

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 Burlington 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 27th 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.



John L. Lauer
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: 06/27/2025

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: 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

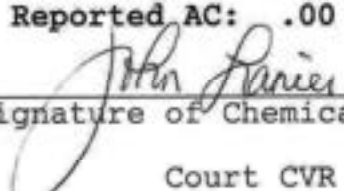
Test Type: Breath Test

Lot Number: AG501307

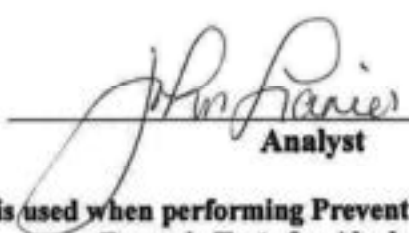
Exp Date: 01/13/2027

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 10:27pm |
| AIR BLK | .00 | 10:28pm |
| ACCY CHK | .08 | 10:29pm |
| AIR BLK | .00 | 10:30pm |
| SUB TEST | .00 | 10:30pm |
| AIR BLK | .00 | 10:31pm |
| SUB TEST | .00 | 10:33pm |
| AIR BLK | .00 | 10:34pm |

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

ALAMANCE COUNTY BAT MOBILE UNIT 12 000

Serial Number: 008601 Test Record Number: 1779
Test Date: 06/27/2025 Test Time: 10:36pm 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 |

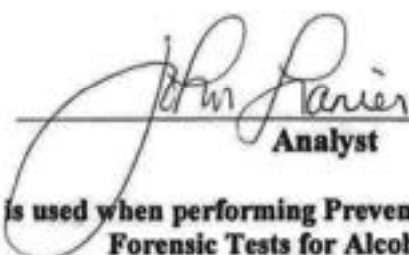
Printer Tests

| 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. 008698 Burlington 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 27th 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.



John R. Rames
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: 06/27/2025

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: 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

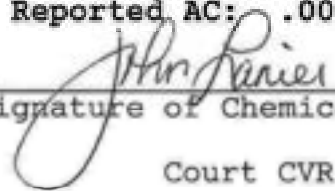
Test Type: Breath Test

Lot Number: AG400303


Exp Date: 01/03/2026

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 10:35pm |
| AIR BLK | .00 | 10:36pm |
| ACCY CHK | .07 | 10:36pm |
| AIR BLK | .00 | 10:37pm |
| SUB TEST | .00 | 10:38pm |
| AIR BLK | .00 | 10:39pm |
| SUB TEST | .00 | 10:41pm |
| AIR BLK | .00 | 10:42pm |

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: 2613
Test Date: 06/27/2025 Test Time: 10:42pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:42pm |
| FLO | Pass | 10:42pm |
| FC | Pass | 10:42pm |

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 |

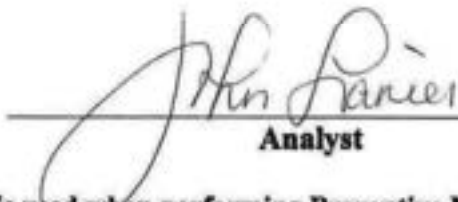
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 10:43pm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 10:43pm |
| CAL | Pass | 10:43pm |

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**

County Alamance Instrument Location BAT Mobile Unit 12
Instrument Serial No. 008788 Burlington 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 27th 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.



John Danier
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: 06/27/2025

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: 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

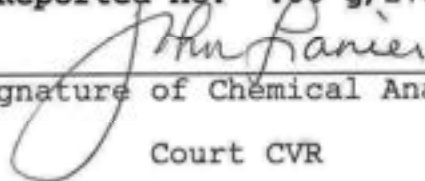
Test Type: Breath Test

Lot Number: AG417802

Exp Date: 06/26/2026

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

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

ALAMANCE COUNTY BAT MOBILE UNIT 12 000

Serial Number: 008788 Test Record Number: 2416
Test Date: 06/27/2025 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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL 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 Beech Mountain PD
Instrument Serial No. 008724 Beech Mountain, 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 13 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.



[Signature] 184401
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

AVERY COUNTY BEECH MOUNTAIN PD 050

Serial Number: 008724
Test Date: 06/13/2025

Citation Number: X0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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, 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 | 2:50pm |
| AIR BLK | .00 | 2:50pm |
| ACCY CHK | .08 | 2:51pm |
| AIR BLK | .00 | 2:52pm |
| SUB TEST | .00 | 2:53pm |
| AIR BLK | .00 | 2:54pm |
| SUB TEST | .00 | 2:55pm |
| AIR BLK | .00 | 2:56pm |

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

AVERY COUNTY BEECH MOUNTAIN PD 050

Serial Number: 008724 Test Record Number: 829
Test Date: 06/13/2025 Test Time: 2:58pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 2:58pm |
| FLO | Pass | 2:58pm |
| FC | Pass | 2:59pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 2:59pm |
| SRC | Pass | 2:59pm |
| DET | Pass | 2:59pm |
| BAR | Pass | 2:59pm |
| BT | Pass | 2:59pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 2:59pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 2:59pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 3:00pm |
| CAL | Pass | 3:00pm |

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 Avery Instrument Location Beech Mountain PD
Instrument Serial No. 008724 Beech Mountain, 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 13 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.



[Signature] 184401
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

AVERY COUNTY BEECH MOUNTAIN PD 050

Serial Number: 008724
Test Date: 06/13/2025

Citation Number: X0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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, 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 | 2:50pm |
| AIR BLK | .00 | 2:50pm |
| ACCY CHK | .08 | 2:51pm |
| AIR BLK | .00 | 2:52pm |
| SUB TEST | .00 | 2:53pm |
| AIR BLK | .00 | 2:54pm |
| SUB TEST | .00 | 2:55pm |
| AIR BLK | .00 | 2:56pm |

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

AVERY COUNTY BEECH MOUNTAIN PD 050

Serial Number: 008724 Test Record Number: 829
Test Date: 06/13/2025 Test Time: 2:58pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 2:58pm |
| FLO | Pass | 2:58pm |
| FC | Pass | 2:59pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 2:59pm |
| SRC | Pass | 2:59pm |
| DET | Pass | 2:59pm |
| BAR | Pass | 2:59pm |
| BT | Pass | 2:59pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 2:59pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 2:59pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 3:00pm |
| CAL | Pass | 3:00pm |

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 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 15 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.



T. M. 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

BEAUFORT COUNTY BAT MOBILE UNIT 13 060

Serial Number: 008869

Test Date: 06/15/2025

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 | 2:57pm |
| AIR BLK | .00 | 2:58pm |
| ACCY CHK | .07 | 2:59pm |
| AIR BLK | .00 | 3:00pm |
| SUB TEST | .00 | 3:01pm |
| AIR BLK | .00 | 3:01pm |
| 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

BEAUFORT COUNTY BAT MOBILE UNIT 13 060

Serial Number: 008869 Test Record Number: 2038
Test Date: 06/15/2025 Test Time: 3:04pm 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 Beaufort Instrument Location BAT Mobile Unit 13
Instrument Serial No. 008818 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 15 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.



Tina 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: 008898

Test Date: 06/15/2025

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 | 2:40pm |
| AIR BLK | .00 | 2:41pm |
| ACCY CHK | .07 | 2:42pm |
| AIR BLK | .00 | 2:43pm |
| SUB TEST | .00 | 2:44pm |
| AIR BLK | .00 | 2:45pm |
| SUB TEST | .00 | 2:46pm |
| AIR BLK | .00 | 2:47pm |

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: 2011
Test Date: 06/15/2025 Test Time: 2:47pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 2:48pm |
| FLO | Pass | 2:48pm |
| FC | Pass | 2:48pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 2:48pm |
| SRC | Pass | 2:48pm |
| DET | Pass | 2:48pm |
| BAR | Pass | 2:48pm |
| BT | Pass | 2:48pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 2:49pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 2:49pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 2:49pm |
| CAL | Pass | 2:49pm |

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 Beaufort 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 15 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.



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: 008939

Test Date: 06/15/2025

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

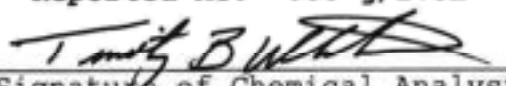
Test Type: Breath Test

Lot Number: AG506302

Exp Date: 03/04/2027

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 2:20pm |
| AIR BLK | .00 | 2:21pm |
| ACCY CHK | .08 | 2:21pm |
| AIR BLK | .00 | 2:22pm |
| SUB TEST | .00 | 2:23pm |
| AIR BLK | .00 | 2:23pm |
| SUB TEST | .00 | 2:25pm |
| AIR BLK | .00 | 2:26pm |

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

BEAUFORT COUNTY BAT MOBILE UNIT 13 060

Serial Number: 008939 Test Record Number: 1876
Test Date: 06/15/2025 Test Time: 2:26pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 2:27pm |
| FLO | Pass | 2:27pm |
| FC | Pass | 2:27pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 2:27pm |
| SRC | Pass | 2:27pm |
| DET | Pass | 2:27pm |
| BAR | Pass | 2:27pm |
| BT | Pass | 2:27pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 2:28pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 2:28pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 2:28pm |
| CAL | Pass | 2:28pm |

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 BLADEN Instrument Location BLADEN COUNTY

Instrument Serial No. 008818 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 02 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.



Alan R. Banno

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

BLADEN COUNTY DETENTION CENTER 080

Serial Number: 008818

Test Date: 06/02/2025

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, ALVIN R

Permit Number: 0014-6279

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

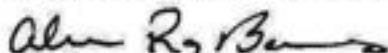
Test Type: Breath Test

Lot Number: AG417803

Exp Date: 06/26/2026

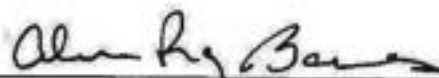
| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 9:49am |
| AIR BLK | .00 | 9:49am |
| ACCY CHK | .08 | 9:50am |
| AIR BLK | .00 | 9:51am |
| SUB TEST | .00 | 9:52am |
| AIR BLK | .00 | 9:53am |
| SUB TEST | .00 | 9:54am |
| AIR BLK | .00 | 9:55am |

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

BLADEN COUNTY DETENTION CENTER 080

Serial Number: 008818 Test Record Number: 2231
Test Date: 06/02/2025 Test Time: 9:56am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:57am |
| FLO | Pass | 9:57am |
| FC | Pass | 9:57am |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:57am |
| SRC | Pass | 9:57am |
| DET | Pass | 9:57am |
| BAR | Pass | 9:57am |
| BT | Pass | 9:57am |

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 | 9:58am |
| CAL | Pass | 9:58am |

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 BRUNSWICK Instrument Location BRUNSWICK COUNTY
Instrument Serial No. 008585 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 02 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.



Al R. B...

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 DETENTION CENTER 090

Serial Number: 008585

Test Date: 06/02/2025

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, 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: AG501037

Exp Date: 01/13/2027

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 5:32pm |
| AIR BLK | .00 | 5:33pm |
| ACCY CHK | .08 | 5:33pm |
| AIR BLK | .00 | 5:35pm |
| SUB TEST | .00 | 5:36pm |
| AIR BLK | .00 | 5:36pm |
| SUB TEST | .00 | 5:38pm |
| AIR BLK | .00 | 5:39pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

BRUNSWICK COUNTY DETENTION CENTER 090

Serial Number: 008585 Test Record Number: 6040
Test Date: 06/02/2025 Test Time: 5:39pm 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 | 5:40pm |
| SRC | Pass | 5:40pm |
| DET | Pass | 5:40pm |
| BAR | Pass | 5:40pm |
| BT | Pass | 5:40pm |

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 BRUNSWICK Instrument Location BRUNSWICK COUNTY
Instrument Serial No. 008602 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 02 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.



Alan R. Bano

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 DETENTION CENTER 090

Serial Number: 008602

Test Date: 06/02/2025

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, 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: AG501037

Exp Date: 01/13/2027

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 5:46pm |
| AIR BLK | .00 | 5:47pm |
| ACCY CHK | .07 | 5:48pm |
| AIR BLK | .00 | 5:49pm |
| SUB TEST | .00 | 5:50pm |
| AIR BLK | .00 | 5:51pm |
| SUB TEST | .00 | 5:53pm |
| AIR BLK | .00 | 5:53pm |

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

BRUNSWICK COUNTY DETENTION CENTER 090

Serial Number: 008602 Test Record Number: 5952
Test Date: 06/02/2025 Test Time: 5:54pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 5:54pm |
| FLO | Pass | 5:54pm |
| FC | Pass | 5:54pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 5:54pm |
| SRC | Pass | 5:54pm |
| DET | Pass | 5:54pm |
| BAR | Pass | 5:54pm |
| BT | Pass | 5:54pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 5:55pm |

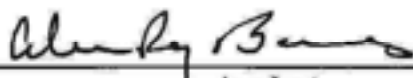
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 5:55pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 5:55pm |
| CAL | Pass | 5:55pm |

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 BRUNSWICK Instrument Location OAK ISLAND
Instrument Serial No. 008648 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 02 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.



Ally B...
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 OAK ISLAND PD 090

Serial Number: 008648
Test Date: 06/02/2025

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, 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: AG405103

Exp Date: 02/20/2026

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 3:54pm |
| AIR BLK | .00 | 3:55pm |
| ACCY CHK | .07 | 3:55pm |
| AIR BLK | .00 | 3:56pm |
| SUB TEST | .00 | 3:57pm |
| AIR BLK | .00 | 3:58pm |
| SUB TEST | .00 | 3:59pm |
| AIR BLK | .00 | 4:00pm |

Reported AC: .00 g/210L

Alvin R. Barnes
Signature of Chemical Analyst

Court CVR

Alvin R. 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

BRUNSWICK COUNTY OAK ISLAND PD 090

Serial Number: 008648 Test Record Number: 1985
Test Date: 06/02/2025 Test Time: 4:00pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 4:01pm |
| FLO | Pass | 4:01pm |
| FC | Pass | 4:01pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 4:01pm |
| SRC | Pass | 4:01pm |
| DET | Pass | 4:01pm |
| BAR | Pass | 4:01pm |
| BT | Pass | 4:01pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 4:02pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 4:02pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 4:02pm |
| CAL | Pass | 4:02pm |

Preventive Maintenance
Status: *Pass*

Adam R. B...
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 Police
Instrument Serial No. 008787 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 5th 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.



A handwritten signature in black ink, appearing to be "R. L. [unclear]".

Signature of Certifying Official

845023

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: 06/05/2025

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

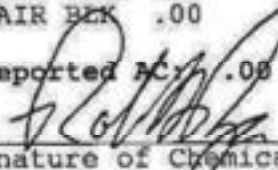
Analyst's Name: Ryan, Robert F
Permit Number: 0084-5023
Effective:
02/01/2025-02/01/2027

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 | 12:33pm |
| AIR BLK | .00 | 12:34pm |
| ACCY CHK | .07 | 12:35pm |
| AIR BLK | .00 | 12:36pm |
| SUB TEST | .00 | 12:37pm |
| AIR BLK | .00 | 12:38pm |
| SUB TEST | .00 | 12:39pm |
| AIR BLK | .00 | 12:40pm |

Reported ACY .08 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: 1368
Test Date: 06/05/2025 Test Time: 12:41pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:42pm |

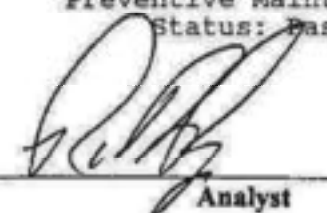
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 12:42pm |

CRC Tests

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

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 BRUNSWICK Instrument Location SUNSET BEACH
Instrument Serial No. 008874 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 02 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.



Al Ry Bena

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 SUNSET BEACH PD 090

Serial Number: 008874

Test Date: 06/02/2025

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, 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: AG417802

Exp Date: 06/26/2026

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 2:35pm |
| AIR BLK | .00 | 2:35pm |
| ACCY CHK | .07 | 2:36pm |
| AIR BLK | .00 | 2:37pm |
| SUB TEST | .00 | 2:38pm |
| AIR BLK | .00 | 2:38pm |
| SUB TEST | .00 | 2:40pm |
| AIR BLK | .00 | 2:41pm |

Reported AC: .00 g/210L

Alvin R. Barnes
Signature of Chemical Analyst

Court CVR

Alvin R. 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

BRUNSWICK COUNTY SUNSET BEACH PD 090

Serial Number: 008874 Test Record Number: 1066
Test Date: 06/02/2025 Test Time: 2:41pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 2:41pm |
| FLO | Pass | 2:41pm |
| 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 |

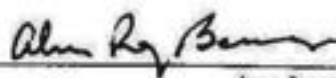
Printer Tests

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

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 2:42pm |
| CAL | Pass | 2:42pm |

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 Bucke Instrument Location Bucke County Jail

Instrument Serial No. 008831 Morganton, 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 16 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.



[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

BURKE COUNTY BURKE COUNTY JAIL 110

Serial Number: 008831

Test Date: 06/16/2025

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 | 11:55am |
| AIR BLK | .00 | 11:55am |
| ACCY CHK | .08 | 11:56am |
| AIR BLK | .00 | 11:57am |
| SUB TEST | .00 | 11:58am |
| AIR BLK | .00 | 11:58am |
| SUB TEST | .00 | 12:00pm |
| AIR BLK | .00 | 12:01pm |

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

BURKE COUNTY BURKE COUNTY JAIL 110

Serial Number: 008831 Test Record Number: 3053
Test Date: 06/16/2025 Test Time: 12:02pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 12:02pm |
| FLO | Pass | 12:02pm |
| FC | Pass | 12:02pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 12:02pm |
| SRC | Pass | 12:02pm |
| DET | Pass | 12:02pm |
| BAR | Pass | 12:02pm |
| BT | Pass | 12:02pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:03pm |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 12:03pm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 12:03pm |
| CAL | Pass | 12:03pm |

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 Burke Instrument Location Burke County Jail
Instrument Serial No. 008904 Morganton, 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 16 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.



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

BURKE COUNTY BURKE COUNTY JAIL 110

Serial Number: 008904
Test Date: 06/16/2025

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

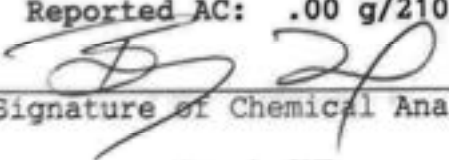
Test Type: Breath Test

Lot Number: AG417803

Exp Date: 06/26/2026

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 11:56am |
| AIR BLK | .00 | 11:57am |
| ACCY CHK | .08 | 11:58am |
| AIR BLK | .00 | 11:59am |
| SUB TEST | .00 | 12:00pm |
| AIR BLK | .00 | 12:00pm |
| SUB TEST | .00 | 12:02pm |
| AIR BLK | .00 | 12:03pm |

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

BURKE COUNTY BURKE COUNTY JAIL 110

Serial Number: 008904 Test Record Number: 3496
Test Date: 06/16/2025 Test Time: 12:03pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 12:03pm |
| FLO | Pass | 12:03pm |
| FC | Pass | 12:04pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 12:04pm |
| SRC | Pass | 12:04pm |
| DET | Pass | 12:04pm |
| BAR | Pass | 12:04pm |
| BT | Pass | 12:04pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:04pm |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 12:04pm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 12:04pm |
| CAL | Pass | 12:04pm |

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 Cabarrus Instrument Location Kannapolis PD
Instrument Serial No. 008589 Kannapolis, 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 4th 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.



Bruce 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

KANNAPOLIS PD CABARRUS COUNTY 120

Serial Number: 008589

Test Date: 06/04/2025

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: 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

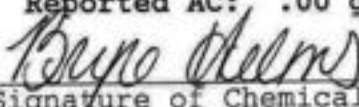
Test Type: Breath Test

Lot Number: AG417802


Exp Date: 06/26/2026

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 1:24pm |
| AIR BLK | .00 | 1:25pm |
| ACCY CHK | .07 | 1:26pm |
| AIR BLK | .00 | 1:27pm |
| SUB TEST | .00 | 1:27pm |
| AIR BLK | .00 | 1:28pm |
| SUB TEST | .00 | 1:30pm |
| AIR BLK | .00 | 1:31pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

KANNAPOLIS PD CABARRUS COUNTY 120

Serial Number: 008589 Test Record Number: 4150
Test Date: 06/04/2025 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 |

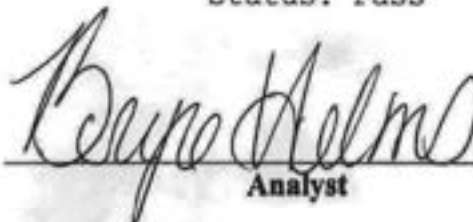
Printer Tests

| 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 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 10 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.



[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: 06/10/2025

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

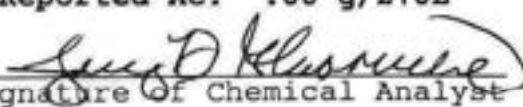
Test Type: Breath Test

Lot Number: AG405102

Exp Date: 02/20/2026

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 12:44pm |
| AIR BLK | .00 | 12:45pm |
| ACCY CHK | .07 | 12:46pm |
| AIR BLK | .00 | 12:47pm |
| SUB TEST | .00 | 12:48pm |
| AIR BLK | .00 | 12:48pm |
| SUB TEST | .00 | 12:50pm |
| AIR BLK | .00 | 12:51pm |

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: 008615 Test Record Number: 6096
Test Date: 06/10/2025 Test Time: 12:52pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 12:52pm |
| FLO | Pass | 12:52pm |
| FC | Pass | 12:53pm |

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:53pm |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 12:53pm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 12:54pm |
| CAL | Pass | 12:54pm |

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 10 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.



[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: 06/10/2025

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

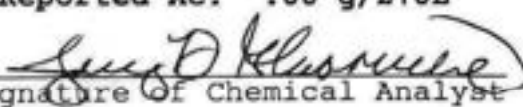
Test Type: Breath Test

Lot Number: AG405102

Exp Date: 02/20/2026

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 12:44pm |
| AIR BLK | .00 | 12:45pm |
| ACCY CHK | .07 | 12:46pm |
| AIR BLK | .00 | 12:47pm |
| SUB TEST | .00 | 12:48pm |
| AIR BLK | .00 | 12:48pm |
| SUB TEST | .00 | 12:50pm |
| AIR BLK | .00 | 12:51pm |

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: 008615 Test Record Number: 6096
Test Date: 06/10/2025 Test Time: 12:52pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 12:52pm |
| FLO | Pass | 12:52pm |
| FC | Pass | 12:53pm |

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:53pm |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 12:53pm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 12:54pm |
| CAL | Pass | 12:54pm |

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 Cabarrus 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 18 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.



[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: 06/18/2025

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

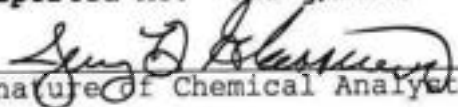
Test Type: Breath Test

Lot Number: AG405102

Exp Date: 02/20/2026

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 8:15pm |
| AIR BLK | .00 | 8:16pm |
| ACCY CHK | .07 | 8:17pm |
| AIR BLK | .00 | 8:17pm |
| SUB TEST | .00 | 8:18pm |
| AIR BLK | .00 | 8:19pm |
| SUB TEST | .00 | 8:20pm |
| AIR BLK | .00 | 8:21pm |

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: 6111
Test Date: 06/18/2025 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 Cabarrus Instrument Location Cabarrus County &
Concord, NC
Instrument Serial No. 008625

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 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.



Breppo 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

CABARRUS COUNTY CABARRUS COUNTY SO 120

Serial Number: 008625

Test Date: 06/04/2025

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: 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: AG506302

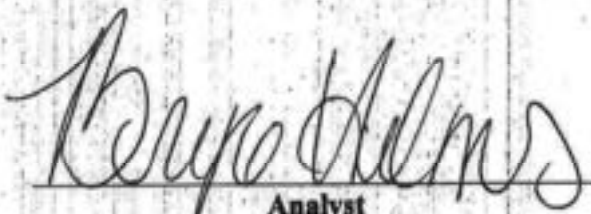
Exp Date: 03/04/2027

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 12:28pm |
| AIR BLK | .00 | 12:29pm |
| ACCY CHK | .07 | 12:29pm |
| AIR BLK | .00 | 12:31pm |
| SUB TEST | .00 | 12:31pm |
| AIR BLK | .00 | 12:32pm |
| SUB TEST | .00 | 12:34pm |
| AIR BLK | .00 | 12:35pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

CABARRUS COUNTY CABARRUS COUNTY SO 120

Serial Number: 008625 Test Record Number: 7148
Test Date: 06/04/2025 Test Time: 12:35pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 12:35pm |
| FLO | Pass | 12:35pm |
| FC | Pass | 12:35pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 12:36pm |
| SRC | Pass | 12:36pm |
| DET | Pass | 12:36pm |
| BAR | Pass | 12:36pm |
| BT | Pass | 12:36pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:36pm |

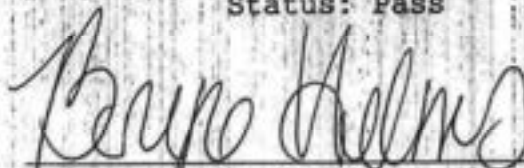
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 12:36pm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 12:36pm |
| CAL | Pass | 12:36pm |

**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 10 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.



[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

CABARRUS COUNTY BAT MOBILE UNIT 8 120

Serial Number: 008736

Test Date: 06/10/2025

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

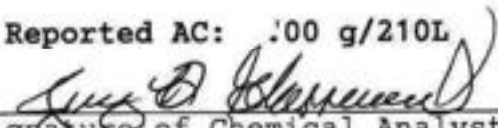
Test Type: Breath Test

Lot Number: AG405102

Exp Date: 02/20/2026

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 12:46pm |
| AIR BLK | .00 | 12:47pm |
| ACCY CHK | .07 | 12:48pm |
| AIR BLK | .00 | 12:49pm |
| SUB TEST | .00 | 12:49pm |
| AIR BLK | .00 | 12:50pm |
| SUB TEST | .00 | 12:52pm |
| AIR BLK | .00 | 12:53pm |

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: 008736 Test Record Number: 1451
Test Date: 06/10/2025 Test Time: 12:53pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 12:53pm |
| FLO | Pass | 12:53pm |
| FC | Pass | 12:54pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 12:54pm |
| SRC | Pass | 12:54pm |
| DET | Pass | 12:54pm |
| BAR | Pass | 12:54pm |
| BT | Pass | 12:54pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:54pm |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 12:54pm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 12:55pm |
| CAL | Pass | 12:55pm |

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 Cabarrus Instrument Location BAT Mobile Unit 8
Instrument Serial No. 008736 Cabarrus 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 18 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.



[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: 06/18/2025

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: AG405102

Exp Date: 02/20/2026

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 8:07pm |
| AIR BLK | .00 | 8:08pm |
| ACCY CHK | .07 | 8:09pm |
| AIR BLK | .00 | 8:10pm |
| SUB TEST | .00 | 8:12pm |
| AIR BLK | .00 | 8:13pm |
| SUB TEST | .00 | 8:14pm |
| AIR BLK | .00 | 8:15pm |

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

CABARRUS COUNTY BAT MOBILE UNIT 8 120

Serial Number: 008736 Test Record Number: 1467
Test Date: 06/18/2025 Test Time: 8:16pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 8:16pm |
| FLO | Pass | 8:16pm |
| FC | Pass | 8:17pm |

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 8:17pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 8:17pm |

CRC Tests

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

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 Cabarrus 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 18 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.



[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: 06/18/2025

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

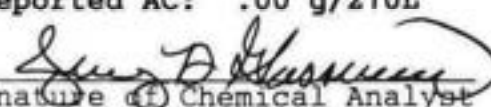
Test Type: Breath Test

Lot Number: AG506303

Exp Date: 03/04/2027

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 8:14pm |
| AIR BLK | .00 | 8:14pm |
| ACCY CHK | .08 | 8:15pm |
| AIR BLK | .00 | 8:16pm |
| SUB TEST | .00 | 8:16pm |
| AIR BLK | .00 | 8:17pm |
| SUB TEST | .00 | 8:19pm |
| AIR BLK | .00 | 8:20pm |

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: 008775 Test Record Number: 2316
Test Date: 06/18/2025 Test Time: 8:31pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 8:31pm |
| FLO | Pass | 8:31pm |
| FC | Pass | 8:31pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 8:31pm |
| SRC | Pass | 8:31pm |
| DET | Pass | 8:31pm |
| BAR | Pass | 8:31pm |
| BT | Pass | 8:31pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 8:32pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 8:32pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 8:32pm |
| CAL | Pass | 8:32pm |

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 Cabarrus Instrument Location BAT 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 10 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.



[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: 008816

Test Date: 06/10/2025

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

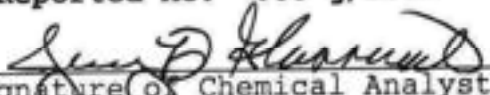
Test Type: Breath Test

Lot Number: AG431002

Exp Date: 11/05/2026

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 12:45pm |
| AIR BLK | .00 | 12:46pm |
| ACCY CHK | .08 | 12:47pm |
| AIR BLK | .00 | 12:48pm |
| SUB TEST | .00 | 12:48pm |
| AIR BLK | .00 | 12:49pm |
| SUB TEST | .00 | 12:51pm |
| AIR BLK | .00 | 12:52pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

CABARRUS COUNTY BAT MOBILE UNIT 8 120

Serial Number: 008816 Test Record Number: 7885
Test Date: 06/10/2025 Test Time: 12:53pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:54pm |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 12:54pm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 12:54pm |
| CAL | Pass | 12:54pm |

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. 008816 Cabarrus 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 18 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.



