BLK | .00 | 7:05pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

UNION COUNTY BAT MOBILE UNIT 8 890

Serial Number: 008775 Test Record Number: 2338
Test Date: 07/05/2025 Test Time: 7:06pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 7:06pm |
| FLO | Pass | 7:06pm |
| FC | Pass | 7:07pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 7:07pm |
| SRC | Pass | 7:07pm |
| DET | Pass | 7:07pm |
| BAR | Pass | 7:07pm |
| BT | Pass | 7:07pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 7:07pm |

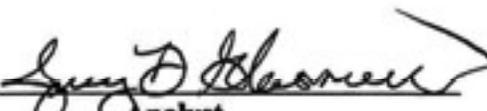
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 7:07pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 7:07pm |
| CAL | Pass | 7:07pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Union Instrument Location BAT Mobile Unit 8

Instrument Serial No. 008816 Union SO

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.

I certify that on the 5 day of July, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

2219283
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Serial Number: 008816
Test Date: 07/05/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Glasscock, Jerry D

Permit Number: 7180-9235

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG431002

Exp Date: 11/05/2026

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 6:59pm |
| AIR BLK | .00 | 7:00pm |
| ACCY CHK | .08 | 7:01pm |
| AIR BLK | .00 | 7:02pm |
| SUB TEST | .00 | 7:02pm |
| AIR BLK | .00 | 7:03pm |
| SUB TEST | .00 | 7:05pm |
| AIR BLK | .00 | 7:05pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

UNION COUNTY BAT MOBILE UNIT 8 890

Serial Number: 008816 Test Record Number: 7923
Test Date: 07/05/2025 Test Time: 7:09pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 7:09pm |
| FLO | Pass | 7:09pm |
| FC | Pass | 7:09pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 7:09pm |
| SRC | Pass | 7:09pm |
| DET | Pass | 7:09pm |
| BAR | Pass | 7:09pm |
| BT | Pass | 7:09pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 7:10pm |

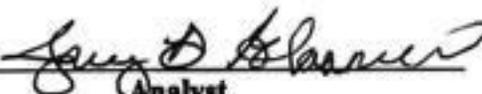
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 7:10pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 7:10pm |
| CAL | Pass | 7:10pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Union Instrument Location Stallings PD
Instrument Serial No. 008910 Stallings, NC

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.

I certify that on the 18th day of July, 2025 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.



Royce Helms
Signature of Certifying Official

849845
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

UNION COUNTY STALLINGS PD 890

Serial Number: 008910

Test Date: 07/01/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Helms, Bryce A

Permit Number: 0084-9845

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

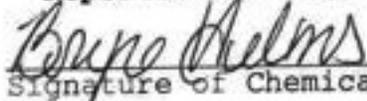
Test Type: Breath Test

Lot Number: AG431001

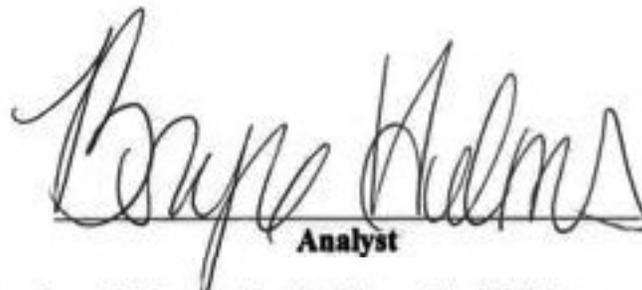
Exp Date: 11/05/2026

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 2:30pm |
| AIR BLK | .00 | 2:31pm |
| ACCY CHK | .07 | 2:31pm |
| AIR BLK | .00 | 2:32pm |
| SUB TEST | .00 | 2:33pm |
| AIR BLK | .00 | 2:34pm |
| SUB TEST | .00 | 2:35pm |
| AIR BLK | .00 | 2:36pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

