

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County ALEXANDER Instrument Location ALEXANDER CO. 20.
Instrument Serial No. 008813 TAYLORVILLE 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 02 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.



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

ALEXANDER COUNTY ALEXANDER COUNTY SO
010

Serial Number: 008813
Test Date: 05/02/2025

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: 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

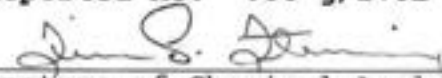
Test Type: Breath Test

Lot Number: AG431001

Exp Date: 11/05/2026

Test	g/210L	Time
DIAG	Pass	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

ALEXANDER COUNTY ALEXANDER COUNTY SO 010

Serial Number: 008813 Test Record Number: 2460
Test Date: 05/02/2025 Test Time: 9:43am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:44am
FLO	Pass	9:44am
FC	Pass	9:44am

Temperature Tests

Test	Status	Time
FC1	Pass	9:44am
SRC	Pass	9:44am
DET	Pass	9:44am
BAR	Pass	9:44am
BT	Pass	9:44am

Blank Tests

Test	Status	Time
AIR	Pass	9:44am

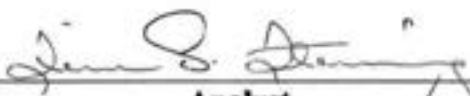
Printer Tests

Test	Status	Time
PRNT	Pass	9:45am

CRC Tests

Test	Status	Time
COMP	Pass	9:45am
CAL	Pass	9:45am

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 Allegheny Instrument Location BAT Mobile Unit 11
Instrument Serial No. 008970 Allegheny 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 23rd day of May, 2095 the forgoing preventive maintenance procedures were performed on the 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 Parier
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

ALLEGHANY COUNTY BAT MOBILE UNIT 11
020

Serial Number: 008970

Test Date: 05/23/2025

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: Lanier Jr., John P

Permit Number: 4582-9118

Effective:

03/01/2025-03/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

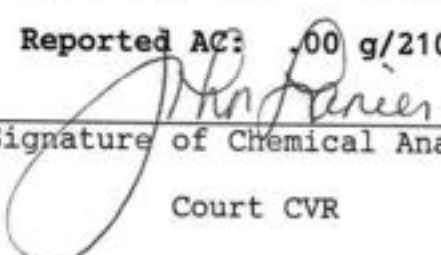
Test Type: Breath Test

Lot Number: AG417802

Exp Date: 06/26/2026

Test	g/210L	Time
DIAG	Pass	9:34pm
AIR BLK	.00	9:35pm
ACCY CHK	.07	9:36pm
AIR BLK	.00	9:36pm
SUB TEST	.00	9:37pm
AIR BLK	.00	9:38pm
SUB TEST	.00	9:39pm
AIR BLK	.00	9:40pm

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

ALLEGHANY COUNTY BAT MOBILE UNIT 11 020

Serial Number: 008970 Test Record Number: 1214
Test Date: 05/23/2025 Test Time: 9:41pm 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

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Allegheny Instrument Location BAT Mobile Unit II
Instrument Serial No. 008970 Allegheny 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 23rd 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.



John L. 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

ALLEGHANY COUNTY BAT MOBILE UNIT 11
020

Serial Number: 008970

Test Date: 05/23/2025

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: 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

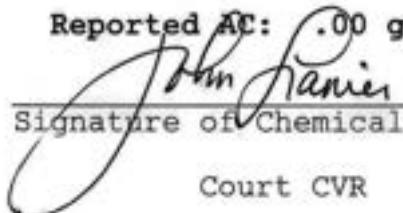
Test Type: Breath Test

Lot Number: AG417802

Exp Date: 06/26/2026

Test	g/210L	Time
DIAG	Pass	7:57pm
AIR BLK	.00	7:58pm
ACCY CHK	.08	7:59pm
AIR BLK	.00	8:00pm
SUB TEST	.00	8:00pm
AIR BLK	.00	8:01pm
SUB TEST	.00	8:03pm
AIR BLK	.00	8:03pm

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

ALLEGHANY COUNTY BAT MOBILE UNIT 11 020

Serial Number: 008970 Test Record Number: 1212
Test Date: 05/23/2025 Test Time: 8:06pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:06pm
FLO	Pass	8:06pm
FC	Pass	8:06pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:06pm
SRC	Pass	8:06pm
DET	Pass	8:06pm
BAR	Pass	8:06pm
BT	Pass	8:06pm

Blank Tests

Test	Status	Time
AIR	Pass	8:07pm

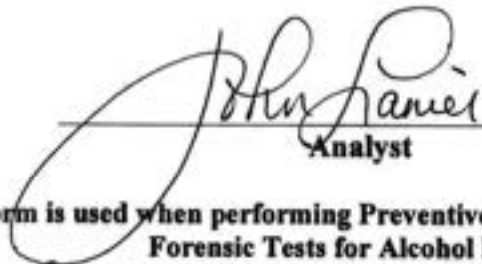
Printer Tests

Test	Status	Time
PRNT	Pass	8:07pm

CRC Tests

Test	Status	Time
COMP	Pass	8:07pm
CAL	Pass	8:07pm

Preventive Maintenance
Status: Pass


Analyst

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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 Allegheny Instrument Location BAT Mobile Unit II
Instrument Serial No. 008973 Allegheny 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 23rd 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.



John Parier
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

ALLEGHANNEY COUNTY BAT MOBILE UNIT 11
020

Serial Number: 008973
Test Date: 05/23/2025

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

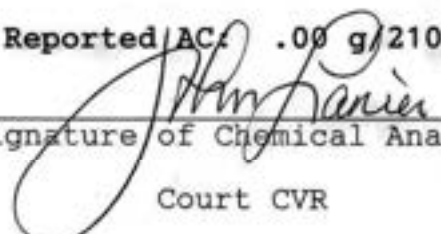
Analyst's Name: Lanier Jr., John P
Permit Number: 4582-9118
Effective:
03/01/2025-03/01/2027

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

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

Test	g/210L	Time
DIAG	Pass	10:03pm
AIR BLK	.00	10:04pm
ACCY CHK	.07	10:04pm
AIR BLK	.00	10:05pm
SUB TEST	.00	10:06pm
AIR BLK	.00	10:07pm
SUB TEST	.00	10:08pm
AIR BLK	.00	10:09pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



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

ALLEGHANNEY COUNTY BAT MOBILE UNIT 11 020

Serial Number: 008973 Test Record Number: 1264
Test Date: 05/23/2025 Test Time: 10:16pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:18pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:18pm

CRC Tests

Test	Status	Time
COMP	Pass	10:18pm
CAL	Pass	10:18pm

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 Allegheny Instrument Location BAT Mobile Unit II
Instrument Serial No. 008973 Allegheny 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 23rd 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.



John Parier
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

ALLEGHANNEY COUNTY BAT MOBILE UNIT 11
020

Serial Number: 008973
Test Date: 05/23/2025

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

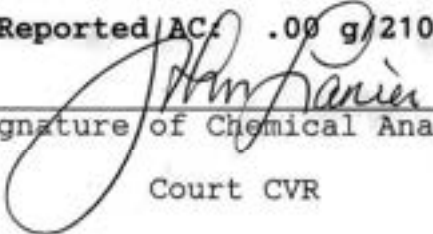
Analyst's Name: Lanier Jr., John P
Permit Number: 4582-9118
Effective:
03/01/2025-03/01/2027

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

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

Test	g/210L	Time
DIAG	Pass	10:03pm
AIR BLK	.00	10:04pm
ACCY CHK	.07	10:04pm
AIR BLK	.00	10:05pm
SUB TEST	.00	10:06pm
AIR BLK	.00	10:07pm
SUB TEST	.00	10:08pm
AIR BLK	.00	10:09pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



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

ALLEGHANNEY COUNTY BAT MOBILE UNIT 11 020

Serial Number: 008973 Test Record Number: 1264
Test Date: 05/23/2025 Test Time: 10:16pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:18pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:18pm

CRC Tests

Test	Status	Time
COMP	Pass	10:18pm
CAL	Pass	10:18pm

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 Allegheny Instrument Location BAT Mobile Unit II
Instrument Serial No. 008973 Allegheny 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 23rd 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.



Jeff B. [Signature]
Signature of Certifying Official

6-2446
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

ALLEGHANNEY COUNTY BAT MOBILE UNIT 11
020

Serial Number: 008973
Test Date: 05/23/2025

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: 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

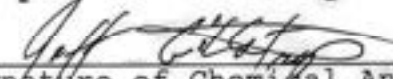
Test Type: Breath Test

Lot Number: AG431003

Exp Date: 11/05/2026

Test	g/210L	Time
DIAG	Pass	7:53pm
AIR BLK	.00	7:54pm
ACCY CHK	.07	7:55pm
AIR BLK	.00	7:56pm
SUB TEST	.00	7:56pm
AIR BLK	.00	7:57pm
SUB TEST	.00	7:59pm
AIR BLK	.00	8:00pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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Intox EC/IR-II: Preventive Maintenance

ALLEGHANNEY COUNTY BAT MOBILE UNIT 11 020

Serial Number: 008973 Test Record Number: 1262
Test Date: 05/23/2025 Test Time: 8:03pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	8:05pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:05pm

CRC Tests

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

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County ANSON Instrument Location ANSON COUNTY
Instrument Serial No. 008597 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 1ST 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.



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

ANSON COUNTY SHERIFF'S OFFICE 030

Serial Number: 008597

Test Date: 05/01/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: 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: AG501307


Exp Date: 01/13/2027

Test	g/210L	Time
DIAG	Pass	2:20pm
AIR BLK	.00	2:21pm
ACCY CHK	.07	2:21pm
AIR BLK	.00	2:22pm
SUB TEST	.00	2:23pm
AIR BLK	.00	2:24pm
SUB TEST	.00	2:26pm
AIR BLK	.00	2:27pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

ANSON COUNTY SHERIFF'S OFFICE 030

Serial Number: 008597 Test Record Number: 1975
Test Date: 05/01/2025 Test Time: 2:27pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	2:28pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:28pm

CRC Tests

Test	Status	Time
COMP	Pass	2:28pm
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 ANSON Instrument Location ANSON COUNTY
Instrument Serial No. 008739 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 12 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.



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

ANSON COUNTY SHERIFF'S OFFICE 030

Serial Number: 008739

Test Date: 05/12/2025

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: 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

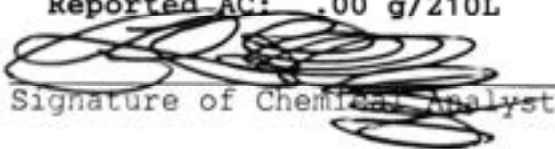
Test Type: Breath Test

Lot Number: AG501307

Exp Date: 01/13/2027

Test	g/210L	Time
DIAG	Pass	3:33pm
AIR BLK	.00	3:33pm
ACCY CHK	.07	3:34pm
AIR BLK	.00	3:35pm
SUB TEST	.00	3:36pm
AIR BLK	.00	3:37pm
SUB TEST	.00	3:38pm
AIR BLK	.00	3:39pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

ANSON COUNTY SHERIFF'S OFFICE 030

Serial Number: 008739 Test Record Number: 1142
Test Date: 05/12/2025 Test Time: 3:39pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:39pm
FLO	Pass	3:39pm
FC	Pass	3:40pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	3:40pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:40pm

CRC Tests

Test	Status	Time
COMP	Pass	3:40pm
CAL	Pass	3:40pm

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 Beaufort Instrument Location Belhaven P.D.
Instrument Serial No. 008928 144 W. Main St., Belhaven, 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 6th 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.



[Signature]
Signature of Certifying Official

377722
Certificate Number

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

Intox EC/IR-II: Subject Test

BEAUFORT COUNTY BELHAVEN PD 060

Serial Number: 008928

Test Date: 05/06/2025

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

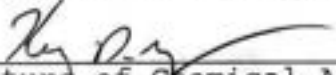
Test Type: Breath Test

Lot Number: AG501303

Exp Date: 01/13/2027

Test	g/210L	Time
DIAG	Pass	11:54am
AIR BLK	.00	11:55am
ACCY CHK	.07	11:56am
AIR BLK	.00	11:57am
SUB TEST	.00	11:58am
AIR BLK	.00	11:59am
SUB TEST	.00	12:01pm
AIR BLK	.00	12:02pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

BEAUFORT COUNTY BELHAVEN PD 060

Serial Number: 008928 Test Record Number: 587
Test Date: 05/06/2025 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 Brunswick Instrument Location BAT Mobile Unit 13
Instrument Serial No. 008869 Leland

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 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.



[Signature]
Signature of Certifying Official

673
Certificate Number

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 BAT MOBILE UNIT 13
090

Serial Number: 008869

Test Date: 05/24/2025

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: Barrier, Dennis J

Permit Number: 0014-7953

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG417803

Exp Date: 06/26/2026

Test	g/210L	Time
DIAG	Pass	9:34pm
AIR BLK	.00	9:35pm
ACCY CHK	.07	9:36pm
AIR BLK	.00	9:37pm
SUB TEST	.00	9:37pm
AIR BLK	.00	9:38pm
SUB TEST	.00	9:40pm
AIR BLK	.00	9:41pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

BRUNSWICK COUNTY BAT MOBILE UNIT 13 090

Serial Number: 008869 Test Record Number: 2020
Test Date: 05/24/2025 Test Time: 9:42pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:42pm
FLO	Pass	9:42pm
FC	Pass	9:42pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:42pm
SRC	Pass	9:42pm
DET	Pass	9:42pm
BAR	Pass	9:42pm
BT	Pass	9:42pm

Blank Tests

Test	Status	Time
AIR	Pass	9:43pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:43pm

CRC Tests

Test	Status	Time
COMP	Pass	9:43pm
CAL	Pass	9:43pm

**Preventive Maintenance
Status: Pass**


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Brunswick Instrument Location BAT Mobile Unit 13
Instrument Serial No. 008898 Leland

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 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.



[Signature]
Signature of Certifying Official

673
Certificate Number

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 BAT MOBILE UNIT 13
090

Serial Number: 008898
Test Date: 05/24/2025

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: Barrier, Dennis J

Permit Number: 0014-7953

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG506302

Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	9:32pm
AIR BLK	.00	9:33pm
ACCY CHK	.07	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

BRUNSWICK COUNTY BAT MOBILE UNIT 13 090

Serial Number: 008898 Test Record Number: 1992
Test Date: 05/24/2025 Test Time: 9:39pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	9:41pm

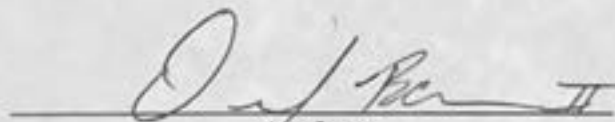
Printer Tests

Test	Status	Time
PRNT	Pass	9:41pm

CRC Tests

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

**Preventive Maintenance
Status: Pass**


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Brunswick Instrument Location BAT Mobile Unit 13
Instrument Serial No. 008939 Leland

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 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.



[Signature]
Signature of Certifying Official

673
Certificate Number

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 BAT MOBILE UNIT 13
090

Serial Number: 008939
Test Date: 05/24/2025

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: Barrier, Dennis J

Permit Number: 0014-7953

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG506302

Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	9:30pm
AIR BLK	.00	9:31pm
ACCY CHK	.08	9:32pm
AIR BLK	.00	9:32pm
SUB TEST	.00	9:33pm
AIR BLK	.00	9:34pm
SUB TEST	.00	9:35pm
AIR BLK	.00	9:36pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

BRUNSWICK COUNTY BAT MOBILE UNIT 13 090

Serial Number: 008939 Test Record Number: 1861
Test Date: 05/24/2025 Test Time: 9:37pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	9:38pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:38pm

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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 Black Mountain PD

Instrument Serial No. 009697 Black 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 27 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.



[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

BUNCOMBE COUNTY BLACK MOUNTAIN PD 100

Serial Number: 008697

Test Date: 05/27/2025

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: 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

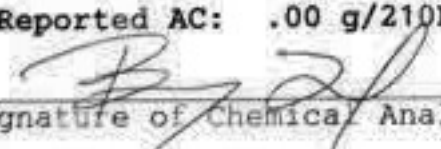
Test Type: Breath Test

Lot Number: AG400303

Exp Date: 01/03/2026

Test	g/210L	Time
DIAG	Pass	10:55am
AIR BLK	.00	10:55am
ACCY CHK	.07	10:56am
AIR BLK	.00	10:57am
SUB TEST	.00	10:58am
AIR BLK	.00	10:58am
SUB TEST	.00	11:00am
AIR BLK	.00	11:01am

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

BUNCOMBE COUNTY BLACK MOUNTAIN PD 100

Serial Number: 008697 Test Record Number: 7113
Test Date: 05/27/2025 Test Time: 11:01am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:02am

Printer Tests

Test	Status	Time
PRNT	Pass	11:02am

CRC Tests

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

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Buncombe Instrument Location Buncombe County Detention
Instrument Serial No. 008748 Ashville, 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 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.