[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: 008816
Test Date: 06/18/2025

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: AG431002

Exp Date: 11/05/2026

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 8:09pm |
| AIR BLK | .00 | 8:10pm |
| ACCY CHK | .07 | 8:11pm |
| AIR BLK | .00 | 8:12pm |
| SUB TEST | .00 | 8:12pm |
| AIR BLK | .00 | 8:13pm |
| SUB TEST | .00 | 8:15pm |
| AIR BLK | .00 | 8:16pm |

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: 7903
Test Date: 06/18/2025 Test Time: 8:17pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 8:18pm |
| FLO | Pass | 8:18pm |
| FC | Pass | 8:18pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 8:18pm |
| SRC | Pass | 8:18pm |
| DET | Pass | 8:18pm |
| BAR | Pass | 8:18pm |
| BT | Pass | 8:18pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 8:19pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 8:19pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 8:19pm |
| CAL | Pass | 8:19pm |

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 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 10 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.



[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

CABARRUS COUNTY BAT MOBILE UNIT 8 120

Serial Number: 008929

Test Date: 06/10/2025

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 | 12:48pm |
| AIR BLK | .00 | 12:49pm |
| ACCY CHK | .08 | 12:50pm |
| AIR BLK | .00 | 12:51pm |
| SUB TEST | .00 | 12:51pm |
| AIR BLK | .00 | 12:52pm |
| SUB TEST | .00 | 12:54pm |
| AIR BLK | .00 | 12:55pm |

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

CABARRUS COUNTY BAT MOBILE UNIT 8 120

Serial Number: 008929 Test Record Number: 1580
Test Date: 06/10/2025 Test Time: 12:56pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 12:57pm |
| SRC | Pass | 12:57pm |
| DET | Pass | 12:57pm |
| BAR | Pass | 12:57pm |
| BT | Pass | 12:57pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:57pm |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 12:58pm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 12:58pm |
| CAL | Pass | 12:58pm |

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 Cabarrus Instrument Location BAT Mobile Unit 8
Instrument Serial No. 008929 Cabarrus 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 18 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.



[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: 06/18/2025

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: AG506303
Exp Date: 03/04/2027

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

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

CABARRUS COUNTY BAT MOBILE UNIT 8 120

Serial Number: 008929 Test Record Number: 1602
Test Date: 06/18/2025 Test Time: 8:16pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

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

Printer Tests

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

CRC Tests

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

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 Caldwell Instrument Location Caldwell Co Jail

Instrument Serial No. 008719 LC 100 NR

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 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.



[Signature]
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: 008719
Test Date: 06/18/2025

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: 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 | 11:14am |
| AIR BLK | .00 | 11:14am |
| ACCY CHK | .08 | 11:15am |
| AIR BLK | .00 | 11:16am |
| SUB TEST | .00 | 11:17am |
| AIR BLK | .00 | 11:18am |
| SUB TEST | .00 | 11:19am |
| AIR BLK | .00 | 11:20am |

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: 008719 Test Record Number: 3534
Test Date: 06/18/2025 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 | 11:21am |
| SRC | Pass | 11:21am |
| DET | Pass | 11:21am |
| BAR | Pass | 11:21am |
| BT | Pass | 11:21am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:22am |

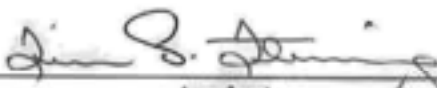
Printer Tests

| 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 Camden Instrument Location Camden Co. S.O.
Instrument Serial No. 008940 117 N. Carolina Hwy. 343
Camden, 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 4th 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.



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

CAMDEN COUNTY CAMDEN CO SO 140

Serial Number: 008940

Test Date: 06/04/2025

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: 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

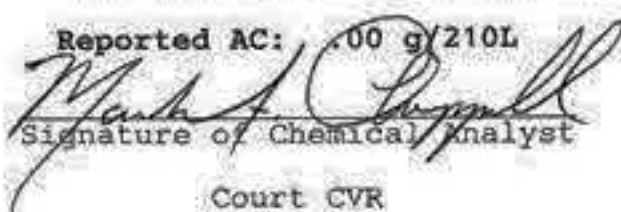
Test Type: Breath Test

Lot Number: AG405101

Exp Date: 02/20/2026

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 10:45am |
| AIR BLK | .00 | 10:45am |
| ACCY CHK | .08 | 10:46am |
| AIR BLK | .00 | 10:47am |
| SUB TEST | .00 | 10:48am |
| AIR BLK | .00 | 10:48am |
| SUB TEST | .00 | 10:50am |
| AIR BLK | .00 | 10:51am |

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

CAMDEN COUNTY CAMDEN CO SO 140

Serial Number: 008940

Test Record Number: 1345

Test Date: 06/04/2025

Test Time: 10:52am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:52am |
| FLO | Pass | 10:52am |
| FC | Pass | 10:52am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 10:52am |
| SRC | Pass | 10:52am |
| DET | Pass | 10:52am |
| BAR | Pass | 10:52am |
| BT | Pass | 10:52am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:53am |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 10:53am |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 10:53am |
| CAL | Pass | 10:53am |

**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 CATAWBA Instrument Location CATAWBA COUNTY NC

Instrument Serial No. 608687 NEUTRAL 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 06 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.



[Signature]
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

CATAWBA COUNTY CATAWBA COUNTY SO 170

Serial Number: 008687
Test Date: 06/06/2025

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

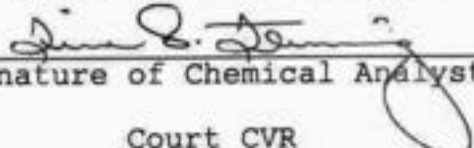
Test Type: Breath Test

Lot Number: AG405103

Exp Date: 02/20/2026

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 9:24am |
| AIR BLK | .00 | 9:25am |
| ACCY CHK | .08 | 9:25am |
| AIR BLK | .00 | 9:27am |
| SUB TEST | .00 | 9:27am |
| AIR BLK | .00 | 9:28am |
| SUB TEST | .00 | 9:30am |
| AIR BLK | .00 | 9:31am |

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

CATAWBA COUNTY CATAWBA COUNTY SO 170

Serial Number: 008687 Test Record Number: 4171
Test Date: 06/06/2025 Test Time: 9:32am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:32am |
| FLO | Pass | 9:32am |
| FC | Pass | 9:32am |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:32am |
| SRC | Pass | 9:32am |
| DET | Pass | 9:32am |
| BAR | Pass | 9:32am |
| BT | Pass | 9:32am |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:33am |

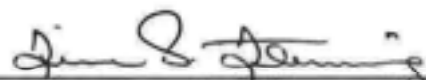
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 9:33am |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 9:33am |
| CAL | Pass | 9:33am |

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 CATAWBA Instrument Location CATAWBA COUNTY SO

Instrument Serial No. 008824 NEWTON 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 06 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.



[Signature]
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

CATAWBA COUNTY CATAWBA COUNTY SO 170

Serial Number: 008821

Test Date: 06/06/2025

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

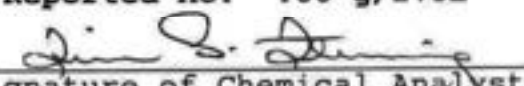
Test Type: Breath Test

Lot Number: AG405103

Exp Date: 02/20/2026

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

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

CATAWBA COUNTY CATAWBA COUNTY SO 170

Serial Number: 008821 Test Record Number: 2594

Test Date: 06/06/2025 Test Time: 9:39am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:39am |
| FLO | Pass | 9:39am |
| FC | Pass | 9:39am |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:39am |
| SRC | Pass | 9:39am |
| DET | Pass | 9:39am |
| BAR | Pass | 9:39am |
| BT | Pass | 9:39am |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:40am |

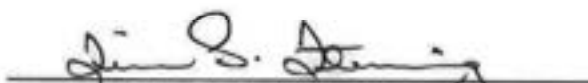
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 9:40am |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 9:40am |
| CAL | Pass | 9:40am |

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 CATAWBA Instrument Location HICKORY PD
Instrument Serial No. 008841 HICKORY 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 06 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. 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

CATAWBA COUNTY HICKORY PD 170

Serial Number: 008841

Test Date: 06/06/2025

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

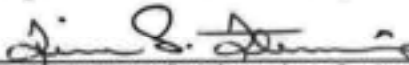
Test Type: Breath Test

Lot Number: AG405102

Exp Date: 02/20/2026

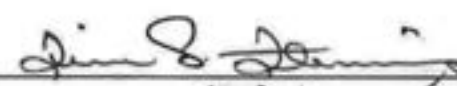
| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 11:05am |
| AIR BLK | .00 | 11:06am |
| ACCY CHK | .08 | 11:07am |
| AIR BLK | .00 | 11:08am |
| SUB TEST | .00 | 11:09am |
| AIR BLK | .00 | 11:10am |
| SUB TEST | .00 | 11:11am |
| AIR BLK | .00 | 11:12am |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

Intox EC/IR-II: Preventive Maintenance

CATAWBA COUNTY HICKORY PD 170

Serial Number: 008841 Test Record Number: 2511
Test Date: 06/06/2025 Test Time: 11:13am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:14am |

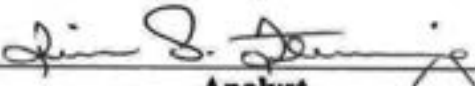
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:14am |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 11:14am |
| CAL | Pass | 11:14am |

Preventive Maintenance
Status: Pass


Analyst

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 Cherokee Instrument Location Cherokee County Jail
Instrument Serial No. 008622 Murphy, 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 20 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.



Paul R. Cuth
Signature of Certifying Official

635
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

CHEROKEE COUNTY CHEROKEE COUNTY JAIL
190

Serial Number: 008622
Test Date: 06/20/2025

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: AG505001

Exp Date: 02/19/2027

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 12:49pm |
| AIR BLK | .00 | 12:49pm |
| ACCY CHK | .07 | 12:50pm |
| AIR BLK | .00 | 12:51pm |
| SUB TEST | .00 | 12:51pm |
| AIR BLK | .00 | 12:52pm |
| SUB TEST | .00 | 12:54pm |
| AIR BLK | .00 | 12:55pm |

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

CHEROKEE COUNTY CHEROKEE COUNTY JAIL 190

Serial Number: 008622 Test Record Number: 1328
Test Date: 06/20/2025 Test Time: 12:57pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 12:58pm |
| FLO | Pass | 12:58pm |
| FC | Pass | 12:58pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 12:58pm |
| SRC | Pass | 12:58pm |
| DET | Pass | 12:58pm |
| BAR | Pass | 12:58pm |
| BT | Pass | 12:58pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:59pm |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 12:59pm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 12:59pm |
| CAL | Pass | 12:59pm |

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 Cleveland Instrument Location Cleveland County SO - Annex
Instrument Serial No. 008887 Shelby, 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 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.




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

CLEVELAND COUNTY CLEVELAND SO-ANNEX
220

Serial Number: 008887
Test Date: 06/17/2025

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: 0024-4

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 | 1:07pm |
| AIR BLK | .00 | 1:07pm |
| ACCY CHK | .07 | 1:08pm |
| AIR BLK | .00 | 1:09pm |
| SUB TEST | .00 | 1:10pm |
| AIR BLK | .00 | 1:10pm |
| 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

CLEVELAND COUNTY CLEVELAND SO-ANNEX 220

Serial Number: 008887 Test Record Number: 4305
Test Date: 06/17/2025 Test Time: 1:13pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 1:14pm |
| 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 | 1:14pm |
| CAL | Pass | 1:14pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Cleveland Instrument Location Cleveland County 50 - Annex
Instrument Serial No. 008893 Shelby, 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 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.



[Signature]
Signature of Certifying Official

247987
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

CLEVELAND COUNTY CLEVELAND SO-ANNEX
220

Serial Number: 008893
Test Date: 06/17/2025

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: 0024-4

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 | 1:08pm |
| AIR BLK | .00 | 1:08pm |
| ACCY CHK | .08 | 1:09pm |
| AIR BLK | .00 | 1:10pm |
| SUB TEST | .00 | 1:11pm |
| AIR BLK | .00 | 1:11pm |
| SUB TEST | .00 | 1:13pm |
| AIR BLK | .00 | 1:14pm |

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

CLEVELAND COUNTY CLEVELAND SO-ANNEX 220

Serial Number: 008893 Test Record Number: 2071
Test Date: 06/17/2025 Test Time: 1:14pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 1:15pm |


Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 1:15pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 1:16pm |
| CAL | Pass | 1:16pm |

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 Cleveland Instrument Location Kings Mountain PD

Instrument Serial No. 008900 Kings Mountain, 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 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.



[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

CLEVELAND COUNTY KINGS MOUNTAIN PD 220

Serial Number: 008900
Test Date: 06/17/2025

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: 0024-4

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

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


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

CLEVELAND COUNTY KINGS MOUNTAIN PD 220

Serial Number: 008900 Test Record Number: 1102
Test Date: 06/17/2025 Test Time: 12:11pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

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


Printer Tests

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

CRC Tests

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

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 Columbus Instrument Location BAT Mobile Unit 12
Instrument Serial No. 008601 Columbus County 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 20th 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.



[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

COLUMBUS COUNTY BAT MOBILE UNIT 12 230

Serial Number: 008601
Test Date: 06/20/2025

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: AG501307

Exp Date: 01/13/2027

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 8:11pm |
| AIR BLK | .00 | 8:12pm |
| ACCY CHK | .07 | 8:12pm |
| AIR BLK | .00 | 8:13pm |
| SUB TEST | .00 | 8:14pm |
| AIR BLK | .00 | 8:16pm |
| SUB TEST | .00 | 8:17pm |
| AIR BLK | .00 | 8:18pm |

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 BAT MOBILE UNIT 12 230

Serial Number: 008601 Test Record Number: 1777
Test Date: 06/20/2025 Test Time: 8:18pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 8:19pm |
| FLO | Pass | 8:19pm |
| FC | Pass | 8:19pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 8:19pm |
| SRC | Pass | 8:19pm |
| DET | Pass | 8:19pm |
| BAR | Pass | 8:19pm |
| BT | Pass | 8:19pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 8:20pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 8:20pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 8:20pm |
| CAL | Pass | 8:20pm |

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

County Columbus Instrument Location BAT Mobile Unit 12
Instrument Serial No. 008698 Columbus County 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 20th 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.



[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

COLUMBUS COUNTY BAT MOBILE UNIT 12 230

Serial Number: 008698

Test Date: 06/20/2025

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 | 8:10pm |
| AIR BLK | .00 | 8:11pm |
| ACCY CHK | .07 | 8:12pm |
| AIR BLK | .00 | 8:13pm |
| SUB TEST | .00 | 8:14pm |
| AIR BLK | .00 | 8:15pm |
| SUB TEST | .00 | 8:16pm |
| AIR BLK | .00 | 8:17pm |

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

COLUMBUS COUNTY BAT MOBILE UNIT 12 230

Serial Number: 008698 Test Record Number: 2611
Test Date: 06/20/2025 Test Time: 8:18pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 8:19pm |
| FLO | Pass | 8:19pm |
| FC | Pass | 8:19pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 8:19pm |
| SRC | Pass | 8:19pm |
| DET | Pass | 8:19pm |
| BAR | Pass | 8:19pm |
| BT | Pass | 8:19pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 8:20pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 8:20pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 8:20pm |
| CAL | Pass | 8:20pm |

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 Columbus Instrument Location BAT Mobile Unit 12
Instrument Serial No. 008788 Columbus County 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 20th 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.



[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

COLUMBUS COUNTY BAT MOBILE UNIT 12 230

Serial Number: 008788

Test Date: 06/20/2025

Citation Number: M00000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: 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: AG417802

Exp Date: 06/26/2026

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 8:12pm |
| AIR BLK | .00 | 8:13pm |
| ACCY CHK | .07 | 8:14pm |
| AIR BLK | .00 | 8:15pm |
| SUB TEST | .00 | 8:15pm |
| AIR BLK | .00 | 8:16pm |
| SUB TEST | .00 | 8:18pm |
| AIR BLK | .00 | 8:18pm |

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 BAT MOBILE UNIT 12 230

Serial Number: 008788 Test Record Number: 2414
Test Date: 06/20/2025 Test Time: 8:28pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 8:28pm |
| FLO | Pass | 8:28pm |
| FC | Pass | 8:28pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 8:28pm |
| SRC | Pass | 8:28pm |
| DET | Pass | 8:28pm |
| BAR | Pass | 8:28pm |
| BT | Pass | 8:28pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 8:29pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 8:29pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 8:29pm |
| CAL | Pass | 8:29pm |

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 COLUMBUS Instrument Location COLUMBUS COUNTY
Instrument Serial No. 008875 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 02 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.



Alan R. Bann
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: 008875

Test Date: 06/02/2025

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, 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 | 11:52am |
| AIR BLK | .00 | 11:53am |
| ACCY CHK | .08 | 11:54am |
| AIR BLK | .00 | 11:55am |
| SUB TEST | .00 | 11:56am |
| AIR BLK | .00 | 11:57am |
| SUB TEST | .00 | 11:58am |
| AIR BLK | .00 | 11:59am |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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: 008875 Test Record Number: 3293
Test Date: 06/02/2025 Test Time: 11:59am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:01pm |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 12:01pm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 12:01pm |
| CAL | Pass | 12:01pm |

**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 COLUMBUS Instrument Location COLUMBUS COUNTY
Instrument Serial No. 008917 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 02 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.



Alan R. B...
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: 008917

Test Date: 06/02/2025

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, ALVIN R

Permit Number: 0014-6279

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

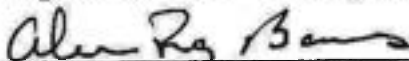
Test Type: Breath Test

Lot Number: AG400301

Exp Date: 01/03/2026

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 12:41pm |
| AIR BLK | .00 | 12:42pm |
| ACCY CHK | .07 | 12:43pm |
| AIR BLK | .00 | 12:43pm |
| SUB TEST | .00 | 12:44pm |
| AIR BLK | .00 | 12:45pm |
| SUB TEST | .00 | 12:47pm |
| AIR BLK | .00 | 12:47pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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: 008917 Test Record Number: 1339
Test Date: 06/02/2025 Test Time: 12:48pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 12:48pm |
| FLO | Pass | 12:48pm |
| FC | Pass | 12:48pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 12:48pm |
| SRC | Pass | 12:48pm |
| DET | Pass | 12:48pm |
| BAR | Pass | 12:48pm |
| BT | Pass | 12:48pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:49pm |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 12:49pm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 12:49pm |
| CAL | Pass | 12:49pm |

**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 Cumberland Instrument Location FT. Bragg
Instrument Serial No. 013868 L.E.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 25 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.



[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 FORT BRAGG LEC 250

Serial Number: 013868

Test Date: 06/25/2025

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: 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: AG417803

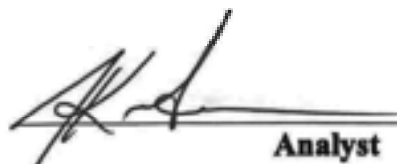
Exp Date: 06/26/2026

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 9:44am |
| AIR BLK | .00 | 9:45am |
| ACCY CHK | .08 | 9:46am |
| AIR BLK | .00 | 9:47am |
| SUB TEST | .00 | 9:48am |
| AIR BLK | .00 | 9:49am |
| SUB TEST | .00 | 9:50am |
| AIR BLK | .00 | 9:51am |

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

CUMBERLAND COUNTY FORT BRAGG LEC 250

Serial Number: 013868 Test Record Number: 1192
Test Date: 06/25/2025 Test Time: 9:52am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:52am |
| FLO | Pass | 9:52am |
| FC | Pass | 9:52am |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:52am |
| SRC | Pass | 9:52am |
| DET | Pass | 9:52am |
| BAR | Pass | 9:52am |
| BT | Pass | 9:52am |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:53am |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 9:53am |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 9:53am |
| CAL | Pass | 9:53am |

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 Cumberland Instrument Location FT. Bragg
Instrument Serial No. 013870 L.E.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 25 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.



[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 FORT BRAGG LEC 250

Serial Number: 013870

Test Date: 06/25/2025

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: 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: AG417803

Exp Date: 06/26/2026

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 9:44am |
| AIR BLK | .00 | 9:45am |
| ACCY CHK | .08 | 9:46am |
| AIR BLK | .00 | 9:47am |
| SUB TEST | .00 | 9:48am |
| AIR BLK | .00 | 9:49am |
| SUB TEST | .00 | 9:51am |
| AIR BLK | .00 | 9:52am |

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

CUMBERLAND COUNTY FORT BRAGG LEC 250

Serial Number: 013870 Test Record Number: 946
Test Date: 06/25/2025 Test Time: 9:52am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:53am |
| FLO | Pass | 9:53am |
| FC | Pass | 9:53am |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:53am |
| SRC | Pass | 9:53am |
| DET | Pass | 9:53am |
| BAR | Pass | 9:53am |
| BT | Pass | 9:53am |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:54am |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 9:54am |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 9:54am |
| CAL | Pass | 9:54am |

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 Currituck Instrument Location Currituck Co. S.O.
Instrument Serial No. 008947 407A Maple Rd Maple, 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 4th 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.



[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

CURRITUCK COUNTY CURRITUCK SO-MAPLE
260

Serial Number: 008947
Test Date: 06/04/2025

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: 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: AG405101

Exp Date: 02/20/2026

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 9:34am |
| AIR BLK | .00 | 9:35am |
| ACCY CHK | .07 | 9:35am |
| AIR BLK | .00 | 9:36am |
| SUB TEST | .00 | 9:37am |
| AIR BLK | .00 | 9:38am |
| SUB TEST | .00 | 9:40am |
| AIR BLK | .00 | 9:40am |

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

CURRITUCK COUNTY CURRITUCK SO-MAPLE 260

Serial Number: 008947

Test Record Number: 3642

Test Date: 06/04/2025

Test Time: 9:41am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:42am |
| FLO | Pass | 9:42am |
| FC | Pass | 9:42am |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:42am |
| SRC | Pass | 9:42am |
| DET | Pass | 9:42am |
| BAR | Pass | 9:42am |
| BT | Pass | 9:42am |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:42am |


Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 9:43am |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 9:43am |
| CAL | Pass | 9:43am |

**Preventive Maintenance
Status: Pass**


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 Davidson Instrument Location BAT Mobile Unit 8

Instrument Serial No. 0081615 Davidson 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 28 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.



[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 8 280

Serial Number: 008615

Test Date: 06/28/2025

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: 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 | 8:57pm |
| AIR BLK | .00 | 8:58pm |
| ACCY CHK | .07 | 8:58pm |
| AIR BLK | .00 | 8:59pm |
| SUB TEST | .00 | 9:00pm |
| AIR BLK | .00 | 9:01pm |
| SUB TEST | .00 | 9:02pm |
| AIR BLK | .00 | 9:03pm |

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

DAVIDSON COUNTY BAT MOBILE UNIT 8 280

Serial Number: 008615 Test Record Number: 6121
Test Date: 06/28/2025 Test Time: 9:07pm 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 and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Davidson Instrument Location BAT Mobile Unit 8
Instrument Serial No. 008736 Davidson 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 28 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.



[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 8 280

Serial Number: 008736
Test Date: 06/28/2025

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: 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 | 8:57pm |
| AIR BLK | .00 | 8:58pm |
| ACCY CHK | .07 | 8:59pm |
| AIR BLK | .00 | 9:00pm |
| SUB TEST | .00 | 9:01pm |
| AIR BLK | .00 | 9:02pm |
| SUB TEST | .00 | 9:03pm |
| AIR BLK | .00 | 9:04pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

DAVIDSON COUNTY BAT MOBILE UNIT 8 280

Serial Number: 008736 Test Record Number: 1481
Test Date: 06/28/2025 Test Time: 9:05pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:05pm |
| SRC | Pass | 9:05pm |
| DET | Pass | 9:05pm |
| BAR | Pass | 9:05pm |
| BT | Pass | 9:05pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:06pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 9:06pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 9:06pm |
| CAL | Pass | 9:06pm |

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 Davidson Instrument Location BAT Mobile Unit 8
Instrument Serial No. 008775 Davidson 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 28 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.



[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 8 280

Serial Number: 008775
Test Date: 06/28/2025

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: 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 | 8:59pm |
| AIR BLK | .00 | 9:00pm |
| ACCY CHK | .08 | 9:00pm |
| AIR BLK | .00 | 9:01pm |
| SUB TEST | .00 | 9:02pm |
| AIR BLK | .00 | 9:03pm |
| SUB TEST | .00 | 9:04pm |
| AIR BLK | .00 | 9:05pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

DAVIDSON COUNTY BAT MOBILE UNIT 8 280

Serial Number: 008775 Test Record Number: 2328
Test Date: 06/28/2025 Test Time: 9:06pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:07pm |
| FLO | Pass | 9:07pm |
| FC | Pass | 9:07pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:07pm |
| SRC | Pass | 9:07pm |
| DET | Pass | 9:07pm |
| BAR | Pass | 9:07pm |
| BT | Pass | 9:07pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:07pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 9:07pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 9:08pm |
| CAL | Pass | 9:08pm |

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 Davidson Instrument Location BAT Mobile Unit 8

Instrument Serial No. 008816 Davidson 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 28 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.



[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 8 280

Serial Number: 008816
Test Date: 06/28/2025

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: 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

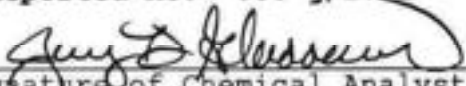
Test Type: Breath Test

Lot Number: AG431002

Exp Date: 11/05/2026

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

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

DAVIDSON COUNTY BAT MOBILE UNIT 8 280

Serial Number: 008816 Test Record Number: 7915
Test Date: 06/28/2025 Test Time: 9:02pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

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

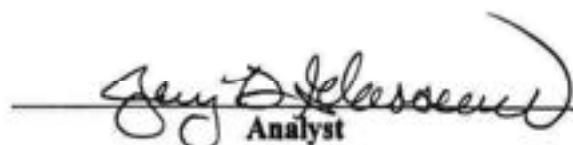
Printer Tests

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

CRC Tests

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

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 Davidson Instrument Location BAT Mobile Unit 8
Instrument Serial No. 008929 Davidson 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 28 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.



[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 8 280

Serial Number: 008929
Test Date: 06/28/2025

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: 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

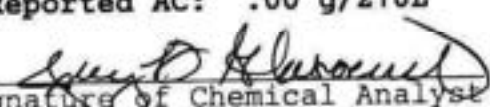
Test Type: Breath Test

Lot Number: AG506303

Exp Date: 03/04/2027

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 8:56pm |
| AIR BLK | .00 | 8:57pm |
| ACCY CHK | .07 | 8:58pm |
| AIR BLK | .00 | 8:59pm |
| SUB TEST | .00 | 8:59pm |
| AIR BLK | .00 | 9:00pm |
| SUB TEST | .00 | 9:02pm |
| AIR BLK | .00 | 9:03pm |

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

DAVIDSON COUNTY BAT MOBILE UNIT 8 280

Serial Number: 008929 Test Record Number: 1616
Test Date: 06/28/2025 Test Time: 9:04pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:04pm |
| FLO | Pass | 9:04pm |
| FC | Pass | 9:04pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:04pm |
| SRC | Pass | 9:04pm |
| DET | Pass | 9:04pm |
| BAR | Pass | 9:04pm |
| BT | Pass | 9:04pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:05pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 9:05pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 9:05pm |
| CAL | Pass | 9:05pm |

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 DUPLIN Instrument Location WALLACE

Instrument Serial No. 008858 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 04 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.



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

DUPLIN COUNTY WALLACE PD 300

Serial Number: 008858

Test Date: 06/04/2025

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: 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

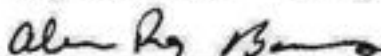
Test Type: Breath Test

Lot Number: AG405102

Exp Date: 02/20/2026

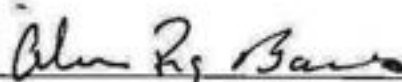
| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 1:45pm |
| AIR BLK | .00 | 1:46pm |
| ACCY CHK | .08 | 1:46pm |
| AIR BLK | .00 | 1:47pm |
| SUB TEST | .00 | 1:48pm |
| AIR BLK | .00 | 1:49pm |
| SUB TEST | .00 | 1:51pm |
| AIR BLK | .00 | 1:52pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

DUPLIN COUNTY WALLACE PD 300

Serial Number: 008858 Test Record Number: 1351
Test Date: 06/04/2025 Test Time: 1:52pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 1:52pm |
| FLO | Pass | 1:52pm |
| FC | Pass | 1:52pm |

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 1:53pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 1:53pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 1:53pm |
| CAL | Pass | 1:53pm |

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 DUPLIN Instrument Location DUPLIN COUNTY
Instrument Serial No. 008864 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 04 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.