UNION COUNTY STALLINGS PD 890

Serial Number: 008910 Test Record Number: 1887
Test Date: 07/01/2025 Test Time: 2:38pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 2:38pm |
| FLO | Pass | 2:38pm |
| FC | Pass | 2:38pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 2:38pm |
| SRC | Pass | 2:38pm |
| DET | Pass | 2:38pm |
| BAR | Pass | 2:38pm |
| BT | Pass | 2:38pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 2:39pm |

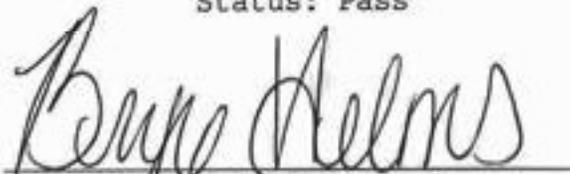
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 2:39pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 2:39pm |
| CAL | Pass | 2:39pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Union Instrument Location BAT Mobile Unit 8

Instrument Serial No. 008929 Union SO

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.

I certify that on the 5 day of July, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature] 2219283
Signature of Certifying Official Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

UNION COUNTY BAT MOBILE UNIT 8 890

Serial Number: 008929
Test Date: 07/05/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Glasscock, Jerry D

Permit Number: 7180-9235

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG506303

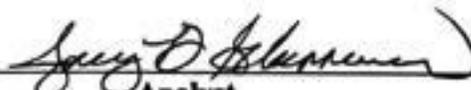
Exp Date: 03/04/2027

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 7:00pm |
| AIR BLK | .00 | 7:01pm |
| ACCY CHK | .08 | 7:02pm |
| AIR BLK | .00 | 7:03pm |
| SUB TEST | .00 | 7:04pm |
| AIR BLK | .00 | 7:05pm |
| SUB TEST | .00 | 7:06pm |
| AIR BLK | .00 | 7:07pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

**This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007**

Intox EC/IR-II: Preventive Maintenance

UNION COUNTY BAT MOBILE UNIT 8 890

Serial Number: 008929 Test Record Number: 1625
Test Date: 07/05/2025 Test Time: 7:09pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 7:09pm |
| FLO | Pass | 7:09pm |
| FC | Pass | 7:09pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 7:09pm |
| SRC | Pass | 7:09pm |
| DET | Pass | 7:09pm |
| BAR | Pass | 7:09pm |
| BT | Pass | 7:09pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 7:10pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 7:10pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 7:10pm |
| CAL | Pass | 7:10pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Vance Instrument Location BAT Mobile Unit 13
Instrument Serial No. 008869 NCWRC

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.

I certify that on the 26 day of July, 2025 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.



T. M. B. [Signature]
Signature of Certifying Official

307699
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

VANCE COUNTY BAT MOBILE UNIT 13 900

Serial Number: 008869
Test Date: 07/26/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Whitehurst, Timothy B

Permit Number: 0030-7699

Effective:

03/01/2025-03/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG417803

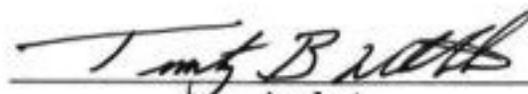
Exp Date: 06/26/2026

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 3:24pm |
| AIR BLK | .00 | 3:25pm |
| ACCY CHK | .07 | 3:26pm |
| AIR BLK | .00 | 3:27pm |
| SUB TEST | .00 | 3:27pm |
| AIR BLK | .00 | 3:28pm |
| SUB TEST | .00 | 3:30pm |
| AIR BLK | .00 | 3:31pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

VANCE COUNTY BAT MOBILE UNIT 13 900

Serial Number: 008869 Test Record Number: 2063
Test Date: 07/26/2025 Test Time: 3:32pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 3:33pm |
| FLO | Pass | 3:33pm |
| FC | Pass | 3:33pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 3:33pm |
| SRC | Pass | 3:33pm |
| DET | Pass | 3:33pm |
| BAR | Pass | 3:33pm |
| BT | Pass | 3:33pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 3:34pm |

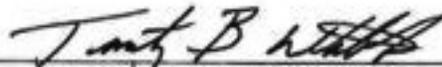
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 3:34pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 3:34pm |
| CAL | Pass | 3:34pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County VANCE Instrument Location VANCE Co. S.O.
Instrument Serial No. 008870 156 CHURCH ST
HENDERSON, NC

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.