[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

**BUNCOMBE COUNTY BUNCOMBE COUNTY
DETENTION 100**

Serial Number: 008748
Test Date: 05/27/2025

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: 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

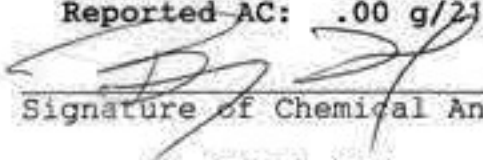
Test Type: Breath Test

Lot Number: AG431001

Exp Date: 11/05/2026

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

BUNCOMBE COUNTY BUNCOMBE COUNTY DETENTION 100

Serial Number: 008748 Test Record Number: 3160
Test Date: 05/27/2025 Test Time: 9:37am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	9:38am

Printer Tests

Test	Status	Time
PRNT	Pass	9:38am

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)

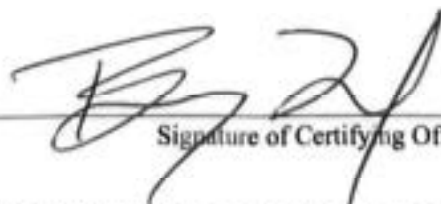
County Buncombe Instrument Location Buncombe County Detention
Instrument Serial No. 008798 Asheville, NC

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 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.




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

BUNCOMBE COUNTY BUNCOMBE COUNTY
DETENTION 100

Serial Number: 008798

Test Date: 05/27/2025

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: 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

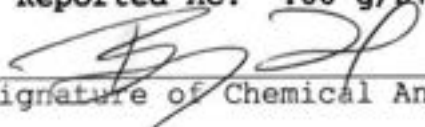
Test Type: Breath Test

Lot Number: AG431001

Exp Date: 11/05/2026

Test	g/210L	Time
DIAG	Pass	9:29am
AIR BLK	.00	9:30am
ACCY CHK	.07	9:31am
AIR BLK	.00	9:32am
SUB TEST	.00	9:32am
AIR BLK	.00	9:33am
SUB TEST	.00	9:35am
AIR BLK	.00	9:35am

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

BUNCOMBE COUNTY BUNCOMBE COUNTY DETENTION 100

Serial Number: 008798 Test Record Number: 7311
Test Date: 05/27/2025 Test Time: 9:36am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:36am
FLO	Pass	9:36am
FC	Pass	9:36am

Temperature Tests

Test	Status	Time
FC1	Pass	9:36am
SRC	Pass	9:36am
DET	Pass	9:36am
BAR	Pass	9:36am
BT	Pass	9:36am

Blank Tests

Test	Status	Time
AIR	Pass	9:37am

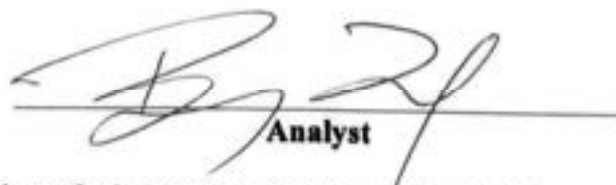
Printer Tests

Test	Status	Time
PRNT	Pass	9:37am

CRC Tests

Test	Status	Time
COMP	Pass	9:37am
CAL	Pass	9:37am

Preventive Maintenance
Status: Pass


Analyst

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Cabarrus Instrument Location 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 16 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.



[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: 05/16/2025

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: 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	8:03pm
AIR BLK	.00	8:04pm
ACCY CHK	.07	8:04pm
AIR BLK	.00	8:05pm
SUB TEST	.00	8:06pm
AIR BLK	.00	8:07pm
SUB TEST	.00	8:08pm
AIR BLK	.00	8:09pm

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: 6081
Test Date: 05/16/2025 Test Time: 8:11pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:11pm
FLO	Pass	8:11pm
FC	Pass	8:11pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:11pm
SRC	Pass	8:11pm
DET	Pass	8:11pm
BAR	Pass	8:11pm
BT	Pass	8:11pm

Blank Tests

Test	Status	Time
AIR	Pass	8:12pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:12pm

CRC Tests

Test	Status	Time
COMP	Pass	8:12pm
CAL	Pass	8:12pm

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 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 19 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.



[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: 05/19/2025

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

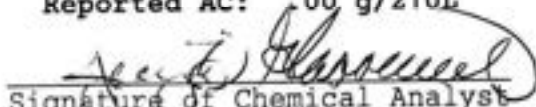
Test Type: Breath Test

Lot Number: AG405102

Exp Date: 02/20/2026

Test	g/210L	Time
DIAG	Pass	1:29pm
AIR BLK	.00	1:30pm
ACCY CHK	.07	1:31pm
AIR BLK	.00	1:32pm
SUB TEST	.00	1:32pm
AIR BLK	.00	1:33pm
SUB TEST	.00	1:35pm
AIR BLK	.00	1:36pm

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: 6084
Test Date: 05/19/2025 Test Time: 1:36pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	1:37pm
SRC	Pass	1:37pm
DET	Pass	1:37pm
BAR	Pass	1:37pm
BT	Pass	1:37pm

Blank Tests

Test	Status	Time
AIR	Pass	1:37pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:37pm

CRC Tests

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

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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 16 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.



[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: 05/16/2025

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: 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	8:03pm
AIR BLK	.00	8:04pm
ACCY CHK	.07	8:05pm
AIR BLK	.00	8:06pm
SUB TEST	.00	8:06pm
AIR BLK	.00	8:07pm
SUB TEST	.00	8:09pm
AIR BLK	.00	8:09pm

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: 1432
Test Date: 05/16/2025 Test Time: 8:11pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:12pm
FLO	Pass	8:12pm
FC	Pass	8:12pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:12pm
SRC	Pass	8:12pm
DET	Pass	8:12pm
BAR	Pass	8:12pm
BT	Pass	8:12pm

Blank Tests

Test	Status	Time
AIR	Pass	8:13pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:13pm

CRC Tests

Test	Status	Time
COMP	Pass	8:13pm
CAL	Pass	8:13pm

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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 19 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.



[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: 05/19/2025

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

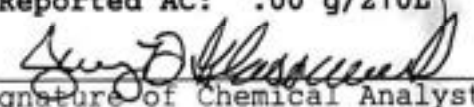
Test Type: Breath Test

Lot Number: AG405102

Exp Date: 02/20/2026

Test	g/210L	Time
DIAG	Pass	1:30pm
AIR BLK	.00	1:31pm
ACCY CHK	.07	1:32pm
AIR BLK	.00	1:33pm
SUB TEST	.00	1:34pm
AIR BLK	.00	1:35pm
SUB TEST	.00	1:36pm
AIR BLK	.00	1:37pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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: 1434
Test Date: 05/19/2025 Test Time: 1:38pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:39pm
FLO	Pass	1:39pm
FC	Pass	1:39pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:39pm
SRC	Pass	1:39pm
DET	Pass	1:39pm
BAR	Pass	1:39pm
BT	Pass	1:39pm

Blank Tests

Test	Status	Time
AIR	Pass	1:39pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:39pm

CRC Tests

Test	Status	Time
COMP	Pass	1:40pm
CAL	Pass	1:40pm

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 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 16 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.



[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: 05/16/2025

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

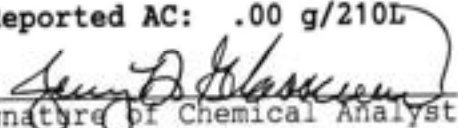
Analyst's Name: Glasscock, Jerry D
Permit Number: 7180-9235
Effective:
02/01/2025-02/01/2027

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	8:05pm
AIR BLK	.00	8:06pm
ACCY CHK	.08	8:07pm
AIR BLK	.00	8:08pm
SUB TEST	.00	8:08pm
AIR BLK	.00	8:09pm
SUB TEST	.00	8:11pm
AIR BLK	.00	8:11pm

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: 7869
Test Date: 05/16/2025 Test Time: 8:13pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:13pm
FLO	Pass	8:13pm
FC	Pass	8:13pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:13pm
SRC	Pass	8:13pm
DET	Pass	8:13pm
BAR	Pass	8:13pm
BT	Pass	8:13pm

Blank Tests

Test	Status	Time
AIR	Pass	8:14pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:14pm

CRC Tests

Test	Status	Time
COMP	Pass	8:14pm
CAL	Pass	8:14pm

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Cabarrus Instrument Location BAT Mobile Unit 8
Instrument Serial No. 008816 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 19 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.



[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: 05/19/2025

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

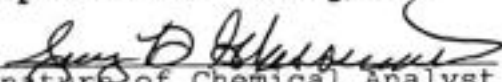
Test Type: Breath Test

Lot Number: AG431002

Exp Date: 11/05/2026

Test	g/210L	Time
DIAG	Pass	1:31pm
AIR BLK	.00	1:32pm
ACCY CHK	.08	1:33pm
AIR BLK	.00	1:34pm
SUB TEST	.00	1:35pm
AIR BLK	.00	1:35pm
SUB TEST	.00	1:37pm
AIR BLK	.00	1:38pm

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: 008816 Test Record Number: 7871
Test Date: 05/19/2025 Test Time: 1:39pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:39pm
FLO	Pass	1:39pm
FC	Pass	1:39pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:39pm
SRC	Pass	1:39pm
DET	Pass	1:39pm
BAR	Pass	1:39pm
BT	Pass	1:39pm

Blank Tests

Test	Status	Time
AIR	Pass	1:40pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:40pm

CRC Tests

Test	Status	Time
COMP	Pass	1:40pm
CAL	Pass	1:40pm

**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 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 16 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.



[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: 05/16/2025

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

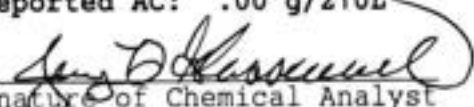
Analyst's Name: Glasscock, Jerry D
Permit Number: 7180-9235
Effective:
02/01/2025-02/01/2027

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	8:06pm
AIR BLK	.00	8:07pm
ACCY CHK	.07	8:08pm
AIR BLK	.00	8:09pm
SUB TEST	.00	8:09pm
AIR BLK	.00	8:10pm
SUB TEST	.00	8:12pm
AIR BLK	.00	8:13pm

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

CABARRUS COUNTY BAT MOBILE UNIT 8 120

Serial Number: 008929 Test Record Number: 1572
Test Date: 05/16/2025 Test Time: 8:14pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:15pm
FLO	Pass	8:15pm
FC	Pass	8:15pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:15pm
SRC	Pass	8:15pm
DET	Pass	8:15pm
BAR	Pass	8:15pm
BT	Pass	8:15pm

Blank Tests

Test	Status	Time
AIR	Pass	8:16pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:16pm

CRC Tests

Test	Status	Time
COMP	Pass	8:16pm
CAL	Pass	8:16pm

Preventive Maintenance
Status: Pass


Analyst

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II 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 19 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.



[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: 05/19/2025

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	1:47pm
AIR BLK	.00	1:48pm
ACCY CHK	.07	1:49pm
AIR BLK	.00	1:50pm
SUB TEST	.00	1:51pm
AIR BLK	.00	1:52pm
SUB TEST	.00	1:54pm
AIR BLK	.00	1:55pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


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: 1574
Test Date: 05/19/2025 Test Time: 1:55pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:55pm
FLO	Pass	1:55pm
FC	Pass	1:56pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:56pm
SRC	Pass	1:56pm
DET	Pass	1:56pm
BAR	Pass	1:56pm
BT	Pass	1:56pm

Blank Tests

Test	Status	Time
AIR	Pass	1:56pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:57pm

CRC Tests

Test	Status	Time
COMP	Pass	1:57pm
CAL	Pass	1:57pm

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County CARTERET Instrument Location CARTERET COUNTY
Instrument Serial No. 008605 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 6th 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.



[Signature]
Signature of Certifying Official

2824950

Certificate Number

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

Intox EC/IR-II: Subject Test

CARTERET COUNTY DETENTION CENTER 150

Serial Number: 008605

Test Date: 05/06/2025

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: GILLESPIE, PENTTI W

Permit Number: 9523-2149

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG405103

Exp Date: 02/20/2026

Test	g/210L	Time
DIAG	Pass	8:31am
AIR BLK	.00	8:31am
ACCY CHK	.07	8:32am
AIR BLK	.00	8:33am
SUB TEST	.00	8:34am
AIR BLK	.00	8:35am
SUB TEST	.00	8:37am
AIR BLK	.00	8:38am

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

CARTERET COUNTY DETENTION CENTER 150

Serial Number: 008605 Test Record Number: 4573
Test Date: 05/06/2025 Test Time: 8:38am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:38am
FLO	Pass	8:38am
FC	Pass	8:38am

Temperature Tests

Test	Status	Time
FC1	Pass	8:39am
SRC	Pass	8:39am
DET	Pass	8:39am
BAR	Pass	8:39am
BT	Pass	8:39am

Blank Tests

Test	Status	Time
AIR	Pass	8:39am


Printer Tests

Test	Status	Time
PRNT	Pass	8:39am

CRC Tests

Test	Status	Time
COMP	Pass	8:39am
CAL	Pass	8:39am

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 CARTERET Instrument Location EMERALD ISLE
Instrument Serial No. 008620 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 6th 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.



A handwritten signature in black ink, appearing to read "H. L. Lee".

Signature of Certifying Official

2824950

Certificate Number

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

Intox EC/IR-II: Subject Test

CARTERET COUNTY EMERALD ISLE PD 150

Serial Number: 008620
Test Date: 05/06/2025

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: GILLESPIE, PENTTI W

Permit Number: 9523-2149

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

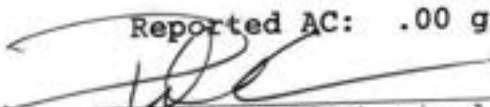
Test Type: Breath Test

Lot Number: AG405103

Exp Date: 02/20/2026

Test	g/210L	Time
DIAG	Pass	11:14am
AIR BLK	.00	11:15am
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

CARTERET COUNTY EMERALD ISLE PD 150

Serial Number: 008620 Test Record Number: 2558
Test Date: 05/06/2025 Test Time: 11:20am 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 CARTERET Instrument Location ATLANTIC BEACH
Instrument Serial No. 008785 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 6th 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.



A large, stylized handwritten signature in black ink, written over a horizontal line.

Signature of Certifying Official

2824950
Certificate Number

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

Intox EC/IR-II: Subject Test

CARTERET COUNTY ATLANTIC BEACH PD 150

Serial Number: 008785

Test Date: 05/06/2025

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: GILLESPIE, PENTTI W

Permit Number: 9523-2149

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG400302

Exp Date: 01/03/2026

Test	g/210L	Time
DIAG	Pass	10:14am
AIR BLK	.00	10:15am
ACCY CHK	.08	10:15am
AIR BLK	.00	10:17am
SUB TEST	.00	10:17am
AIR BLK	.00	10:18am
SUB TEST	.00	10:20am
AIR BLK	.00	10:20am

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

CARTERET COUNTY ATLANTIC BEACH PD 150

Serial Number: 008785 Test Record Number: 1619
Test Date: 05/06/2025 Test Time: 10:21am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	10:21am
SRC	Pass	10:21am
DET	Pass	10:21am
BAR	Pass	10:21am
BT	Pass	10:21am

Blank Tests

Test	Status	Time
AIR	Pass	10:22am

Printer Tests

Test	Status	Time
PRNT	Pass	10:22am

CRC Tests

Test	Status	Time
COMP	Pass	10:22am
CAL	Pass	10:22am

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County CARTERET Instrument Location MOREHEAD CITY
Instrument Serial No. 008819 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 06 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.



Alan 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

CARTERET COUNTY MOREHEAD CITY PD 150

Serial Number: 008819

Test Date: 05/06/2025

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: 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	1:03pm
AIR BLK	.00	1:04pm
ACCY CHK	.08	1:04pm
AIR BLK	.00	1:06pm
SUB TEST	.00	1:06pm
AIR BLK	.00	1:07pm
SUB TEST	.00	1:09pm
AIR BLK	.00	1:10pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

CARTERET COUNTY MOREHEAD CITY PD 150

Serial Number: 008819 Test Record Number: 1178
Test Date: 05/06/2025 Test Time: 1:10pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:11pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:12pm

CRC Tests

Test	Status	Time
COMP	Pass	1:12pm
CAL	Pass	1:12pm

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 CARTERET Instrument Location CARTERET COUNTY
Instrument Serial No. 008882 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 6th 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.