John R. Basso

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

DUPLIN COUNTY DETENTION CENTER 300

Serial Number: 008864

Test Date: 06/04/2025

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: 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

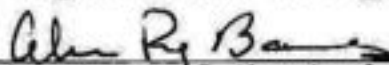
Test Type: Breath Test

Lot Number: AG405102

Exp Date: 02/20/2026

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 3:27pm |
| AIR BLK | .00 | 3:28pm |
| ACCY CHK | .07 | 3:29pm |
| AIR BLK | .00 | 3:30pm |
| SUB TEST | .00 | 3:31pm |
| AIR BLK | .00 | 3:32pm |
| SUB TEST | .00 | 3:33pm |
| AIR BLK | .00 | 3:34pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

DUPLIN COUNTY DETENTION CENTER 300

Serial Number: 008864 Test Record Number: 5191
Test Date: 06/04/2025 Test Time: 3:35pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 3:35pm |
| FLO | Pass | 3:35pm |
| FC | Pass | 3:35pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 3:35pm |
| SRC | Pass | 3:35pm |
| DET | Pass | 3:35pm |
| BAR | Pass | 3:35pm |
| BT | Pass | 3:35pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 3:36pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 3:36pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 3:36pm |
| CAL | Pass | 3:36pm |

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 Edgecombe Instrument Location Edgecombe Co. Magistrate's
Instrument Serial No. 008603 Office, 3005 Anacanda Rd.
Tarboro, 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 4th 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.



[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

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR
320

Serial Number: 008603

Test Date: 06/04/2025

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: 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 | 11:12am |
| AIR BLK | .00 | 11:13am |
| ACCY CHK | .07 | 11:13am |
| AIR BLK | .00 | 11:14am |
| SUB TEST | .00 | 11:15am |
| AIR BLK | .00 | 11:16am |
| SUB TEST | .00 | 11:17am |
| AIR BLK | .00 | 11:18am |

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

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008603 Test Record Number: 2648
Test Date: 06/04/2025 Test Time: 11:20am 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 | 11:21am |

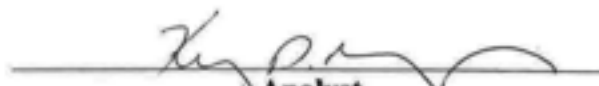
Printer Tests

| 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 Edgecombe Instrument Location Edgecombe Co. Magistrate's
Instrument Serial No. 008663 Office, 3005 Anacanda Rd.
Tarboro, 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 4th 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.



K. D. May
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

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR
320

Serial Number: 008663
Test Date: 06/04/2025

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: Gray, Kelly D

Permit Number: 0037-7722

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHH

Test Type: Breath Test

Lot Number: AG501303

Exp Date: 01/13/2027

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 10:53am |
| AIR BLK | .00 | 10:54am |
| ACCY CHK | .07 | 10:55am |
| AIR BLK | .00 | 10:55am |
| SUB TEST | .00 | 10:56am |
| AIR BLK | .00 | 10:57am |
| SUB TEST | .00 | 11:00am |
| AIR BLK | .00 | 11:00am |

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

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008663 Test Record Number: 3807
Test Date: 06/04/2025 Test Time: 11:03am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:03am |
| FLO | Pass | 11:03am |
| FC | Pass | 11:03am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:03am |
| SRC | Pass | 11:03am |
| DET | Pass | 11:03am |
| BAR | Pass | 11:03am |
| BT | Pass | 11:03am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:04am |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:04am |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 11:04am |
| CAL | Pass | 11:04am |

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. 008583 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 16th 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.



A handwritten signature in black ink, appearing to be "A. J. [unclear]".
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: 008583

Test Date: 06/16/2025

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 | 1:52pm |
| AIR BLK | .00 | 1:53pm |
| ACCY CHK | .08 | 1:54pm |
| AIR BLK | .00 | 1:55pm |
| SUB TEST | .00 | 1:56pm |
| AIR BLK | .00 | 1:57pm |
| SUB TEST | .00 | 1:58pm |
| AIR BLK | .00 | 1:59pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

**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: 008583 Test Record Number: 9944
Test Date: 06/16/2025 Test Time: 2:01pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 2:02pm |
| FLO | Pass | 2:02pm |
| FC | Pass | 2:02pm |

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 2:03pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 2:03pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 2:03pm |
| CAL | Pass | 2:03pm |

**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 FORSYTH Instrument Location KERNERSVILLE

Instrument Serial No. 008650 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 16TH 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.



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 KERNERSVILLE PD 330

Serial Number: 008650

Test Date: 06/16/2025

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 | 11:33am |
| AIR BLK | .00 | 11:34am |
| ACCY CHK | .08 | 11:34am |
| AIR BLK | .00 | 11:36am |
| SUB TEST | .00 | 11:36am |
| AIR BLK | .00 | 11:37am |
| SUB TEST | .00 | 11:39am |
| AIR BLK | .00 | 11:39am |

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 KERNERSVILLE PD 330

Serial Number: 008650 Test Record Number: 2405
Test Date: 06/16/2025 Test Time: 11:41am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:41am |
| FLO | Pass | 11:41am |
| FC | Pass | 11:41am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:41am |
| SRC | Pass | 11:41am |
| DET | Pass | 11:41am |
| BAR | Pass | 11:41am |
| BT | Pass | 11:41am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:42am |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:42am |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 11:42am |
| CAL | Pass | 11:42am |

Preventive Maintenance
Status: Pass


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. 008660 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 16TH 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.



A stylized, handwritten signature in black ink, appearing to read "J. Smith".
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: 008660
Test Date: 06/16/2025

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: AG501307

Exp Date: 01/13/2027

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 12:47pm |
| AIR BLK | .00 | 12:47pm |
| ACCY CHK | .07 | 12:48pm |
| AIR BLK | .00 | 12:49pm |
| SUB TEST | .00 | 12:51pm |
| AIR BLK | .00 | 12:52pm |
| SUB TEST | .00 | 12:54pm |
| AIR BLK | .00 | 12:54pm |

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: 008660 Test Record Number: 4680
Test Date: 06/16/2025 Test Time: 12:58pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 12:59pm |
| FLO | Pass | 12:59pm |
| FC | Pass | 12:59pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 12:59pm |
| SRC | Pass | 12:59pm |
| DET | Pass | 12:59pm |
| BAR | Pass | 12:59pm |
| BT | Pass | 12:59pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 1:00pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 1:00pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 1:00pm |
| CAL | Pass | 1:00pm |

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 FORSYTH Instrument Location FORSYTH CO. DETENTION
Instrument Serial No. 008925 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 16TH 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.



A handwritten signature in black ink, appearing to be "A. R. Smith", written over a horizontal line.

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: 008925
Test Date: 06/16/2025

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

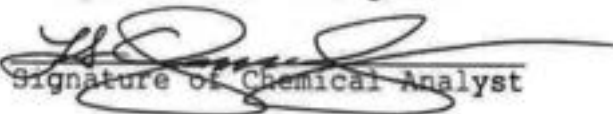
Test Type: Breath Test

Lot Number: AG501307

Exp Date: 01/13/2027

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 1:09pm |
| AIR BLK | .00 | 1:10pm |
| ACCY CHK | .08 | 1:11pm |
| AIR BLK | .00 | 1:12pm |
| SUB TEST | .00 | 1:13pm |
| AIR BLK | .00 | 1:14pm |
| SUB TEST | .00 | 1:16pm |
| AIR BLK | .00 | 1:17pm |

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

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008925 Test Record Number: 5467
Test Date: 06/16/2025 Test Time: 1:18pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 1:18pm |
| FLO | Pass | 1:18pm |
| FC | Pass | 1:19pm |

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 1:19pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 1:19pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 1:19pm |
| CAL | Pass | 1:19pm |

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 Franklin Instrument Location BAT Mobile Unit 13
Instrument Serial No. 008869 Lake Royale Company Police

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 6 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.



Tammy 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

FRANKLIN COUNTY BAT MOBILE UNIT 13
340

Serial Number: 008869
Test Date: 06/06/2025

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 | 5:04pm |
| AIR BLK | .00 | 5:05pm |
| ACCY CHK | .07 | 5:06pm |
| AIR BLK | .00 | 5:07pm |
| SUB TEST | .00 | 5:08pm |
| AIR BLK | .00 | 5:09pm |
| SUB TEST | .00 | 5:10pm |
| AIR BLK | .00 | 5:11pm |

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

FRANKLIN COUNTY BAT MOBILE UNIT 13 340

Serial Number: 008869 Test Record Number: 2032
Test Date: 06/06/2025 Test Time: 5:12pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 5:12pm |
| FLO | Pass | 5:12pm |
| FC | Pass | 5:13pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 5:13pm |
| SRC | Pass | 5:13pm |
| DET | Pass | 5:13pm |
| BAR | Pass | 5:13pm |
| BT | Pass | 5:13pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 5:13pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 5:13pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 5:14pm |
| CAL | Pass | 5:14pm |

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 Franklin Instrument Location BAT Mobile Unit 13
Instrument Serial No. 008898 Lake Royale Company Police

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 6 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.



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

FRANKLIN COUNTY BAT MOBILE UNIT 13 340

Serial Number: 008898
Test Date: 06/06/2025

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 | 4:51pm |
| AIR BLK | .00 | 4:52pm |
| ACCY CHK | .07 | 4:52pm |
| AIR BLK | .00 | 4:53pm |
| SUB TEST | .00 | 4:54pm |
| AIR BLK | .00 | 4:55pm |
| SUB TEST | .00 | 4:57pm |
| AIR BLK | .00 | 4:57pm |

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

FRANKLIN COUNTY BAT MOBILE UNIT 13 340

Serial Number: 008898 Test Record Number: 2005
Test Date: 06/06/2025 Test Time: 4:58pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 4:58pm |
| FLO | Pass | 4:58pm |
| FC | Pass | 4:58pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 4:58pm |
| SRC | Pass | 4:58pm |
| DET | Pass | 4:58pm |
| BAR | Pass | 4:58pm |
| BT | Pass | 4:58pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 4:59pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 4:59pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 4:59pm |
| CAL | Pass | 4:59pm |

**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 Franklin Instrument Location BAT Mobile Unit 13
Instrument Serial No. 008939 Lake Royale Company Police

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 6 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.



Trinity 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

FRANKLIN COUNTY BAT MOBILE UNIT 13 340

Serial Number: 008939

Test Date: 06/06/2025

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 | 4:46pm |
| AIR BLK | .00 | 4:47pm |
| ACCY CHK | .08 | 4:48pm |
| AIR BLK | .00 | 4:49pm |
| SUB TEST | .00 | 4:50pm |
| AIR BLK | .00 | 4:50pm |
| SUB TEST | .00 | 4:52pm |
| AIR BLK | .00 | 4:53pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

FRANKLIN COUNTY BAT MOBILE UNIT 13 340

Serial Number: 008939 Test Record Number: 1872
Test Date: 06/06/2025 Test Time: 4:55pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 4:55pm |
| FLO | Pass | 4:55pm |
| FC | Pass | 4:55pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 4:55pm |
| SRC | Pass | 4:55pm |
| DET | Pass | 4:55pm |
| BAR | Pass | 4:55pm |
| BT | Pass | 4:55pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 4:56pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 4:56pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 4:56pm |
| CAL | Pass | 4:56pm |

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 Gaston Instrument Location Gaston County Jail
Instrument Serial No. 008684 Gastonia, 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 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.



Barry 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

GASTON COUNTY GASTON COUNTY SO 350

Serial Number: 008684

Test Date: 06/09/2025

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: AG506303

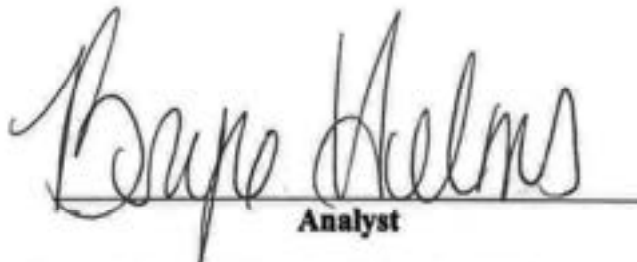
Exp Date: 03/04/2027

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

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

GASTON COUNTY GASTON COUNTY SO 350

Serial Number: 008684 Test Record Number: 6633
Test Date: 06/09/2025 Test Time: 11:16am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:16am |
| FLO | Pass | 11:16am |
| FC | Pass | 11:17am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:17am |
| SRC | Pass | 11:17am |
| DET | Pass | 11:17am |
| BAR | Pass | 11:17am |
| BT | Pass | 11:17am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:17am |

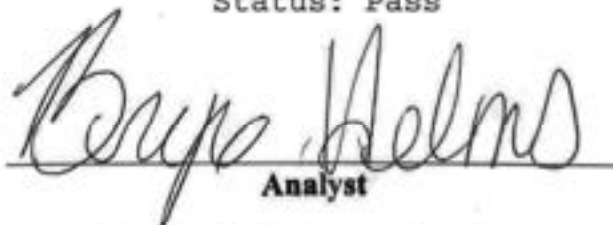
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:17am |

CRC Tests

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

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County GRANVILLE Instrument Location GRANVILLE Co. LEC
Instrument Serial No. 008635 525 NEW COMMERCE DRIVE
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 26 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.



[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: 008635
Test Date: 06/26/2025

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: 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 | 4:44pm |
| AIR BLK | .00 | 4:45pm |
| ACCY CHK | .07 | 4:46pm |
| AIR BLK | .00 | 4:47pm |
| SUB TEST | .00 | 4:47pm |
| AIR BLK | .00 | 4:48pm |
| SUB TEST | .00 | 4:50pm |
| AIR BLK | .00 | 4:51pm |

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: 008635 Test Record Number: 2237
Test Date: 06/26/2025 Test Time: 4:52pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 4:52pm |
| FLO | Pass | 4:52pm |
| FC | Pass | 4:52pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 4:52pm |
| SRC | Pass | 4:52pm |
| DET | Pass | 4:52pm |
| BAR | Pass | 4:52pm |
| BT | Pass | 4:52pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 4:53pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 4:53pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 4:53pm |
| CAL | Pass | 4:53pm |

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 Greene Instrument Location Greene Co S.O.
Instrument Serial No. DD 8670 301 N. Greene St., Snow 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 6th 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.



Key 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

GREENE COUNTY GREENE CO SO 390

Serial Number: 008670

Test Date: 06/06/2025

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

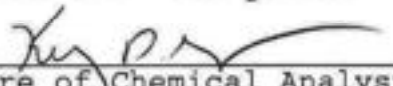
Test Type: Breath Test

Lot Number: AG431003

Exp Date: 11/05/2026

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 11:41am |
| AIR BLK | .00 | 11:42am |
| ACCY CHK | .08 | 11:42am |
| AIR BLK | .00 | 11:43am |
| SUB TEST | .00 | 11:44am |
| AIR BLK | .00 | 11:45am |
| SUB TEST | .00 | 11:46am |
| AIR BLK | .00 | 11:47am |

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

GREENE COUNTY GREENE CO SO 390

Serial Number: 008670 Test Record Number: 2594
Test Date: 06/06/2025 Test Time: 11:48am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:48am |
| FLO | Pass | 11:48am |
| FC | Pass | 11:48am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:49am |
| SRC | Pass | 11:49am |
| DET | Pass | 11:49am |
| BAR | Pass | 11:49am |
| BT | Pass | 11:49am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:49am |

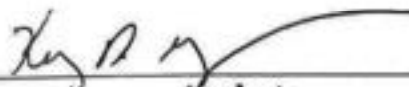
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:49am |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 11:49am |
| CAL | Pass | 11:49am |

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 UNCG POLICE
Instrument Serial No. 008604 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 19TH 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.




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

GUILFORD COUNTY UNC-G POLICE DEPT 400

Serial Number: 008604

Test Date: 06/19/2025

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

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


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 UNC-G POLICE DEPT 400

Serial Number: 008604 Test Record Number: 2345
Test Date: 06/19/2025 Test Time: 10:17am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:17am |
| FLO | Pass | 10:17am |
| FC | Pass | 10:18am |

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:18am |

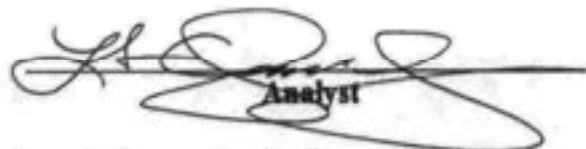
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 10:18am |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 10:18am |
| CAL | Pass | 10:18am |

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 Guilford Instrument Location BAT Mobile Unit 8
Instrument Serial No. 008615 Greensboro 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 13 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.



[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

GUILFORD COUNTY BAT MOBILE UNIT 8 400

Serial Number: 008615

Test Date: 06/13/2025

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 | 8:57pm |
| AIR BLK | .00 | 8:58pm |
| ACCY CHK | .07 | 8:59pm |
| AIR BLK | .00 | 9:00pm |
| SUB TEST | .00 | 9:01pm |
| AIR BLK | .00 | 9:01pm |
| SUB TEST | .00 | 9:03pm |
| AIR BLK | .00 | 9:04pm |

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

GUILFORD COUNTY BAT MOBILE UNIT 8 400

Serial Number: 008615 Test Record Number: 6104
Test Date: 06/13/2025 Test Time: 9:04pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:05pm |
| SRC | Pass | 9:05pm |
| DET | Pass | 9:05pm |
| BAR | Pass | 9:05pm |
| BT | Pass | 9:05pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:06pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 9:06pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 9:06pm |
| CAL | Pass | 9:06pm |

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 GUILFORD Instrument Location HIGH POINT JAIL

Instrument Serial No. 008655

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 19TH 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.



A handwritten signature in black ink, appearing to be "J. A. [unclear]".
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

GUILFORD COUNTY HIGH POINT JAIL 400

Serial Number: 008655
Test Date: 06/19/2025

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: 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 | 11:15am |
| AIR BLK | .00 | 11:15am |
| ACCY CHK | .07 | 11:16am |
| AIR BLK | .00 | 11:17am |
| SUB TEST | .00 | 11:18am |
| AIR BLK | .00 | 11:19am |
| SUB TEST | .00 | 11:21am |
| AIR BLK | .00 | 11:21am |

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 HIGH POINT JAIL 400

Serial Number: 008655 Test Record Number: 4094
Test Date: 06/19/2025 Test Time: 11:22am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:23am |
| FLO | Pass | 11:23am |
| FC | Pass | 11:23am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:23am |
| SRC | Pass | 11:23am |
| DET | Pass | 11:23am |
| BAR | Pass | 11:23am |
| BT | Pass | 11:23am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:24am |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:24am |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 11:24am |
| CAL | Pass | 11:24am |

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 BAT Mobile Unit 8
Instrument Serial No. 008736 Greensboro 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 13 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.



[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.

GUILFORD COUNTY BAT MOBILE UNIT 8 400

Serial Number: 008736

Test Date: 06/13/2025

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 | 8:59pm |
| AIR BLK | .00 | 9:00pm |
| ACCY CHK | .07 | 9:01pm |
| AIR BLK | .00 | 9:02pm |
| SUB TEST | .00 | 9:02pm |
| AIR BLK | .00 | 9:03pm |
| SUB TEST | .00 | 9:05pm |
| AIR BLK | .00 | 9:06pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

GUILFORD COUNTY BAT MOBILE UNIT 8 400

Serial Number: 008736 Test Record Number: 1459
Test Date: 06/13/2025 Test Time: 9:07pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:07pm |
| FLO | Pass | 9:07pm |
| FC | Pass | 9:07pm |

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 | 9:08pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 9:08pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 9:08pm |
| CAL | Pass | 9:08pm |

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 GUILFORD Instrument Location GREENSBORO JAIL
Instrument Serial No. 008790 GREENSBORO, 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 30TH 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.




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

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008790
Test Date: 06/30/2025

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 | 11:26am |
| AIR BLK | .00 | 11:26am |
| ACCY CHK | .07 | 11:27am |
| AIR BLK | .00 | 11:28am |
| SUB TEST | .00 | 11:29am |
| AIR BLK | .00 | 11:29am |
| 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

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008790 Test Record Number: 8455
Test Date: 06/30/2025 Test Time: 11:35am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:35am |
| FLO | Pass | 11:35am |
| FC | Pass | 11:36am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:36am |
| SRC | Pass | 11:36am |
| DET | Pass | 11:36am |
| BAR | Pass | 11:36am |
| BT | Pass | 11:36am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:36am |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:36am |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 11:37am |
| CAL | Pass | 11:37am |

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 BAT Mobile Unit 8
Instrument Serial No. 008816 Greensboro 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 13 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.



[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

GUILFORD COUNTY BAT MOBILE UNIT 8 400

Serial Number: 008816

Test Date: 06/13/2025

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 | 8:58pm |
| AIR BLK | .00 | 8:59pm |
| ACCY CHK | .07 | 9:00pm |
| AIR BLK | .00 | 9:01pm |
| SUB TEST | .00 | 9:01pm |
| AIR BLK | .00 | 9:02pm |
| SUB TEST | .00 | 9:04pm |
| AIR BLK | .00 | 9:05pm |

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

GUILFORD COUNTY BAT MOBILE UNIT 8 400

Serial Number: 008816 Test Record Number: 7893
Test Date: 06/13/2025 Test Time: 9:05pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:06pm |
| FLO | Pass | 9:06pm |
| FC | Pass | 9:06pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:06pm |
| SRC | Pass | 9:06pm |
| DET | Pass | 9:06pm |
| BAR | Pass | 9:06pm |
| BT | Pass | 9:06pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:07pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 9:07pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 9:07pm |
| CAL | Pass | 9:07pm |

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 GUILFORD Instrument Location HIGH POINT
Instrument Serial No. 008828 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 19th 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.




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

GUILFORD COUNTY HIGH POINT PD 401

Serial Number: 008828

Test Date: 06/19/2025

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: 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: AG501307

Exp Date: 01/13/2027

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 1:23pm |
| AIR BLK | .00 | 1:23pm |
| ACCY CHK | .07 | 1:24pm |
| AIR BLK | .00 | 1:25pm |
| SUB TEST | .00 | 1:26pm |
| AIR BLK | .00 | 1:27pm |
| 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

GUILFORD COUNTY HIGH POINT PD 401

Serial Number: 008828 Test Record Number: 4704
Test Date: 06/19/2025 Test Time: 1:30pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 1:30pm |
| FLO | Pass | 1:30pm |
| 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 | 1:31pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 1:31pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 1:31pm |
| CAL | Pass | 1:31pm |

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Guilford Instrument Location BAI Mobile Unit 13

Instrument Serial No. 008869 Gibsonville P.D.

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 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.



John Rames
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 13 400

Serial Number: 008869

Test Date: 06/05/2025

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: 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

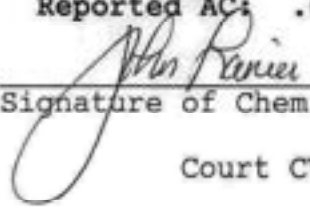
Test Type: Breath Test

Lot Number: AG417803

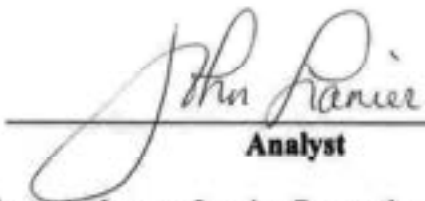
Exp Date: 06/26/2026

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 8:21am |
| AIR BLK | .00 | 8:22am |
| ACCY CHK | .07 | 8:22am |
| AIR BLK | .00 | 8:23am |
| SUB TEST | .00 | 8:24am |
| AIR BLK | .00 | 8:25am |
| SUB TEST | .00 | 8:27am |
| AIR BLK | .00 | 8:28am |

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

GUILFORD COUNTY BAT MOBILE UNIT 13 400

Serial Number: 008869 Test Record Number: 2030
Test Date: 06/05/2025 Test Time: 8:29am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 8:29am |
| FLO | Pass | 8:29am |
| FC | Pass | 8:29am |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 8:29am |
| SRC | Pass | 8:29am |
| DET | Pass | 8:29am |
| BAR | Pass | 8:29am |
| BT | Pass | 8:29am |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 8:30am |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 8:30am |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 8:30am |
| CAL | Pass | 8:30am |

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 BAT Mobile Unit 13
Instrument Serial No. 008898 Gibsonville P.D.

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 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.



[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

GUILFORD COUNTY BAT MOBILE UNIT 13 400

Serial Number: 008898

Test Date: 06/05/2025

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: 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

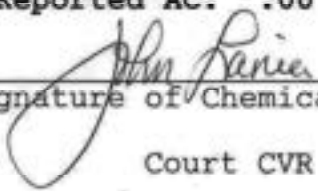
Test Type: Breath Test

Lot Number: AG506302

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

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 13 400

Serial Number: 008898 Test Record Number: 2003
Test Date: 06/05/2025 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

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 Guilford Instrument Location BAT Mobile Unit 8
Instrument Serial No. 008929 Greensboro 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 13 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.



[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

GUILFORD COUNTY BAT MOBILE UNIT 8 400

Serial Number: 008929

Test Date: 06/13/2025

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

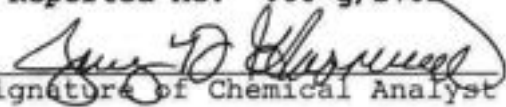
Test Type: Breath Test

Lot Number: AG506303

Exp Date: 03/04/2027

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 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 | 9:05pm |
| 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 8 400

Serial Number: 008929 Test Record Number: 1590
Test Date: 06/13/2025 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 and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Guilford Instrument Location BAT Mobile Unit 13
Instrument Serial No. 008939 Gibsonville 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 5 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.



[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

GUILFORD COUNTY BAT MOBILE UNIT 13 400

Serial Number: 008939
Test Date: 06/05/2025

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: 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 | 8:03am |
| AIR BLK | .00 | 8:04am |
| ACCY CHK | .08 | 8:04am |
| AIR BLK | .00 | 8:05am |
| SUB TEST | .00 | 8:06am |
| AIR BLK | .00 | 8:06am |
| SUB TEST | .00 | 8:08am |
| AIR BLK | .00 | 8:09am |

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 13 400

Serial Number: 008939 Test Record Number: 1870
Test Date: 06/05/2025 Test Time: 8:10am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 8:10am |
| FLO | Pass | 8:10am |
| FC | Pass | 8:10am |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 8:10am |
| SRC | Pass | 8:10am |
| DET | Pass | 8:10am |
| BAR | Pass | 8:10am |
| BT | Pass | 8:10am |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 8:11am |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 8:11am |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 8:11am |
| CAL | Pass | 8:11am |

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 HALIFAX Instrument Location ROANOKE RAPIDS PD

Instrument Serial No. 008651 1040 ROANOKE AVE.
ROANOKE RAPIDS, 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 16 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.



Ed Banta
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

HALIFAX CO. ROANOKE RAPIDS PD 410

Serial Number: 008651

Test Date: 06/16/2025

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

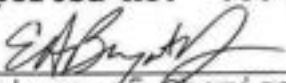
Test Type: Breath Test

Lot Number: AG501307

Exp Date: 01/13/2027

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 2:58pm |
| AIR BLK | .00 | 2:59pm |
| 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

HALIFAX CO. ROANOKE RAPIDS PD 410

Serial Number: 008651 Test Record Number: 1848

Test Date: 06/16/2025 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 | 3:06pm |

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 HALIFAX Instrument Location Roanoke Rapids PD
Instrument Serial No. 008656 1040 Roanoke Ave
Roanoke Rapids, 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 20 day of June, 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.



[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

HALIFAX CO. ROANOKE RAPIDS PD 410

Serial Number: 008656

Test Date: 06/20/2025

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

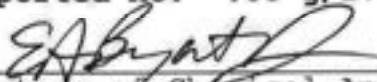
Test Type: Breath Test

Lot Number: AG501307

Exp Date: 01/13/2027

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 8:10am |
| AIR BLK | .00 | 8:11am |
| ACCY CHK | .07 | 8:12am |
| AIR BLK | .00 | 8:13am |
| SUB TEST | .00 | 8:13am |
| AIR BLK | .00 | 8:14am |
| SUB TEST | .00 | 8:16am |
| AIR BLK | .00 | 8:16am |

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

HALIFAX CO. ROANOKE RAPIDS PD 410

Serial Number: 008656 Test Record Number: 1155
Test Date: 06/20/2025 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 Harnett Instrument Location Dunn Police
Instrument Serial No. 008644 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 5 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.



A handwritten signature in black ink, appearing to be "AKA", written over a horizontal line.

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

HARNETT COUNTY DUNN PD 420

Serial Number: 008644

Test Date: 06/05/2025

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: 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 | 10:40am |
| AIR BLK | .00 | 10:41am |
| ACCY CHK | .07 | 10:42am |
| AIR BLK | .00 | 10:43am |
| SUB TEST | .00 | 10:43am |
| AIR BLK | .00 | 10:44am |
| SUB TEST | .00 | 10:46am |
| AIR BLK | .00 | 10:47am |

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

HARNETT COUNTY DUNN PD 420

Serial Number: 008644 Test Record Number: 1903
Test Date: 06/05/2025 Test Time: 10:50am 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 Harnett Instrument Location Harnett County
Instrument Serial No. 008729 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 5 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.