I certify that on the 25 day of JULY, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

179707
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008870
Test Date: 07/25/2025

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

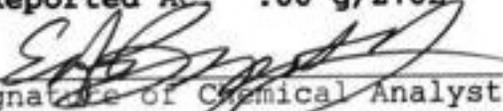
Analyst's Name: Bryant, Earl A
Permit Number: 0017-9707
Effective:
02/01/2025-02/01/2027

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG501307
Exp Date: 01/13/2027

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 4:08pm |
| AIR BLK | .00 | 4:09pm |
| ACCY CHK | .07 | 4:10pm |
| AIR BLK | .00 | 4:11pm |
| SUB TEST | .00 | 4:12pm |
| AIR BLK | .00 | 4:12pm |
| SUB TEST | .00 | 4:14pm |
| AIR BLK | .00 | 4:15pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008870 Test Record Number: 4103
Test Date: 07/25/2025 Test Time: 4:17pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 4:18pm |
| FLO | Pass | 4:18pm |
| FC | Pass | 4:18pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 4:18pm |
| SRC | Pass | 4:18pm |
| DET | Pass | 4:18pm |
| BAR | Pass | 4:18pm |
| BT | Pass | 4:18pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 4:19pm |

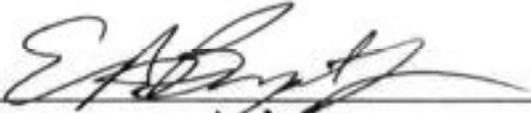
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 4:19pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 4:19pm |
| CAL | Pass | 4:19pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Vance Instrument Location BAT Mobile Unit 13
Instrument Serial No. 008898 NCWRC

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.

I certify that on the 26 day of July, 2025 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.



Timothy B. [Signature]
Signature of Certifying Official

307699
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

VANCE COUNTY BAT MOBILE UNIT 13 900

Serial Number: 008898
Test Date: 07/26/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Whitehurst, Timothy B

Permit Number: 0030-7699

Effective:

03/01/2025-03/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

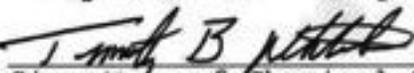
Test Type: Breath Test

Lot Number: AG506302

Exp Date: 03/04/2027

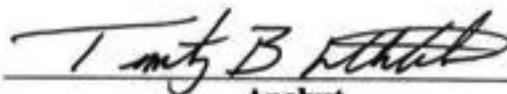
| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 3:00pm |
| AIR BLK | .00 | 3:01pm |
| ACCY CHK | .07 | 3:02pm |
| AIR BLK | .00 | 3:02pm |
| SUB TEST | .00 | 3:03pm |
| AIR BLK | .00 | 3:04pm |
| SUB TEST | .00 | 3:06pm |
| AIR BLK | .00 | 3:06pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

VANCE COUNTY BAT MOBILE UNIT 13 900

Serial Number: 008898 Test Record Number: 2030
Test Date: 07/26/2025 Test Time: 3:09pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 3:09pm |
| FLO | Pass | 3:09pm |
| FC | Pass | 3:09pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 3:09pm |
| SRC | Pass | 3:09pm |
| DET | Pass | 3:09pm |
| BAR | Pass | 3:09pm |
| BT | Pass | 3:09pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 3:10pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 3:10pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 3:10pm |
| CAL | Pass | 3:10pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County VANCE Instrument Location VANCE CO. S.O.
Instrument Serial No. 008937 156 CHURCH ST
HENDERSON, NC

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.

I certify that on the 25 day of JULY, 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.