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

Signature of Certifying Official

2824950

Certificate Number

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

Intox EC/IR-II: Subject Test

CARTERET COUNTY DETENTION CENTER 150

Serial Number: 008882

Test Date: 05/06/2025

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: GILLESPIE, PENTTI W

Permit Number: 9523-2149

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

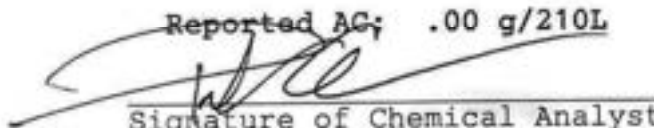
Test Type: Breath Test

Lot Number: AG405103

Exp Date: 02/20/2026

Test	g/210L	Time
DIAG	Pass	8:33am
AIR BLK	.00	8:33am
ACCY CHK	.08	8:34am
AIR BLK	.00	8:35am
SUB TEST	.00	8:36am
AIR BLK	.00	8:36am
SUB TEST	.00	8:38am
AIR BLK	.00	8:39am

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

CARTERET COUNTY DETENTION CENTER 150

Serial Number: 008882 Test Record Number: 2620
Test Date: 05/06/2025 Test Time: 8:39am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:39am
FLO	Pass	8:39am
FC	Pass	8:39am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	8:40am

Printer Tests

Test	Status	Time
PRNT	Pass	8:40am

CRC Tests

Test	Status	Time
COMP	Pass	8:40am
CAL	Pass	8:40am

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 CHATHAM Instrument Location CHATHAM COUNTY
Instrument Serial No. 008591 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 29 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.




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

CHATHAM COUNTY DETENTION CENTER 180

Serial Number: 008591

Test Date: 05/29/2025

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: 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: AG405103

Exp Date: 02/20/2026

Test	g/210L	Time
DIAG	Pass	2:29pm
AIR BLK	.00	2:30pm
ACCY CHK	.08	2:30pm
AIR BLK	.00	2:31pm
SUB TEST	.00	2:32pm
AIR BLK	.00	2:33pm
SUB TEST	.00	2:34pm
AIR BLK	.00	2:35pm

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

CHATHAM COUNTY DETENTION CENTER 180

Serial Number: 008591 Test Record Number: 3262
Test Date: 05/29/2025 Test Time: 2:36pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	2:37pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:37pm

CRC Tests

Test	Status	Time
COMP	Pass	2:37pm
CAL	Pass	2:37pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County CHATHAM Instrument Location SILER CITY
Instrument Serial No. 008811 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 29 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.




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

CHATHAM COUNTY SILER CITY PD 180

Serial Number: 008811

Test Date: 05/29/2025

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: 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: AG405103

Exp Date: 02/20/2026

Test	g/210L	Time
DIAG	Pass	4:14pm
AIR BLK	.00	4:15pm
ACCY CHK	.08	4:15pm
AIR BLK	.00	4:16pm
SUB TEST	.00	4:17pm
AIR BLK	.00	4:18pm
SUB TEST	.00	4:20pm
AIR BLK	.00	4:21pm

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

CHATHAM COUNTY SILER CITY PD 180

Serial Number: 008811 Test Record Number: 1822
Test Date: 05/29/2025 Test Time: 4:21pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	4:22pm
FLO	Pass	4:22pm
FC	Pass	4:22pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:22pm
SRC	Pass	4:22pm
DET	Pass	4:22pm
BAR	Pass	4:22pm
BT	Pass	4:22pm

Blank Tests

Test	Status	Time
AIR	Pass	4:23pm


Printer Tests

Test	Status	Time
PRNT	Pass	4:23pm

CRC Tests

Test	Status	Time
COMP	Pass	4:23pm
CAL	Pass	4:23pm

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 Chatham Instrument Location BAT Mobile Unit II
Instrument Serial No. 008970 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 24th 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.



[Signature]
Signature of Certifying Official

6-2446
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

CHATHAM COUNTY BAT MOBILE UNIT 11 180

Serial Number: 008970

Test Date: 05/24/2025

Citation Number: M0000000-0

Subject's Name:

MAINTENANCE, PREVENTIVE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Gillstrap, Jeffrey L

Permit Number: 0006-2446

Effective:

12/01/2023-12/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

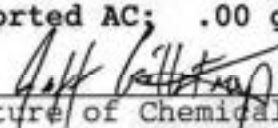
Test Type: Breath Test

Lot Number: AG417802

Exp Date: 06/26/2026

Test	g/210L	Time
DIAG	Pass	3:04pm
AIR BLK	.00	3:05pm
ACCY CHK	.07	3:06pm
AIR BLK	.00	3:07pm
SUB TEST	.00	3:08pm
AIR BLK	.00	3:08pm
SUB TEST	.00	3:10pm
AIR BLK	.00	3:11pm

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

CHATHAM COUNTY BAT MOBILE UNIT 11 180

Serial Number: 008970 Test Record Number: 1216
Test Date: 05/24/2025 Test Time: 3:12pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	3:12pm
SRC	Pass	3:12pm
DET	Pass	3:12pm
BAR	Pass	3:12pm
BT	Pass	3:12pm

Blank Tests

Test	Status	Time
AIR	Pass	3:13pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:13pm

CRC Tests

Test	Status	Time
COMP	Pass	3:13pm
CAL	Pass	3:13pm

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Chatham Instrument Location BAT Mobile Unit 11
Instrument Serial No. 008973 NC WRL

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 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.



[Signature]
Signature of Certifying Official

6-2446
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

CHATHAM COUNTY BAT MOBILE UNIT 11 180

Serial Number: 008973

Test Date: 05/24/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Gillstrap, Jeffrey L

Permit Number: 0006-2446

Effective:

12/01/2023-12/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

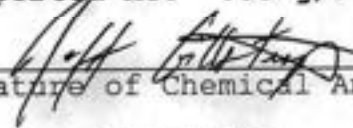
Test Type: Breath Test

Lot Number: AG431003

Exp Date: 11/05/2026

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

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

CHATHAM COUNTY BAT MOBILE UNIT 11 180

Serial Number: 008973 Test Record Number: 1266
Test Date: 05/24/2025 Test Time: 3:03pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	3:04pm
SRC	Pass	3:04pm
DET	Pass	3:04pm
BAR	Pass	3:04pm
BT	Pass	3:04pm

Blank Tests

Test	Status	Time
AIR	Pass	3:05pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:05pm

CRC Tests

Test	Status	Time
COMP	Pass	3:05pm
CAL	Pass	3:05pm

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Cherokee Instrument Location Cherokee Co. Jail
Instrument Serial No. 008606 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 27 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.



David R. Guth
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

CHEROKEE COUNTY CHEROKEE COUNTY JAIL
190

Serial Number: 008606
Test Date: 05/27/2025

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

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

CHEROKEE COUNTY CHEROKEE COUNTY JAIL 190

Serial Number: 008606 Test Record Number: 509
Test Date: 05/27/2025 Test Time: 12:17pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:18pm
FLO	Pass	12:18pm
FC	Pass	12:18pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:18pm
SRC	Pass	12:18pm
DET	Pass	12:18pm
BAR	Pass	12:18pm
BT	Pass	12:18pm

Blank Tests

Test	Status	Time
AIR	Pass	12:18pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:19pm

CRC Tests

Test	Status	Time
COMP	Pass	12:19pm
CAL	Pass	12:19pm

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 Cherokee Instrument Location Cherokee Co. Jail
Instrument Serial No. 008711 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 27 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.



[Signature]
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

CHEROKEE COUNTY CHEROKEE COUNTY JAIL
190

Serial Number: 008711
Test Date: 05/27/2025

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

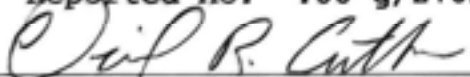
Analyst's Name: Cutler, Daniel R
Permit Number: 0084-3310
Effective:
02/01/2025-02/01/2027

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	11:56am
AIR BLK	.00	11:56am
ACCY CHK	.07	11:57am
AIR BLK	.00	11:58am
SUB TEST	.00	11:59am
AIR BLK	.00	12:00pm
SUB TEST	.00	12:01pm
AIR BLK	.00	12:02pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

CHEROKEE COUNTY CHEROKEE COUNTY JAIL 190

Serial Number: 008711 Test Record Number: 1461
Test Date: 05/27/2025 Test Time: 12:03pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:03pm
FLO	Pass	12:03pm
FC	Pass	12:03pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:03pm
SRC	Pass	12:03pm
DET	Pass	12:03pm
BAR	Pass	12:03pm
BT	Pass	12:03pm

Blank Tests

Test	Status	Time
AIR	Pass	12:04pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:04pm

CRC Tests

Test	Status	Time
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 Clay Instrument Location Clay County Jail
Instrument Serial No. 008608 Wayesville, 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 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.



Paul 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

CLAY COUNTY CLAY COUNTY JAIL 210

Serial Number: 008608

Test Date: 05/27/2025

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: 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: AG431002

Exp Date: 11/05/2026

Test	g/210L	Time
DIAG	Pass	1:13pm
AIR BLK	.00	1:13pm
ACCY CHK	.08	1:14pm
AIR BLK	.00	1:15pm
SUB TEST	.00	1:16pm
AIR BLK	.00	1:17pm
SUB TEST	.00	1:18pm
AIR BLK	.00	1:19pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

CLAY COUNTY CLAY COUNTY JAIL 210

Serial Number: 008608 Test Record Number: 1623
Test Date: 05/27/2025 Test Time: 1:19pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:20pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:21pm

CRC Tests

Test	Status	Time
COMP	Pass	1:21pm
CAL	Pass	1:21pm

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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 BAT Mobile Unit 13
Instrument Serial No. 008869 Cerro Gordo, 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 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.



[Signature]
Signature of Certifying Official

073
Certificate Number

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 13 230

Serial Number: 008869
Test Date: 05/23/2025

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: Barrier, Dennis J

Permit Number: 0014-7953

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS


Test Type: Breath Test

Lot Number: AG417803


Exp Date: 06/26/2026

Test	g/210L	Time
DIAG	Pass	7:46pm
AIR BLK	.00	7:47pm
ACCY CHK	.07	7:48pm
AIR BLK	.00	7:49pm
SUB TEST	.00	7:50pm
AIR BLK	.00	7:50pm
SUB TEST	.00	7:52pm
AIR BLK	.00	7:53pm

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

COLUMBUS COUNTY BAT MOBILE UNIT 13 230

Serial Number: 008869 Test Record Number: 2018
Test Date: 05/23/2025 Test Time: 7:54pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	7:55pm
FLO	Pass	7:55pm
FC	Pass	7:55pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:55pm
SRC	Pass	7:55pm
DET	Pass	7:55pm
BAR	Pass	7:55pm
BT	Pass	7:55pm

Blank Tests

Test	Status	Time
AIR	Pass	7:55pm

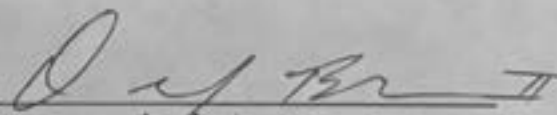
Printer Tests

Test	Status	Time
PRNT	Pass	7:56pm

CRC Tests

Test	Status	Time
COMP	Pass	7:56pm
CAL	Pass	7:56pm

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 Columbus Instrument Location BAT Mobile Unit 13
Instrument Serial No. 008898 Cerro Gordo, 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 May, 20 15 the forgoing preventive maintenance procedures were performed on the 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

673
Certificate Number

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 13 230

Serial Number: 008898

Test Date: 05/23/2025

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: Barrier, Dennis J

Permit Number: 0014-7953

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG506302

Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	7:35pm
AIR BLK	.00	7:36pm
ACCY CHK	.07	7:36pm
AIR BLK	.00	7:37pm
SUB TEST	.00	7:38pm
AIR BLK	.00	7:39pm
SUB TEST	.00	7:40pm
AIR BLK	.00	7:41pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

COLUMBUS COUNTY BAT MOBILE UNIT 13 230

Serial Number: 008898 Test Record Number: 1990
Test Date: 05/23/2025 Test Time: 7:45pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	7:46pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:46pm

CRC Tests

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

**Preventive Maintenance
Status: Pass**


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Columbus Instrument Location BAT Mobile Unit 13
Instrument Serial No. 008939 Cerro Gordo, 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 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.



[Signature]
Signature of Certifying Official

673
Certificate Number

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 13 230

Serial Number: 008939
Test Date: 05/23/2025

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: Barrier, Dennis J

Permit Number: 0014-7953

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG506302

Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	7:32pm
AIR BLK	.00	7:33pm
ACCY CHK	.08	7:34pm
AIR BLK	.00	7:35pm
SUB TEST	.00	7:35pm
AIR BLK	.00	7:36pm
SUB TEST	.00	7:38pm
AIR BLK	.00	7:39pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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 13 230

Serial Number: 008939

Test Record Number: 1859

Test Date: 05/23/2025

Test Time: 7:40pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	7:40pm
FLO	Pass	7:40pm
FC	Pass	7:40pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	7:41pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:41pm

CRC Tests

Test	Status	Time
COMP	Pass	7:41pm
CAL	Pass	7:41pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Craven Instrument Location BAT Mobile Unit 12
Instrument Serial No. 00 8601 Craven County SC

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 23rd 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.





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

CRAVEN COUNTY BAT MOBILE UNIT 12 240

Serial Number: 008601
Test Date: 05/23/2025

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: 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

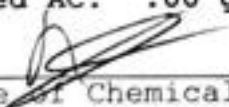
Test Type: Breath Test

Lot Number: AG501307

Exp Date: 01/13/2027

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

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

CRAVEN COUNTY BAT MOBILE UNIT 12 240

Serial Number: 008601 Test Record Number: 1758
Test Date: 05/23/2025 Test Time: 12:18pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:19pm
FLO	Pass	12:19pm
FC	Pass	12:19pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:19pm
SRC	Pass	12:19pm
DET	Pass	12:19pm
BAR	Pass	12:19pm
BT	Pass	12:19pm

Blank Tests

Test	Status	Time
AIR	Pass	12:20pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:20pm

CRC Tests

Test	Status	Time
COMP	Pass	12:20pm
CAL	Pass	12:20pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Craven Instrument Location BAT Mobile Unit 12

Instrument Serial No. 008698 Craven 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 23rd 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.



[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

CRAVEN COUNTY BAT MOBILE UNIT 12 240

Serial Number: 008698
Test Date: 05/23/2025

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: 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

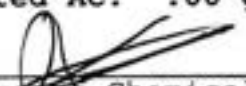
Test Type: Breath Test

Lot Number: AG400303

Exp Date: 01/03/2026

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

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

Intox EC/IR-II: Preventive Maintenance

CRAVEN COUNTY BAT MOBILE UNIT 12 240

Serial Number: 008698 Test Record Number: 2590
Test Date: 05/23/2025 Test Time: 12:15pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:15pm
FLO	Pass	12:15pm
FC	Pass	12:16pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:16pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:16pm

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

**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 Craven Instrument Location BAT Mobile Unit 12

Instrument Serial No. 008788 Craven 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 23rd 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.




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

CRAVEN COUNTY BAT MOBILE UNIT 12 240

Serial Number: 008788

Test Date: 05/23/2025

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: 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

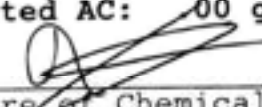
Test Type: Breath Test

Lot Number: AG417802

Exp Date: 06/20/2026

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

Reported AC: 00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

Intox EC/IR-II: Preventive Maintenance

CRAVEN COUNTY BAT MOBILE UNIT 12 240

Serial Number: 008788 Test Record Number: 2394
Test Date: 05/23/2025 Test Time: 12:15pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:17pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:17pm

CRC Tests

Test	Status	Time
COMP	Pass	12:17pm
CAL	Pass	12:17pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County CRAVEN Instrument Location HAVELOCK
Instrument Serial No. 008800 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 5th 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.



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

Signature of Certifying Official

2824950

Certificate Number

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

Intox EC/IR-II: Subject Test

CRAVEN COUNTY HAVELOCK PD 240

Serial Number: 008800

Test Date: 05/05/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTANENCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: GILLESPIE, PENTTI W

Permit Number: 9523-2149

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG405103

Exp Date: 02/20/2026

Test	g/210L	Time
DIAG	Pass	4:16pm
AIR BLK	.00	4:16pm
ACCY CHK	.07	4:17pm
AIR BLK	.00	4:18pm
SUB TEST	.00	4:19pm
AIR BLK	.00	4:20pm
SUB TEST	.00	4:22pm
AIR BLK	.00	4:23pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

CRAVEN COUNTY HAVELOCK PD 240

Serial Number: 008800 Test Record Number: 1717
Test Date: 05/05/2025 Test Time: 4:23pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	4:23pm
FLO	Pass	4:23pm
FC	Pass	4:24pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:24pm
SRC	Pass	4:24pm
DET	Pass	4:24pm
BAR	Pass	4:24pm
BT	Pass	4:24pm

Blank Tests

Test	Status	Time
AIR	Pass	4:24pm

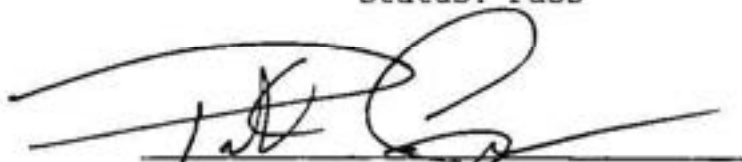
Printer Tests

Test	Status	Time
PRNT	Pass	4:24pm

CRC Tests

Test	Status	Time
COMP	Pass	4:24pm
CAL	Pass	4:24pm

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 CRAVEN Instrument Location NEW BERN
Instrument Serial No. 008817 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 5th 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.