A handwritten signature in black ink, appearing to be "R. L. Smith", written over a horizontal line.

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

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008729

Test Date: 06/05/2025

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: 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 | 9:23am |
| AIR BLK | .00 | 9:24am |
| ACCY CHK | .08 | 9:25am |
| AIR BLK | .00 | 9:26am |
| SUB TEST | .00 | 9:27am |
| AIR BLK | .00 | 9:28am |
| SUB TEST | .00 | 9:29am |
| AIR BLK | .00 | 9:30am |

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

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008729 Test Record Number: 3383
Test Date: 06/05/2025 Test Time: 9:31am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:31am |
| FLO | Pass | 9:31am |
| FC | Pass | 9:31am |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:31am |
| SRC | Pass | 9:31am |
| DET | Pass | 9:31am |
| BAR | Pass | 9:31am |
| BT | Pass | 9:31am |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:32am |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 9:32am |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 9:32am |
| CAL | Pass | 9:32am |

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 Harnett Instrument Location Harnett County
Instrument Serial No. 008730 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 5 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.



[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

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008730
Test Date: 06/05/2025

Citation Number: M00000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: 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 | 9:25am |
| AIR BLK | .00 | 9:25am |
| ACCY CHK | .08 | 9:26am |
| AIR BLK | .00 | 9:27am |
| SUB TEST | .00 | 9:28am |
| AIR BLK | .00 | 9:29am |
| SUB TEST | .00 | 9:31am |
| AIR BLK | .00 | 9:31am |

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

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008730 Test Record Number: 4778
Test Date: 06/05/2025 Test Time: 9:32am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:33am |
| FLO | Pass | 9:33am |
| FC | Pass | 9:33am |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:33am |
| SRC | Pass | 9:33am |
| DET | Pass | 9:33am |
| BAR | Pass | 9:33am |
| BT | Pass | 9:33am |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:33am |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 9:33am |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 9:34am |
| CAL | Pass | 9:34am |

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. - Ocracoke
Instrument Serial No. 008797 NC 12, Ocracoke, 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 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.



Mark A. Chappell
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

HYDE COUNTY HYDE CO SO OCRACOKE 470

Serial Number: 008797

Test Date: 06/09/2025

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: 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: AG405101

Exp Date: 02/20/2026

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 12:24pm |
| AIR BLK | .00 | 12:25pm |
| ACCY CHK | .07 | 12:26pm |
| AIR BLK | .00 | 12:27pm |
| SUB TEST | .00 | 12:28pm |
| AIR BLK | .00 | 12:29pm |
| SUB TEST | .00 | 12:31pm |
| AIR BLK | .00 | 12:32pm |

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

HYDE COUNTY HYDE CO SO OCRACOKE 470

Serial Number: 008797 Test Record Number: 749
Test Date: 06/09/2025 Test Time: 12:34pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 12:34pm |
| FLO | Pass | 12:34pm |
| FC | Pass | 12:34pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 12:34pm |
| SRC | Pass | 12:34pm |
| DET | Pass | 12:34pm |
| BAR | Pass | 12:34pm |
| BT | Pass | 12:34pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:35pm |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 12:35pm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 12:35pm |
| CAL | Pass | 12:35pm |

**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 Iredell Instrument Location BAT Mobile Unit 8
Instrument Serial No. 008615 Mooreville 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 19 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.



[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 8 480

Serial Number: 008615

Test Date: 06/19/2025

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

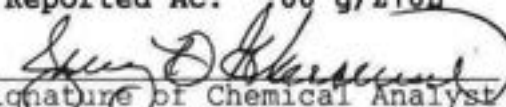
Test Type: Breath Test

Lot Number: AG405102

Exp Date: 02/20/2026

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 8:56pm |
| AIR BLK | .00 | 8:57pm |
| ACCY CHK | .07 | 8:58pm |
| AIR BLK | .00 | 8:59pm |
| SUB TEST | .00 | 9:00pm |
| AIR BLK | .00 | 9:01pm |
| SUB TEST | .00 | 9:03pm |
| AIR BLK | .00 | 9:04pm |

Reported AC: 00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

IREDELL COUNTY BAT MOBILE UNIT 8 480

Serial Number: 008615 Test Record Number: 6113
Test Date: 06/19/2025 Test Time: 9:06pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:06pm |
| FLO | Pass | 9:06pm |
| FC | Pass | 9:06pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:06pm |
| SRC | Pass | 9:06pm |
| DET | Pass | 9:06pm |
| BAR | Pass | 9:06pm |
| BT | Pass | 9:06pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:07pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 9:07pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 9:07pm |
| CAL | Pass | 9:07pm |

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 IRENELL Instrument Location MOOREVILLE PD

Instrument Serial No. 008685 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 16 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.



[Signature]
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: 008685

Test Date: 06/16/2025

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

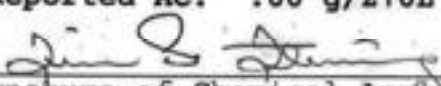
Test Type: Breath Test

Lot Number: AG506302

Exp Date: 03/04/2027

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 9:35am |
| AIR BLK | .00 | 9:36am |
| ACCY CHK | .08 | 9:37am |
| AIR BLK | .00 | 9:38am |
| SUB TEST | .00 | 9:39am |
| AIR BLK | .00 | 9:40am |
| SUB TEST | .00 | 9:41am |
| AIR BLK | .00 | 9:42am |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


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: 008685 Test Record Number: 5041
Test Date: 06/16/2025 Test Time: 9:43am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:43am |
| FLO | Pass | 9:43am |
| FC | Pass | 9:43am |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:43am |
| SRC | Pass | 9:43am |
| DET | Pass | 9:43am |
| BAR | Pass | 9:43am |
| BT | Pass | 9:43am |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:44am |

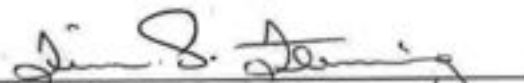
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 9:44am |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 9:44am |
| CAL | Pass | 9:44am |

Preventive Maintenance
Status: *Pass*



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Iredell Instrument Location BAT Mobile Unit 8

Instrument Serial No. 008736 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 19 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.



[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 8 480

Serial Number: 008736
Test Date: 06/19/2025

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

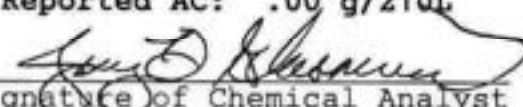
Test Type: Breath Test

Lot Number: AG405102

Exp Date: 02/20/2026

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 9:00pm |
| AIR BLK | .00 | 9:01pm |
| ACCY CHK | .07 | 9:01pm |
| AIR BLK | .00 | 9:02pm |
| SUB TEST | .00 | 9:02pm |
| AIR BLK | .00 | 9:03pm |
| SUB TEST | .00 | 9:05pm |
| AIR BLK | .00 | 9:06pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

IREDELL COUNTY BAT MOBILE UNIT 8 480

Serial Number: 008736 Test Record Number: 1469
Test Date: 06/19/2025 Test Time: 9:06pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:07pm |
| FLO | Pass | 9:07pm |
| FC | Pass | 9:07pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:07pm |
| SRC | Pass | 9:07pm |
| DET | Pass | 9:07pm |
| BAR | Pass | 9:07pm |
| BT | Pass | 9:07pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:08pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 9:08pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 9:08pm |
| CAL | Pass | 9:08pm |

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 Fredell Instrument Location BAT Mobile Unit 8

Instrument Serial No. 008775 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 19 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.



[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 8 480

Serial Number: 008775

Test Date: 06/19/2025

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

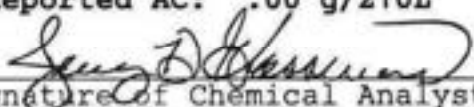
Test Type: Breath Test

Lot Number: AG506303

Exp Date: 03/04/2027

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 8:58pm |
| AIR BLK | .00 | 8:59pm |
| ACCY CHK | .08 | 8:59pm |
| AIR BLK | .00 | 9:00pm |
| SUB TEST | .00 | 9:01pm |
| AIR BLK | .00 | 9:02pm |
| SUB TEST | .00 | 9:03pm |
| AIR BLK | .00 | 9:04pm |

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

IREDELL COUNTY BAT MOBILE UNIT 8 480

Serial Number: 008775 Test Record Number: 2319
Test Date: 06/19/2025 Test Time: 9:05pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:06pm |
| FLO | Pass | 9:06pm |
| FC | Pass | 9:06pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:06pm |
| SRC | Pass | 9:06pm |
| DET | Pass | 9:06pm |
| BAR | Pass | 9:06pm |
| BT | Pass | 9:06pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:06pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 9:06pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 9:07pm |
| CAL | Pass | 9:07pm |

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 Iredell Instrument Location BAT Mobile Unit 8

Instrument Serial No. 008816 Mooreville 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 19 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.



[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 8 480

Serial Number: 008816
Test Date: 06/19/2025

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: AG431002

Exp Date: 11/05/2026

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 8:59pm |
| AIR BLK | .00 | 9:00pm |
| ACCY CHK | .07 | 9:01pm |
| AIR BLK | .00 | 9:02pm |
| SUB TEST | .00 | 9:02pm |
| AIR BLK | .00 | 9:03pm |
| SUB TEST | .00 | 9:05pm |
| AIR BLK | .00 | 9:06pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

IREDELL COUNTY BAT MOBILE UNIT 8 480

Serial Number: 008816 Test Record Number: 7905
Test Date: 06/19/2025 Test Time: 9:06pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:07pm |
| FLO | Pass | 9:07pm |
| FC | Pass | 9:07pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:07pm |
| SRC | Pass | 9:07pm |
| DET | Pass | 9:07pm |
| BAR | Pass | 9:07pm |
| BT | Pass | 9:07pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:07pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 9:08pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 9:08pm |
| CAL | Pass | 9:08pm |

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 Iredell Instrument Location BAT Mobile Unit B
Instrument Serial No. 008929 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 19 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.



[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 8 480

Serial Number: 008929

Test Date: 06/19/2025

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

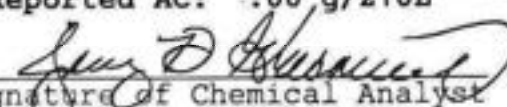
Test Type: Breath Test

Lot Number: AG506303

Exp Date: 03/04/2027

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 9:01pm |
| AIR BLK | .00 | 9:02pm |
| ACCY CHK | .07 | 9:03pm |
| AIR BLK | .00 | 9:04pm |
| SUB TEST | .00 | 9:05pm |
| AIR BLK | .00 | 9:06pm |
| 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

IREDELL COUNTY BAT MOBILE UNIT 8 480

Serial Number: 008929 Test Record Number: 1606
Test Date: 06/19/2025 Test Time: 9:26pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:28pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 9:28pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 9:28pm |
| CAL | Pass | 9:28pm |

Preventive Maintenance
Status: Pass


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 Johnston Instrument Location Selma Police
Instrument Serial No. 008595 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 23 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.



[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

JOHNSTON COUNTY SELMA PD 500

Serial Number: 008595
Test Date: 06/23/2025

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: 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: AG417803

Exp Date: 06/26/2026

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 10:56am |
| AIR BLK | .00 | 10:56am |
| ACCY CHK | .07 | 10:57am |
| AIR BLK | .00 | 10:58am |
| SUB TEST | .00 | 10:59am |
| AIR BLK | .00 | 11:00am |
| SUB TEST | .00 | 11:01am |
| AIR BLK | .00 | 11:02am |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

JOHNSTON COUNTY SELMA PD 500

Serial Number: 008595 Test Record Number: 1854
Test Date: 06/23/2025 Test Time: 11:07am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

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

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:09am |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 11:09am |
| CAL | Pass | 11:09am |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Johnston Instrument Location Clayton Police
Instrument Serial No. 008658 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.

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[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

JOHNSTON COUNTY CLAYTON PD 500

Serial Number: 008658

Test Date: 06/23/2025

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: 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

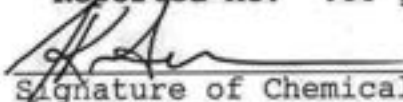
Test Type: Breath Test

Lot Number: AG501308

Exp Date: 01/13/2027

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 12:02pm |
| AIR BLK | .00 | 12:02pm |
| ACCY CHK | .08 | 12:03pm |
| AIR BLK | .00 | 12:04pm |
| SUB TEST | .00 | 12:05pm |
| AIR BLK | .00 | 12:05pm |
| SUB TEST | .00 | 12:07pm |
| AIR BLK | .00 | 12:08pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

JOHNSTON COUNTY CLAYTON PD 500

Serial Number: 008658 Test Record Number: 2359
Test Date: 06/23/2025 Test Time: 12:08pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 12:08pm |
| FLO | Pass | 12:08pm |
| FC | Pass | 12:09pm |

Temperature Tests

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

Blank Tests

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

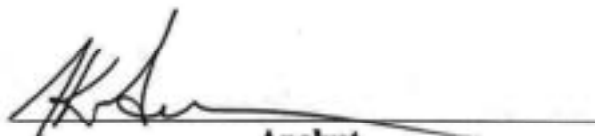
Printer Tests

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

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 12:09pm |
| 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 Johnston Instrument Location Benson Police
Instrument Serial No. 008885 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 23 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.



[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

JOHNSTON COUNTY BENSON PD 500

Serial Number: 008885

Test Date: 06/23/2025

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: 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: AG405102

Exp Date: 02/20/2026

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

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

JOHNSTON COUNTY BENSON PD 500

Serial Number: 008885 Test Record Number: 888
Test Date: 06/23/2025 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 | 10:03am |
| SRC | Pass | 10:03am |
| DET | Pass | 10:03am |
| BAR | Pass | 10:03am |
| BT | Pass | 10:03am |

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 JONES Instrument Location JONES COUNTY
Instrument Serial No. 008705 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 13 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.



John R. Benson
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

JONES COUNTY DETENTION CENTER 510

Serial Number: 008705

Test Date: 06/13/2025

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: AG501307

Exp Date: 01/13/2027

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 1:19pm |
| AIR BLK | .00 | 1:19pm |
| ACCY CHK | .07 | 1:20pm |
| AIR BLK | .00 | 1:21pm |
| SUB TEST | .00 | 1:22pm |
| AIR BLK | .00 | 1:23pm |
| SUB TEST | .00 | 1:24pm |
| AIR BLK | .00 | 1:25pm |

Reported AC: .00 g/210L

Alvin Rg Barnes
Signature of Chemical Analyst

Court CVR

Alvin Rg Barnes
Analyst

Intox EC/IR-II: Preventive Maintenance

JONES COUNTY DETENTION CENTER 510

Serial Number: 008705 Test Record Number: 1901
Test Date: 06/13/2025 Test Time: 1:25pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 1:26pm |
| FLO | Pass | 1:26pm |
| FC | Pass | 1:26pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 1:26pm |
| SRC | Pass | 1:26pm |
| DET | Pass | 1:26pm |
| BAR | Pass | 1:26pm |
| BT | Pass | 1:26pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 1:26pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 1:26pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 1:27pm |
| CAL | Pass | 1:27pm |

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 Lenoir Instrument Location Kinston P.D.
Instrument Serial No. 008624 205 E. King St, Kinston, 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 6th 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.



[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

LENOIR COUNTY KINSTON PD 530

Serial Number: 008624

Test Date: 06/06/2025

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

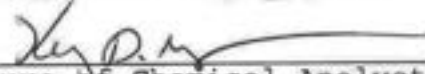
Test Type: Breath Test

Lot Number: AG431003

Exp Date: 11/05/2026

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 9:40am |
| AIR BLK | .00 | 9:41am |
| ACCY CHK | .07 | 9:41am |
| AIR BLK | .00 | 9:42am |
| SUB TEST | .00 | 9:43am |
| AIR BLK | .00 | 9:44am |
| SUB TEST | .00 | 9:46am |
| AIR BLK | .00 | 9:47am |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

LENOIR COUNTY KINSTON PD 530

Serial Number: 008624 Test Record Number: 2403
Test Date: 06/06/2025 Test Time: 9:48am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:49am |
| FLO | Pass | 9:49am |
| FC | Pass | 9:49am |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:49am |
| SRC | Pass | 9:49am |
| DET | Pass | 9:49am |
| BAR | Pass | 9:49am |
| BT | Pass | 9:49am |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:49am |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 9:49am |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 9:50am |
| CAL | Pass | 9:50am |

**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 Lenoir Instrument Location Lenoir Co. S.O.
Instrument Serial No. 008639 130 Queen St, Kingston, 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 6th 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.



Kay P. 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

LENOIR COUNTY LENOIR CO SO 530

Serial Number: 008639

Test Date: 06/06/2025

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

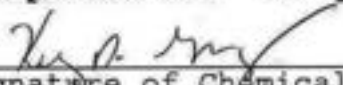
Test Type: Breath Test

Lot Number: AG400303

Exp Date: 01/03/2026

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 10:24am |
| 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 | 10:29am |
| 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

LENOIR COUNTY LENOIR CO SO 530

Serial Number: 008639 Test Record Number: 4269
Test Date: 06/06/2025 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 | 10:32am |
| SRC | Pass | 10:32am |
| DET | Pass | 10:32am |
| BAR | Pass | 10:32am |
| BT | Pass | 10:32am |

Blank Tests

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

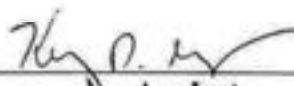
Printer Tests

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

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 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 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 9th 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.



Crysto 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: 06/09/2025

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

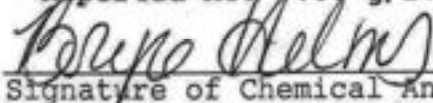
Test Type: Breath Test

Lot Number: AG405102

Exp Date: 02/20/2026

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 12:01pm |
| AIR BLK | .00 | 12:01pm |
| ACCY CHK | .08 | 12:02pm |
| AIR BLK | .00 | 12:03pm |
| SUB TEST | .00 | 12:04pm |
| AIR BLK | .00 | 12:04pm |
| SUB TEST | .00 | 12:06pm |
| AIR BLK | .00 | 12:07pm |

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

LINCOLN COUNTY LINCOLN COUNTY SO 540

Serial Number: 008827 Test Record Number: 4340
Test Date: 06/09/2025 Test Time: 12:07pm 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 | 12:08pm |

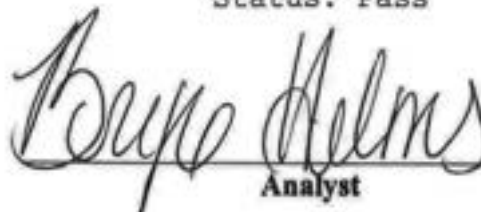
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 12:08pm |

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 Lincoln County Instrument Location BAT Mobile Unit 01
Instrument Serial No. 008973 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 28th 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.



[Signature]
Signature of Certifying Official

1-2446
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: 06/28/2025

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: 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 | 3:27pm |
| AIR BLK | .00 | 3:28pm |
| ACCY CHK | .07 | 3:28pm |
| AIR BLK | .00 | 3:29pm |
| SUB TEST | .00 | 3:30pm |
| AIR BLK | .00 | 3:31pm |
| SUB TEST | .00 | 3:32pm |
| AIR BLK | .00 | 3:33pm |

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: 008973 Test Record Number: 1272
Test Date: 06/28/2025 Test Time: 3:34pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 3:34pm |
| FLO | Pass | 3:34pm |
| FC | Pass | 3:35pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 3:35pm |
| SRC | Pass | 3:35pm |
| DET | Pass | 3:35pm |
| BAR | Pass | 3:35pm |
| BT | Pass | 3:35pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 3:35pm |

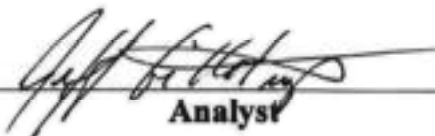
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 3:35pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 3:35pm |
| CAL | Pass | 3:35pm |

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 Lincoln County Instrument Location BAT Mobile Unit 01
Instrument Serial No. 008973 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 28th 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.



[Signature]
Signature of Certifying Official

1-2446
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: 06/28/2025

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: 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 | 3:27pm |
| AIR BLK | .00 | 3:28pm |
| ACCY CHK | .07 | 3:28pm |
| AIR BLK | .00 | 3:29pm |
| SUB TEST | .00 | 3:30pm |
| AIR BLK | .00 | 3:31pm |
| SUB TEST | .00 | 3:32pm |
| AIR BLK | .00 | 3:33pm |

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

LINCOLN COUNTY BAT MOBILE UNIT 11 540

Serial Number: 008973 Test Record Number: 1272
Test Date: 06/28/2025 Test Time: 3:34pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 3:34pm |
| FLO | Pass | 3:34pm |
| FC | Pass | 3:35pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 3:35pm |
| SRC | Pass | 3:35pm |
| DET | Pass | 3:35pm |
| BAR | Pass | 3:35pm |
| BT | Pass | 3:35pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 3:35pm |

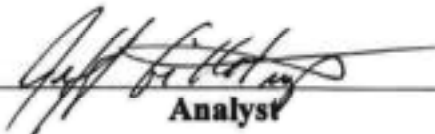
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 3:35pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 3:35pm |
| CAL | Pass | 3:35pm |

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 Macon Instrument Location Macon Co. Jail
Instrument Serial No. 008618 Franklin, 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 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.



Orvil 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

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008618

Test Date: 06/24/2025

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: 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: AG503001

Exp Date: 01/30/2027

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 1:45pm |
| AIR BLK | .00 | 1:45pm |
| ACCY CHK | .07 | 1:46pm |
| AIR BLK | .00 | 1:47pm |
| SUB TEST | .00 | 1:48pm |
| AIR BLK | .00 | 1:49pm |
| SUB TEST | .00 | 1:50pm |
| AIR BLK | .00 | 1:51pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008618 Test Record Number: 2784
Test Date: 06/24/2025 Test Time: 1:53pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 1:54pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 1:54pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 1:54pm |
| CAL | Pass | 1:54pm |

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. Jail
Instrument Serial No. 008789 Franklin, 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 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.



Dina 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

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008789
Test Date: 06/24/2025

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: Cutler, Daniel R

Permit Number: 0084-3310

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

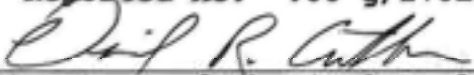
Test Type: Breath Test

Lot Number: AG503001

Exp Date: 01/30/2027

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 1:44pm |
| AIR BLK | .00 | 1:45pm |
| ACCY CHK | .07 | 1:46pm |
| AIR BLK | .00 | 1:47pm |
| SUB TEST | .00 | 1:48pm |
| AIR BLK | .00 | 1:49pm |
| SUB TEST | .00 | 1:50pm |
| AIR BLK | .00 | 1:51pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


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 COUNTY JAIL 550

Serial Number: 008789 Test Record Number: 955
Test Date: 06/24/2025 Test Time: 1:52pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 1:53pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 1:54pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 1:54pm |
| CAL | Pass | 1:54pm |

Preventive Maintenance
Status: Pass


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. 008795 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 24 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.



David R. Cuthbert

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 MAGISTRATE 550

Serial Number: 008795

Test Date: 06/24/2025

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: 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 | 3:12pm |
| AIR BLK | .00 | 3:13pm |
| ACCY CHK | .08 | 3:13pm |
| AIR BLK | .00 | 3:15pm |
| SUB TEST | .00 | 3:15pm |
| AIR BLK | .00 | 3:16pm |
| SUB TEST | .00 | 3:18pm |
| AIR BLK | .00 | 3:18pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

MACON COUNTY MAGISTRATE 550

Serial Number: 008795 Test Record Number: 745
Test Date: 06/24/2025 Test Time: 3:19pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 3:19pm |
| FLO | Pass | 3:19pm |
| FC | Pass | 3:19pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 3:19pm |
| SRC | Pass | 3:19pm |
| DET | Pass | 3:19pm |
| BAR | Pass | 3:19pm |
| BT | Pass | 3:19pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 3:20pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 3:20pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 3:20pm |
| CAL | Pass | 3:20pm |

Preventive Maintenance
Status: Pass


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 McDowell Instrument Location McDowell County Jail
Instrument Serial No. 008892 Marian, 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 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.



A handwritten signature in black ink, appearing to be "B. J. P.", written over a horizontal line.

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

MCDOWELL COUNTY MCDOWELL COUNTY JAIL
580

Serial Number: 008892
Test Date: 06/24/2025

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: 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

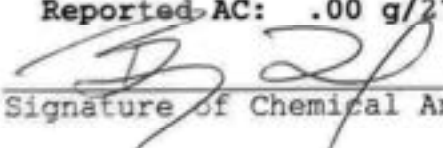
Test Type: Breath Test

Lot Number: AG431001

Exp Date: 11/05/2026

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 8:48am |
| AIR BLK | .00 | 8:48am |
| ACCY CHK | .07 | 8:49am |
| AIR BLK | .00 | 8:50am |
| SUB TEST | .00 | 8:51am |
| AIR BLK | .00 | 8:52am |
| SUB TEST | .00 | 8:53am |
| AIR BLK | .00 | 8:54am |

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

MCDOWELL COUNTY MCDOWELL COUNTY JAIL 580

Serial Number: 008892 Test Record Number: 1435
Test Date: 06/24/2025 Test Time: 8:54am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 8:55am |
| FLO | Pass | 8:55am |
| FC | Pass | 8:55am |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 8:55am |
| SRC | Pass | 8:55am |
| DET | Pass | 8:55am |
| BAR | Pass | 8:55am |
| BT | Pass | 8:55am |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 8:55am |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 8:56am |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 8:56am |
| CAL | Pass | 8:56am |

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 CMPD LEC
Instrument Serial No. 008594 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 5th day of June, 2020 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.



Byron 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

MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008594

Test Date: 06/05/2025

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: 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 | 2:39pm |
| AIR BLK | .00 | 2:39pm |
| ACCY CHK | .08 | 2:40pm |
| AIR BLK | .00 | 2:41pm |
| SUB TEST | .00 | 2:42pm |
| AIR BLK | .00 | 2:42pm |
| SUB TEST | .00 | 2:44pm |
| AIR BLK | .00 | 2:45pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008594 Test Record Number: 6242
Test Date: 06/05/2025 Test Time: 2:45pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 2:46pm |
| FLO | Pass | 2:46pm |
| FC | Pass | 2:46pm |

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 2:46pm |

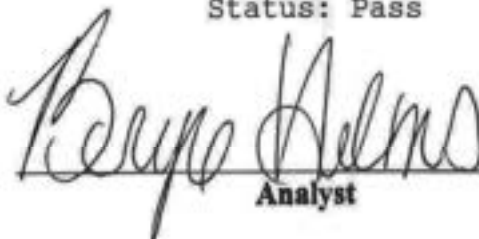
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 2:46pm |

CRC Tests

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

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 Mecklenburg Instrument Location BAT Mobile Unit 8
Instrument Serial No. 008615 CM 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 11 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.



[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: 008615

Test Date: 06/11/2025

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: 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 | 9:18pm |
| AIR BLK | .00 | 9:19pm |
| ACCY CHK | .07 | 9:19pm |
| AIR BLK | .00 | 9:20pm |
| SUB TEST | .00 | 9:21pm |
| AIR BLK | .00 | 9:22pm |
| SUB TEST | .00 | 9:23pm |
| AIR BLK | .00 | 9:24pm |

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: 6098
Test Date: 06/11/2025 Test Time: 9:27pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:28pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 9:28pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 9:28pm |
| CAL | Pass | 9:28pm |

Preventive Maintenance
Status: Pass


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 CMPO

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 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.



[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: 06/12/2025

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: AG405102

Exp Date: 02/20/2026

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 8:27pm |
| AIR BLK | .00 | 8:28pm |
| ACCY CHK | .07 | 8:29pm |
| AIR BLK | .00 | 8:30pm |
| SUB TEST | .00 | 8:30pm |
| AIR BLK | .00 | 8:31pm |
| SUB TEST | .00 | 8:32pm |
| AIR BLK | .00 | 8:33pm |

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

MECKLENBURG COUNTY BAT MOBILE UNIT 8 590

Serial Number: 008615 Test Record Number: 6102
Test Date: 06/12/2025 Test Time: 8:34pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 8:34pm |
| FLO | Pass | 8:34pm |
| FC | Pass | 8:34pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 8:34pm |
| SRC | Pass | 8:34pm |
| DET | Pass | 8:34pm |
| BAR | Pass | 8:34pm |
| BT | Pass | 8:34pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 8:35pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 8:35pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 8:35pm |
| CAL | Pass | 8:35pm |

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 Mecklenburg Instrument Location BAT Mobile Unit 8
Instrument Serial No. 008615 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 12 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.



[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: 06/12/2025

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

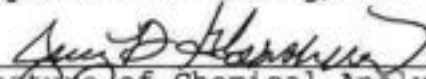
Test Type: Breath Test

Lot Number: AG405102


Exp Date: 02/20/2026

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 9:09am |
| AIR BLK | .00 | 9:10am |
| ACCY CHK | .07 | 9:10am |
| AIR BLK | .00 | 9:11am |
| SUB TEST | .00 | 9:12am |
| AIR BLK | .00 | 9:13am |
| SUB TEST | .00 | 9:14am |
| AIR BLK | .00 | 9:15am |

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: 008615 Test Record Number: 6100
Test Date: 06/12/2025 Test Time: 9:16am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

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

Printer Tests

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

CRC Tests

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

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Mecklenburg Instrument Location BAT Mobile Unit 3
Instrument Serial No. 008615 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 26 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.