[Signature]
Signature of Certifying Official

179707
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008937
Test Date: 07/25/2025

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Bryant, Earl A

Permit Number: 0017-9707

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

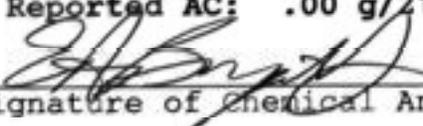
Test Type: Breath Test

Lot Number: AG501307

Exp Date: 01/13/2027

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 4:06pm |
| AIR BLK | .00 | 4:07pm |
| ACCY CHK | .08 | 4:07pm |
| AIR BLK | .00 | 4:08pm |
| SUB TEST | .00 | 4:09pm |
| AIR BLK | .00 | 4:10pm |
| SUB TEST | .00 | 4:11pm |
| AIR BLK | .00 | 4:12pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

**This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007**

Intox EC/IR-II: Preventive Maintenance

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008937 Test Record Number: 3577
Test Date: 07/25/2025 Test Time: 4:21pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 4:21pm |
| FLO | Pass | 4:21pm |
| FC | Pass | 4:21pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 4:22pm |
| SRC | Pass | 4:22pm |
| DET | Pass | 4:22pm |
| BAR | Pass | 4:22pm |
| BT | Pass | 4:22pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 4:22pm |

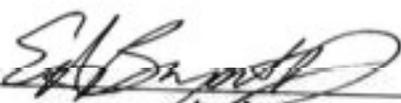
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 4:22pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 4:22pm |
| CAL | Pass | 4:22pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Vance Instrument Location BAT Mobile Unit 13

Instrument Serial No. 008939 NCWRC

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.

I certify that on the 26 day of July, 2025 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.



Timothy B. White
Signature of Certifying Official

307699
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

VANCE COUNTY BAT MOBILE UNIT 13 900

Serial Number: 008939
Test Date: 07/26/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Whitehurst, Timothy B

Permit Number: 0030-7699

Effective:

03/01/2025-03/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

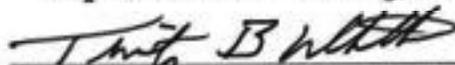
Test Type: Breath Test

Lot Number: AG506302

Exp Date: 03/04/2027

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 2:45pm |
| AIR BLK | .00 | 2:46pm |
| ACCY CHK | .07 | 2:46pm |
| AIR BLK | .00 | 2:47pm |
| SUB TEST | .00 | 2:48pm |
| AIR BLK | .00 | 2:49pm |
| SUB TEST | .00 | 2:50pm |
| AIR BLK | .00 | 2:51pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

VANCE COUNTY BAT MOBILE UNIT 13 900

Serial Number: 008939 Test Record Number: 1895
Test Date: 07/26/2025 Test Time: 2:52pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 2:52pm |
| FLO | Pass | 2:52pm |
| FC | Pass | 2:52pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 2:52pm |
| SRC | Pass | 2:52pm |
| DET | Pass | 2:52pm |
| BAR | Pass | 2:52pm |
| BT | Pass | 2:52pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 2:53pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 2:53pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 2:53pm |
| CAL | Pass | 2:53pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Wake Instrument Location Wake Co Detention Ctr
Instrument Serial No. 008778 3301 Hammond Rd
Raleigh, NC

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.

I certify that on the 24 day of July, 2025 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.



Simon Stokes Bowers
Signature of Certifying Official

146221
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008778
Test Date: 07/24/2025

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

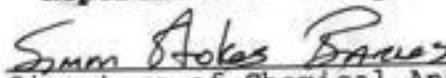
Analyst's Name: Barnes, Simon S
Permit Number: 0014-6221
Effective:
02/01/2025-02/01/2027

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG506302
Exp Date: 03/04/2027

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 3:14pm |
| AIR BLK | .00 | 3:15pm |
| ACCY CHK | .07 | 3:15pm |
| AIR BLK | .00 | 3:16pm |
| SUB TEST | .00 | 3:17pm |
| AIR BLK | .00 | 3:18pm |
| SUB TEST | .00 | 3:19pm |
| AIR BLK | .00 | 3:20pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008778 Test Record Number: 8825
Test Date: 07/24/2025 Test Time: 3:24pm 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 |
|------|--------|--------|
| AIR | Pass | 3:26pm |

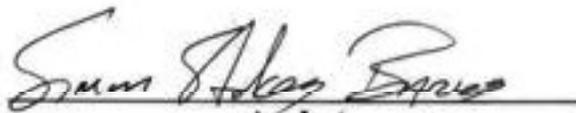
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 3:26pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 3:26pm |
| CAL | Pass | 3:26pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Washington Instrument Location Washington Co. S.O.
120 Adams St. Plymouth, Nc
Instrument Serial No. 008851

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.