Signature of Certifying Official

2824950

Certificate Number

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

Intox EC/IR-II: Subject Test

CRAVEN COUNTY NEW BERN PD 240

Serial Number: 008817

Test Date: 05/05/2025

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: GILLESPIE, PENTTI W

Permit Number: 9523-2149

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG417802

Exp Date: 06/26/2026

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

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

CRAVEN COUNTY NEW BERN PD 240

Serial Number: 008817 Test Record Number: 2128
Test Date: 05/05/2025 Test Time: 12:12pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:13pm

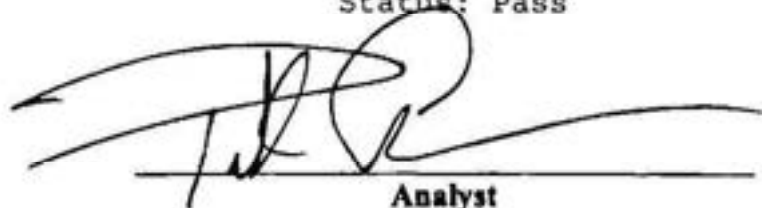
Printer Tests

Test	Status	Time
PRNT	Pass	12:13pm

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County CRAVEN Instrument Location MCAS PMO
Instrument Serial No. 010819 CHERRY POINT

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 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.



[Signature]
Signature of Certifying Official

2824950

Certificate Number

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

Intox EC/IR-II: Subject Test

CRAVEN COUNTY MCAS CHERRY POINT 240

Serial Number: 010819
Test Date: 05/05/2025

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

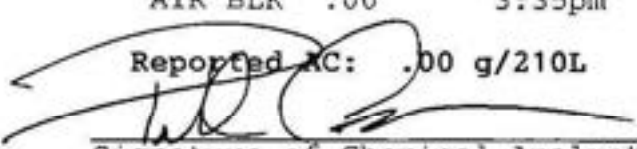
Analyst's Name: GILLESPIE, PENTTI W
Permit Number: 9523-2149
Effective:
02/01/2025-02/01/2027

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

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

Test	g/210L	Time
DIAG	Pass	3:28pm
AIR BLK	.00	3:29pm
ACCY CHK	.07	3:30pm
AIR BLK	.00	3:31pm
SUB TEST	.00	3:32pm
AIR BLK	.00	3:32pm
SUB TEST	.00	3:34pm
AIR BLK	.00	3:35pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

CRAVEN COUNTY MCAS CHERRY POINT 240

Serial Number: 010819 Test Record Number: 928
Test Date: 05/05/2025 Test Time: 3:35pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:36pm
FLO	Pass	3:36pm
FC	Pass	3:36pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:36pm
SRC	Pass	3:36pm
DET	Pass	3:36pm
BAR	Pass	3:36pm
BT	Pass	3:36pm

Blank Tests

Test	Status	Time
AIR	Pass	3:37pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:37pm

CRC Tests

Test	Status	Time
COMP	Pass	3:37pm
CAL	Pass	3:37pm

**Preventive Maintenance
Status: Pass**


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Cumberland Instrument Location Hope Mills
Instrument Serial No. 008614 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 5 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.



[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 HOPE MILLS PD 250

Serial Number: 008614

Test Date: 05/05/2025

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

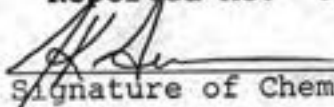
Test Type: Breath Test

Lot Number: AG417802

Exp Date: 06/26/2026

Test	g/210L	Time
DIAG	Pass	2:27pm
AIR BLK	.00	2:27pm
ACCY CHK	.07	2:28pm
AIR BLK	.00	2:29pm
SUB TEST	.00	2:30pm
AIR BLK	.00	2:31pm
SUB TEST	.00	2:32pm
AIR BLK	.00	2:33pm

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

CUMBERLAND COUNTY HOPE MILLS PD 250

Serial Number: 008614 Test Record Number: 5162
Test Date: 05/05/2025 Test Time: 2:34pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:34pm
FLO	Pass	2:34pm
FC	Pass	2:34pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:34pm
SRC	Pass	2:34pm
DET	Pass	2:34pm
BAR	Pass	2:34pm
BT	Pass	2:34pm

Blank Tests

Test	Status	Time
AIR	Pass	2:35pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:35pm

CRC Tests

Test	Status	Time
COMP	Pass	2:35pm
CAL	Pass	2:35pm

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 Currituck Instrument Location Currituck Co. S.O. Corolla
Instrument Serial No. 008949 1123 Ocean Trl., Corolla, 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 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.



[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 SO-COROLLA 260

Serial Number: 008949

Test Date: 05/16/2025

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: 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: AG501303

Exp Date: 01/13/2027

Test	g/210L	Time
DIAG	Pass	10:34am
AIR BLK	.00	10:34am
ACCY CHK	.08	10:35am
AIR BLK	.00	10:36am
SUB TEST	.00	10:36am
AIR BLK	.00	10:37am
SUB TEST	.00	10:39am
AIR BLK	.00	10:40am

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 SO-COROLLA 260

Serial Number: 008949 Test Record Number: 821
Test Date: 05/16/2025 Test Time: 10:42am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:42am
FLO	Pass	10:42am
FC	Pass	10:42am

Temperature Tests

Test	Status	Time
FC1	Pass	10:42am
SRC	Pass	10:42am
DET	Pass	10:42am
BAR	Pass	10:42am
BT	Pass	10:42am

Blank Tests

Test	Status	Time
AIR	Pass	10:43am

Printer Tests

Test	Status	Time
PRNT	Pass	10:43am

CRC Tests

Test	Status	Time
COMP	Pass	10:43am
CAL	Pass	10:43am

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 Dare Instrument Location Dare Co S.O. - Hatteras
Instrument Serial No. 008807 50347 Hwy. NC 12, Buxton, 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 28th 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.



Mark A. Duggell
Signature of Certifying Official

206272
Certificate Number

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

Intox EC/IR-II: Subject Test

DARE COUNTY DARE CO SO HATTERAS 270

Serial Number: 008807

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: 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: AG501303

Exp Date: 01/13/2027

Test	g/210L	Time
DIAG	Pass	11:38am
AIR BLK	.00	11:39am
ACCY CHK	.07	11:40am
AIR BLK	.00	11:41am
SUB TEST	.00	11:42am
AIR BLK	.00	11:43am
SUB TEST	.00	11:44am
AIR BLK	.00	11:45am

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

DARE COUNTY DARE CO SO HATTERAS 270

Serial Number: 008807 Test Record Number: 1520
Test Date: 05/28/2025 Test Time: 11:46am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:47am

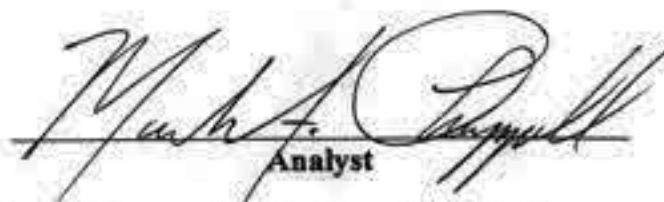
Printer Tests

Test	Status	Time
PRNT	Pass	11:47am

CRC Tests

Test	Status	Time
COMP	Pass	11:47am
CAL	Pass	11:47am

Preventive Maintenance
Status: Pass


Analyst

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Dare Instrument Location Kill Devil Hills
Instrument Serial No. 008844 102 Town Hall Dr.,
Kill Devil Hills, 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 28th 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.



Mark A. Russell
Signature of Certifying Official

206272
Certificate Number

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

Intox EC/IR-II: Subject Test

DARE COUNTY KILL DEVIL HILLS PD 270

Serial Number: 008844
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: Chappell, Mark A

Permit Number: 0020-6272

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG400303

Exp Date: 01/03/2026

Test	g/210L	Time
DIAG	Pass	3:41pm
AIR BLK	.00	3:41pm
ACCY CHK	.08	3:42pm
AIR BLK	.00	3:43pm
SUB TEST	.00	3:44pm
AIR BLK	.00	3:45pm
SUB TEST	.00	3:46pm
AIR BLK	.00	3:47pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

DARE COUNTY KILL DEVIL HILLS PD 270

Serial Number: 008844 Test Record Number: 3264
Test Date: 05/28/2025 Test Time: 3:48pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:48pm
FLO	Pass	3:48pm
FC	Pass	3:48pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:48pm
SRC	Pass	3:48pm
DET	Pass	3:48pm
BAR	Pass	3:48pm
BT	Pass	3:48pm

Blank Tests

Test	Status	Time
AIR	Pass	3:49pm

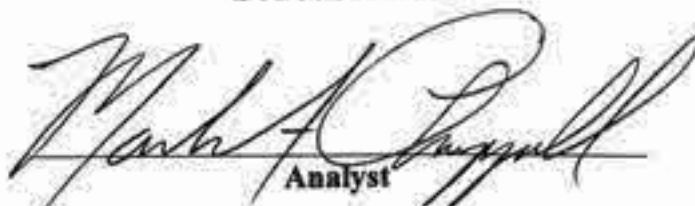
Printer Tests

Test	Status	Time
PRNT	Pass	3:49pm

CRC Tests

Test	Status	Time
COMP	Pass	3:49pm
CAL	Pass	3:49pm

**Preventive Maintenance
Status: Pass**


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Davidson Instrument Location BAT Mobile Unit 8
Instrument Serial No. 008615 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 30 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.



[Signature]
Signature of Certifying Official

2219283
Certificate Number

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

Serial Number: 008615

Test Date: 05/30/2025

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: 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

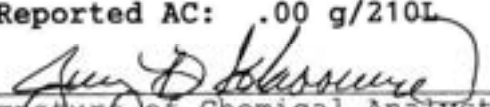
Test Type: Breath Test

Lot Number: AG405102

Exp Date: 02/20/2026

Test	g/210L	Time
DIAG	Pass	9:08pm
AIR BLK	.00	9:09pm
ACCY CHK	.07	9:10pm
AIR BLK	.00	9:11pm
SUB TEST	.00	9:13pm
AIR BLK	.00	9:14pm
SUB TEST	.00	9:15pm
AIR BLK	.00	9:16pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

DAVIDSON COUNTY BAT MOBILE UNIT 8 280

Serial Number: 008615 Test Record Number: 6092
Test Date: 05/30/2025 Test Time: 9:19pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	9:20pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:20pm

CRC Tests

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

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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. 008616 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 30 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.



[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: 008616

Test Date: 05/30/2025

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: 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

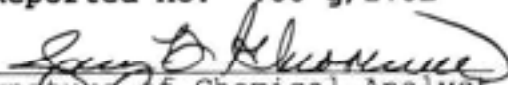
Test Type: Breath Test

Lot Number: AG506303

Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	9:06pm
AIR BLK	.00	9:07pm
ACCY CHK	.08	9:08pm
AIR BLK	.00	9:09pm
SUB TEST	.00	9:10pm
AIR BLK	.00	9:11pm
SUB TEST	.00	9:12pm
AIR BLK	.00	9:13pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

DAVIDSON COUNTY BAT MOBILE UNIT 8 280

Serial Number: 008616 Test Record Number: 2874
Test Date: 05/30/2025 Test Time: 9:14pm 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	9:15pm
SRC	Pass	9:15pm
DET	Pass	9:15pm
BAR	Pass	9:15pm
BT	Pass	9:15pm

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 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 30 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.



[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.

DAVIDSON COUNTY BAT MOBILE UNIT 8 280

Serial Number: 008736

Test Date: 05/30/2025

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: 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

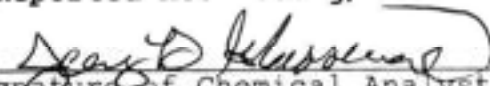
Test Type: Breath Test

Lot Number: AG405102

Exp Date: 02/20/2026

Test	g/210L	Time
DIAG	Pass	9:06pm
AIR BLK	.00	9:07pm
ACCY CHK	.07	9:07pm
AIR BLK	.00	9:08pm
SUB TEST	.00	9:09pm
AIR BLK	.00	9:10pm
SUB TEST	.00	9:12pm
AIR BLK	.00	9:12pm

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

DAVIDSON COUNTY BAT MOBILE UNIT 8 280

Serial Number: 008736 Test Record Number: 1445
Test Date: 05/30/2025 Test Time: 9:15pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:15pm
FLO	Pass	9:15pm
FC	Pass	9:16pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	9:16pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:16pm

CRC Tests

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

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

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 30 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.



[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.

DAVIDSON COUNTY BAT MOBILE UNIT 8 280

Serial Number: 008816

Test Date: 05/30/2025

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: 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

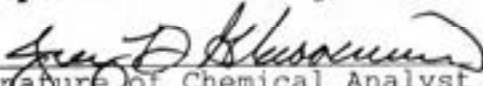
Test Type: Breath Test

Lot Number: AG431002

Exp Date: 11/05/2026

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

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

DAVIDSON COUNTY BAT MOBILE UNIT 8 280

Serial Number: 008816 Test Record Number: 7881
Test Date: 05/30/2025 Test Time: 9:14pm 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 DAVIDSON

Instrument Location DAVIDSON COUNTY JAIL

Instrument Serial No. 008845

LEXINGTON, 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 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.




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

DAVIDSON COUNTY DAVIDSON COUNTY JAIL
280

Serial Number: 008845
Test Date: 05/05/2025

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: 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: AG501308

Exp Date: 01/13/2027

Test	g/210L	Time
DIAG	Pass	11:25am
AIR BLK	.00	11:26am
ACCY CHK	.07	11:26am
AIR BLK	.00	11:28am
SUB TEST	.00	11:28am
AIR BLK	.00	11:29am
SUB TEST	.00	11:31am
AIR BLK	.00	11:31am

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

DAVIDSON COUNTY DAVIDSON COUNTY JAIL 280

Serial Number: 008845 Test Record Number: 4459
Test Date: 05/05/2025 Test Time: 11:33am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:33am
FLO	Pass	11:33am
FC	Pass	11:33am

Temperature Tests

Test	Status	Time
FC1	Pass	11:33am
SRC	Pass	11:33am
DET	Pass	11:33am
BAR	Pass	11:33am
BT	Pass	11:33am

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	11:34am
CAL	Pass	11:34am

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 DAVIDSON

Instrument Location THOMASVILLE POLICE

Instrument Serial No. 008872

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 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.




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

DAVIDSON COUNTY THOMASVILLE PD 280

Serial Number: 008872

Test Date: 05/05/2025

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: 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: AG405101

Exp Date: 02/20/2026

Test	g/210L	Time
DIAG	Pass	9:48am
AIR BLK	.00	9:49am
ACCY CHK	.08	9:49am
AIR BLK	.00	9:51am
SUB TEST	.00	9:51am
AIR BLK	.00	9:52am
SUB TEST	.00	9:54am
AIR BLK	.00	9:55am

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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 THOMASVILLE PD 280

Serial Number: 008872 Test Record Number: 1907
Test Date: 05/05/2025 Test Time: 9:57am 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	9:58am

Printer Tests

Test	Status	Time
PRNT	Pass	9:58am

CRC Tests

Test	Status	Time
COMP	Pass	9:59am
CAL	Pass	9:59am

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 DAVIDSON Instrument Location LEXINGTON POLICE
Instrument Serial No. 008883 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 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.




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

DAVIDSON COUNTY LEXINGTON PD 280

Serial Number: 008883

Test Date: 05/05/2025

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: 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	10:48am
AIR BLK	.00	10:48am
ACCY CHK	.08	10:49am
AIR BLK	.00	10:50am
SUB TEST	.00	10:50am
AIR BLK	.00	10:51am
SUB TEST	.00	10:53am
AIR BLK	.00	10:54am

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

DAVIDSON COUNTY LEXINGTON PD 280

Serial Number: 008883 Test Record Number: 3008
Test Date: 05/05/2025 Test Time: 10:54am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:55am
FLO	Pass	10:55am
FC	Pass	10:55am

Temperature Tests

Test	Status	Time
FC1	Pass	10:55am
SRC	Pass	10:55am
DET	Pass	10:55am
BAR	Pass	10:55am
BT	Pass	10:55am

Blank Tests

Test	Status	Time
AIR	Pass	10:55am


Printer Tests

Test	Status	Time
PRNT	Pass	10:55am

CRC Tests

Test	Status	Time
COMP	Pass	10:55am
CAL	Pass	10:55am

Preventive Maintenance
Status: Pass


Analyst

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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 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 30 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.



[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: 05/30/2025

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: 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

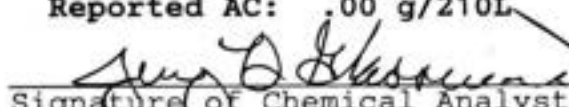
Test Type: Breath Test

Lot Number: AG506303

Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	9:05pm
AIR BLK	.00	9:06pm
ACCY CHK	.08	9:07pm
AIR BLK	.00	9:08pm
SUB TEST	.00	9:09pm
AIR BLK	.00	9:10pm
SUB TEST	.00	9:11pm
AIR BLK	.00	9:12pm

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

DAVIDSON COUNTY BAT MOBILE UNIT 8 280

Serial Number: 008929 Test Record Number: 1576
Test Date: 05/30/2025 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
PC1	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 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 15th 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.