[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: 06/26/2025

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: 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

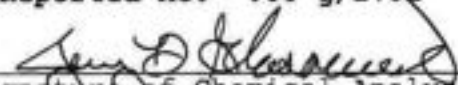
Test Type: Breath Test

Lot Number: AG405102

Exp Date: 02/20/2026

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 9:50pm |
| AIR BLK | .00 | 9:51pm |
| ACCY CHK | .07 | 9:52pm |
| AIR BLK | .00 | 9:53pm |
| SUB TEST | .00 | 9:53pm |
| AIR BLK | .00 | 9:54pm |
| SUB TEST | .00 | 9:56pm |
| AIR BLK | .00 | 9:56pm |

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: 008615 Test Record Number: 6119
Test Date: 06/26/2025 Test Time: 9:57pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:58pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 9:58pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 9:58pm |
| CAL | Pass | 9:58pm |

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 Mecklenburg Instrument Location Mecklenburg County & Charlotte, NC
Instrument Serial No. 008065

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 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.



Bayo 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

MECKLENBURG COUNTY SHERIFFS OFFICE 590

Serial Number: 008665
Test Date: 06/05/2025

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: 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

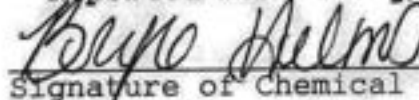
Test Type: Breath Test

Lot Number: AG506302

Exp Date: 03/04/2027

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 1:20pm |
| AIR BLK | .00 | 1:21pm |
| ACCY CHK | .07 | 1:22pm |
| AIR BLK | .00 | 1:23pm |
| SUB TEST | .00 | 1:23pm |
| AIR BLK | .00 | 1:24pm |
| SUB TEST | .00 | 1:26pm |
| AIR BLK | .00 | 1:27pm |

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

MECKLENBURG COUNTY SHERIFFS OFFICE 590

Serial Number: 008665 Test Record Number: 5771
Test Date: 06/05/2025 Test Time: 1:27pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 1:27pm |
| FLO | Pass | 1:27pm |
| FC | Pass | 1:28pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 1:28pm |
| SRC | Pass | 1:28pm |
| DET | Pass | 1:28pm |
| BAR | Pass | 1:28pm |
| BT | Pass | 1:28pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 1:28pm |

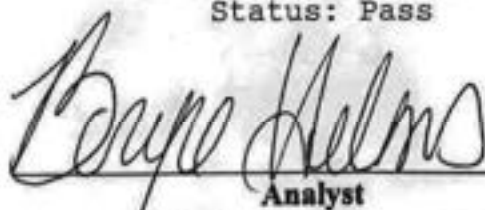
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 1:28pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 1:28pm |
| CAL | Pass | 1:28pm |

**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. 008690 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 5th 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.



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

MECKLENBURG COUNTY SHERIFFS OFFICE 590

Serial Number: 008690

Test Date: 06/05/2025

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: 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

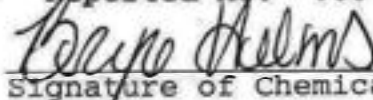
Test Type: Breath Test

Lot Number: AG405102

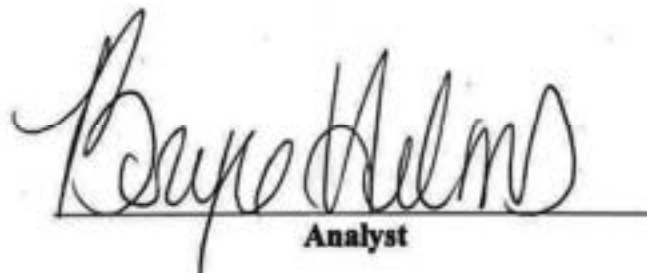
Exp Date: 02/20/2026

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 1:18pm |
| AIR BLK | .00 | 1:19pm |
| ACCY CHK | .08 | 1:19pm |
| AIR BLK | .00 | 1:20pm |
| SUB TEST | .00 | 1:21pm |
| AIR BLK | .00 | 1:22pm |
| SUB TEST | .00 | 1:24pm |
| AIR BLK | .00 | 1:24pm |

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 SHERIFFS OFFICE 590

Serial Number: 008690 Test Record Number: 7729
Test Date: 06/05/2025 Test Time: 1:25pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 1:25pm |
| FLO | Pass | 1:25pm |
| FC | Pass | 1:25pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 1:26pm |
| SRC | Pass | 1:26pm |
| DET | Pass | 1:26pm |
| BAR | Pass | 1:26pm |
| BT | Pass | 1:26pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 1:26pm |

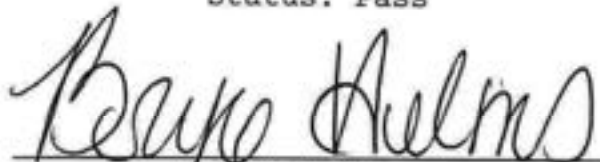
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 1:26pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 1:26pm |
| CAL | Pass | 1:26pm |

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 Mecklenburg Instrument Location Pineville PD
Instrument Serial No. 008703 Pineville, 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 23rd 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.



Bayle 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

MECKLENBURG COUNTY PINEVILLE PD 590

Serial Number: 008703
Test Date: 06/23/2025

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: 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: AG405102

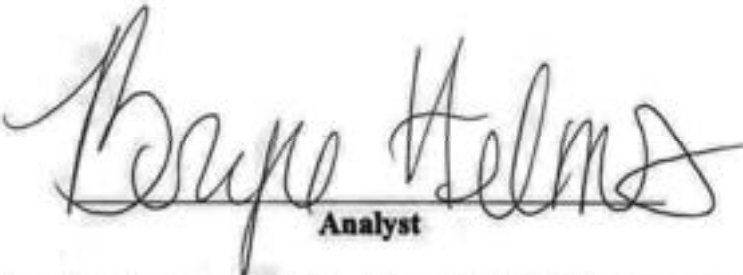
Exp Date: 02/20/2026

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 11:27am |
| AIR BLK | .00 | 11:27am |
| ACCY CHK | .08 | 11:28am |
| AIR BLK | .00 | 11:29am |
| SUB TEST | .00 | 11:30am |
| AIR BLK | .00 | 11:30am |
| SUB TEST | .00 | 11:32am |
| AIR BLK | .00 | 11:33am |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY PINEVILLE PD 590

Serial Number: 008703 Test Record Number: 6331
Test Date: 06/23/2025 Test Time: 11:33am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:33am |
| FLO | Pass | 11:33am |
| 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 | 11:34am |

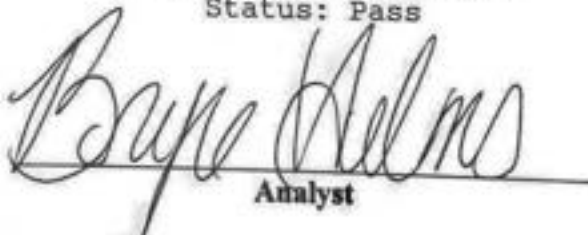
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:34am |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 11:35am |
| CAL | Pass | 11:35am |

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 11 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.



[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: 06/11/2025

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: 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

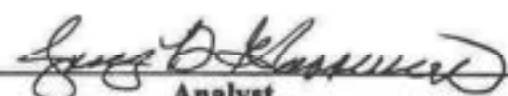
Exp Date: 02/20/2026

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 9:19pm |
| AIR BLK | .00 | 9:20pm |
| ACCY CHK | .07 | 9:21pm |
| AIR BLK | .00 | 9:22pm |
| SUB TEST | .00 | 9:22pm |
| AIR BLK | .00 | 9:23pm |
| SUB TEST | .00 | 9:26pm |
| AIR BLK | .00 | 9:27pm |

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: 1453
Test Date: 06/11/2025 Test Time: 9:27pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:28pm |
| FLO | Pass | 9:28pm |
| FC | Pass | 9:28pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:28pm |
| SRC | Pass | 9:28pm |
| DET | Pass | 9:28pm |
| BAR | Pass | 9:28pm |
| BT | Pass | 9:28pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:29pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 9:29pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 9:29pm |
| CAL | Pass | 9:29pm |

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 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 12 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.



[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: 06/12/2025

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: AG405102

Exp Date: 02/20/2026

Test g/210L Time

| | | |
|----------|------|--------|
| DIAG | Pass | 8:25pm |
| AIR BLK | .00 | 8:26pm |
| ACCY CHK | .07 | 8:27pm |
| AIR BLK | .00 | 8:28pm |
| SUB TEST | .00 | 8:29pm |
| AIR BLK | .00 | 8:30pm |
| SUB TEST | .00 | 8:31pm |
| AIR BLK | .00 | 8:32pm |

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: 1457
Test Date: 06/12/2025 Test Time: 8:33pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 8:33pm |
| FLO | Pass | 8:33pm |
| FC | Pass | 8:33pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 8:33pm |
| SRC | Pass | 8:33pm |
| DET | Pass | 8:33pm |
| BAR | Pass | 8:33pm |
| BT | Pass | 8:33pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 8:34pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 8:34pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 8:34pm |
| CAL | Pass | 8:34pm |

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 Mecklenburg Instrument Location BAT Mobile Unit 8
Instrument Serial No. 008736 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 12 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.



[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.

MECKLENBURG COUNTY BAT MOBILE UNIT 8
590

Serial Number: 008736
Test Date: 06/12/2025

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

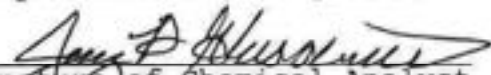
Test Type: Breath Test

Lot Number: AG405102

Exp Date: 02/20/2026

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 9:10am |
| AIR BLK | .00 | 9:11am |
| ACCY CHK | .07 | 9:11am |
| AIR BLK | .00 | 9:12am |
| SUB TEST | .00 | 9:13am |
| AIR BLK | .00 | 9:14am |
| SUB TEST | .00 | 9:15am |
| AIR BLK | .00 | 9:16am |

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

MECKLENBURG COUNTY BAT MOBILE UNIT 8 590

Serial Number: 008736 Test Record Number: 1455
Test Date: 06/12/2025 Test Time: 9:20am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:20am |
| FLO | Pass | 9:20am |
| FC | Pass | 9:20am |

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:21am |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 9:21am |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 9:21am |
| CAL | Pass | 9:21am |

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 Mecklenburg Instrument Location BAT Mobile Unit 8
Instrument Serial No. 008736 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 26 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.



[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: 06/26/2025

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: 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 | 9:49pm |
| AIR BLK | .00 | 9:50pm |
| ACCY CHK | .07 | 9:51pm |
| AIR BLK | .00 | 9:52pm |
| SUB TEST | .00 | 9:52pm |
| AIR BLK | .00 | 9:53pm |
| SUB TEST | .00 | 9:55pm |
| AIR BLK | .00 | 9:56pm |

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

MECKLENBURG COUNTY BAT MOBILE UNIT 8 590

Serial Number: 008736 Test Record Number: 1479
Test Date: 06/26/2025 Test Time: 9:57pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:58pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 9:58pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 9:58pm |
| CAL | Pass | 9:58pm |

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 Mecklenburg Instrument Location BAT Mobile Unit 8
Instrument Serial No. 008775 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 26 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.



[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: 06/26/2025

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: 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 | 9:48pm |
| AIR BLK | .00 | 9:49pm |
| ACCY CHK | .08 | 9:50pm |
| AIR BLK | .00 | 9:51pm |
| SUB TEST | .00 | 9:51pm |
| AIR BLK | .00 | 9:52pm |
| SUB TEST | .00 | 9:54pm |
| AIR BLK | .00 | 9:54pm |

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: 2325
Test Date: 06/26/2025 Test Time: 9:58pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:58pm |
| FLO | Pass | 9:58pm |
| FC | Pass | 9:58pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:58pm |
| SRC | Pass | 9:58pm |
| DET | Pass | 9:58pm |
| BAR | Pass | 9:58pm |
| BT | Pass | 9:58pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:59pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 9:59pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 9:59pm |
| CAL | Pass | 9:59pm |

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 Mecklenburg Instrument Location BAT Mobile Unit 8
Instrument Serial No. 008816 CM 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 11 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.



[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.

MECKLENBURG COUNTY BAT MOBILE UNIT 8
590

Serial Number: 008816
Test Date: 06/11/2025

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: 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 | 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

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY BAT MOBILE UNIT 8 590

Serial Number: 008816 Test Record Number: 7887
Test Date: 06/11/2025 Test Time: 9:30pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:30pm |
| FLO | Pass | 9:30pm |
| FC | Pass | 9:30pm |

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:31pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 9:31pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 9:31pm |
| CAL | Pass | 9:31pm |

Preventive Maintenance
Status: *Pass*


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

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 12 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.



[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: 008816
Test Date: 06/12/2025

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

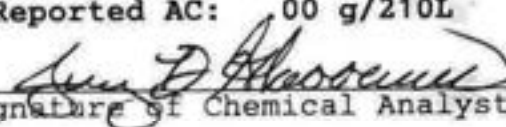
Analyst's Name: Glasscock, Jerry D
Permit Number: 7180-9235
Effective:
02/01/2025-02/01/2027

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

Lot Number: AG431002
Exp Date: 11/05/2026

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 8:24pm |
| AIR BLK | .00 | 8:25pm |
| ACCY CHK | .07 | 8:26pm |
| AIR BLK | .00 | 8:27pm |
| SUB TEST | .00 | 8:27pm |
| AIR BLK | .00 | 8:28pm |
| SUB TEST | .00 | 8:30pm |
| AIR BLK | .00 | 8:31pm |

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: 008816 Test Record Number: 7891
Test Date: 06/12/2025 Test Time: 8:31pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 8:32pm |
| FLO | Pass | 8:32pm |
| FC | Pass | 8:32pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 8:32pm |
| SRC | Pass | 8:32pm |
| DET | Pass | 8:32pm |
| BAR | Pass | 8:32pm |
| BT | Pass | 8:32pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 8:32pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 8:32pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 8:33pm |
| CAL | Pass | 8:33pm |

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 Mecklenburg Instrument Location BAT Mobile Unit 8
Instrument Serial No. 008816 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 12 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.



[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.

MECKLENBURG COUNTY BAT MOBILE UNIT 8
590

Serial Number: 008816
Test Date: 06/12/2025

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: AG431002

Exp Date: 11/05/2026

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 9:09am |
| AIR BLK | .00 | 9:10am |
| ACCY CHK | .08 | 9:11am |
| AIR BLK | .00 | 9:12am |
| SUB TEST | .00 | 9:12am |
| AIR BLK | .00 | 9:13am |
| SUB TEST | .00 | 9:15am |
| AIR BLK | .00 | 9:16am |

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: 008816 Test Record Number: 7889
Test Date: 06/12/2025 Test Time: 9:16am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:17am |
| FLO | Pass | 9:17am |
| FC | Pass | 9:17am |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:17am |
| SRC | Pass | 9:17am |
| DET | Pass | 9:17am |
| BAR | Pass | 9:17am |
| BT | Pass | 9:17am |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:18am |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 9:18am |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 9:18am |
| CAL | Pass | 9:18am |

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 Mecklenburg Instrument Location BAT Mobile Unit 8
Instrument Serial No. 008816 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 24 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.



[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: 06/26/2025

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: 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 | 9:47pm |
| AIR BLK | .00 | 9:48pm |
| ACCY CHK | .07 | 9:48pm |
| AIR BLK | .00 | 9:49pm |
| SUB TEST | .00 | 9:50pm |
| AIR BLK | .00 | 9:51pm |
| SUB TEST | .00 | 9:53pm |
| AIR BLK | .00 | 9:54pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY BAT MOBILE UNIT 8 590

Serial Number: 008816 Test Record Number: 7913
Test Date: 06/26/2025 Test Time: 9:54pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:55pm |
| FLO | Pass | 9:55pm |
| FC | Pass | 9:55pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:55pm |
| SRC | Pass | 9:55pm |
| DET | Pass | 9:55pm |
| BAR | Pass | 9:55pm |
| BT | Pass | 9:55pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:56pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 9:56pm |

CRC Tests

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

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 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 11 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.



[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: 008929
Test Date: 06/11/2025

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: 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 | 9:20pm |
| AIR BLK | .00 | 9:21pm |
| ACCY CHK | .07 | 9:22pm |
| AIR BLK | .00 | 9:23pm |
| SUB TEST | .00 | 9:24pm |
| AIR BLK | .00 | 9:25pm |
| SUB TEST | .00 | 9:26pm |
| AIR BLK | .00 | 9:27pm |

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: 008929 Test Record Number: 1582
Test Date: 06/11/2025 Test Time: 9:28pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:28pm |
| FLO | Pass | 9:28pm |
| FC | Pass | 9:28pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:28pm |
| SRC | Pass | 9:28pm |
| DET | Pass | 9:28pm |
| BAR | Pass | 9:28pm |
| BT | Pass | 9:28pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:29pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 9:29pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 9:29pm |
| CAL | Pass | 9:29pm |

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 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 12 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.



[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: 008929
Test Date: 06/12/2025

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: AG506303
Exp Date: 03/04/2027

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 8:26pm |
| AIR BLK | .00 | 8:27pm |
| ACCY CHK | .07 | 8:28pm |
| AIR BLK | .00 | 8:29pm |
| SUB TEST | .00 | 8:29pm |
| AIR BLK | .00 | 8:30pm |
| SUB TEST | .00 | 8:32pm |
| AIR BLK | .00 | 8:33pm |

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

MECKLENBURG COUNTY BAT MOBILE UNIT 8 590

Serial Number: 008929 Test Record Number: 1586
Test Date: 06/12/2025 Test Time: 8:33pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 8:34pm |
| FLO | Pass | 8:34pm |
| FC | Pass | 8:34pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 8:34pm |
| SRC | Pass | 8:34pm |
| DET | Pass | 8:34pm |
| BAR | Pass | 8:34pm |
| BT | Pass | 8:34pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 8:35pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 8:35pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 8:35pm |
| CAL | Pass | 8:35pm |

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 Mecklenburg Instrument Location BAT Mobile Unit 8
Instrument Serial No. 008929 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 12 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.



[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: 008929
Test Date: 06/12/2025

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: AG506303

Exp Date: 03/04/2027

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 9:10am |
| AIR BLK | .00 | 9:11am |
| ACCY CHK | .07 | 9:12am |
| AIR BLK | .00 | 9:13am |
| SUB TEST | .00 | 9:14am |
| AIR BLK | .00 | 9:15am |
| SUB TEST | .00 | 9:16am |
| AIR BLK | .00 | 9:17am |

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: 008929 Test Record Number: 1584
Test Date: 06/12/2025 Test Time: 9:18am 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 Mecklenburg Instrument Location BAT Mobile Unit 8
Instrument Serial No. 008929 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 26 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.



[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: 008929

Test Date: 06/26/2025

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: 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 | 9:46pm |
| AIR BLK | .00 | 9:47pm |
| ACCY CHK | .07 | 9:48pm |
| AIR BLK | .00 | 9:49pm |
| SUB TEST | .00 | 9:50pm |
| AIR BLK | .00 | 9:51pm |
| SUB TEST | .00 | 9:53pm |
| AIR BLK | .00 | 9:54pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY BAT MOBILE UNIT 8 590

Serial Number: 008929 Test Record Number: 1614
Test Date: 06/26/2025 Test Time: 9:54pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:55pm |
| FLO | Pass | 9:55pm |
| FC | Pass | 9:55pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:55pm |
| SRC | Pass | 9:55pm |
| DET | Pass | 9:55pm |
| BAR | Pass | 9:55pm |
| BT | Pass | 9:55pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:56pm |

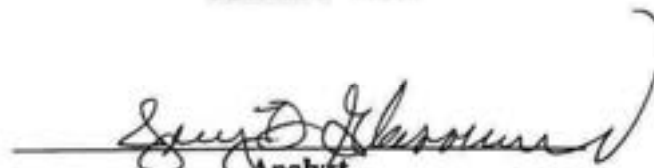
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 9:56pm |

CRC Tests

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

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 Mitchell Instrument Location Spruce Pine PD
Instrument Serial No. 005726 Spruce Pine, 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 20 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.




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

MITCHELL COUNTY SPRUCE PINE PD 600

Serial Number: 008726

Test Date: 06/20/2025

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 | 12:47pm |
| ACCY CHK | .08 | 12:48pm |
| AIR BLK | .00 | 12:49pm |
| SUB TEST | .00 | 12:49pm |
| AIR BLK | .00 | 12:50pm |
| 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

MITCHELL COUNTY SPRUCE PINE PD 600

Serial Number: 008726 Test Record Number: 1493
Test Date: 06/20/2025 Test Time: 12:53pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:54pm |


Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 12:54pm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 12:54pm |
| CAL | Pass | 12:54pm |

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 Moore Instrument Location BAT Mobile Unit 12
Instrument Serial No. 008601 Robbins 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 28th 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.



John Davis
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

MOORE COUNTY BAT MOBILE UNIT 12 620

Serial Number: 008601

Test Date: 06/28/2025

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: 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

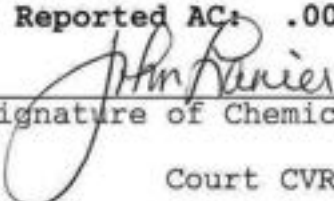
Test Type: Breath Test

Lot Number: AG501307

Exp Date: 01/13/2027

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 8:02pm |
| AIR BLK | .00 | 8:03pm |
| ACCY CHK | .07 | 8:04pm |
| AIR BLK | .00 | 8:05pm |
| SUB TEST | .00 | 8:06pm |
| AIR BLK | .00 | 8:06pm |
| SUB TEST | .00 | 8:08pm |
| AIR BLK | .00 | 8:09pm |

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 12 620

Serial Number: 008601 Test Record Number: 1783
Test Date: 06/28/2025 Test Time: 8:09pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 8:10pm |
| FLO | Pass | 8:10pm |
| FC | Pass | 8:10pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 8:10pm |
| SRC | Pass | 8:10pm |
| DET | Pass | 8:10pm |
| BAR | Pass | 8:10pm |
| BT | Pass | 8:10pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 8:11pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 8:11pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 8:11pm |
| CAL | Pass | 8:11pm |

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

County Moore Instrument Location BAT Mobile Unit 12
Instrument Serial No. 008698 Robbins 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 28th 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.



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.

MOORE COUNTY BAT MOBILE UNIT 12 620

Serial Number: 008698
Test Date: 06/28/2025

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: 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 | 8:10pm |
| AIR BLK | .00 | 8:11pm |
| ACCY CHK | .07 | 8:11pm |
| AIR BLK | .00 | 8:12pm |
| SUB TEST | .00 | 8:14pm |
| AIR BLK | .00 | 8:15pm |
| SUB TEST | .00 | 8:16pm |
| AIR BLK | .00 | 8:17pm |

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

MOORE COUNTY BAT MOBILE UNIT 12 620

Serial Number: 008698 Test Record Number: 2617
Test Date: 06/28/2025 Test Time: 8:27pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 8:28pm |
| FLO | Pass | 8:28pm |
| FC | Pass | 8:28pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 8:28pm |
| SRC | Pass | 8:28pm |
| DET | Pass | 8:28pm |
| BAR | Pass | 8:28pm |
| BT | Pass | 8:28pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 8:29pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 8:29pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 8:29pm |
| CAL | Pass | 8:29pm |

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**

County Moore Instrument Location BAT Mobile Unit 12
Instrument Serial No. 008788 Robbinson 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 28th 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.



John Davis
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.

MOORE COUNTY BAT MOBILE UNIT 12 620

Serial Number: 008788
Test Date: 06/28/2025

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: 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

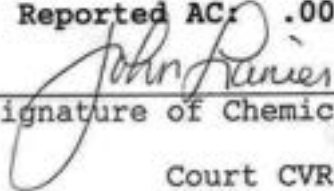
Test Type: Breath Test

Lot Number: AG417802

Exp Date: 06/26/2026

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 8:22pm |
| AIR BLK | .00 | 8:23pm |
| ACCY CHK | .07 | 8:24pm |
| AIR BLK | .00 | 8:25pm |
| SUB TEST | .00 | 8:25pm |
| AIR BLK | .00 | 8:26pm |
| SUB TEST | .00 | 8:28pm |
| AIR BLK | .00 | 8:28pm |

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

MOORE COUNTY BAT MOBILE UNIT 12 620

Serial Number: 008788 Test Record Number: 2420
Test Date: 06/28/2025 Test Time: 8:30pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 8:30pm |
| FLO | Pass | 8:30pm |
| FC | Pass | 8:30pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 8:30pm |
| SRC | Pass | 8:30pm |
| DET | Pass | 8:30pm |
| BAR | Pass | 8:30pm |
| BT | Pass | 8:30pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 8:31pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 8:31pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 8:31pm |
| CAL | Pass | 8:31pm |

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 NASH Instrument Location Rocky Mount PD
Instrument Serial No. 008651 330 Church St.
Rocky Mount, 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 20 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.



EAB
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 ROCKY MOUNT PD 630

Serial Number: 008651
Test Date: 06/20/2025

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 | 10:13am |
| AIR BLK | .00 | 10:14am |
| ACCY CHK | .08 | 10:14am |
| AIR BLK | .00 | 10:15am |
| SUB TEST | .00 | 10:16am |
| AIR BLK | .00 | 10:17am |
| SUB TEST | .00 | 10:18am |
| AIR BLK | .00 | 10:19am |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008651 Test Record Number: 1852
Test Date: 06/20/2025 Test Time: 10:20am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:20am |
| FLO | Pass | 10:20am |
| FC | Pass | 10:20am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 10:21am |
| SRC | Pass | 10:21am |
| DET | Pass | 10:21am |
| BAR | Pass | 10:21am |
| BT | Pass | 10:21am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:21am |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 10:21am |

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County NASH Instrument Location Rocky Mount PD
Instrument Serial No. 008740 330 S. CHURCH ST.
Rocky Mount, 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 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.



EAB
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 ROCKY MOUNT PD 630

Serial Number: 008740

Test Date: 06/18/2025

Citation Number: M00000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: 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

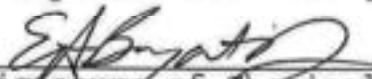
Test Type: Breath Test

Lot Number: AG501307

Exp Date: 01/13/2027

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 6:02am |
| AIR BLK | .00 | 6:03am |
| ACCY CHK | .07 | 6:03am |
| AIR BLK | .00 | 6:04am |
| SUB TEST | .00 | 6:05am |
| AIR BLK | .00 | 6:06am |
| SUB TEST | .00 | 6:07am |
| AIR BLK | .00 | 6:08am |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008740 Test Record Number: 1068
Test Date: 06/18/2025 Test Time: 6:15am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 6:16am |
| FLO | Pass | 6:16am |
| FC | Pass | 6:16am |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 6:16am |
| SRC | Pass | 6:16am |
| DET | Pass | 6:16am |
| BAR | Pass | 6:16am |
| BT | Pass | 6:16am |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 6:17am |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 6:17am |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 6:17am |
| CAL | Pass | 6:17am |

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Nash Instrument Location BAT Mobile Unit 13
Instrument Serial No. 008869 Rocky Mount 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 17 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.



T. 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

NASH COUNTY BAT MOBILE UNIT 13 630

Serial Number: 008869
Test Date: 06/17/2025

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: 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 | 1:49pm |
| AIR BLK | .00 | 1:50pm |
| ACCY CHK | .07 | 1:51pm |
| AIR BLK | .00 | 1:52pm |
| SUB TEST | .00 | 1:53pm |
| AIR BLK | .00 | 1:54pm |
| SUB TEST | .00 | 1:55pm |
| AIR BLK | .00 | 1:56pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

NASH COUNTY BAT MOBILE UNIT 13 630

Serial Number: 008869 Test Record Number: 2040
Test Date: 06/17/2025 Test Time: 1:57pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 1:57pm |
| FLO | Pass | 1:57pm |
| 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 | 1:58pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 1:58pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 1:58pm |
| CAL | Pass | 1:58pm |

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 Nash Instrument Location BAT Mobile Unit 13
Instrument Serial No. 008898 Rocky Mount P.D.

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 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.



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

NASH COUNTY BAT MOBILE UNIT 13 630

Serial Number: 008898

Test Date: 06/17/2025

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: 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 | 1:34pm |
| AIR BLK | .00 | 1:35pm |
| ACCY CHK | .07 | 1:35pm |
| AIR BLK | .00 | 1:36pm |
| SUB TEST | .00 | 1:37pm |
| AIR BLK | .00 | 1:38pm |
| SUB TEST | .00 | 1:39pm |
| AIR BLK | .00 | 1:40pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

NASH COUNTY BAT MOBILE UNIT 13 630

Serial Number: 008898 Test Record Number: 2013
Test Date: 06/17/2025 Test Time: 1:40pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 1:41pm |
| FLO | Pass | 1:41pm |
| FC | Pass | 1:41pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 1:41pm |
| SRC | Pass | 1:41pm |
| DET | Pass | 1:41pm |
| BAR | Pass | 1:41pm |
| BT | Pass | 1:41pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 1:42pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 1:42pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 1:42pm |
| CAL | Pass | 1:42pm |

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 Nash Instrument Location BAT Mobile Unit 13
Instrument Serial No. 008939 Rocky Mount P.D.