I certify that on the 22nd day of July, 2025 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.



Mark A. Stappell
Signature of Certifying Official

206272
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

WASHINGTON COUNTY SHERIFF'S OFFICE 930

Serial Number: 008851
Test Date: 07/22/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Chappell, Mark A

Permit Number: 0020-6272

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: PTA

Agency: DHHS

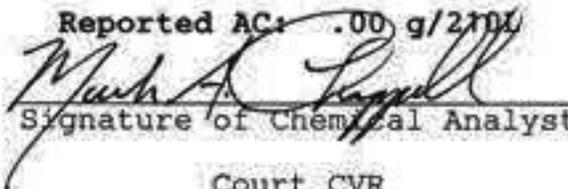
Test Type: Breath Test

Lot Number: AG506301

Exp Date: 03/04/2027

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 3:10pm |
| AIR BLK | .00 | 3:10pm |
| ACCY CHK | .08 | 3:11pm |
| AIR BLK | .00 | 3:12pm |
| SUB TEST | .00 | 3:13pm |
| AIR BLK | .00 | 3:14pm |
| SUB TEST | .00 | 3:15pm |
| AIR BLK | .00 | 3:16pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

WASHINGTON COUNTY SHERIFF'S OFFICE 930

Serial Number: 008851 Test Record Number: 1100

Test Date: 07/22/2025 Test Time: 3:17pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 3:18pm |
| FLO | Pass | 3:18pm |
| FC | Pass | 3:18pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 3:18pm |
| SRC | Pass | 3:18pm |
| DET | Pass | 3:18pm |
| BAR | Pass | 3:18pm |
| BT | Pass | 3:18pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 3:19pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 3:19pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 3:19pm |
| CAL | Pass | 3:19pm |

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County WATAUGA Instrument Location BOONE POLICE
Instrument Serial No. 008716 DEPARTMENT

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.

I certify that on the 9TH day of JULY, 2025 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.




Signature of Certifying Official

353799
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

WATAUGA COUNTY BOONE PD 940

Serial Number: 008716
Test Date: 07/09/2025

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

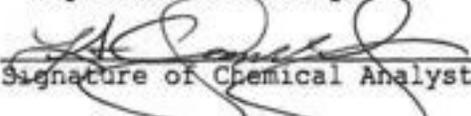
Analyst's Name: Oligmueller, Leo A
Permit Number: 0035-3799
Effective:
02/01/2025-02/01/2027

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG405102
Exp Date: 02/20/2026

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 10:50am |
| AIR BLK | .00 | 10:51am |
| ACCY CHK | .07 | 10:51am |
| AIR BLK | .00 | 10:52am |
| SUB TEST | .00 | 10:53am |
| AIR BLK | .00 | 10:54am |
| SUB TEST | .00 | 10:56am |
| AIR BLK | .00 | 10:57am |

Reported AC: .00 g/210L


Signature of Chemical Analyst
Court CVR


Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

WATAUGA COUNTY BOONE PD 940

Serial Number: 008716 Test Record Number: 3362
Test Date: 07/09/2025 Test Time: 10:58am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:58am |
| FLO | Pass | 10:58am |
| FC | Pass | 10:58am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 10:58am |
| SRC | Pass | 10:58am |
| DET | Pass | 10:58am |
| BAR | Pass | 10:58am |
| BT | Pass | 10:58am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:59am |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 10:59am |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 10:59am |
| CAL | Pass | 10:59am |

Preventive Maintenance
Status: Pass


Analyst