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: 05/15/2025

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: 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	11:51am
AIR BLK	.00	11:52am
ACCY CHK	.07	11:52am
AIR BLK	.00	11:53am
SUB TEST	.00	11:54am
AIR BLK	.00	11:55am
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

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008660 Test Record Number: 4648
Test Date: 05/15/2025 Test Time: 11:59am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	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

**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 Gaston Instrument Location Gaston County Jail
Instrument Serial No. 008643 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 5th 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.



Bryan 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: 008643

Test Date: 05/05/2025

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

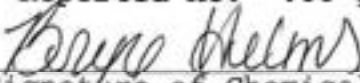
Test Type: Breath Test

Lot Number: AG506302

Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	2:45pm
AIR BLK	.00	2:45pm
ACCY CHK	.07	2:46pm
AIR BLK	.00	2:47pm
SUB TEST	.00	2:48pm
AIR BLK	.00	2:48pm
SUB TEST	.00	2:50pm
AIR BLK	.00	2:51pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

GASTON COUNTY GASTON COUNTY SO 350

Serial Number: 008643 Test Record Number: 5235
Test Date: 05/05/2025 Test Time: 2:51pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:52pm
FLO	Pass	2:52pm
FC	Pass	2:52pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:52pm
SRC	Pass	2:52pm
DET	Pass	2:52pm
BAR	Pass	2:52pm
BT	Pass	2:52pm

Blank Tests

Test	Status	Time
AIR	Pass	2:52pm

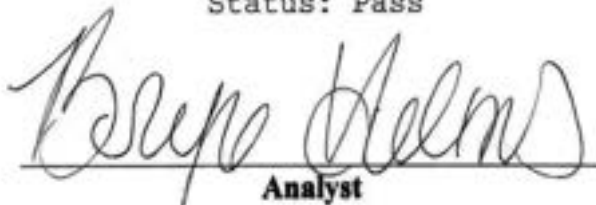
Printer Tests

Test	Status	Time
PRNT	Pass	2:52pm

CRC Tests

Test	Status	Time
COMP	Pass	2:53pm
CAL	Pass	2:53pm

Preventive Maintenance
Status: *Pass*


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Gaston Instrument Location Mt. Holly PD
Instrument Serial No. 008733 Mt. Holly, 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 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.



Bryce 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 MT. HOLLY PD 350

Serial Number: 008733

Test Date: 05/05/2025

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: AG431002

Exp Date: 11/05/2026

Test	g/210L	Time
DIAG	Pass	1:48pm
AIR BLK	.00	1:49pm
ACCY CHK	.07	1:49pm
AIR BLK	.00	1:51pm
SUB TEST	.00	1:51pm
AIR BLK	.00	1:52pm
SUB TEST	.00	1:53pm
AIR BLK	.00	1:54pm

Reported AC: .00 g/210L


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 MT. HOLLY PD 350

Serial Number: 008733 Test Record Number: 1535
Test Date: 05/05/2025 Test Time: 1:55pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:55pm
FLO	Pass	1:55pm
FC	Pass	1:55pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:55pm
SRC	Pass	1:55pm
DET	Pass	1:55pm
BAR	Pass	1:55pm
BT	Pass	1:55pm

Blank Tests

Test	Status	Time
AIR	Pass	1:56pm

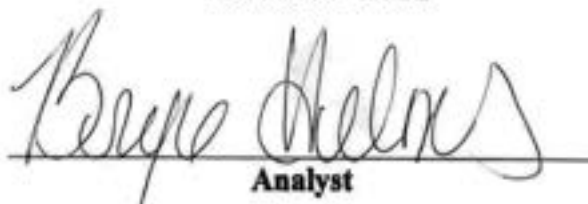
Printer Tests

Test	Status	Time
PRNT	Pass	1:56pm

CRC Tests

Test	Status	Time
COMP	Pass	1:56pm
CAL	Pass	1:56pm

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 Gates Instrument Location Gates Co. S.O.
Instrument Serial No. 008884 202 Court St
Gatesville, 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 13th 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.



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

GATES COUNTY GATES CO SO 360

Serial Number: 008884

Test Date: 05/13/2025

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: 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: AG501303

Exp Date: 01/13/2027

Test	g/210L	Time
DIAG	Pass	2:11pm
AIR BLK	.00	2:12pm
ACCY CHK	.07	2:13pm
AIR BLK	.00	2:14pm
SUB TEST	.00	2:15pm
AIR BLK	.00	2:15pm
SUB TEST	.00	2:17pm
AIR BLK	.00	2:18pm

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

GATES COUNTY GATES CO SO 360

Serial Number: 008884 Test Record Number: 1243
Test Date: 05/13/2025 Test Time: 2:20pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:20pm
FLO	Pass	2:20pm
FC	Pass	2:20pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:20pm
SRC	Pass	2:20pm
DET	Pass	2:20pm
BAR	Pass	2:20pm
BT	Pass	2:20pm

Blank Tests

Test	Status	Time
AIR	Pass	2:21pm

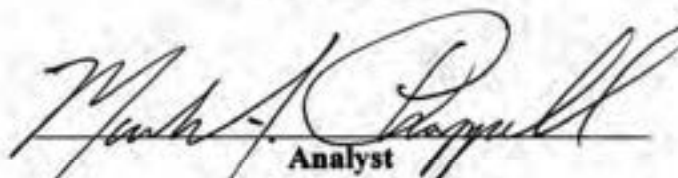
Printer Tests

Test	Status	Time
PRNT	Pass	2:21pm

CRC Tests

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

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Graham Instrument Location Graham Co. SO.
Instrument Serial No. 008915 Robbinsville, 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 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.



Paul R. Cutler
Signature of Certifying Official

843310
Certificate Number

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

Intox EC/IR-II: Subject Test

GRAHAM COUNTY GRAHAM COUNTY SD 370

Serial Number: 008915

Test Date: 05/23/2025

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

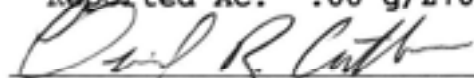
Test Type: Breath Test

Lot Number: AG431002

Exp Date: 11/05/2026

Test	g/210L	Time
DIAG	Pass	11:40am
AIR BLK	.00	11:41am
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

GRAHAM COUNTY GRAHAM COUNTY SD 370

Serial Number: 008915 Test Record Number: 989
Test Date: 05/23/2025 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	11:48am
SRC	Pass	11:48am
DET	Pass	11:48am
BAR	Pass	11:48am
BT	Pass	11:48am

Blank Tests

Test	Status	Time
AIR	Pass	11:49am

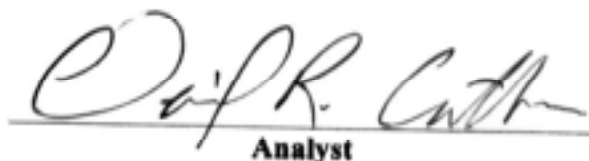
Printer Tests

Test	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 BAT Mobile Unit 13
Instrument Serial No. 008869 Guilford Task Force

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

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

I certify that on the 8th day of 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.



John Parier
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: 008869

Test Date: 05/08/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: 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

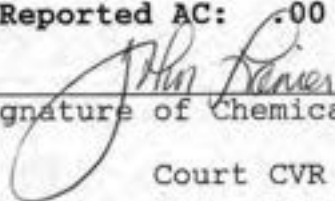
Test Type: Breath Test

Lot Number: AG417803

Exp Date: 06/26/2026

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

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



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: 2014
Test Date: 05/08/2025 Test Time: 10:12pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:13pm
FLO	Pass	10:13pm
FC	Pass	10:13pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:13pm
SRC	Pass	10:13pm
DET	Pass	10:13pm
BAR	Pass	10:13pm
BT	Pass	10:13pm

Blank Tests

Test	Status	Time
AIR	Pass	10:13pm

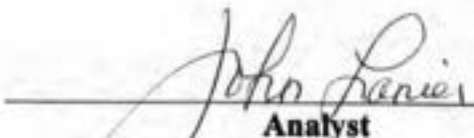
Printer Tests

Test	Status	Time
PRNT	Pass	10:13pm

CRC Tests

Test	Status	Time
COMP	Pass	10:14pm
CAL	Pass	10:14pm

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 Guilford Instrument Location BAT Mobile Unit 13
Instrument Serial No. 008898 Guilford Task Force

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

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

I certify that on the 8th day of 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.



John R. Rines
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: 008898

Test Date: 05/08/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: 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

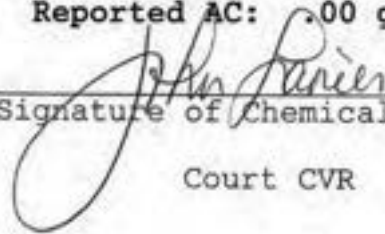
Test Type: Breath Test

Lot Number: AG506302

Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	9:55pm
AIR BLK	.00	9:56pm
ACCY CHK	.07	9:56pm
AIR BLK	.00	9:57pm
SUB TEST	.00	9:58pm
AIR BLK	.00	9:59pm
SUB TEST	.00	10:00pm
AIR BLK	.00	10:01pm

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

GUILFORD COUNTY BAT MOBILE UNIT 13 400

Serial Number: 008898 Test Record Number: 1987
Test Date: 05/08/2025 Test Time: 10:01pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:02pm
FLO	Pass	10:02pm
FC	Pass	10:02pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:02pm
SRC	Pass	10:02pm
DET	Pass	10:02pm
BAR	Pass	10:02pm
BT	Pass	10:02pm

Blank Tests

Test	Status	Time
AIR	Pass	10:03pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:03pm

CRC Tests

Test	Status	Time
COMP	Pass	10:03pm
CAL	Pass	10:03pm

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 13
Instrument Serial No. 008939 Guilford Task Force

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

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

I certify that on the 8th day of 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.



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

GUILFORD COUNTY BAT MOBILE UNIT 13 400

Serial Number: 008939
Test Date: 05/08/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: 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

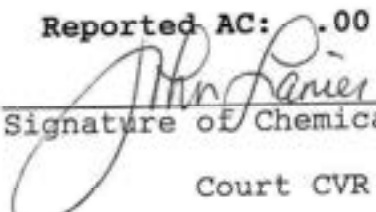
Test Type: Breath Test

Lot Number: AG506302

Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	9:32pm
AIR BLK	.00	9:34pm
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

GUILFORD COUNTY BAT MOBILE UNIT 13 400

Serial Number: 008939 Test Record Number: 1855
Test Date: 05/08/2025 Test Time: 9:40pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	9:41pm

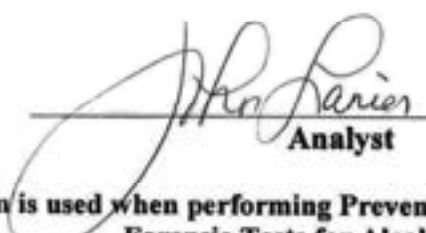
Printer Tests

Test	Status	Time
PRNT	Pass	9:41pm

CRC Tests

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

Preventive Maintenance
Status: Pass


Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Guilford Instrument Location BAT Mobile Unit II
Instrument Serial No. 008970 Guilford Task Force

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 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.



John Francis
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 11 400

Serial Number: 008970

Test Date: 05/23/2025

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: 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

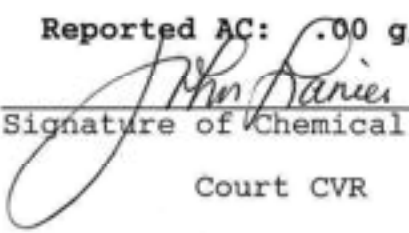
Test Type: Breath Test

Lot Number: AG417802

Exp Date: 06/26/2026

Test	g/210L	Time
DIAG	Pass	8:20am
AIR BLK	.00	8:21am
ACCY CHK	.08	8:22am
AIR BLK	.00	8:23am
SUB TEST	.00	8:23am
AIR BLK	.00	8:24am
SUB TEST	.00	8:26am
AIR BLK	.00	8:26am

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 11 400

Serial Number: 008970 Test Record Number: 1210
Test Date: 05/23/2025 Test Time: 8:32am 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

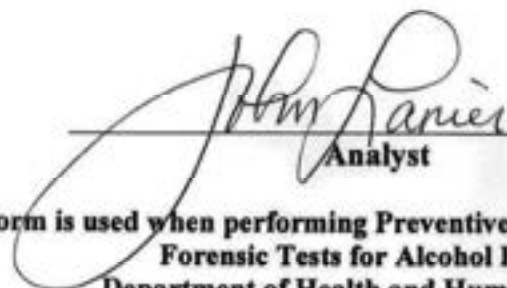
Printer Tests

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

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 II
Instrument Serial No. 008970 Guilford Task Force

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 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.



John Francis
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 11 400

Serial Number: 008970

Test Date: 05/23/2025

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: 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

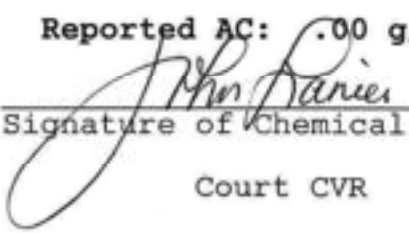
Test Type: Breath Test

Lot Number: AG417802

Exp Date: 06/26/2026

Test	g/210L	Time
DIAG	Pass	8:20am
AIR BLK	.00	8:21am
ACCY CHK	.08	8:22am
AIR BLK	.00	8:23am
SUB TEST	.00	8:23am
AIR BLK	.00	8:24am
SUB TEST	.00	8:26am
AIR BLK	.00	8:26am

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 11 400

Serial Number: 008970 Test Record Number: 1210
Test Date: 05/23/2025 Test Time: 8:32am 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

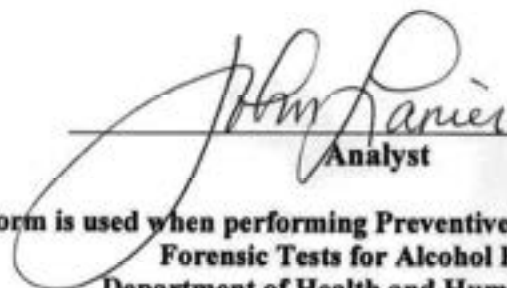
Printer Tests

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

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 Gaillard Instrument Location BAT Mobile Unit 11
Instrument Serial No. 008973 Gaillard Task Force

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 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.



[Signature]
Signature of Certifying Official

6-2446
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

GUILFORD COUNTY BAT MOBILE UNIT 11 850

Serial Number: 008973

Test Date: 05/23/2025

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: Gillstrap, Jeffrey L

Permit Number: 0006-2446

Effective:

12/01/2023-12/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

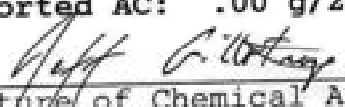
Test Type: Breath Test

Lot Number: AG431003

Exp Date: 11/05/2026


Test	g/210L	Time
DIAG	Pass	8:32am
AIR BLK	.00	8:33am
ACCY CHK	.08	8:34am
AIR BLK	.00	8:35am
SUB TEST	.00	8:35am
AIR BLK	.00	8:36am
SUB TEST	.00	8:38am
AIR BLK	.00	8:38am

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**

GUILFORD COUNTY BAT MOBILE UNIT 11 850

Serial Number: 008973 Test Record Number: 1260
Test Date: 05/23/2025 Test Time: 9:02am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:03am
FLO	Pass	9:03am
FC	Pass	9:03am

Temperature Tests

Test	Status	Time
FC1	Pass	9:03am
SRC	Pass	9:03am
DET	Pass	9:03am
BAR	Pass	9:03am
BT	Pass	9:03am

Blank Tests

Test	Status	Time
AIR	Pass	9:04am

Printer Tests

Test	Status	Time
PRNT	Pass	9:04am

CRC Tests

Test	Status	Time
COMP	Pass	9:04am
CAL	Pass	9:04am

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 Gaillard Instrument Location BAT Mobile Unit 11
Instrument Serial No. 008973 Gaillard Task Force

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 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.