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 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.



T. M. B. H. H.
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

NASH COUNTY BAT MOBILE UNIT 13 630

Serial Number: 008939

Test Date: 06/17/2025

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: 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 | 1:18pm |
| AIR BLK | .00 | 1:19pm |
| ACCY CHK | .08 | 1:20pm |
| AIR BLK | .00 | 1:21pm |
| SUB TEST | .00 | 1:21pm |
| AIR BLK | .00 | 1:22pm |
| SUB TEST | .00 | 1:24pm |
| AIR BLK | .00 | 1:25pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

NASH COUNTY BAT MOBILE UNIT 13 630

Serial Number: 008939 Test Record Number: 1878

Test Date: 06/17/2025 Test Time: 1:25pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 1:25pm |
| FLO | Pass | 1:25pm |
| FC | Pass | 1:25pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 1:26pm |
| SRC | Pass | 1:26pm |
| DET | Pass | 1:26pm |
| BAR | Pass | 1:26pm |
| BT | Pass | 1:26pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 1:26pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 1:26pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 1:26pm |
| CAL | Pass | 1:26pm |

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 NEW HANOVER Instrument Location NEW HANOVER COUNTY
Instrument Serial No. 008617 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 03 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.



Alan R. B...

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

NEW HANOVER COUNTY DETENTION CENTER
640

Serial Number: 008617
Test Date: 06/03/2025

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, 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: AG501307

Exp Date: 01/13/2027

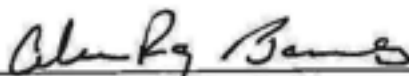
| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 9:56am |
| AIR BLK | .00 | 9:56am |
| ACCY CHK | .08 | 9:57am |
| AIR BLK | .00 | 9:59am |
| SUB TEST | .00 | 10:00am |
| AIR BLK | .00 | 10:00am |
| SUB TEST | .00 | 10:02am |
| AIR BLK | .00 | 10:03am |

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 DETENTION CENTER 640

Serial Number: 008617 Test Record Number: 5204
Test Date: 06/03/2025 Test Time: 10:03am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:03am |
| FLO | Pass | 10:03am |
| FC | Pass | 10:04am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 10:04am |
| SRC | Pass | 10:04am |
| DET | Pass | 10:04am |
| BAR | Pass | 10:04am |
| BT | Pass | 10:04am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:04am |

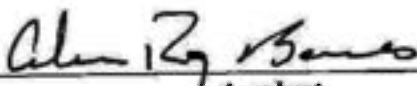
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 10:04am |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 10:04am |
| CAL | Pass | 10:04am |

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 NEW HANOVER COUNTY
Instrument Serial No. 008626 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 03 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.



Alan Rg Bemo

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

NEW HANOVER COUNTY DETENTION CENTER
640

Serial Number: 008626
Test Date: 06/03/2025

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, 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: AG501307

Exp Date: 01/13/2027

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 9:54am |
| AIR BLK | .00 | 9:55am |
| ACCY CHK | .07 | 9:56am |
| AIR BLK | .00 | 9:57am |
| SUB TEST | .00 | 9:58am |
| AIR BLK | .00 | 9:59am |
| SUB TEST | .00 | 10:01am |
| AIR BLK | .00 | 10:02am |

Reported AC: .00 g/210L

Alvin R. Barnes
Signature of Chemical Analyst

Court CVR

Alvin R. Barnes
Analyst

Intox EC/IR-II: Preventive Maintenance

NEW HANOVER COUNTY DETENTION CENTER 640

Serial Number: 008626 Test Record Number: 8969
Test Date: 06/03/2025 Test Time: 10:02am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:03am |
| FLO | Pass | 10:03am |
| FC | Pass | 10:03am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 10:03am |
| SRC | Pass | 10:03am |
| DET | Pass | 10:03am |
| BAR | Pass | 10:03am |
| BT | Pass | 10:03am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:04am |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 10:04am |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 10:04am |
| CAL | Pass | 10:04am |

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 Wilmington Police
Instrument Serial No. 008628 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 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.



[Signature]
Signature of Certifying Official

845023
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 WILMINGTON PD 640

Serial Number: 008628

Test Date: 06/09/2025

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: Ryan, Robert F

Permit Number: 0084-5023

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 | 3:10pm |
| AIR BLK | .00 | 3:11pm |
| ACCY CHK | .07 | 3:12pm |
| AIR BLK | .00 | 3:13pm |
| SUB TEST | .00 | 3:13pm |
| AIR BLK | .00 | 3:14pm |
| SUB TEST | .00 | 3:16pm |
| AIR BLK | .00 | 3:17pm |

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

NEW HANOVER COUNTY WILMINGTON PD 640

Serial Number: 008628 Test Record Number: 7189
Test Date: 06/09/2025 Test Time: 3:18pm 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 |
|------|--------|--------|
| FCI | 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 |

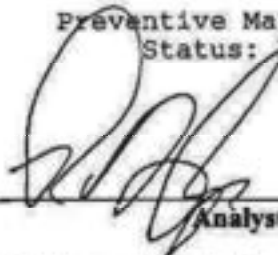
Printer Tests

| 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

**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 NEW HANOVER Instrument Location CAROLINA BEACH
Instrument Serial No. 008661 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 03 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.



Alan R. Bane

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

**NEW HANOVER COUNTY CAROLINA BEACH PD
640**

Serial Number: 008661
Test Date: 06/03/2025

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, 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: AG417803

Exp Date: 06/26/2026

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 11:43am |
| AIR BLK | .00 | 11:44am |
| ACCY CHK | .08 | 11:45am |
| AIR BLK | .00 | 11:46am |
| SUB TEST | .00 | 11:47am |
| AIR BLK | .00 | 11:48am |
| 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

NEW HANOVER COUNTY CAROLINA BEACH PD 640

Serial Number: 008661 Test Record Number: 3399
Test Date: 06/03/2025 Test Time: 11:50am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:51am |
| FLO | Pass | 11:51am |
| 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 |

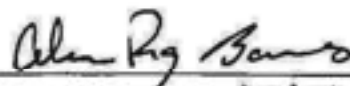
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:52am |

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 NEW HANOVER Instrument Location WRIGHTSVILLE BEACH

Instrument Serial No. 008667 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 03 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.



Alan R. Bano

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

NEW HANOVER COUNTY WRIGHTSVILLE BCH PD
640

Serial Number: 008667
Test Date: 06/03/2025

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, 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: AG417802

Exp Date: 06/26/2026

| 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 | 1:26pm |
| AIR BLK | .00 | 1:27pm |
| SUB TEST | .00 | 1:28pm |
| AIR BLK | .00 | 1:29pm |

Reported AC: .00 g/210L

Alvin R. Barnes
Signature of Chemical Analyst

Court CVR

Alvin R. 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

NEW HANOVER COUNTY WRIGHTSVILLE BCH PD 640

Serial Number: 008667 Test Record Number: 2941
Test Date: 06/03/2025 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 | 1:31pm |
| CAL | Pass | 1:31pm |

**Preventive Maintenance
Status: Pass**



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County NORTHAMPTON Instrument Location NORTHAMPTON Co. S.O.
Instrument Serial No. 008607 105 WEST JEFFERSON ST
JACKSON, 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 16 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.



[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

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT
650

Serial Number: 008607
Test Date: 06/16/2025

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 | 4:38pm |
| AIR BLK | .00 | 4:38pm |
| ACCY CHK | .07 | 4:39pm |
| AIR BLK | .00 | 4:40pm |
| SUB TEST | .00 | 4:41pm |
| AIR BLK | .00 | 4:42pm |
| SUB TEST | .00 | 4:43pm |
| AIR BLK | .00 | 4:44pm |

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

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008607 Test Record Number: 1362
Test Date: 06/16/2025 Test Time: 4:46pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 4:47pm |
| SRC | Pass | 4:47pm |
| DET | Pass | 4:47pm |
| BAR | Pass | 4:47pm |
| BT | Pass | 4:47pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 4:47pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 4:47pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 4:47pm |
| CAL | Pass | 4:47pm |

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 NORTHAMPTON Instrument Location NORTHAMPTON Co. S.O.
Instrument Serial No. 008688 105 WEST JEFFERSON ST
JACKSON, 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 16 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.



[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

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT
650

Serial Number: 008688
Test Date: 06/16/2025

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

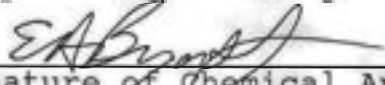
Test Type: Breath Test

Lot Number: AG501307

Exp Date: 01/13/2027

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 4:48pm |
| AIR BLK | .00 | 4:49pm |
| ACCY CHK | .07 | 4:49pm |
| AIR BLK | .00 | 4:51pm |
| SUB TEST | .00 | 4:52pm |
| AIR BLK | .00 | 4:52pm |
| SUB TEST | .00 | 4:54pm |
| AIR BLK | .00 | 4:55pm |

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

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008688 Test Record Number: 1171
Test Date: 06/16/2025 Test Time: 4:56pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 4:56pm |
| FLO | Pass | 4:56pm |
| FC | Pass | 4:57pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 4:57pm |
| SRC | Pass | 4:57pm |
| DET | Pass | 4:57pm |
| BAR | Pass | 4:57pm |
| BT | Pass | 4:57pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 4:57pm |

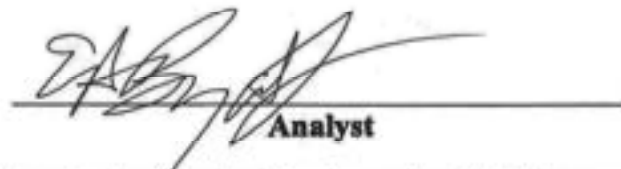
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 4:57pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 4:57pm |
| CAL | Pass | 4:57pm |

**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 ORANGE Instrument Location ORANGE Co Detention Ctr
Instrument Serial No. 008839 1200 US Hwy 70 West
Hillsborough, 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 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.



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

ORANGE COUNTY DETENTION CENTER 670

Serial Number: 008839
Test Date: 06/18/2025

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: 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 | 7:00am |
| AIR BLK | .00 | 7:00am |
| ACCY CHK | .07 | 7:01am |
| AIR BLK | .00 | 7:02am |
| SUB TEST | .00 | 7:03am |
| AIR BLK | .00 | 7:04am |
| SUB TEST | .00 | 7:05am |
| AIR BLK | .00 | 7:07am |

Reported AC: .00 g/210L

Simon Ades Barnes
Signature of Chemical Analyst

Court CVR

Simon Ades Barnes
Analyst

Intox EC/IR-II: Preventive Maintenance

ORANGE COUNTY DETENTION CENTER 670

Serial Number: 008839 Test Record Number: 2909
Test Date: 06/18/2025 Test Time: 7:07am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 7:07am |
| FLO | Pass | 7:07am |
| FC | Pass | 7:07am |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 7:07am |
| SRC | Pass | 7:07am |
| DET | Pass | 7:07am |
| BAR | Pass | 7:07am |
| BT | Pass | 7:07am |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 7:08am |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 7:08am |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 7:08am |
| CAL | Pass | 7:08am |

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 ORANGE Co Detention Ctr
Instrument Serial No. 008839 1200 US Hwy 70 West
Hillsborough, 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 12 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.



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

ORANGE COUNTY DETENTION CENTER 670

Serial Number: 008839
Test Date: 06/12/2025

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: 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: 01/03/2026

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 2:16pm |
| AIR BLK | .00 | 2:17pm |
| ACCY CHK | .07 | 2:17pm |
| AIR BLK | .00 | 2:18pm |
| SUB TEST | .00 | 2:19pm |
| AIR BLK | .00 | 2:20pm |
| SUB TEST | .00 | 2:21pm |
| AIR BLK | .00 | 2:22pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

ORANGE COUNTY DETENTION CENTER 670

Serial Number: 008839 Test Record Number: 2899
Test Date: 06/12/2025 Test Time: 2:23pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 2:23pm |
| FLO | Pass | 2:23pm |
| FC | Pass | 2:23pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 2:23pm |
| SRC | Pass | 2:23pm |
| DET | Pass | 2:23pm |
| BAR | Pass | 2:23pm |
| BT | Pass | 2:23pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 2:24pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 2:24pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 2:24pm |
| CAL | Pass | 2:24pm |

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 ORANGE Instrument Location ORANGE Co Detention Ctr

Instrument Serial No. 008924 1200 US Hwy 70 West
Hillsborough, 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 9 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.



Sam Adams Brown
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 DETENTION CENTER 670

Serial Number: 008924
Test Date: 06/09/2025

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

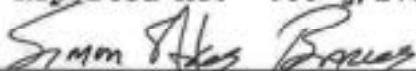
Analyst's Name: Barnes, Simon S
Permit Number: 0014-6221
Effective:
02/01/2025-02/01/2027

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

Lot Number: AG501307
Exp Date: 01/03/2026

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 3:51pm |
| AIR BLK | .00 | 3:52pm |
| ACCY CHK | .07 | 3:53pm |
| AIR BLK | .00 | 3:54pm |
| SUB TEST | .00 | 3:55pm |
| AIR BLK | .00 | 3:55pm |
| SUB TEST | .00 | 3:57pm |
| AIR BLK | .00 | 3:58pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

ORANGE COUNTY DETENTION CENTER 670

Serial Number: 008924 Test Record Number: 2002
Test Date: 06/09/2025 Test Time: 3:58pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 3:59pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 4:00pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 4:00pm |
| CAL | Pass | 4:00pm |

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 Pasquotank Instrument Location Elizabeth City P.D.
Instrument Serial No. 008941 305 E. Main St. Elizabeth City
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 12th 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.



[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

PASQUOTANK COUNTY ELIZABETH CITY 690

Serial Number: 008941

Test Date: 06/12/2025

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: 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

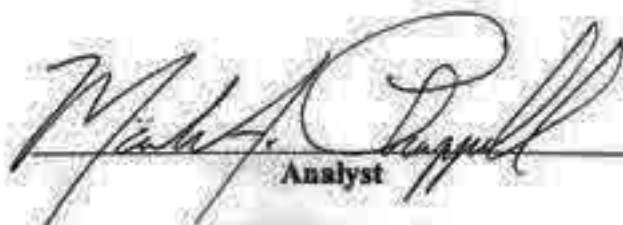
Lot Number: AG405101

Exp Date: 02/20/2026

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

Reported AC: 00 g/210L


Signature of Chemical Analyst


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

PASQUOTANK COUNTY ELIZABETH CITY 690

Serial Number: 008941

Test Record Number: 1746

Test Date: 06/12/2025

Test Time: 8:56am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 8:57am |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 8:57am |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 8:57am |
| CAL | Pass | 8:57am |

**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 PENDER Instrument Location PENDER COUNTY
Instrument Serial No. 008935 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 10 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.



John Rg Bams
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

PENDER COUNTY DETENTION CENTER 700

Serial Number: 008935

Test Date: 06/10/2025

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: AG501307

Exp Date: 01/13/2027

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

Reported AC: .00 g/210L

Alvin R. Barnes
Signature of Chemical Analyst

Court CVR

Alvin R. Barnes
Analyst

Intox EC/IR-II: Preventive Maintenance

PENDER COUNTY DETENTION CENTER 700

Serial Number: 008935 Test Record Number: 3710
Test Date: 06/10/2025 Test Time: 2:45pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 2:45pm |
| SRC | Pass | 2:45pm |
| DET | Pass | 2:45pm |
| BAR | Pass | 2:45pm |
| BT | Pass | 2:45pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 2:46pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 2:46pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 2:46pm |
| CAL | Pass | 2:46pm |

**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 PENDER Instrument Location PENDER COUNTY
Instrument Serial No. 008948 GOVERNMENT ANNEX

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 10 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.



Alan Ray Bowers

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

PENDER COUNTY GOVERNMENT ANNEX 700

Serial Number: 008948

Test Date: 06/10/2025

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: AG405102

Exp Date: 02/20/2026

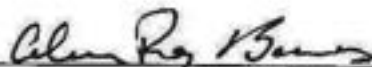
| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 12:34pm |
| AIR BLK | .00 | 12:35pm |
| ACCY CHK | .07 | 12:35pm |
| AIR BLK | .00 | 12:37pm |
| SUB TEST | .00 | 12:38pm |
| AIR BLK | .00 | 12:38pm |
| SUB TEST | .00 | 12:40pm |
| AIR BLK | .00 | 12:41pm |

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

PENDER COUNTY GOVERNMENT ANNEX 700

Serial Number: 008948 Test Record Number: 1585
Test Date: 06/10/2025 Test Time: 12:41pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 12:42pm |
| FLO | Pass | 12:42pm |
| FC | Pass | 12:42pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 12:42pm |
| SRC | Pass | 12:42pm |
| DET | Pass | 12:42pm |
| BAR | Pass | 12:42pm |
| BT | Pass | 12:42pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:42pm |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 12:42pm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 12:43pm |
| CAL | Pass | 12:43pm |

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 Pitt Instrument Location Pitt Co Detention Center
Instrument Serial No. 0080662 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 24th 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.



[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 703

Serial Number: 008662

Test Date: 06/24/2025

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: AG431003

Exp Date: 11/05/2026

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 9:44am |
| AIR BLK | .00 | 9:45am |
| ACCY CHK | .08 | 9:46am |
| AIR BLK | .00 | 9:47am |
| SUB TEST | .00 | 9:48am |
| AIR BLK | .00 | 9:48am |
| SUB TEST | .00 | 9:50am |
| AIR BLK | .00 | 9:51am |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

PITT COUNTY PITT CO DETENTION 703

Serial Number: 008662 Test Record Number: 1439
Test Date: 06/24/2025 Test Time: 9:52am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:52am |
| FLO | Pass | 9:52am |
| FC | Pass | 9:52am |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:52am |
| SRC | Pass | 9:52am |
| DET | Pass | 9:52am |
| BAR | Pass | 9:52am |
| BT | Pass | 9:52am |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:53am |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 9:53am |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 9:53am |
| CAL | Pass | 9:53am |

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 Pitt Instrument Location Ayden P.D.
Instrument Serial No. 0086666 4144 West Ave., Ayden, 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 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.



[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 AYDEN PD 730

Serial Number: 008666

Test Date: 06/18/2025

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: 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

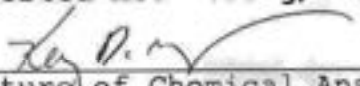
Test Type: Breath Test

Lot Number: AG431003

Exp Date: 11/05/2026

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 11:52am |
| AIR BLK | .00 | 11:53am |
| ACCY CHK | .07 | 11:53am |
| AIR BLK | .00 | 11:54am |
| SUB TEST | .00 | 11:55am |
| AIR BLK | .00 | 11:56am |
| SUB TEST | .00 | 11:57am |
| AIR BLK | .00 | 11:58am |

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 AYDEN PD 730

Serial Number: 008666 Test Record Number: 1622
Test Date: 06/18/2025 Test Time: 11:59am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:59am |
| FLO | Pass | 11:59am |
| FC | Pass | 12:00pm |

Temperature Tests

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

Blank Tests

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

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 Pitt Instrument Location Pitt (a Detention Center
Instrument Serial No. 008668 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 24th 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.



Key D. [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: 008668

Test Date: 06/24/2025

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: AG506303

Exp Date: 03/04/2027

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

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: 008668 Test Record Number: 4823
Test Date: 06/24/2025 Test Time: 9:38am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:38am |
| FLO | Pass | 9:38am |
| FC | Pass | 9:38am |

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:39am |

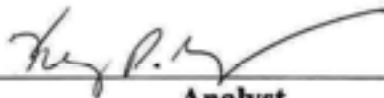
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 9:39am |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 9:39am |
| CAL | Pass | 9:39am |

Preventive Maintenance
Status: Pass



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 BAT Mobile Unit 8
Instrument Serial No. 008615 Archdale 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 6 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.



[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

RANDOLPH COUNTY BAT MOBILE UNIT 8 750

Serial Number: 008615
Test Date: 06/06/2025

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

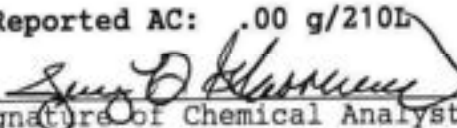
Test Type: Breath Test

Lot Number: AG405102

Exp Date: 02/20/2026

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 8:59pm |
| AIR BLK | .00 | 9:00pm |
| ACCY CHK | .07 | 9:00pm |
| AIR BLK | .00 | 9:01pm |
| SUB TEST | .00 | 9:02pm |
| AIR BLK | .00 | 9:03pm |
| SUB TEST | .00 | 9:04pm |
| AIR BLK | .00 | 9:05pm |

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

RANDOLPH COUNTY BAT MOBILE UNIT 8 750

Serial Number: 008615 Test Record Number: 6094
Test Date: 06/06/2025 Test Time: 9:06pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:06pm |
| FLO | Pass | 9:06pm |
| FC | Pass | 9:06pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:07pm |
| SRC | Pass | 9:07pm |
| DET | Pass | 9:07pm |
| BAR | Pass | 9:07pm |
| BT | Pass | 9:07pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:07pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 9:07pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 9:07pm |
| CAL | Pass | 9:07pm |

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 Randolph Instrument Location BAT Mobile Unit 8
Instrument Serial No. 008615 Archdale 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 6 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.



[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

RANDOLPH COUNTY BAT MOBILE UNIT 8 750

Serial Number: 008615
Test Date: 06/06/2025

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

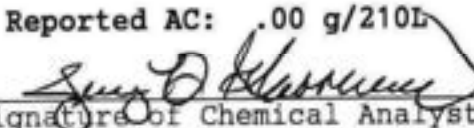
Analyst's Name: Glasscock, Jerry D
Permit Number: 7180-9235
Effective:
02/01/2025-02/01/2027

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 | 8:59pm |
| AIR BLK | .00 | 9:00pm |
| ACCY CHK | .07 | 9:00pm |
| AIR BLK | .00 | 9:01pm |
| SUB TEST | .00 | 9:02pm |
| AIR BLK | .00 | 9:03pm |
| SUB TEST | .00 | 9:04pm |
| AIR BLK | .00 | 9:05pm |

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

RANDOLPH COUNTY BAT MOBILE UNIT 8 750

Serial Number: 008615 Test Record Number: 6094
Test Date: 06/06/2025 Test Time: 9:06pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:06pm |
| FLO | Pass | 9:06pm |
| FC | Pass | 9:06pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:07pm |
| SRC | Pass | 9:07pm |
| DET | Pass | 9:07pm |
| BAR | Pass | 9:07pm |
| BT | Pass | 9:07pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:07pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 9:07pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 9:07pm |
| CAL | Pass | 9:07pm |

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 Randolph Instrument Location BAT Mobile Unit 8
Instrument Serial No. 008736 Archdale 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 16 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.



[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

RANDOLPH COUNTY BAT MOBILE UNIT 8 750

Serial Number: 008736
Test Date: 06/06/2025

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

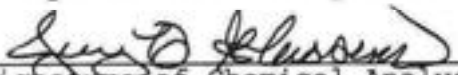
Analyst's Name: Glasscock, Jerry D
Permit Number: 7180-9235
Effective:
02/01/2025-02/01/2027

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 | 9:00pm |
| AIR BLK | .00 | 9:01pm |
| ACCY CHK | .07 | 9:02pm |
| AIR BLK | .00 | 9:03pm |
| SUB TEST | .00 | 9:03pm |
| AIR BLK | .00 | 9:04pm |
| SUB TEST | .00 | 9:05pm |
| AIR BLK | .00 | 9:06pm |

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

RANDOLPH COUNTY BAT MOBILE UNIT 8 750

Serial Number: 008736 Test Record Number: 1449
Test Date: 06/06/2025 Test Time: 9:07pm 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 and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Randolph Instrument Location BAT Mobile Unit 8
Instrument Serial No. 008816 Archdale 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 6 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.



[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

RANDOLPH COUNTY BAT MOBILE UNIT 8 750

Serial Number: 008816
Test Date: 06/06/2025

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 | 9:00pm |
| AIR BLK | .00 | 9:01pm |
| ACCY CHK | .08 | 9:01pm |
| AIR BLK | .00 | 9:02pm |
| SUB TEST | .00 | 9:03pm |
| AIR BLK | .00 | 9:04pm |
| SUB TEST | .00 | 9:05pm |
| AIR BLK | .00 | 9:06pm |

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

RANDOLPH COUNTY BAT MOBILE UNIT 8 750

Serial Number: 008816 Test Record Number: 7883
Test Date: 06/06/2025 Test Time: 9:06pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:07pm |
| FLO | Pass | 9:07pm |
| FC | Pass | 9:07pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:07pm |
| SRC | Pass | 9:07pm |
| DET | Pass | 9:07pm |
| BAR | Pass | 9:07pm |
| BT | Pass | 9:07pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:08pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 9:08pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 9:08pm |
| CAL | Pass | 9:08pm |

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 BAT Mobile Unit 8
Instrument Serial No. 008929 Archdale 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 6 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.



[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

RANDOLPH COUNTY BAT MOBILE UNIT 8 750

Serial Number: 008929
Test Date: 06/06/2025

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

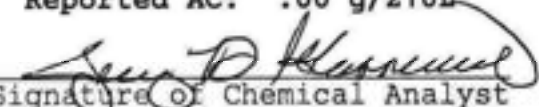
Test Type: Breath Test

Lot Number: AG506303

Exp Date: 03/04/2027

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 9:01pm |
| AIR BLK | .00 | 9:02pm |
| ACCY CHK | .07 | 9:03pm |
| AIR BLK | .00 | 9:04pm |
| SUB TEST | .00 | 9:04pm |
| AIR BLK | .00 | 9:06pm |
| SUB TEST | .00 | 9:07pm |
| AIR BLK | .00 | 9:08pm |

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

RANDOLPH COUNTY BAT MOBILE UNIT 8 750

Serial Number: 008929 Test Record Number: 1578
Test Date: 06/06/2025 Test Time: 9:09pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:09pm |
| FLO | Pass | 9:09pm |
| FC | Pass | 9:09pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:10pm |
| SRC | Pass | 9:10pm |
| DET | Pass | 9:10pm |
| BAR | Pass | 9:10pm |
| BT | Pass | 9:10pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:10pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 9:10pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 9:11pm |
| CAL | Pass | 9:11pm |

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 RICHMOND Instrument Location RICHMOND COUNTY
Instrument Serial No. 008701 MAGISTRATE'S OFFICE

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the 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 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.




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 . . .

RICHMOND COUNTY MAGISTRATE'S OFFICE
760

Serial Number: 008701

Test Date: 06/03/2025

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: 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

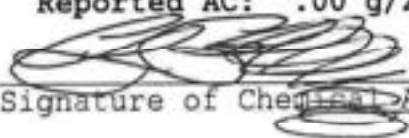
Test Type: Breath Test

Lot Number: AG431002

Exp Date: 11/05/2026

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 11:27am |
| AIR BLK | .00 | 11:27am |
| ACCY CHK | .08 | 11:28am |
| AIR BLK | .00 | 11:29am |
| SUB TEST | .00 | 11:29am |
| AIR BLK | .00 | 11:30am |
| SUB TEST | .00 | 11:32am |
| AIR BLK | .00 | 11:33am |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

RICHMOND COUNTY MAGISTRATE'S OFFICE 760

Serial Number: 008701 Test Record Number: 1516
Test Date: 06/03/2025 Test Time: 11:39am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:40am |


Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:40am |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 11:41am |
| CAL | Pass | 11:41am |

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 7
Instrument Serial No. 008002 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 27th 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.




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 7 770

Serial Number: 008002

Test Date: 06/27/2025

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: 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

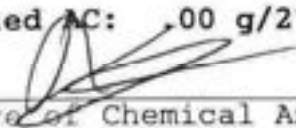
Test Type: Breath Test

Lot Number: AG506303-014

Exp Date: 03/04/2027

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

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

ROBESON COUNTY BAT MOBILE UNIT 7 770

Serial Number: 008002 Test Record Number: 808
Test Date: 06/27/2025 Test Time: 10:14pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:14pm |
| FLO | Pass | 10:14pm |
| FC | Pass | 10:14pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 10:14pm |
| SRC | Pass | 10:14pm |
| DET | Pass | 10:14pm |
| BAR | Pass | 10:14pm |
| BT | Pass | 10:14pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:15pm |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 10:15pm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 10:15pm |
| CAL | Pass | 10:15pm |

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 Robeson Instrument Location BAT Mobile Unit 7
Instrument Serial No. 008002 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 29th day of June, 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.