[Signature]
Signature of Certifying Official

6-2446
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

GUILFORD COUNTY BAT MOBILE UNIT 11 850

Serial Number: 008973

Test Date: 05/23/2025

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: Gillstrap, Jeffrey L

Permit Number: 0006-2446

Effective:

12/01/2023-12/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

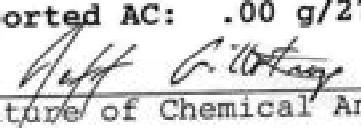
Test Type: Breath Test

Lot Number: AG431003

Exp Date: 11/05/2026

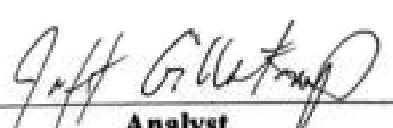
Test	g/210L	Time
DIAG	Pass	8:32am
AIR BLK	.00	8:33am
ACCY CHK	.08	8:34am
AIR BLK	.00	8:35am
SUB TEST	.00	8:35am
AIR BLK	.00	8:36am
SUB TEST	.00	8:38am
AIR BLK	.00	8:38am

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**

GUILFORD COUNTY BAT MOBILE UNIT 11 850

Serial Number: 008973 Test Record Number: 1260
Test Date: 05/23/2025 Test Time: 9:02am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:03am
FLO	Pass	9:03am
FC	Pass	9:03am

Temperature Tests

Test	Status	Time
FC1	Pass	9:03am
SRC	Pass	9:03am
DET	Pass	9:03am
BAR	Pass	9:03am
BT	Pass	9:03am

Blank Tests

Test	Status	Time
AIR	Pass	9:04am

Printer Tests

Test	Status	Time
PRNT	Pass	9:04am

CRC Tests

Test	Status	Time
COMP	Pass	9:04am
CAL	Pass	9:04am

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 Hertford Instrument Location Ahoskie P.D.
Instrument Serial No. 008848 705 W. Main St., Ahoskie,
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 13th 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.



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

HERTFORD COUNTY AHOSKIE PD 450

Serial Number: 008848

Test Date: 05/13/2025

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: 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: AG501303

Exp Date: 01/13/2027

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

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

HERTFORD COUNTY AHOSKIE PD 450

Serial Number: 008848 Test Record Number: 1968
Test Date: 05/13/2025 Test Time: 12:15pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:17pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:17pm

CRC Tests

Test	Status	Time
COMP	Pass	12:17pm
CAL	Pass	12:17pm

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Hertford Instrument Location Murfreesboro P.D.
Instrument Serial No. 008906 115 E. Broad St.
Murfreesboro, 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 13th 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.



Murphy 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

HERTFORD COUNTY MURFREESBORO PD 450

Serial Number: 008906

Test Date: 05/13/2025

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: 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

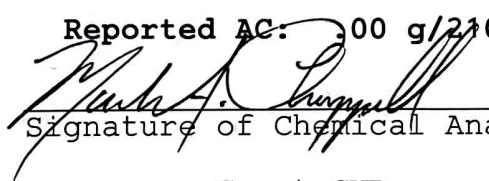
Test Type: Breath Test

Lot Number: AG501303

Exp Date: 01/13/2027

Test	g/210L	Time
DIAG	Pass	10:21am
AIR BLK	.00	10:22am
ACCY CHK	.08	10:22am
AIR BLK	.00	10:24am
SUB TEST	.00	10:24am
AIR BLK	.00	10:25am
SUB TEST	.00	10:27am
AIR BLK	.00	10:28am

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

HERTFORD COUNTY MURFREESBORO PD 450

Serial Number: 008906 Test Record Number: 965
Test Date: 05/13/2025 Test Time: 10:29am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:30am
FLO	Pass	10:30am
FC	Pass	10:30am

Temperature Tests

Test	Status	Time
FC1	Pass	10:30am
SRC	Pass	10:30am
DET	Pass	10:30am
BAR	Pass	10:30am
BT	Pass	10:30am

Blank Tests

Test	Status	Time
AIR	Pass	10:31am

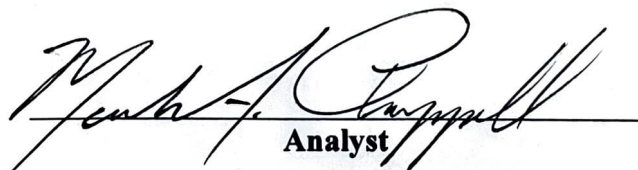
Printer Tests

Test	Status	Time
PRNT	Pass	10:31am

CRC Tests

Test	Status	Time
COMP	Pass	10:31am
CAL	Pass	10:31am

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Hoke Instrument Location BAT Mobile Unit 10
Instrument Serial No. 008584 Hoke 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 3rd 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.





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

HOKE COUNTY BAT MOBILE UNIT 10 460

Serial Number: 008584

Test Date: 05/03/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Sharpe Jr., Robert J

Permit Number: 1820-8591

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG400303

Exp Date: 01/03/2026

Test	g/210L	Time
DIAG	Pass	5:56pm
AIR BLK	.00	5:57pm
ACCY CHK	.07	5:58pm
AIR BLK	.00	5:59pm
SUB TEST	.00	6:00pm
AIR BLK	.00	6:01pm
SUB TEST	.00	6:02pm
AIR BLK	.00	6:03pm

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

HOKE COUNTY BAT MOBILE UNIT 10 460

Serial Number: 008584 Test Record Number: 2794
Test Date: 05/03/2025 Test Time: 6:04pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	6:04pm
FLO	Pass	6:04pm
FC	Pass	6:04pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:04pm
SRC	Pass	6:04pm
DET	Pass	6:04pm
BAR	Pass	6:04pm
BT	Pass	6:04pm

Blank Tests

Test	Status	Time
AIR	Pass	6:05pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:05pm

CRC Tests

Test	Status	Time
COMP	Pass	6:05pm
CAL	Pass	6:05pm

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 Hoke Instrument Location BAT Mobile Unit 12
Instrument Serial No. 008601 Hoke 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 9th 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.



[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

HOKE COUNTY BAT MOBILE UNIT 12 460

Serial Number: 008601

Test Date: 05/09/2025

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: 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

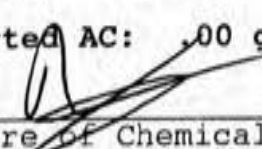
Test Type: Breath Test

Lot Number: AG501307

Exp Date: 01/13/2027

Test	g/210L	Time
DIAG	Pass	5:21pm
AIR BLK	.00	5:22pm
ACCY CHK	.07	5:23pm
AIR BLK	.00	5:24pm
SUB TEST	.00	5:24pm
AIR BLK	.00	5:25pm
SUB TEST	.00	5:27pm
AIR BLK	.00	5:27pm

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

HOKE COUNTY BAT MOBILE UNIT 12 460

Serial Number: 008601 Test Record Number: 1741
Test Date: 05/09/2025 Test Time: 5:33pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	5:34pm
FLO	Pass	5:34pm
FC	Pass	5:34pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:34pm
SRC	Pass	5:34pm
DET	Pass	5:34pm
BAR	Pass	5:34pm
BT	Pass	5:34pm

Blank Tests

Test	Status	Time
AIR	Pass	5:35pm

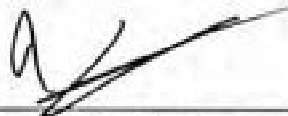
Printer Tests

Test	Status	Time
PRNT	Pass	5:35pm

CRC Tests

Test	Status	Time
COMP	Pass	5:35pm
CAL	Pass	5:35pm

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 Hoke Instrument Location BAT Mobile Unit 10
Instrument Serial No. 008637 Hoke 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 30 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.



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

HOKE COUNTY BAT MOBILE UNIT 10 460

Serial Number: 008637

Test Date: 05/03/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Sharpe Jr., Robert J

Permit Number: 1820-8591

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

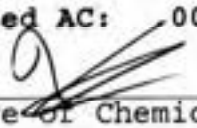
Test Type: Breath Test

Lot Number: AG400303

Exp Date: 01/03/2026

Test	g/210L	Time
DIAG	Pass	5:58pm
AIR BLK	.00	5:59pm
ACCY CHK	.08	6:00pm
AIR BLK	.00	6:01pm
SUB TEST	.00	6:01pm
AIR BLK	.00	6:02pm
SUB TEST	.00	6:04pm
AIR BLK	.00	6:05pm

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

HOKE COUNTY BAT MOBILE UNIT 10 460

Serial Number: 008637 Test Record Number: 3531
Test Date: 05/03/2025 Test Time: 6:06pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	6:06pm
FLO	Pass	6:06pm
FC	Pass	6:06pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:06pm
SRC	Pass	6:06pm
DET	Pass	6:06pm
BAR	Pass	6:06pm
BT	Pass	6:06pm

Blank Tests

Test	Status	Time
AIR	Pass	6:07pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:07pm

CRC Tests

Test	Status	Time
COMP	Pass	6:07pm
CAL	Pass	6:07pm

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 Hoke Instrument Location BAT Mobile Unit 10
Instrument Serial No. 008686 Hoke 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 3rd 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.



[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

HOKS COUNTY BAT MOBILE UNIT 10 460

Serial Number: 008686

Test Date: 05/03/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Sharpe Jr., Robert J

Permit Number: 1820-8591

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

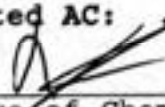
Test Type: Breath Test

Lot Number: AG506302

Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	5:57pm
AIR BLK	.00	5:58pm
ACCY CHK	.08	5:58pm
AIR BLK	.00	5:59pm
SUB TEST	.00	6:00pm
AIR BLK	.00	6:00pm
SUB TEST	.00	6:02pm
AIR BLK	.00	6:03pm

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

HOKE COUNTY BAT MOBILE UNIT 10 460

Serial Number: 008686 Test Record Number: 7157
Test Date: 05/03/2025 Test Time: 6:03pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	6:04pm
FLO	Pass	6:04pm
FC	Pass	6:04pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:04pm
SRC	Pass	6:04pm
DET	Pass	6:04pm
BAR	Pass	6:04pm
BT	Pass	6:04pm

Blank Tests

Test	Status	Time
AIR	Pass	6:05pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:05pm

CRC Tests

Test	Status	Time
COMP	Pass	6:05pm
CAL	Pass	6:05pm

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 Hoke Instrument Location BAT Mobile Unit 12
Instrument Serial No. 008698 Hoke 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 9th 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.



[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

HOKE COUNTY BAT MOBILE UNIT 12 460

Serial Number: 008698

Test Date: 05/09/2025

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: Sharpe Jr., Robert J

Permit Number: 1820-8591

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG400303

Exp Date: 01/03/2026

Test	g/210L	Time
DIAG	Pass	5:19pm
AIR BLK	.00	5:20pm
ACCY CHK	.07	5:20pm
AIR BLK	.00	5:21pm
SUB TEST	.00	5:22pm
AIR BLK	.00	5:23pm
SUB TEST	.00	5:24pm
AIR BLK	.00	5:25pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR


Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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Intox EC/IR-II: Preventive Maintenance

HOKE COUNTY BAT MOBILE UNIT 12 460

Serial Number: 008698 Test Record Number: 2576
Test Date: 05/09/2025 Test Time: 5:32pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:33pm
FLO	Pass	5:33pm
FC	Pass	5:33pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:33pm
SRC	Pass	5:33pm
DET	Pass	5:33pm
BAR	Pass	5:33pm
BT	Pass	5:33pm

Blank Tests

Test	Status	Time
AIR	Pass	5:34pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:34pm

CRC Tests

Test	Status	Time
COMP	Pass	5:34pm
CAL	Pass	5:34pm

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 Hoke Instrument Location BAT Mobile Unit 10
Instrument Serial No. 008776 Hoke 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 3rd 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.



A handwritten signature in black ink, consisting of a stylized 'N' followed by several horizontal strokes.

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

HOKE COUNTY BAT MOBILE UNIT 10 460

Serial Number: 008776

Test Date: 05/03/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Sharpe Jr., Robert J

Permit Number: 1820-8591

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG417803

Exp Date: 06/26/2026

Test	g/210L	Time
DIAG	Pass	5:59pm
AIR BLK	.00	6:00pm
ACCY CHK	.08	6:00pm
AIR BLK	.00	6:01pm
SUB TEST	.00	6:02pm
AIR BLK	.00	6:03pm
SUB TEST	.00	6:05pm
AIR BLK	.00	6:06pm

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

HOKE COUNTY BAT MOBILE UNIT 10 460

Serial Number: 008776 Test Record Number: 4114
Test Date: 05/03/2025 Test Time: 6:06pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	6:07pm
FLO	Pass	6:07pm
FC	Pass	6:07pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:07pm
SRC	Pass	6:07pm
DET	Pass	6:07pm
BAR	Pass	6:07pm
BT	Pass	6:07pm

Blank Tests

Test	Status	Time
AIR	Pass	6:08pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:08pm

CRC Tests

Test	Status	Time
COMP	Pass	6:08pm
CAL	Pass	6:08pm

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 Hoke Instrument Location BAT Mobile Unit 10
Instrument Serial No. 008779 Hoke 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 31 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.



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

HOKS COUNTY BAT MOBILE UNIT 10 460

Serial Number: 008779

Test Date: 05/03/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Sharpe Jr., Robert J

Permit Number: 1820-8591

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG431002

Exp Date: 11/05/2026

Test	g/210L	Time
DIAG	Pass	5:59pm
AIR BLK	.00	6:00pm
ACCY CHK	.07	6:01pm
AIR BLK	.00	6:01pm
SUB TEST	.00	6:02pm
AIR BLK	.00	6:03pm
SUB TEST	.00	6:05pm
AIR BLK	.00	6:05pm

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
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Intox EC/IR-II: Preventive Maintenance

HOKE COUNTY BAT MOBILE UNIT 10 460

Serial Number: 008779 Test Record Number: 4061
Test Date: 05/03/2025 Test Time: 6:06pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	6:06pm
FLO	Pass	6:07pm
FC	Pass	6:07pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:07pm
SRC	Pass	6:07pm
DET	Pass	6:07pm
BAR	Pass	6:07pm
BT	Pass	6:07pm

Blank Tests

Test	Status	Time
AIR	Pass	6:07pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:07pm

CRC Tests

Test	Status	Time
COMP	Pass	6:08pm
CAL	Pass	6:08pm

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 Hoke Instrument Location BAT Mobile Unit 12

Instrument Serial No. 00 8788 Hoke 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 9th 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.



[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

HOKE COUNTY BAT MOBILE UNIT 12 460

Serial Number: 008788

Test Date: 05/09/2025

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: 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: 06/20/2026

Test	g/210L	Time
DIAG	Pass	5:18pm
AIR BLK	.00	5:20pm
ACCY CHK	.07	5:20pm
AIR BLK	.00	5:21pm
SUB TEST	.00	5:22pm
AIR BLK	.00	5:23pm
SUB TEST	.00	5:24pm
AIR BLK	.00	5:25pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

Intox EC/IR-II: Preventive Maintenance

HOKE COUNTY BAT MOBILE UNIT 12 460

Serial Number: 008788 Test Record Number: 2380
Test Date: 05/09/2025 Test Time: 5:26pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:26pm
FLO	Pass	5:26pm
FC	Pass	5:26pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:26pm
SRC	Pass	5:26pm
DET	Pass	5:26pm
BAR	Pass	5:26pm
BT	Pass	5:26pm

Blank Tests

Test	Status	Time
AIR	Pass	5:27pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:27pm

CRC Tests

Test	Status	Time
COMP	Pass	5:27pm
CAL	Pass	5:27pm

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 Hyde Instrument Location Hyde Co. S.O.
Instrument Serial No. 008801 1223 Main St., Swan Quarter,
NC.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

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

I certify that on the 6th 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.



[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

HYDE COUNTY HYDE CO SO SWAN QUAR 470

Serial Number: 008801

Test Date: 05/06/2025

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: AG405103

Exp Date: 02/20/2026

Test	g/210L	Time
DIAG	Pass	10:23am
AIR BLK	.00	10:24am
ACCY CHK	.08	10:24am
AIR BLK	.00	10:25am
SUB TEST	.00	10:27am
AIR BLK	.00	10:27am
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

HYDE COUNTY HYDE CO SO SWAN QUAR 470

Serial Number: 008801 Test Record Number: 763
Test Date: 05/06/2025 Test Time: 10:32am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:33am
FLO	Pass	10:33am
FC	Pass	10:33am

Temperature Tests

Test	Status	Time
FC1	Pass	10:33am
SRC	Pass	10:33am
DET	Pass	10:33am
BAR	Pass	10:33am
BT	Pass	10:33am

Blank Tests

Test	Status	Time
AIR	Pass	10:33am

Printer Tests

Test	Status	Time
PRNT	Pass	10:33am

CRC Tests

Test	Status	Time
COMP	Pass	10:34am
CAL	Pass	10:34am

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 IRENELL Instrument Location STATENVILLE PD
Instrument Serial No. 008619 STATENVILLE 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 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.



[Signature]
Signature of Certifying Official

274910
Certificate Number

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 STATESVILLE PD 480

Serial Number: 008619
Test Date: 05/12/2025

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: Fleming, Tina S

Permit Number: 0027-4970

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

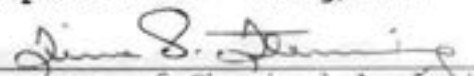
Test Type: Breath Test

Lot Number: AG506302

Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	12:01pm
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

**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 STATESVILLE PD 480

Serial Number: 008619 Test Record Number: 2269
Test Date: 05/12/2025 Test Time: 12:10pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:11pm

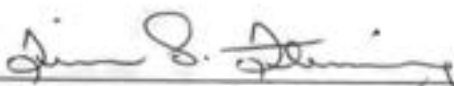
Printer Tests

Test	Status	Time
PRNT	Pass	12:11pm

CRC Tests

Test	Status	Time
COMP	Pass	12:11pm
CAL	Pass	12:11pm

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 IRENELL Instrument Location IRENELL COUNTY NC

Instrument Serial No. 008809 STATENVILLE 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 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.