[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 7 770

Serial Number: 008002

Test Date: 06/29/2025

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: 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: AG506303-014

Exp Date: 03/04/2027

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 6:40pm |
| AIR BLK | .00 | 6:41pm |
| ACCY CHK | .08 | 6:42pm |
| AIR BLK | .00 | 6:42pm |
| SUB TEST | .00 | 6:43pm |
| AIR BLK | .00 | 6:44pm |
| SUB TEST | .00 | 6:45pm |
| AIR BLK | .00 | 6:46pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

ROBESON COUNTY BAT MOBILE UNIT 7 770

Serial Number: 008002 Test Record Number: 810
Test Date: 06/29/2025 Test Time: 6:47pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 6:47pm |
| FLO | Pass | 6:47pm |
| FC | Pass | 6:47pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 6:47pm |
| SRC | Pass | 6:47pm |
| DET | Pass | 6:47pm |
| BAR | Pass | 6:47pm |
| BT | Pass | 6:47pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 6:48pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 6:48pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 6:48pm |
| CAL | Pass | 6:48pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Robeson Instrument Location BAT Mobile Unit 7
Instrument Serial No. 068096 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 27th 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.



[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 7 770

Serial Number: 008090

Test Date: 06/27/2025

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: 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: AG506303-005

Exp Date: 03/04/2027

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 9:33pm |
| AIR BLK | .00 | 9:33pm |
| ACCY CHK | .08 | 9:34pm |
| AIR BLK | .00 | 9:35pm |
| SUB TEST | .00 | 9:35pm |
| AIR BLK | .00 | 9:36pm |
| SUB TEST | .00 | 9:38pm |
| AIR BLK | .00 | 9:39pm |

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 7 770

Serial Number: 008090 Test Record Number: 217
Test Date: 06/27/2025 Test Time: 9:40pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:41pm |
| FLO | Pass | 9:41pm |
| FC | Pass | 9:41pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:41pm |
| SRC | Pass | 9:41pm |
| DET | Pass | 9:41pm |
| BAR | Pass | 9:41pm |
| BT | Pass | 9:41pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:42pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 9:42pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 9:42pm |
| CAL | Pass | 9:42pm |

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 7
Instrument Serial No. 008090 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 29th 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.



[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 7 770

Serial Number: 008090

Test Date: 06/29/2025

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: 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

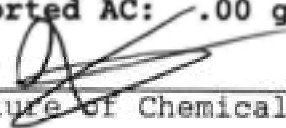
Test Type: Breath Test

Lot Number: AG506303-005

Exp Date: 03/04/2027

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 6:45pm |
| AIR BLK | .00 | 6:45pm |
| ACCY CHK | .08 | 6:46pm |
| AIR BLK | .00 | 6:47pm |
| SUB TEST | .00 | 6:47pm |
| AIR BLK | .00 | 6:48pm |
| SUB TEST | .00 | 6:50pm |
| AIR BLK | .00 | 6:51pm |

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 7 770

Serial Number: 008090 Test Record Number: 221

Test Date: 06/29/2025 Test Time: 6:51pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 6:52pm |
| FLO | Pass | 6:52pm |
| FC | Pass | 6:52pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 6:52pm |
| SRC | Pass | 6:52pm |
| DET | Pass | 6:52pm |
| BAR | Pass | 6:52pm |
| BT | Pass | 6:52pm |

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 | 6:53pm |
| CAL | Pass | 6:53pm |

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

County Robeson Instrument Location BAT Mobile Unit 12
Instrument Serial No. 008601 Maxton 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 19th 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.




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 '12 770

Serial Number: 008601

Test Date: 06/19/2025

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: 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: AG501307

Exp Date: 01/13/2027

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 7:27pm |
| AIR BLK | .00 | 7:28pm |
| ACCY CHK | .07 | 7:28pm |
| AIR BLK | .00 | 7:29pm |
| SUB TEST | .00 | 7:30pm |
| AIR BLK | .00 | 7:31pm |
| SUB TEST | .00 | 7:32pm |
| AIR BLK | .00 | 7:33pm |

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

ROBESON COUNTY BAT MOBILE UNIT 12 770

Serial Number: 008601 Test Record Number: 1775
Test Date: 06/19/2025 Test Time: 7:36pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 7:36pm |
| FLO | Pass | 7:36pm |
| FC | Pass | 7:37pm |

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 7:37pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 7:37pm |

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Robeson Instrument Location BAT Mobile Unit 12
Instrument Serial No. 008698 Maxton 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 19th 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.



[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 12 770

Serial Number: 008698

Test Date: 06/19/2025

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: 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

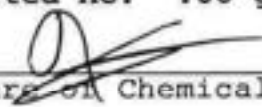
Test Type: Breath Test

Lot Number: AG400303

Exp Date: 01/03/2026

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 7:26pm |
| AIR BLK | .00 | 7:27pm |
| ACCY CHK | .07 | 7:28pm |
| AIR BLK | .00 | 7:29pm |
| SUB TEST | .00 | 7:30pm |
| AIR BLK | .00 | 7:30pm |
| SUB TEST | .00 | 7:32pm |
| AIR BLK | .00 | 7:33pm |

Reported AC: .00 g/210L



Signature of Chemical 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 12 770

Serial Number: 008698 Test Record Number: 2608
Test Date: 06/19/2025 Test Time: 7:36pm 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 | 7:37pm |
| SRC | Pass | 7:37pm |
| DET | Pass | 7:37pm |
| BAR | Pass | 7:37pm |
| BT | Pass | 7:37pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 7:37pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 7:37pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 7:37pm |
| 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

County Robeson Instrument Location BAT Mobile Unit 12
Instrument Serial No. 00 8788 Maxton 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 19th day of June, 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.



[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 12 770

Serial Number: 008788

Test Date: 06/19/2025

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: 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

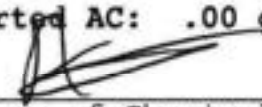
Test Type: Breath Test

Lot Number: AG417802

Exp Date: 06/26/2026


| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 7:31pm |
| AIR BLK | .00 | 7:32pm |
| ACCY CHK | .08 | 7:32pm |
| AIR BLK | .00 | 7:33pm |
| SUB TEST | .00 | 7:34pm |
| AIR BLK | .00 | 7:35pm |
| SUB TEST | .00 | 7:36pm |
| AIR BLK | .00 | 7:37pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



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 12 770

Serial Number: 008788 Test Record Number: 2412
Test Date: 06/19/2025 Test Time: 7:38pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 7:38pm |
| FLO | Pass | 7:38pm |
| FC | Pass | 7:38pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 7:39pm |
| SRC | Pass | 7:39pm |
| DET | Pass | 7:39pm |
| BAR | Pass | 7:39pm |
| BT | Pass | 7:39pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 7:39pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 7:39pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 7:39pm |
| CAL | Pass | 7:39pm |

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 Robeson Instrument Location BAT Mobile Unit 13
Instrument Serial No. 008869 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 27 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.



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

ROBESON COUNTY BAT MOBILE UNIT 13 770

Serial Number: 008869

Test Date: 06/27/2025

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: 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 | 9:05pm |
| AIR BLK | .00 | 9:06pm |
| ACCY CHK | .07 | 9:07pm |
| AIR BLK | .00 | 9:08pm |
| SUB TEST | .00 | 9:08pm |
| AIR BLK | .00 | 9:09pm |
| SUB TEST | .00 | 9:12pm |
| AIR BLK | .00 | 9:13pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

ROBESON COUNTY BAT MOBILE UNIT 13 770

Serial Number: 008869 Test Record Number: 2042
Test Date: 06/27/2025 Test Time: 9:13pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:14pm |
| FLO | Pass | 9:14pm |
| 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 | 9:15pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 9:15pm |

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 Robeson Instrument Location BAT Mobile Unit 13
Instrument Serial No. 008898 Pembroke P.D.

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 27 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.



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

ROBESON COUNTY BAT MOBILE UNIT 13 770

Serial Number: 008898

Test Date: 06/27/2025

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: 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 | 7:49pm |
| AIR BLK | .00 | 7:50pm |
| ACCY CHK | .07 | 7:51pm |
| AIR BLK | .00 | 7:52pm |
| SUB TEST | .00 | 7:53pm |
| AIR BLK | .00 | 7:54pm |
| SUB TEST | .00 | 7:56pm |
| AIR BLK | .00 | 7:56pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

ROBESON COUNTY BAT MOBILE UNIT 13 770

Serial Number: 008898 Test Record Number: 2015
Test Date: 06/27/2025 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 Robeson Instrument Location BAT Mobile Unit 13
Instrument Serial No. 008939 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 27 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.



T. 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

ROBESON COUNTY BAT MOBILE UNIT 13 770

Serial Number: 008939

Test Date: 06/27/2025

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: 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 | 7:34pm |
| AIR BLK | .00 | 7:35pm |
| ACCY CHK | .07 | 7:35pm |
| AIR BLK | .00 | 7:36pm |
| SUB TEST | .00 | 7:37pm |
| AIR BLK | .00 | 7:38pm |
| SUB TEST | .00 | 7:39pm |
| AIR BLK | .00 | 7:40pm |

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

ROBESON COUNTY BAT MOBILE UNIT 13 770

Serial Number: 008939 Test Record Number: 1880

Test Date: 06/27/2025 Test Time: 7:41pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 7:41pm |
| FLO | Pass | 7:41pm |
| FC | Pass | 7:41pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 7:41pm |
| SRC | Pass | 7:41pm |
| DET | Pass | 7:41pm |
| BAR | Pass | 7:41pm |
| BT | Pass | 7:41pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 7:42pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 7:42pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 7:42pm |
| CAL | Pass | 7:42pm |

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 7
Instrument Serial No. 008968 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 27th 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.





Signature of Certifying Official

2266313

Certificate Number

Intox EC/IR-II: Subject Test

ROBESON COUNTY BAT MOBILE UNIT 7 770

Serial Number: 008968

Test Date: 06/27/2025

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: 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: AG506303-013

Exp Date: 03/04/2027

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 9:39pm |
| AIR BLK | .00 | 9:40pm |
| ACCY CHK | .08 | 9:41pm |
| AIR BLK | .00 | 9:42pm |
| SUB TEST | .00 | 9:42pm |
| AIR BLK | .00 | 9:43pm |
| SUB TEST | .00 | 9:45pm |
| AIR BLK | .00 | 9:46pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

Intox EC/IR-II: Preventive Maintenance

ROBESON COUNTY BAT MOBILE UNIT 7 770

Serial Number: 008968 Test Record Number: 390
Test Date: 06/27/2025 Test Time: 9:48pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:48pm |
| FLO | Pass | 9:48pm |
| FC | Pass | 9:48pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:48pm |
| SRC | Pass | 9:48pm |
| DET | Pass | 9:48pm |
| BAR | Pass | 9:48pm |
| BT | Pass | 9:48pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:49pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 9:49pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 9:49pm |
| CAL | Pass | 9:49pm |

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 7
Instrument Serial No. 008968 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 29th 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.



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 7 770

Serial Number: 008968

Test Date: 06/29/2025

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: 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: AG506303-013


Exp Date: 03/04/2027

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 6:38pm |
| AIR BLK | .00 | 6:39pm |
| ACCY CHK | .08 | 6:40pm |
| AIR BLK | .00 | 6:41pm |
| SUB TEST | .00 | 6:41pm |
| AIR BLK | .00 | 6:42pm |
| SUB TEST | .00 | 6:44pm |
| AIR BLK | .00 | 6:44pm |

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 7 770

Serial Number: 008968 Test Record Number: 392
Test Date: 06/29/2025 Test Time: 6:45pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 6:45pm |
| FLO | Pass | 6:45pm |
| FC | Pass | 6:45pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 6:46pm |
| SRC | Pass | 6:46pm |
| DET | Pass | 6:46pm |
| BAR | Pass | 6:46pm |
| BT | Pass | 6:46pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 6:46pm |

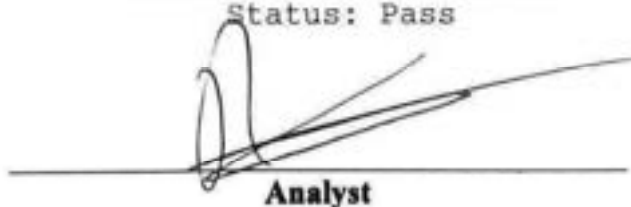
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 6:46pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 6:46pm |
| CAL | Pass | 6:46pm |

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 Robeson Instrument Location BAT Mobile Unit 7
Instrument Serial No. 008971 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 27th 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.



[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 7 770

Serial Number: 008971

Test Date: 06/27/2025

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: 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: AG506302-043

Exp Date: 03/04/2027

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 9:28pm |
| AIR BLK | .00 | 9:28pm |
| ACCY CHK | .08 | 9:29pm |
| AIR BLK | .00 | 9:30pm |
| SUB TEST | .00 | 9:30pm |
| AIR BLK | .00 | 9:31pm |
| SUB TEST | .00 | 9:33pm |
| AIR BLK | .00 | 9:34pm |

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

ROBESON COUNTY BAT MOBILE UNIT 7 770

Serial Number: 008971 Test Record Number: 341
Test Date: 06/27/2025 Test Time: 9:37pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:38pm |
| FLO | Pass | 9:38pm |
| FC | Pass | 9:38pm |

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:38pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 9:38pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 9:39pm |
| CAL | Pass | 9:39pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Robeson Instrument Location BAT Mobile Unit 7
Instrument Serial No. 00 8971 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 24th 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.



[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 7 770

Serial Number: 008971
Test Date: 06/29/2025

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

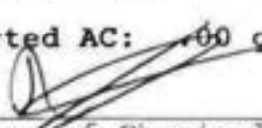
Analyst's Name: Sharpe Jr., Robert J
Permit Number: 1820-8591
Effective:
02/01/2025-02/01/2027

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

Lot Number: AG506302-043
Exp Date: 03/04/2027

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 6:39pm |
| AIR BLK | .00 | 6:40pm |
| ACCY CHK | .08 | 6:41pm |
| AIR BLK | .00 | 6:42pm |
| SUB TEST | .00 | 6:42pm |
| AIR BLK | .00 | 6:43pm |
| SUB TEST | .00 | 6:45pm |
| AIR BLK | .00 | 6:45pm |

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 7 770

Serial Number: 008971 Test Record Number: 343
Test Date: 06/29/2025 Test Time: 6:46pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 6:46pm |
| FLO | Pass | 6:46pm |
| FC | Pass | 6:46pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 6:46pm |
| SRC | Pass | 6:46pm |
| DET | Pass | 6:46pm |
| BAR | Pass | 6:46pm |
| BT | Pass | 6:46pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 6:47pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 6:47pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 6:47pm |
| CAL | Pass | 6:47pm |

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 7
Instrument Serial No. 008972 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 27th 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.





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

ROBEESON COUNTY BAT MOBILE UNIT 7 770

Serial Number: 008972

Test Date: 06/27/2025

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: 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

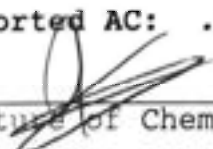
Test Type: Breath Test

Lot Number: AG506303-015

Exp Date: 03/04/2027

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 9:59pm |
| AIR BLK | .00 | 10:00pm |
| ACCY CHK | .08 | 10:00pm |
| AIR BLK | .00 | 10:01pm |
| SUB TEST | .00 | 10:02pm |
| AIR BLK | .00 | 10:03pm |
| SUB TEST | .00 | 10:05pm |
| AIR BLK | .00 | 10:06pm |

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

ROBESON COUNTY BAT MOBILE UNIT 7 770

Serial Number: 008972 Test Record Number: 399
Test Date: 06/27/2025 Test Time: 10:06pm 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 and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Robeson Instrument Location BAT Mobile Unit 7
Instrument Serial No. 008972 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 29th 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.




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 7 770

Serial Number: 008972

Test Date: 06/29/2025

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: 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: AG506303-015

Exp Date: 03/04/2027

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 6:38pm |
| AIR BLK | .00 | 6:39pm |
| ACCY CHK | .08 | 6:39pm |
| AIR BLK | .00 | 6:40pm |
| SUB TEST | .00 | 6:42pm |
| AIR BLK | .00 | 6:42pm |
| SUB TEST | .00 | 6:44pm |
| AIR BLK | .00 | 6:45pm |

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 7 770

Serial Number: 008972 Test Record Number: 401
Test Date: 06/29/2025 Test Time: 6:45pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 6:46pm |
| FLO | Pass | 6:46pm |
| FC | Pass | 6:46pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 6:46pm |
| SRC | Pass | 6:46pm |
| DET | Pass | 6:46pm |
| BAR | Pass | 6:46pm |
| BT | Pass | 6:46pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 6:47pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 6:47pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 6:47pm |
| CAL | Pass | 6:47pm |

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 SAMPSON Instrument Location SAMPSON COUNTY

Instrument Serial No. 008825 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 13 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.



Alan R. Bono
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

SAMPSON COUNTY DETENTION CENTER 810

Serial Number: 008825
Test Date: 06/13/2025

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: AG417802

Exp Date: 06/26/2026

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 3:49pm |
| AIR BLK | .00 | 3:50pm |
| ACCY CHK | .08 | 3:50pm |
| AIR BLK | .00 | 3:52pm |
| SUB TEST | .00 | 3:53pm |
| AIR BLK | .00 | 3:54pm |
| SUB TEST | .00 | 3:55pm |
| AIR BLK | .00 | 3:56pm |

Reported AC: .00 g/210L

Alvin R. Barnes

Signature of Chemical Analyst

Court CVR

Alvin R. 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

SAMPSON COUNTY DETENTION CENTER 810

Serial Number: 008825 Test Record Number: 4098
Test Date: 06/13/2025 Test Time: 3:56pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 3:57pm |
| FLO | Pass | 3:57pm |
| FC | Pass | 3:57pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 3:57pm |
| SRC | Pass | 3:57pm |
| DET | Pass | 3:57pm |
| BAR | Pass | 3:57pm |
| BT | Pass | 3:57pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 3:57pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 3:58pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 3:58pm |
| CAL | Pass | 3:58pm |

**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 SAMPSON Instrument Location SAMPSON COUNTY
Instrument Serial No. 008877 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 13 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.



Alan R. Bano

Signature of Certifying Official

146229

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

SAMPSON COUNTY DETENTION CENTER 810

Serial Number: 008877

Test Date: 06/13/2025

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

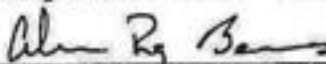
Test Type: Breath Test

Lot Number: AG417802

Exp Date: 06/26/2026

| 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 | 3:53pm |
| 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

Intox EC/IR-II: Preventive Maintenance

SAMPSON COUNTY DETENTION CENTER 810

Serial Number: 008877 Test Record Number: 4268
Test Date: 06/13/2025 Test Time: 3:57pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 3:57pm |
| FLO | Pass | 3:57pm |
| 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 |

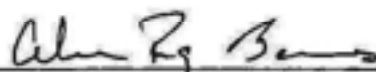
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 3:58pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 3:58pm |
| CAL | Pass | 3:58pm |

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 Scotland Instrument Location Laurinburg Police
Instrument Serial No. 008834 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 4 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.



[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

SCOTLAND COUNTY LAURINBURG PD 820

Serial Number: 008834

Test Date: 06/04/2025

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: 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: AG431003

Exp Date: 11/05/2026

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

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

SCOTLAND COUNTY LAURINBURG PD 820

Serial Number: 008834 Test Record Number: 1295
Test Date: 06/04/2025 Test Time: 10:41am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:41am |
| FLO | Pass | 10:41am |
| FC | Pass | 10:41am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 10:41am |
| SRC | Pass | 10:41am |
| DET | Pass | 10:41am |
| BAR | Pass | 10:41am |
| BT | Pass | 10:41am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:42am |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 10:42am |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 10:42am |
| CAL | Pass | 10:42am |

**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 Scotland Instrument Location Scotland County
Instrument Serial No. 008861 Sheriff's Office

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 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.



[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

SCOTLAND COUNTY SHERIFF'S OFFICE 820

Serial Number: 008861

Test Date: 06/04/2025

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: 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

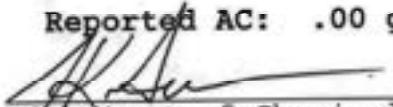
Test Type: Breath Test

Lot Number: AG417803

Exp Date: 06/26/2026

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 9:34am |
| AIR BLK | .00 | 9:35am |
| ACCY CHK | .08 | 9:35am |
| AIR BLK | .00 | 9:36am |
| SUB TEST | .00 | 9:37am |
| AIR BLK | .00 | 9:38am |
| SUB TEST | .00 | 9:39am |
| AIR BLK | .00 | 9:40am |

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

SCOTLAND COUNTY SHERIFF'S OFFICE 820

Serial Number: 008861 Test Record Number: 2134
Test Date: 06/04/2025 Test Time: 9:43am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:43am |
| FLO | Pass | 9:43am |
| FC | Pass | 9:43am |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:43am |
| SRC | Pass | 9:43am |
| DET | Pass | 9:43am |
| BAR | Pass | 9:43am |
| BT | Pass | 9:43am |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:44am |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 9:44am |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 9:44am |
| CAL | Pass | 9:44am |

**Preventive Maintenance
Status: Pass**


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Stanly Instrument Location BAT Mobile Unit 8
Instrument Serial No. 008615 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 21 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.



[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

STANLY COUNTY BAT MOBILE UNIT 8 830

Serial Number: 008615

Test Date: 06/21/2025

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: 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

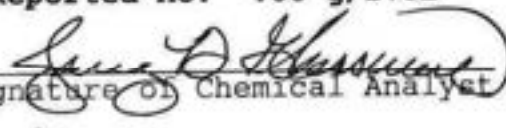
Test Type: Breath Test

Lot Number: AG405102

Exp Date: 02/20/2026

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 3:37pm |
| AIR BLK | .00 | 3:38pm |
| ACCY CHK | .07 | 3:39pm |
| AIR BLK | .00 | 3:40pm |
| SUB TEST | .00 | 3:40pm |
| AIR BLK | .00 | 3:41pm |
| SUB TEST | .00 | 3:43pm |
| AIR BLK | .00 | 3:43pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

STANLY COUNTY BAT MOBILE UNIT 8 830

Serial Number: 008615 Test Record Number: 6115
Test Date: 06/21/2025 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 Stanly Instrument Location Locust PD
Instrument Serial No. 008706 Locust, 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 19th 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.



[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

STANLY COUNTY LOCUST PD 830

Serial Number: 008706

Test Date: 06/19/2025

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: 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

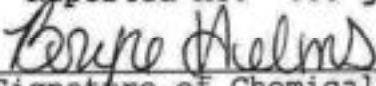
Test Type: Breath Test

Lot Number: AG501303


Exp Date: 01/13/2027

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 11:40am |
| AIR BLK | .00 | 11:40am |
| ACCY CHK | .07 | 11:41am |
| AIR BLK | .00 | 11:42am |
| SUB TEST | .00 | 11:43am |
| AIR BLK | .00 | 11:44am |
| SUB TEST | .00 | 11:45am |
| AIR BLK | .00 | 11:46am |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

STANLY COUNTY LOCUST PD 830

Serial Number: 008706 Test Record Number: 3837
Test Date: 06/19/2025 Test Time: 11:46am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:47am |
| FLO | Pass | 11:47am |
| FC | Pass | 11:47am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:47am |
| SRC | Pass | 11:47am |
| DET | Pass | 11:47am |
| BAR | Pass | 11:47am |
| BT | Pass | 11:47am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:48am |

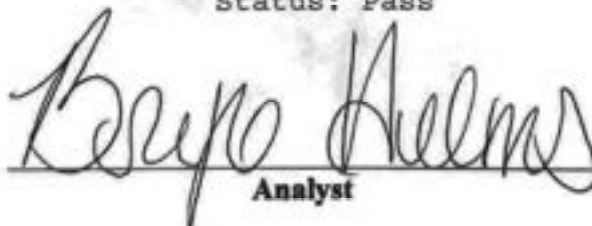
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:48am |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 11:48am |
| CAL | Pass | 11:48am |

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 Stanly Instrument Location BAT Mobile Unit 8
Instrument Serial No. 008736 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 31 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.



[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

STANLY COUNTY BAT MOBILE UNIT 8 830

Serial Number: 008736
Test Date: 06/21/2025

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: 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

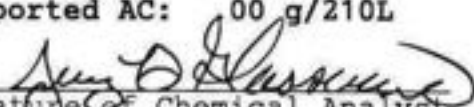
Test Type: Breath Test

Lot Number: AG405102

Exp Date: 02/20/2026

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 4:02pm |
| AIR BLK | .00 | 4:03pm |
| ACCY CHK | .07 | 4:04pm |
| AIR BLK | .00 | 4:05pm |
| SUB TEST | .00 | 4:05pm |
| AIR BLK | .00 | 4:06pm |
| SUB TEST | .00 | 4:08pm |
| AIR BLK | .00 | 4:08pm |

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

STANLY COUNTY BAT MOBILE UNIT 8 830

Serial Number: 008736 Test Record Number: 1471
Test Date: 06/21/2025 Test Time: 4:09pm 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 | 4:10pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 4:10pm |

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 Stanly Instrument Location BAT Mobile Unit 8
Instrument Serial No. 008775 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 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.



[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

STANLY COUNTY BAT MOBILE UNIT 8 830

Serial Number: 008775

Test Date: 06/21/2025

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: 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 | 3:59pm |
| AIR BLK | .00 | 4:00pm |
| ACCY CHK | .08 | 4:01pm |
| AIR BLK | .00 | 4:02pm |
| SUB TEST | .00 | 4:02pm |
| AIR BLK | .00 | 4:03pm |
| SUB TEST | .00 | 4:05pm |
| AIR BLK | .00 | 4:06pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

STANLY COUNTY BAT MOBILE UNIT 8 830

Serial Number: 008775 Test Record Number: 2321
Test Date: 06/21/2025 Test Time: 4:07pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 4:08pm |
| FLO | Pass | 4:08pm |
| FC | Pass | 4:08pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 4:08pm |
| SRC | Pass | 4:08pm |
| DET | Pass | 4:08pm |
| BAR | Pass | 4:08pm |
| BT | Pass | 4:08pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 4:09pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 4:09pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 4:09pm |
| CAL | Pass | 4:09pm |

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 Stanly Instrument Location BAT Mobile Unit 8
Instrument Serial No. 008816 UCWRC

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 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.



[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

STANLY COUNTY BAT MOBILE UNIT 8 830

Serial Number: 008816
Test Date: 06/21/2025

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: 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 | 4:01pm |
| AIR BLK | .00 | 4:02pm |
| ACCY CHK | .07 | 4:03pm |
| AIR BLK | .00 | 4:04pm |
| SUB TEST | .00 | 4:04pm |
| AIR BLK | .00 | 4:05pm |
| SUB TEST | .00 | 4:07pm |
| AIR BLK | .00 | 4:08pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

STANLY COUNTY BAT MOBILE UNIT 8 830

Serial Number: 008816 Test Record Number: 7907
Test Date: 06/21/2025 Test Time: 4:08pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 4:09pm |
| FLO | Pass | 4:09pm |
| FC | Pass | 4:09pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 4:09pm |
| SRC | Pass | 4:09pm |
| DET | Pass | 4:09pm |
| BAR | Pass | 4:09pm |
| BT | Pass | 4:09pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 4:09pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 4:10pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 4:10pm |
| CAL | Pass | 4:10pm |

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 Stanly Instrument Location BAT Mobile Unit 8
Instrument Serial No. 008929 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 21 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.



[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

STANLY COUNTY BAT MOBILE UNIT 8 830

Serial Number: 008929

Test Date: 06/21/2025

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: 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 | 4:09pm |
| AIR BLK | .00 | 4:10pm |
| ACCY CHK | .07 | 4:11pm |
| AIR BLK | .00 | 4:12pm |
| SUB TEST | .00 | 4:13pm |
| AIR BLK | .00 | 4:14pm |
| SUB TEST | .00 | 4:15pm |
| AIR BLK | .00 | 4:16pm |

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

STANLY COUNTY BAT MOBILE UNIT 8 830

Serial Number: 008929 Test Record Number: 1608
Test Date: 06/21/2025 Test Time: 4:17pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 4:17pm |
| FLO | Pass | 4:17pm |
| 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 | 4:18pm |

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 Swain Instrument Location Swain Co. Jail
Instrument Serial No. 008723 Bryson City, 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 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.



Dir. 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

SWAIN COUNTY JAIL 860

Serial Number: 008723

Test Date: 06/23/2025

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,

Type of Agency: FTA

Agency: DHHS

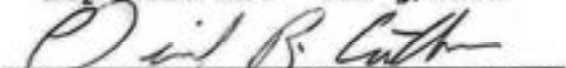
Test Type: Breath Test

Lot Number: AG400303

Exp Date: 01/03/2026

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 12:00pm |
| AIR BLK | .00 | 12:00pm |
| ACCY CHK | .08 | 12:01pm |
| AIR BLK | .00 | 12:02pm |
| SUB TEST | .00 | 12:03pm |
| AIR BLK | .00 | 12:04pm |
| SUB TEST | .00 | 12:05pm |
| AIR BLK | .00 | 12:06pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

SWAIN COUNTY JAIL 860

Serial Number: 008723 Test Record Number: 925
Test Date: 06/23/2025 Test Time: 12:07pm 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 Swain Instrument Location Swain Co. Jail
Instrument Serial No. 008727 Bryson City, 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 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.



David R. Guthrie
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 JAIL 860

Serial Number: 008727

Test Date: 06/23/2025

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,

Type of Agency: FTA

Agency: DHHS

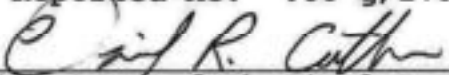
Test Type: Breath Test

Lot Number: AG503001

Exp Date: 01/30/2027

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 11:44am |
| 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 | 11:49am |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

SWAIN COUNTY JAIL 860

Serial Number: 008727 Test Record Number: 1710
Test Date: 06/23/2025 Test Time: 11:51am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:51am |
| FLO | Pass | 11:51am |
| 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 | 11:52am |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:52am |

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 Union Instrument Location Union County 80
Instrument Serial No. 008866 Monroe, 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 2nd 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.



Bray Aelms
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 UNION COUNTY SO 890

Serial Number: 008866
Test Date: 06/02/2025

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: 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

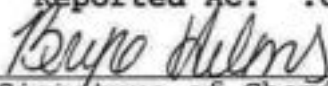
Test Type: Breath Test

Lot Number: AG506302

Exp Date: 03/04/2027

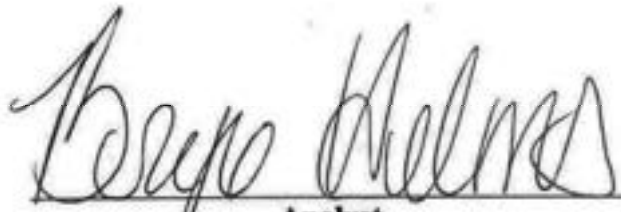
| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 11:01am |
| AIR BLK | .00 | 11:02am |
| ACCY CHK | .08 | 11:03am |
| AIR BLK | .00 | 11:04am |
| SUB TEST | .00 | 11:04am |
| AIR BLK | .00 | 11:05am |
| SUB TEST | .00 | 11:06am |
| AIR BLK | .00 | 11:07am |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

UNION COUNTY UNION COUNTY SO 890

Serial Number: 008866 Test Record Number: 4779
Test Date: 06/02/2025 Test Time: 11:08am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

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

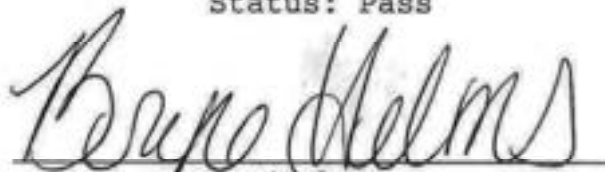
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:09am |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 11:09am |
| CAL | Pass | 11:09am |

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Union Instrument Location Union County 80
Instrument Serial No. 008876 Monroe, 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 2nd 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.



Bryon 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 UNION COUNTY SO 890

Serial Number: 008876
Test Date: 06/02/2025

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: 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: AG506302

Exp Date: 03/04/2027

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 10:43am |
| AIR BLK | .00 | 10:44am |
| ACCY CHK | .08 | 10:45am |
| AIR BLK | .00 | 10:46am |
| SUB TEST | .00 | 10:47am |
| AIR BLK | .00 | 10:48am |
| SUB TEST | .00 | 10:49am |
| AIR BLK | .00 | 10:50am |

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

UNION COUNTY UNION COUNTY SO 890

Serial Number: 008876 Test Record Number: 7369
Test Date: 06/02/2025 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 |

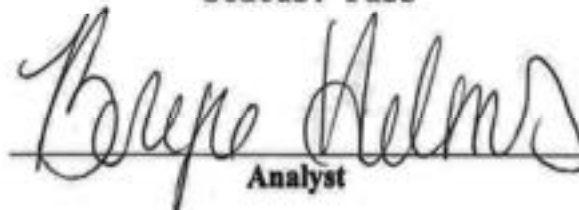
Printer Tests

| 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 Wake Instrument Location Wake County Detention Ctr
Instrument Serial No. 608577 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 2 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.



Sam Stokes Brown

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: 008577
Test Date: 06/02/2025

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 | 10:24am |
| AIR BLK | .00 | 10:25am |
| ACCY CHK | .07 | 10:26am |
| AIR BLK | .00 | 10:27am |
| SUB TEST | .00 | 10:27am |
| AIR BLK | .00 | 10:28am |
| SUB TEST | .00 | 10:30am |
| AIR BLK | .00 | 10:31am |

Reported AC: .00 g/210L

Simon Stokes Barnes
Signature of Chemical Analyst

Court CVR

Simon Stokes Barnes
Analyst

Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008577 Test Record Number: 8755
Test Date: 06/02/2025 Test Time: 10:31am 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 | 10:32am |

Printer Tests

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

CRC Tests

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

Preventive Maintenance
Status: Pass

Sam Stokes Bruns
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 CARY PD

Instrument Serial No. 008587 120 Williamson St. Cary, 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 MAY, 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

WAKE COUNTY CARY PD 910

Serial Number: 008587

Test Date: 05/28/2025

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: AG400302

Exp Date: 01/03/2026

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 10:39am |
| AIR BLK | .00 | 10:40am |
| ACCY CHK | .07 | 10:40am |
| AIR BLK | .00 | 10:41am |
| SUB TEST | .00 | 10:42am |
| AIR BLK | .00 | 10:43am |
| SUB TEST | .00 | 10:44am |
| AIR BLK | .00 | 10:45am |

Reported AC: .00 g/210L

Simon Stokes Barnes
Signature of Chemical Analyst

Court CVR

Simon Stokes Barnes
Analyst

Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY CARY PD 910

Serial Number: 008587 Test Record Number: 5471
Test Date: 05/28/2025 Test Time: 10:59am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:59am |
| FLO | Pass | 10:59am |
| FC | Pass | 11:00am |

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:00am |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:00am |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 11:01am |
| CAL | Pass | 11:01am |

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 Wake Instrument Location Cary PD

Instrument Serial No. 008587 120 Wilkinson St Cary, 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 9 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.



Sam Allen 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

WAKE COUNTY CARY PD 910

Serial Number: 008587

Test Date: 06/09/2025

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: 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: AG400302

Exp Date: 01/03/2026

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

Reported AC: .00 g/210L

Simon S. Barnes
Signature of Chemical Analyst

Court CVR

Simon S. 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

WAKE COUNTY CARY PD 910

Serial Number: 008587 Test Record Number: 5486
Test Date: 06/09/2025 Test Time: 2:06pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 2:08pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 2:08pm |

CRC Tests

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

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL 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 BAT Mobile Unit 8
Instrument Serial No. 008615 NCSHP

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 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.



[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

WAKE COUNTY BAT MOBILE UNIT 8 910

Serial Number: 008615

Test Date: 06/14/2025

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 | 9:14pm |
| AIR BLK | .00 | 9:15pm |
| ACCY CHK | .07 | 9:16pm |
| AIR BLK | .00 | 9:17pm |
| SUB TEST | .00 | 9:18pm |
| AIR BLK | .00 | 9:19pm |
| SUB TEST | .00 | 9:20pm |
| AIR BLK | .00 | 9:21pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:22pm |
| FLO | Pass | 9:22pm |
| FC | Pass | 9:22pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:22pm |
| SRC | Pass | 9:22pm |
| DET | Pass | 9:22pm |
| BAR | Pass | 9:22pm |
| BT | Pass | 9:22pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:23pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 9:23pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 9:23pm |
| CAL | Pass | 9:23pm |

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 WAKE Instrument Location RALEIGH PD NORTHEAST DIST
Instrument Serial No. 008623 5228 GREENS DAIRY 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 27 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.




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

WAKE COUNTY NORTH EAST DISTRICT 910

Serial Number: 008623

Test Date: 06/27/2025

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: 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 | 12:13pm |
| AIR BLK | .00 | 12:14pm |
| ACCY CHK | .07 | 12:14pm |
| AIR BLK | .00 | 12:15pm |
| SUB TEST | .00 | 12:16pm |
| AIR BLK | .00 | 12:17pm |
| SUB TEST | .00 | 12:18pm |
| AIR BLK | .00 | 12:19pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY NORTH EAST DISTRICT 910

Serial Number: 008623 Test Record Number: 4971
Test Date: 06/27/2025 Test Time: 12:20pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

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

Printer Tests

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

CRC Tests

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

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL 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 FOREST PD
Instrument Serial No. 008700 225 S. TAYLOR ST
WAKE FOREST, 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 27 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.



[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

WAKE COUNTY WAKE FOREST PD 910

Serial Number: 008700

Test Date: 06/27/2025

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: 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 | 11:06am |
| AIR BLK | .00 | 11:06am |
| ACCY CHK | .08 | 11:07am |
| AIR BLK | .00 | 11:08am |
| SUB TEST | .00 | 11:09am |
| AIR BLK | .00 | 11:10am |
| SUB TEST | .00 | 11:11am |
| AIR BLK | .00 | 11:12am |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY WAKE FOREST PD 910

Serial Number: 008700 Test Record Number: 2718
Test Date: 06/27/2025 Test Time: 11:14am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:14am |
| SRC | Pass | 11:14am |
| DET | Pass | 11:14am |
| BAR | Pass | 11:14am |
| BT | Pass | 11:14am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:15am |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:15am |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 11:15am |
| CAL | Pass | 11:15am |

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 Wake Instrument Location BAT Mobile Unit 8
Instrument Serial No. 008736 NCSHP

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 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.



[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

WAKE COUNTY BAT MOBILE UNIT 8 910

Serial Number: 008736

Test Date: 06/14/2025

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:

PREVENTIVE, MAINTENANCE

Type of Agency: FTA

Agency: DHHS


Test Type: Breath Test

Lot Number: AG405102

Exp Date: 02/20/2026

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 9:17pm |
| AIR BLK | .00 | 9:18pm |
| ACCY CHK | .07 | 9:18pm |
| AIR BLK | .00 | 9:19pm |
| SUB TEST | .00 | 9:20pm |
| 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

WAKE COUNTY BAT MOBILE UNIT 8 910

Serial Number: 008736 Test Record Number: 1462
Test Date: 06/14/2025 Test Time: 9:24pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:24pm |
| FLO | Pass | 9:24pm |
| FC | Pass | 9:24pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:24pm |
| SRC | Pass | 9:24pm |
| DET | Pass | 9:24pm |
| BAR | Pass | 9:24pm |
| BT | Pass | 9:24pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:25pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 9:25pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 9:25pm |
| CAL | Pass | 9:25pm |

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 Wake Instrument Location Wake County Detention Ctr
Instrument Serial No. 008760 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 2 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.



Simon J. Altes 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

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008760

Test Date: 06/02/2025

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

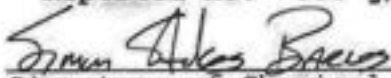
Test Type: Breath Test

Lot Number: AG506302

Exp Date: 03/04/2027

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 10:32am |
| AIR BLK | .00 | 10:33am |
| ACCY CHK | .08 | 10:34am |
| AIR BLK | .00 | 10:35am |
| SUB TEST | .00 | 10:36am |
| AIR BLK | .00 | 10:36am |
| SUB TEST | .00 | 10:39am |
| AIR BLK | .00 | 10:40am |

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: 008760 Test Record Number: 7274
Test Date: 06/02/2025 Test Time: 10:45am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:45am |
| FLO | Pass | 10:45am |
| FC | Pass | 10:45am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 10:45am |
| SRC | Pass | 10:45am |
| DET | Pass | 10:45am |
| BAR | Pass | 10:45am |
| BT | Pass | 10:45am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:46am |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 10:46am |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 10:46am |
| CAL | Pass | 10:46am |

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 Wake Instrument Location BAT Mobile Unit 8
Instrument Serial No. 008775 NCSHP

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 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.



[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

WAKE COUNTY BAT MOBILE UNIT 8 910

Serial Number: 008775

Test Date: 06/14/2025

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 | 10:07pm |
| AIR BLK | .00 | 10:08pm |
| ACCY CHK | .08 | 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

Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY BAT MOBILE UNIT 8 910

Serial Number: 008775 Test Record Number: 2311
Test Date: 06/14/2025 Test Time: 10:14pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:14pm |
| FLO | Pass | 10:14pm |
| FC | Pass | 10:14pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 10:14pm |
| SRC | Pass | 10:14pm |
| DET | Pass | 10:14pm |
| BAR | Pass | 10:14pm |
| BT | Pass | 10:14pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:15pm |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 10:15pm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 10:15pm |
| CAL | Pass | 10:15pm |

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 Wake Instrument Location BAT Mobile Unit 8
Instrument Serial No. 008816 NCSHP

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 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.



[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

WAKE COUNTY BAT MOBILE UNIT 8 910

Serial Number: 008816
Test Date: 06/14/2025

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

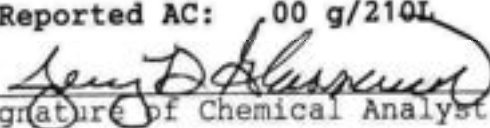
Test Type: Breath Test

Lot Number: AG431002

Exp Date: 11/05/2026

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 9:16pm |
| AIR BLK | .00 | 9:17pm |
| ACCY CHK | .07 | 9:17pm |
| AIR BLK | .00 | 9:18pm |
| SUB TEST | .00 | 9:19pm |
| AIR BLK | .00 | 9:20pm |
| SUB TEST | .00 | 9:21pm |
| AIR BLK | .00 | 9:22pm |

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

WAKE COUNTY BAT MOBILE UNIT 8 910

Serial Number: 008816 Test Record Number: 7897
Test Date: 06/14/2025 Test Time: 9:23pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:24pm |
| FLO | Pass | 9:24pm |
| FC | Pass | 9:24pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:24pm |
| SRC | Pass | 9:24pm |
| DET | Pass | 9:24pm |
| BAR | Pass | 9:24pm |
| BT | Pass | 9:24pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:25pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 9:25pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 9:25pm |
| CAL | Pass | 9:25pm |

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 Wake Instrument Location BAT Mobile Unit 13
Instrument Serial No. 008869 NCSHP

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 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.



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

WAKE COUNTY BAT MOBILE UNIT 13 910

Serial Number: 008869

Test Date: 06/14/2025

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 | 10:23pm |
| AIR BLK | .00 | 10:24pm |
| ACCY CHK | .07 | 10:25pm |
| AIR BLK | .00 | 10:26pm |
| SUB TEST | .00 | 10:26pm |
| AIR BLK | .00 | 10:27pm |
| SUB TEST | .00 | 10:29pm |
| AIR BLK | .00 | 10:30pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY BAT MOBILE UNIT 13 910

Serial Number: 008869 Test Record Number: 2034
Test Date: 06/14/2025 Test Time: 10:30pm 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 Wake Instrument Location Wake County Detention Ctr
Instrument Serial No. 008873 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 3 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.



Sam Alder 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

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008873

Test Date: 06/03/2025

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: AG506302

Exp Date: 03/04/2027

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

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

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008873 Test Record Number: 2299
Test Date: 06/03/2025 Test Time: 4:42pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 4:43pm |
| FLO | Pass | 4:43pm |
| FC | Pass | 4:43pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 4:43pm |
| SRC | Pass | 4:43pm |
| DET | Pass | 4:43pm |
| BAR | Pass | 4:43pm |
| BT | Pass | 4:43pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 4:44pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 4:44pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 4:44pm |
| CAL | Pass | 4:44pm |

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 Wake Instrument Location BAT Mobile Unit 13
Instrument Serial No. 008898 NCSHP

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 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.



Tina B. Rith
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

WAKE COUNTY BAT MOBILE UNIT 13 910

Serial Number: 008898

Test Date: 06/14/2025

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 | 10:21pm |
| AIR BLK | .00 | 10:22pm |
| ACCY CHK | .07 | 10:23pm |
| AIR BLK | .00 | 10:23pm |
| SUB TEST | .00 | 10:24pm |
| AIR BLK | .00 | 10:25pm |
| SUB TEST | .00 | 10:27pm |
| AIR BLK | .00 | 10:27pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY BAT MOBILE UNIT 13 910

Serial Number: 008898 Test Record Number: 2007
Test Date: 06/14/2025 Test Time: 10:28pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:29pm |
| FLO | Pass | 10:29pm |
| FC | Pass | 10:29pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 10:29pm |
| SRC | Pass | 10:29pm |
| DET | Pass | 10:29pm |
| BAR | Pass | 10:29pm |
| BT | Pass | 10:29pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:29pm |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 10:30pm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 10:30pm |
| CAL | Pass | 10:30pm |

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Wake Instrument Location BAT Mobile Unit 8
Instrument Serial No. 008929 NCSHP

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 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.



[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

WAKE COUNTY BAT MOBILE UNIT 8 910

Serial Number: 008929

Test Date: 06/14/2025

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 | 9:18pm |
| AIR BLK | .00 | 9:19pm |
| ACCY CHK | .07 | 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

Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY BAT MOBILE UNIT 8 910

Serial Number: 008929 Test Record Number: 1596
Test Date: 06/14/2025 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 | 9:27pm |
| SRC | Pass | 9:27pm |
| DET | Pass | 9:27pm |
| BAR | Pass | 9:27pm |
| BT | Pass | 9:27pm |

Blank Tests

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

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

County Wake Instrument Location BAT Mobile Unit 13
Instrument Serial No. 008939 NCSHP

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 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.



Tammy 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.

WAKE COUNTY BAT MOBILE UNIT 13 910

Serial Number: 008939

Test Date: 06/14/2025

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 | 10:02pm |
| AIR BLK | .00 | 10:03pm |
| ACCY CHK | .08 | 10:04pm |
| AIR BLK | .00 | 10:05pm |
| SUB TEST | .00 | 10:05pm |
| AIR BLK | .00 | 10:06pm |
| SUB TEST | .00 | 10:08pm |
| AIR BLK | .00 | 10:09pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY BAT MOBILE UNIT 13 910

Serial Number: 008939 Test Record Number: 1874
Test Date: 06/14/2025 Test Time: 10:11pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 10:11pm |
| SRC | Pass | 10:11pm |
| DET | Pass | 10:11pm |
| BAR | Pass | 10:11pm |
| BT | Pass | 10:11pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:12pm |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 10:12pm |

CRC Tests

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

Preventive Maintenance
Status: Pass


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 Cary PD

Instrument Serial No. 008924 120 W. Kerson St Cary, 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 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.



Simon Stokes Brunes

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 CARY PD 910

Serial Number: 008924

Test Date: 06/02/2025

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: PTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG400302

Exp Date: 01/03/2026

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

WAKE COUNTY CARY PD 910

Serial Number: 008924 Test Record Number: 1994
Test Date: 06/02/2025 Test Time: 8:16am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 8:16am |
| FLO | Pass | 8:16am |
| FC | Pass | 8:16am |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 8:16am |
| SRC | Pass | 8:16am |
| DET | Pass | 8:16am |
| BAR | Pass | 8:16am |
| BT | Pass | 8:16am |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 8:17am |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 8:17am |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 8:17am |
| CAL | Pass | 8:17am |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County WARREN Instrument Location WARREN CO. LEC
Instrument Serial No. 008793 128 RAFTERS LANE
WARRENTON, 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 JUNE, 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. Smith
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

WARREN COUNTY WARREN COUNTY JAIL 920

Serial Number: 008793

Test Date: 06/23/2025

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: 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 | 10:59am |
| AIR BLK | .00 | 10:59am |
| ACCY CHK | .07 | 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

WARREN COUNTY WARREN COUNTY JAIL 920

Serial Number: 008793 Test Record Number: 2260
Test Date: 06/23/2025 Test Time: 11:05am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:05am |
| FLO | Pass | 11:05am |
| FC | Pass | 11:05am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:06am |
| SRC | Pass | 11:06am |
| DET | Pass | 11:06am |
| BAR | Pass | 11:06am |
| BT | Pass | 11:06am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:06am |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:06am |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 11:06am |
| CAL | Pass | 11:06am |

Preventive Maintenance
Status: Pass



Analyst

This form is used when performing Preventive Maintenance procedures
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County WATAUGA Instrument Location WATAUGA COUNTY JAIL
Instrument Serial No. 008715 BOONE, 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 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.




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 WATAUGA JAIL 940

Serial Number: 008715
Test Date: 06/17/2025

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: AG501307

Exp Date: 01/13/2027

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 1:20pm |
| AIR BLK | .00 | 1:21pm |
| ACCY CHK | .08 | 1:21pm |
| AIR BLK | .00 | 1:22pm |
| SUB TEST | .00 | 1:23pm |
| AIR BLK | .00 | 1:24pm |
| SUB TEST | .00 | 1:26pm |
| AIR BLK | .00 | 1:26pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

This form is used when performing Preventive Maintenance procedures
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Intox EC/IR-II: Preventive Maintenance

WATAUGA COUNTY WATAUGA JAIL 940

Serial Number: 008715 Test Record Number: 3011
Test Date: 06/17/2025 Test Time: 1:27pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 1:27pm |
| FLO | Pass | 1:27pm |
| FC | Pass | 1:27pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 1:28pm |
| SRC | Pass | 1:28pm |
| DET | Pass | 1:28pm |
| BAR | Pass | 1:28pm |
| BT | Pass | 1:28pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 1:28pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 1:28pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 1:28pm |
| CAL | Pass | 1:28pm |

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 Wayne Instrument Location Wayne Co. Detention Center
Instrument Serial No. 008649 200 Stronach Ave, Goldsboro,
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 11th 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.



Kay P. [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

WAYNE COUNTY DETENTION CENTER 950

Serial Number: 008649

Test Date: 06/11/2025

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: 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

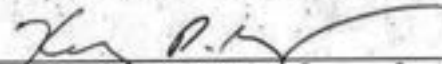
Test Type: Breath Test

Lot Number: AG400303

Exp Date: 01/03/2026

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 11:42am |
| AIR BLK | .00 | 11:42am |
| ACCY CHK | .08 | 11:43am |
| AIR BLK | .00 | 11:44am |
| SUB TEST | .00 | 11:45am |
| AIR BLK | .00 | 11:45am |
| SUB TEST | .00 | 11:47am |
| AIR BLK | .00 | 11:48am |

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

WAYNE COUNTY DETENTION CENTER 950

Serial Number: 008649 Test Record Number: 6240
Test Date: 06/11/2025 Test Time: 11:49am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:49am |
| FLO | Pass | 11:49am |
| FC | Pass | 11:49am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:49am |
| SRC | Pass | 11:49am |
| DET | Pass | 11:49am |
| BAR | Pass | 11:49am |
| BT | Pass | 11:49am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:50am |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:50am |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 11:50am |
| CAL | Pass | 11:50am |

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 Wayne Instrument Location Wayne Co. Detention Center
Instrument Serial No. 008671 200 Stronach Ave., Goldsboro
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 11th 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.



[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

WAYNE COUNTY DETENTION CENTER 950

Serial Number: 008671

Test Date: 06/11/2025

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: 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

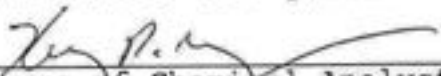
Test Type: Breath Test

Lot Number: AG506301

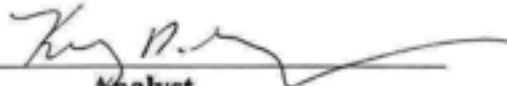
Exp Date: 03/04/2027

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

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

WAYNE COUNTY DETENTION CENTER 950

Serial Number: 008671 Test Record Number: 5309
Test Date: 06/11/2025 Test Time: 12:28pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 12:28pm |
| FLO | Pass | 12:28pm |
| FC | Pass | 12:28pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 12:29pm |
| SRC | Pass | 12:29pm |
| DET | Pass | 12:29pm |
| BAR | Pass | 12:29pm |
| BT | Pass | 12:29pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:29pm |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 12:29pm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 12:29pm |
| CAL | Pass | 12:29pm |

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 Wayne Instrument Location Wayne Co. Detention Center
Instrument Serial No. 008879 200 Stronach Ave, Goldsboro, 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 11th 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.



[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

WAYNE COUNTY DETENTION CENTER 950

Serial Number: 008879

Test Date: 06/11/2025

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: 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: AG405101

Exp Date: 02/20/2026

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 12:37pm |
| AIR BLK | .00 | 12:38pm |
| ACCY CHK | .08 | 12:38pm |
| AIR BLK | .00 | 12:40pm |
| SUB TEST | .00 | 12:41pm |
| AIR BLK | .00 | 12:42pm |
| SUB TEST | .00 | 12:44pm |
| AIR BLK | .00 | 12:45pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

WAYNE COUNTY DETENTION CENTER 950

Serial Number: 008879 Test Record Number: 2782
Test Date: 06/11/2025 Test Time: 12:46pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:47pm |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 12:47pm |

CRC Tests

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

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL 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 WILKES Instrument Location WILKES COUNTY DETENTION
Instrument Serial No. 008843 WILKESBORO, 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 6TH 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.




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

WILKES COUNTY WILKES CO DETENTION 960

Serial Number: 008843

Test Date: 06/06/2025

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,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG431003

Exp Date: 11/05/2026

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 9:51am |
| AIR BLK | .00 | 9:52am |
| ACCY CHK | .08 | 9:52am |
| AIR BLK | .00 | 9:53am |
| SUB TEST | .00 | 9:54am |
| AIR BLK | .00 | 9:55am |
| SUB TEST | .00 | 9:56am |
| AIR BLK | .00 | 9:57am |

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

WILKES COUNTY WILKES CO DETENTION 960

Serial Number: 008843 Test Record Number: 3012
Test Date: 06/06/2025 Test Time: 9:58am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:58am |
| FLO | Pass | 9:58am |
| FC | Pass | 9:58am |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:58am |
| SRC | Pass | 9:58am |
| DET | Pass | 9:58am |
| BAR | Pass | 9:58am |
| BT | Pass | 9:58am |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:59am |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 9:59am |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 9:59am |
| CAL | Pass | 9:59am |

**Preventive Maintenance
Status: Pass**


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County WILKES Instrument Location WILKES COUNTY DETENTION
Instrument Serial No. 008865 WILKESBORO, 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 6TH 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.



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

WILKES COUNTY WILKES CO DETENTION 960

Serial Number: 008865

Test Date: 06/06/2025

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 | 9:55am |
| AIR BLK | .00 | 9:55am |
| ACCY CHK | .07 | 9:56am |
| AIR BLK | .00 | 9:57am |
| SUB TEST | .00 | 9:58am |
| 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

WILKES COUNTY WILKES CO DETENTION 960

Serial Number: 008865 Test Record Number: 1089
Test Date: 06/06/2025 Test Time: 10:02am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:03am |
| FLO | Pass | 10:03am |
| FC | Pass | 10:03am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 10:03am |
| SRC | Pass | 10:03am |
| DET | Pass | 10:03am |
| BAR | Pass | 10:03am |
| BT | Pass | 10:03am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:04am |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 10:04am |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 10:04am |
| CAL | Pass | 10:04am |

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 YADKIN Instrument Location YADKIN COUNTY JAIL
Instrument Serial No. 008854 YADKINVILLE, 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 6TH 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.




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

YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008854

Test Date: 06/06/2025

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

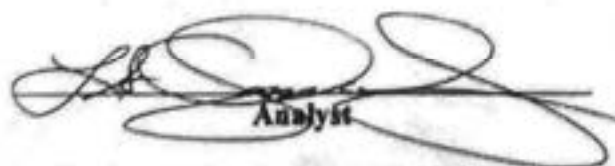
Exp Date: 06/26/2026

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 8:26am |
| AIR BLK | .00 | 8:27am |
| ACCY CHK | .08 | 8:27am |
| AIR BLK | .00 | 8:28am |
| SUB TEST | .00 | 8:29am |
| AIR BLK | .00 | 8:30am |
| SUB TEST | .00 | 8:32am |
| AIR BLK | .00 | 8:32am |

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

YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008854 Test Record Number: 1019
Test Date: 06/06/2025 Test Time: 8:37am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 8:37am |
| FLO | Pass | 8:37am |
| FC | Pass | 8:37am |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 8:37am |
| SRC | Pass | 8:37am |
| DET | Pass | 8:37am |
| BAR | Pass | 8:37am |
| BT | Pass | 8:37am |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 8:38am |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 8:38am |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 8:38am |
| CAL | Pass | 8:38am |

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 YADKIN Instrument Location YADKIN COUNTY JAIL
Instrument Serial No. 008944 YADKINVILLE, 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 6TH 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.



A stylized, handwritten signature in black ink, written over a horizontal line.
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

YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008944

Test Date: 06/06/2025

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 | 8:22am |
| AIR BLK | .00 | 8:22am |
| ACCY CHK | .08 | 8:23am |
| AIR BLK | .00 | 8:24am |
| SUB TEST | .00 | 8:26am |
| AIR BLK | .00 | 8:27am |
| SUB TEST | .00 | 8:29am |
| AIR BLK | .00 | 8:30am |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008944 Test Record Number: 1998
Test Date: 06/06/2025 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 | 8:33am |

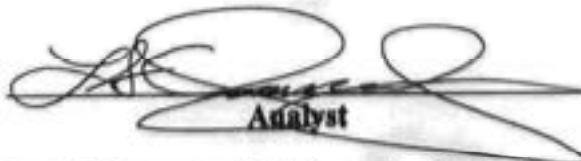
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 8:33am |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 8:33am |
| CAL | Pass | 8:33am |

**Preventive Maintenance
Status: Pass**


Analyst

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