[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 IREDELL COUNTY SO 480

Serial Number: 008809

Test Date: 05/12/2025

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: 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

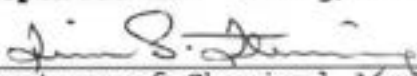
Test Type: Breath Test

Lot Number: AG431001

Exp Date: 11/05/2026

Test	g/210L	Time
DIAG	Pass	12:55pm
AIR BLK	.00	12:56pm
ACCY CHK	.08	12:57pm
AIR BLK	.00	12:58pm
SUB TEST	.00	12:58pm
AIR BLK	.00	12:59pm
SUB TEST	.00	1:01pm
AIR BLK	.00	1:02pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

IREDELL COUNTY IREDELL COUNTY SO 480

Serial Number: 008809 Test Record Number: 6291
Test Date: 05/12/2025 Test Time: 1:03pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:05pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:05pm

CRC Tests

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

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 Johnston Instrument Location Johnston County
Instrument Serial No. 008721 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 23 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.



AKA
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 DETENTION CENTER 500

Serial Number: 008721

Test Date: 05/23/2025

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

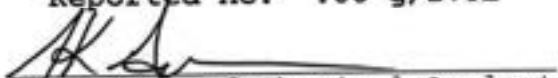
Test Type: Breath Test

Lot Number: AG431003

Exp Date: 11/05/2026

Test	g/210L	Time
DIAG	Pass	9:21am
AIR BLK	.00	9:22am
ACCY CHK	.08	9:23am
AIR BLK	.00	9:24am
SUB TEST	.00	9:24am
AIR BLK	.00	9:25am
SUB TEST	.00	9:27am
AIR BLK	.00	9:28am

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

JOHNSTON COUNTY DETENTION CENTER 500

Serial Number: 008721 Test Record Number: 2155
Test Date: 05/23/2025 Test Time: 9:30am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:30am
FLO	Pass	9:30am
FC	Pass	9:30am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	9:31am

Printer Tests

Test	Status	Time
PRNT	Pass	9:31am

CRC Tests

Test	Status	Time
COMP	Pass	9:31am
CAL	Pass	9:31am

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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 Johnston County
Instrument Serial No. 008810 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 23 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.



[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 DETENTION CENTER 500

Serial Number: 008810

Test Date: 05/23/2025

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: AG431003

Exp Date: 11/05/2026

Test	g/210L	Time
DIAG	Pass	9:22am
AIR BLK	.00	9:23am
ACCY CHK	.08	9:24am
AIR BLK	.00	9:25am
SUB TEST	.00	9:26am
AIR BLK	.00	9:27am
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

JOHNSTON COUNTY DETENTION CENTER 500

Serial Number: 008810 Test Record Number: 6333
Test Date: 05/23/2025 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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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 BAT Mobile Unit 13
Instrument Serial No. 008869 Selma 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 30 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.



Tony 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

JOHNSTON COUNTY BAT MOBILE UNIT 13 500

Serial Number: 008869

Test Date: 05/30/2025

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: 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	10:31pm
AIR BLK	.00	10:32pm
ACCY CHK	.07	10:32pm
AIR BLK	.00	10:33pm
SUB TEST	.00	10:34pm
AIR BLK	.00	10:35pm
SUB TEST	.00	10:37pm
AIR BLK	.00	10:38pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

JOHNSTON COUNTY BAT MOBILE UNIT 13 500

Serial Number: 008869 Test Record Number: 2023
Test Date: 05/30/2025 Test Time: 10:38pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	10:39pm
SRC	Pass	10:39pm
DET	Pass	10:39pm
BAR	Pass	10:39pm
BT	Pass	10:39pm

Blank Tests

Test	Status	Time
AIR	Pass	10:39pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:39pm

CRC Tests

Test	Status	Time
COMP	Pass	10:40pm
CAL	Pass	10:40pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Johnston Instrument Location BAT Mobile Unit 13
Instrument Serial No. 008898 Selma 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 30 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.



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

JOHNSTON COUNTY BAT MOBILE UNIT 13 500

Serial Number: 008898

Test Date: 05/30/2025

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: 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	10:24pm
AIR BLK	.00	10:25pm
ACCY CHK	.07	10:26pm
AIR BLK	.00	10:27pm
SUB TEST	.00	10:27pm
AIR BLK	.00	10:28pm
SUB TEST	.00	10:30pm
AIR BLK	.00	10:31pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

JOHNSTON COUNTY BAT MOBILE UNIT 13 500

Serial Number: 008898 Test Record Number: 1997
Test Date: 05/30/2025 Test Time: 10:33pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:34pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:34pm

CRC Tests

Test	Status	Time
COMP	Pass	10:34pm
CAL	Pass	10:34pm

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 Johnston Instrument Location BAT Mobile Unit 13
Instrument Serial No. 008939 Selma 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 30 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.



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

JOHNSTON COUNTY BAT MOBILE UNIT 13 500

Serial Number: 008939

Test Date: 05/30/2025

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: 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	10:01pm
AIR BLK	.00	10:02pm
ACCY CHK	.08	10:02pm
AIR BLK	.00	10:03pm
SUB TEST	.00	10:04pm
AIR BLK	.00	10:05pm
SUB TEST	.00	10:06pm
AIR BLK	.00	10:07pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

JOHNSTON COUNTY BAT MOBILE UNIT 13 500

Serial Number: 008939 Test Record Number: 1863
Test Date: 05/30/2025 Test Time: 10:08pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:08pm
FLO	Pass	10:08pm
FC	Pass	10:08pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:08pm
SRC	Pass	10:08pm
DET	Pass	10:08pm
BAR	Pass	10:08pm
BT	Pass	10:08pm

Blank Tests

Test	Status	Time
AIR	Pass	10:09pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:09pm

CRC Tests

Test	Status	Time
COMP	Pass	10:09pm
CAL	Pass	10:09pm

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 LEE Instrument Location LEE COUNTY
Instrument Serial No. 008645 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 29 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.




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

LEE COUNTY DETENTION CENTER 520

Serial Number: 008645

Test Date: 05/29/2025

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: 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	11:11am
AIR BLK	.00	11:11am
ACCY CHK	.08	11:12am
AIR BLK	.00	11:13am
SUB TEST	.00	11:13am
AIR BLK	.00	11:14am
SUB TEST	.00	11:16am
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
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Intox EC/IR-II: Preventive Maintenance

LEE COUNTY DETENTION CENTER 520

Serial Number: 008645 Test Record Number: 2623
Test Date: 05/29/2025 Test Time: 11:17am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:18am

Printer Tests

Test	Status	Time
PRNT	Pass	11:18am

CRC Tests

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

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County LEE Instrument Location SANFORD POLICE
Instrument Serial No. 008867 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 29 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.




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

LEE COUNTY SANFORD POLICE DEPT 520

Serial Number: 008867

Test Date: 05/29/2025

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: 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: AG405103

Exp Date: 02/20/2026

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

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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Intox EC/IR-II: Preventive Maintenance

LEE COUNTY SANFORD POLICE DEPT 520

Serial Number: 008867 Test Record Number: 1536
Test Date: 05/29/2025 Test Time: 12:18pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:19pm
FLO	Pass	12:19pm
FC	Pass	12:19pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:19pm
SRC	Pass	12:19pm
DET	Pass	12:19pm
BAR	Pass	12:19pm
BT	Pass	12:19pm

Blank Tests

Test	Status	Time
AIR	Pass	12:20pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:20pm

CRC Tests

Test	Status	Time
COMP	Pass	12:20pm
CAL	Pass	12:20pm

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County McDowell Instrument Location McDowell County Jail
Instrument Serial No. 008888 Merion, 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 29 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.




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: 008888
Test Date: 05/29/2025

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: 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	11:22am
AIR BLK	.00	11:23am
ACCY CHK	.07	11:23am
AIR BLK	.00	11:24am
SUB TEST	.00	11:25am
AIR BLK	.00	11:26am
SUB TEST	.00	11:27am
AIR BLK	.00	11:28am

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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Intox EC/IR-II: Preventive Maintenance

MCDOWELL COUNTY MCDOWELL COUNTY JAIL 580

Serial Number: 008888 Test Record Number: 1853
Test Date: 05/29/2025 Test Time: 11:28am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:29am

Printer Tests

Test	Status	Time
PRNT	Pass	11:30am

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Mecklenburg Instrument Location BAT Mobile Unit 8
Instrument Serial No. 008615 CMPD

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

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

I certify that on the 22 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.



[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: 05/22/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: 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	9:24pm
AIR BLK	.00	9:25pm
ACCY CHK	.07	9:25pm
AIR BLK	.00	9:26pm
SUB TEST	.00	9:26pm
AIR BLK	.00	9:27pm
SUB TEST	.00	9:29pm
AIR BLK	.00	9:30pm

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: 6086
Test Date: 05/22/2025 Test Time: 9:30pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:31pm
FLO	Pass	9:31pm
FC	Pass	9:31pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:31pm
SRC	Pass	9:31pm
DET	Pass	9:31pm
BAR	Pass	9:31pm
BT	Pass	9:31pm

Blank Tests

Test	Status	Time
AIR	Pass	9:32pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:32pm

CRC Tests

Test	Status	Time
COMP	Pass	9:32pm
CAL	Pass	9:32pm

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 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 23 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.



[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: 05/23/2025

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: 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	8:22pm
AIR BLK	.00	8:23pm
ACCY CHK	.07	8:23pm
AIR BLK	.00	8:24pm
SUB TEST	.00	8:25pm
AIR BLK	.00	8:26pm
SUB TEST	.00	8:27pm
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

MECKLENBURG COUNTY BAT MOBILE UNIT 8 590

Serial Number: 008615 Test Record Number: 6088
Test Date: 05/23/2025 Test Time: 8:32pm 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	8:33pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:33pm

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. 008736 CPMD

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

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

I certify that on the 22 day of 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.



[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: 05/22/2025

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

Analyst's Name: 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	9:20pm
AIR BLK	.00	9:21pm
SUB TEST	.00	9:22pm
AIR BLK	.00	9:22pm
SUB TEST	.00	9:24pm
AIR BLK	.00	9:25pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY BAT MOBILE UNIT 8 590

Serial Number: 008736 Test Record Number: 1436
Test Date: 05/22/2025 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. 008736 CPD

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 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.



[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: 05/23/2025

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: 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

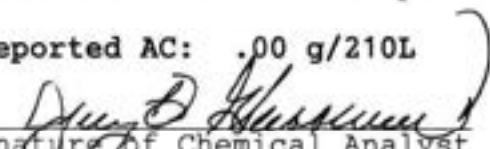
Test Type: Breath Test

Lot Number: AG405102

Exp Date: 02/20/2026

Test	g/210L	Time
DIAG	Pass	8:20pm
AIR BLK	.00	8:21pm
ACCY CHK	.07	8:21pm
AIR BLK	.00	8:22pm
SUB TEST	.00	8:23pm
AIR BLK	.00	8:24pm
SUB TEST	.00	8:25pm
AIR BLK	.00	8:26pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY BAT MOBILE UNIT 8 590

Serial Number: 008736 Test Record Number: 1439
Test Date: 05/23/2025 Test Time: 8:27pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:27pm
FLO	Pass	8:27pm
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	8:28pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:28pm

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 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 22 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.



[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: 05/22/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: 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	9:18pm
AIR BLK	.00	9:19pm
ACCY CHK	.08	9:19pm
AIR BLK	.00	9:20pm
SUB TEST	.00	9:21pm
AIR BLK	.00	9:22pm
SUB TEST	.00	9:24pm
AIR BLK	.00	9:25pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY BAT MOBILE UNIT 8 590

Serial Number: 008816 Test Record Number: 7873
Test Date: 05/22/2025 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. 008816 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 23 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.



[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: 05/23/2025

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: 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	8:19pm
AIR BLK	.00	8:20pm
ACCY CHK	.07	8:20pm
AIR BLK	.00	8:21pm
SUB TEST	.00	8:22pm
AIR BLK	.00	8:23pm
SUB TEST	.00	8:24pm
AIR BLK	.00	8:25pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY BAT MOBILE UNIT 8 590

Serial Number: 008816 Test Record Number: 7876
Test Date: 05/23/2025 Test Time: 8:26pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:26pm
FLO	Pass	8:26pm
FC	Pass	8:26pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	8:27pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:27pm

CRC Tests

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

Preventive Maintenance
Status: Pass


Analyst

**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 12
Instrument Serial No. 008601 Nash 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 16th 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.




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

NASH COUNTY BAT MOBILE UNIT 12 630

Serial Number: 008601

Test Date: 05/16/2025

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: 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	6:03pm
AIR BLK	.00	6:04pm
ACCY CHK	.07	6:05pm
AIR BLK	.00	6:06pm
SUB TEST	.00	6:06pm
AIR BLK	.00	6:07pm
SUB TEST	.00	6:09pm
AIR BLK	.00	6:10pm

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

NASH COUNTY BAT MOBILE UNIT 12 630

Serial Number: 008601 Test Record Number: 1745
Test Date: 05/16/2025 Test Time: 6:10pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	6:10pm
FLO	Pass	6:10pm
FC	Pass	6:10pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:11pm
SRC	Pass	6:11pm
DET	Pass	6:11pm
BAR	Pass	6:11pm
BT	Pass	6:11pm

Blank Tests

Test	Status	Time
AIR	Pass	6:11pm

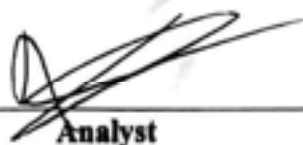
Printer Tests

Test	Status	Time
PRNT	Pass	6:11pm

CRC Tests

Test	Status	Time
COMP	Pass	6:11pm
CAL	Pass	6:11pm

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 Nash Instrument Location BAT Mobile Unit 12
Instrument Serial No. 008601 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 17th 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.



[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

NASH COUNTY BAT MOBILE UNIT 12 630

Serial Number: 008601

Test Date: 05/17/2025

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: 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

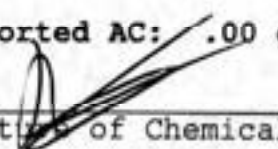
Test Type: Breath Test

Lot Number: AG501307

Exp Date: 01/13/2027

Test	g/210L	Time
DIAG	Pass	9:42pm
AIR BLK	.00	9:43pm
ACCY CHK	.07	9:44pm
AIR BLK	.00	9:45pm
SUB TEST	.00	9:46pm
AIR BLK	.00	9:47pm
SUB TEST	.00	9:49pm
AIR BLK	.00	9:50pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

**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

NASH COUNTY BAT MOBILE UNIT 12 630

Serial Number: 008601 Test Record Number: 1750
Test Date: 05/17/2025 Test Time: 9:53pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:54pm
FLO	Pass	9:54pm
FC	Pass	9:54pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:54pm
SRC	Pass	9:54pm
DET	Pass	9:54pm
BAR	Pass	9:54pm
BT	Pass	9:54pm

Blank Tests

Test	Status	Time
AIR	Pass	9:55pm

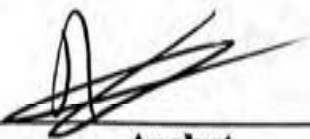
Printer Tests

Test	Status	Time
PRNT	Pass	9:55pm

CRC Tests

Test	Status	Time
COMP	Pass	9:55pm
CAL	Pass	9:55pm

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 Nash Instrument Location BAT Mobile Unit 12
Instrument Serial No. 008698 Nash 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 16th 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.



[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

NASH COUNTY BAT MOBILE UNIT 12 630

Serial Number: 008698

Test Date: 05/16/2025

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: Sharpe Jr., Robert J

Permit Number: 1820-8591

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

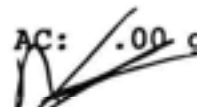
Agency: DHHS

Test Type: Breath Test

Lot Number: AG400303

Exp Date: 01/03/2026

Test	g/210L	Time
DIAG	Pass	6:01pm
AIR BLK	.00	6:02pm
ACCY CHK	.07	6:02pm
AIR BLK	.00	6:03pm
SUB TEST	.00	6:04pm
AIR BLK	.00	6:05pm
SUB TEST	.00	6:07pm
AIR BLK	.00	6:07pm

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

NASH COUNTY BAT MOBILE UNIT 12 630

Serial Number: 008698 Test Record Number: 2578
Test Date: 05/16/2025 Test Time: 6:08pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	6:08pm
FLO	Pass	6:08pm
FC	Pass	6:08pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:08pm
SRC	Pass	6:08pm
DET	Pass	6:08pm
BAR	Pass	6:08pm
BT	Pass	6:08pm

Blank Tests

Test	Status	Time
AIR	Pass	6:09pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:09pm

CRC Tests

Test	Status	Time
COMP	Pass	6:09pm
CAL	Pass	6:09pm

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 Nash Instrument Location BAT Mobile Unit 12
Instrument Serial No. 008698 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 17th 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.



[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

NASH COUNTY BAT MOBILE UNIT 12 630

Serial Number: 008698

Test Date: 05/17/2025

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: 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

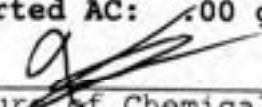
Test Type: Breath Test

Lot Number: AG400303

Exp Date: 01/03/2026


Test	g/210L	Time
DIAG	Pass	9:28pm
AIR BLK	.00	9:29pm
ACCY CHK	.07	9:30pm
AIR BLK	.00	9:31pm
SUB TEST	.00	9:32pm
AIR BLK	.00	9:33pm
SUB TEST	.00	9:34pm
AIR BLK	.00	9:35pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



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

NASH COUNTY BAT MOBILE UNIT 12 630

Serial Number: 008698 Test Record Number: 2582
Test Date: 05/17/2025 Test Time: 9:36pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:36pm
FLO	Pass	9:36pm
FC	Pass	9:36pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:36pm
SRC	Pass	9:36pm
DET	Pass	9:36pm
BAR	Pass	9:36pm
BT	Pass	9:36pm

Blank Tests

Test	Status	Time
AIR	Pass	9:37pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:37pm

CRC Tests

Test	Status	Time
COMP	Pass	9:37pm
CAL	Pass	9:37pm

Preventive Maintenance
Status: Pass



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 12
Instrument Serial No. 00 8788 Nash 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 16th 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.



[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

NASH COUNTY BAT MOBILE UNIT 12 630

Serial Number: 008788

Test Date: 05/16/2025

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: 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: 06/20/2026

Test	g/210L	Time
DIAG	Pass	6:00pm
AIR BLK	.00	6:01pm
ACCY CHK	.07	6:02pm
AIR BLK	.00	6:03pm
SUB TEST	.00	6:04pm
AIR BLK	.00	6:05pm
SUB TEST	.00	6:07pm
AIR BLK	.00	6:07pm

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

NASH COUNTY BAT MOBILE UNIT 12 630

Serial Number: 008788 Test Record Number: 2382
Test Date: 05/16/2025 Test Time: 6:08pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	6:08pm
FLO	Pass	6:08pm
FC	Pass	6:08pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:08pm
SRC	Pass	6:08pm
DET	Pass	6:08pm
BAR	Pass	6:08pm
BT	Pass	6:08pm

Blank Tests

Test	Status	Time
AIR	Pass	6:09pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:09pm

CRC Tests

Test	Status	Time
COMP	Pass	6:09pm
CAL	Pass	6:09pm

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 Nash Instrument Location BAT Mobile Unit 12
Instrument Serial No. 00 8788 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 17th 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.





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

NASH COUNTY BAT MOBILE UNIT 12 630

Serial Number: 008788

Test Date: 05/17/2025

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: 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: 06/20/2026

Test	g/210L	Time
DIAG	Pass	9:28pm
AIR BLK	.00	9:29pm
ACCY CHK	.08	9:30pm
AIR BLK	.00	9:31pm
SUB TEST	.00	9:31pm
AIR BLK	.00	9:32pm
SUB TEST	.00	9:34pm
AIR BLK	.00	9:35pm

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

NASH COUNTY BAT MOBILE UNIT 12 630

Serial Number: 008788 Test Record Number: 2384
Test Date: 05/17/2025 Test Time: 9:36pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	9:38pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:38pm

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

**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 New Hanover Instrument Location BAT Mobile Unit 12
Instrument Serial No. 008601 New Hanover 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 24th 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.



[Signature]
Signature of Certifying Official

2266313
Certificate Number

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

Intox EC/IR-II: Subject Test

NEW HANOVER COUNTY BAT MOBILE UNIT 12
640

Serial Number: 008601
Test Date: 05/24/2025

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: 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

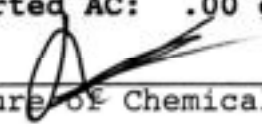
Test Type: Breath Test

Lot Number: AG501307

Exp Date: 01/13/2027

Test	g/210L	Time
DIAG	Pass	9:23pm
AIR BLK	.00	9:24pm
ACCY CHK	.07	9:25pm
AIR BLK	.00	9:26pm
SUB TEST	.00	9:27pm
AIR BLK	.00	9:28pm
SUB TEST	.00	9:29pm
AIR BLK	.00	9:30pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

Intox EC/IR-II: Preventive Maintenance

NEW HANOVER COUNTY BAT MOBILE UNIT 12 640

Serial Number: 008601 Test Record Number: 1762
Test Date: 05/24/2025 Test Time: 9:31pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:31pm
FLO	Pass	9:31pm
FC	Pass	9:31pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:31pm
SRC	Pass	9:31pm
DET	Pass	9:31pm
BAR	Pass	9:31pm
BT	Pass	9:31pm

Blank Tests

Test	Status	Time
AIR	Pass	9:32pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:32pm

CRC Tests

Test	Status	Time
COMP	Pass	9:32pm
CAL	Pass	9:32pm

**Preventive Maintenance
Status: Pass**



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County New Hanover Instrument Location BAT Mobile Unit 12
Instrument Serial No. 008698 New Hanover 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 24th day of May, 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

NEW HANOVER COUNTY BAT MOBILE UNIT 12
640

Serial Number: 008698

Test Date: 05/24/2025

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: 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	9:21pm
AIR BLK	.00	9:22pm
ACCY CHK	.07	9:23pm
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

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

Intox EC/IR-II: Preventive Maintenance

NEW HANOVER COUNTY BAT MOBILE UNIT 12 640

Serial Number: 008698 Test Record Number: 2594
Test Date: 05/24/2025 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	9:29pm
SRC	Pass	9:29pm
DET	Pass	9:29pm
BAR	Pass	9:29pm
BT	Pass	9:29pm

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

County New Hanover Instrument Location BAT Mobile Unit 12
Instrument Serial No. 008788 New Hanover 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 24th day of May, 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 of Certifying Official

2266313

Certificate Number

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

Intox EC/IR-II: Subject Test

NEW HANOVER COUNTY BAT MOBILE UNIT 12
640

Serial Number: 008788
Test Date: 05/24/2025

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: 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

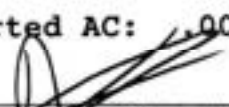
Test Type: Breath Test

Lot Number: AG417802

Exp Date: 06/20/2026

Test	g/210L	Time
DIAG	Pass	9:21pm
AIR BLK	.00	9:22pm
ACCY CHK	.07	9:23pm
AIR BLK	.00	9:23pm
SUB TEST	.00	9:24pm
AIR BLK	.00	9:25pm
SUB TEST	.00	9:27pm
AIR BLK	.00	9:27pm

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

NEW HANOVER COUNTY BAT MOBILE UNIT 12 640

Serial Number: 008788 Test Record Number: 2399
Test Date: 05/24/2025 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	9:29pm
SRC	Pass	9:29pm
DET	Pass	9:29pm
BAR	Pass	9:29pm
BT	Pass	9:29pm

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 ONSLOW Instrument Location ONSLOW COUNTY
Instrument Serial No. 008578 SNEAPS FERRY SUBSTATION

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

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

I certify that on the 8th day of 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.




Signature of Certifying Official

2824950

Certificate Number

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

Intox EC/IR-II: Subject Test

ONSLOW COUNTY SNEADS FERRY SUB 660

Serial Number: 008578

Test Date: 05/08/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: GILLESPIE, PENTTI W

Permit Number: 9523-2149

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG501307

Exp Date: 01/13/2027

Test	g/210L	Time
DIAG	Pass	10:59am
AIR BLK	.00	11:00am
ACCY CHK	.08	11:00am
AIR BLK	.00	11:01am
SUB TEST	.00	11:02am
AIR BLK	.00	11:03am
SUB TEST	.00	11:04am
AIR BLK	.00	11:05am

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

ONslow COUNTY SNEADS FERRY SUB 660

Serial Number: 008578 Test Record Number: 3630
Test Date: 05/08/2025 Test Time: 11:06am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:06am
SRC	Pass	11:06am
DET	Pass	11:06am
BAR	Pass	11:06am
BT	Pass	11:06am

Blank Tests

Test	Status	Time
AIR	Pass	11:07am

Printer Tests

Test	Status	Time
PRNT	Pass	11:07am

CRC Tests

Test	Status	Time
COMP	Pass	11:07am
CAL	Pass	11:07am

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Onslow Instrument Location BAT Mobile Unit 12

Instrument Serial No. 008601 Jacksonville 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 30th day of May, 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 of Certifying Official

2266313

Certificate Number

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

Intox EC/IR-II: Subject Test

ONslow COUNTY BAT MOBILE UNIT 12 660

Serial Number: 008601

Test Date: 05/30/2025

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: 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	1:29pm
AIR BLK	.00	1:30pm
ACCY CHK	.07	1:30pm
AIR BLK	.00	1:31pm
SUB TEST	.00	1:32pm
AIR BLK	.00	1:33pm
SUB TEST	.00	1:34pm
AIR BLK	.00	1:35pm

Reported AC: 00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

Intox EC/IR-II: Preventive Maintenance

ONSLOW COUNTY BAT MOBILE UNIT 12 660

Serial Number: 008601 Test Record Number: 1766
Test Date: 05/30/2025 Test Time: 1:36pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:37pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:37pm

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Onslow Instrument Location BAT Mobile Unit 12

Instrument Serial No. 008601 Swansboro 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 31st 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.





Signature of Certifying Official

2266313

Certificate Number

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

Intox EC/IR-II: Subject Test

ONslow COUNTY BAT MOBILE UNIT 12 660

Serial Number: 008601

Test Date: 05/31/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: 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	10:34pm
AIR BLK	.00	10:35pm
ACCY CHK	.07	10:36pm
AIR BLK	.00	10:37pm
SUB TEST	.00	10:37pm
AIR BLK	.00	10:38pm
SUB TEST	.00	10:40pm
AIR BLK	.00	10:41pm

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

ONslow COUNTY BAT MOBILE UNIT 12 660

Serial Number: 008601 Test Record Number: 1773
Test Date: 05/31/2025 Test Time: 10:43pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:44pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:44pm

CRC Tests

Test	Status	Time
COMP	Pass	10:44pm
CAL	Pass	10:44pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Onslow Instrument Location BAT Mobile Unit 12
Instrument Serial No. 008698 Jacksonville 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 30th day of May, 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

ONSLOW COUNTY BAT MOBILE UNIT 12 660

Serial Number: 008698

Test Date: 05/30/2025

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: 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	1:30pm
AIR BLK	.00	1:31pm
ACCY CHK	.07	1:31pm
AIR BLK	.00	1:32pm
SUB TEST	.00	1:33pm
AIR BLK	.00	1:34pm
SUB TEST	.00	1:35pm
AIR BLK	.00	1:36pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

Intox EC/IR-II: Preventive Maintenance

ONSLOW COUNTY BAT MOBILE UNIT 12 660

Serial Number: 008698 Test Record Number: 2600
Test Date: 05/30/2025 Test Time: 1:37pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:37pm
FLO	Pass	1:38pm
FC	Pass	1:38pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:38pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:38pm

CRC Tests

Test	Status	Time
COMP	Pass	1:39pm
CAL	Pass	1:39pm

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**

County Onslow Instrument Location BAT Mobile Unit 12
Instrument Serial No. 008698 Swansboro 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 31st 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.




Signature of Certifying Official

2266313
Certificate Number

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

Intox EC/IR-II: Subject Test

ONSLOW COUNTY BAT MOBILE UNIT 12 660

Serial Number: 008698

Test Date: 05/31/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: 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	10:22pm
AIR BLK	.00	10:23pm
ACCY CHK	.07	10:23pm
AIR BLK	.00	10:24pm
SUB TEST	.00	10:25pm
AIR BLK	.00	10:26pm
SUB TEST	.00	10:28pm
AIR BLK	.00	10:29pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

Intox EC/IR-II: Preventive Maintenance

ONSLOW COUNTY BAT MOBILE UNIT 12 660

Serial Number: 008698 Test Record Number: 2606
Test Date: 05/31/2025 Test Time: 10:38pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	10:39pm
SRC	Pass	10:39pm
DET	Pass	10:39pm
BAR	Pass	10:39pm
BT	Pass	10:39pm

Blank Tests

Test	Status	Time
AIR	Pass	10:39pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:39pm

CRC Tests

Test	Status	Time
COMP	Pass	10:40pm
CAL	Pass	10:40pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Onslow Instrument Location BAT Mobile Unit 12

Instrument Serial No. 008788 Jacksonville 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 30th day of May, 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.



A handwritten signature in black ink, consisting of a stylized 'D' followed by a series of loops and a long horizontal stroke.

Signature of Certifying Official

2266313

Certificate Number

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

Intox EC/IR-II: Subject Test

ONslow COUNTY BAT MOBILE UNIT 12 660

Serial Number: 008788

Test Date: 05/30/2025

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: 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

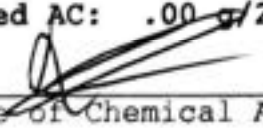
Test Type: Breath Test

Lot Number: AG417802

Exp Date: 06/20/2026

Test	g/210L	Time
DIAG	Pass	1:35pm
AIR BLK	.00	1:36pm
ACCY CHK	.07	1:36pm
AIR BLK	.00	1:37pm
SUB TEST	.00	1:38pm
AIR BLK	.00	1:39pm
SUB TEST	.00	1:41pm
AIR BLK	.00	1:42pm

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

ONSLOW COUNTY BAT MOBILE UNIT 12 660

Serial Number: 008788 Test Record Number: 2405
Test Date: 05/30/2025 Test Time: 1:42pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:42pm
FLO	Pass	1:42pm
FC	Pass	1:43pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:43pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:43pm

CRC Tests

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

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

County Onslow Instrument Location BAT Mobile Unit 12
Instrument Serial No. 00 8788 Swansboro 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 31st day of May, 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

ONSLOW COUNTY BAT MOBILE UNIT 12 660

Serial Number: 008788

Test Date: 05/31/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: 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: 06/20/2026

Test	g/210L	Time
DIAG	Pass	10:20pm
AIR BLK	.00	10:21pm
ACCY CHK	.07	10:22pm
AIR BLK	.00	10:23pm
SUB TEST	.00	10:24pm
AIR BLK	.00	10:24pm
SUB TEST	.00	10:26pm
AIR BLK	.00	10:27pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

Intox EC/IR-II: Preventive Maintenance

ONSLOW COUNTY BAT MOBILE UNIT 12 660

Serial Number: 008788 Test Record Number: 2410
Test Date: 05/31/2025 Test Time: 10:35pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:35pm
FLO	Pass	10:35pm
FC	Pass	10:36pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:36pm
SRC	Pass	10:36pm
DET	Pass	10:36pm
BAR	Pass	10:36pm
BT	Pass	10:36pm

Blank Tests

Test	Status	Time
AIR	Pass	10:36pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:36pm

CRC Tests

Test	Status	Time
COMP	Pass	10:36pm
CAL	Pass	10:36pm

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 Durham Instrument Location BAT Mobile Unit 13
Instrument Serial No. 005829 Swansboro 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 31 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.



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

ONSLOW COUNTY BAT MOBILE UNIT 13 660

Serial Number: 008869
Test Date: 05/31/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Whitehurst, Timothy B

Permit Number: 0030-7699

Effective:

03/01/2025-03/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG417803

Exp Date: 06/26/2026

Test	g/210L	Time
DIAG	Pass	10:28pm
AIR BLK	.00	10:29pm
ACCY CHK	.07	10:29pm
AIR BLK	.00	10:30pm
SUB TEST	.00	10:31pm
AIR BLK	.00	10:32pm
SUB TEST	.00	10:34pm
AIR BLK	.00	10:35pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

ONSLOW COUNTY BAT MOBILE UNIT 13 660

Serial Number: 008869 Test Record Number: 2025
Test Date: 05/31/2025 Test Time: 10:35pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	10:36pm
SRC	Pass	10:36pm
DET	Pass	10:36pm
BAR	Pass	10:36pm
BT	Pass	10:36pm

Blank Tests

Test	Status	Time
AIR	Pass	10:37pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:37pm

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County DNSLOW Instrument Location SWANSBORO
Instrument Serial No. 008894 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 6th 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.



[Signature]
Signature of Certifying Official

2824950

Certificate Number

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

Intox EC/IR-II: Subject Test

ONSLOW COUNTY SWANSBORO PD 660

Serial Number: 008894

Test Date: 05/06/2025

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: GILLESPIE, PENTTI W

Permit Number: 9523-2149

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG417803

Exp Date: 06/26/2026

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

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

ONslow COUNTY SWANSBORO PD 660

Serial Number: 008894 Test Record Number: 1792
Test Date: 05/06/2025 Test Time: 12:12pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	12:13pm
SRC	Pass	12:13pm
DET	Pass	12:13pm
BAR	Pass	12:13pm
BT	Pass	12:13pm

Blank Tests

Test	Status	Time
AIR	Pass	12:13pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:13pm

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

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 Onslow Instrument Location BAT Mobile Unit 13
Instrument Serial No. 008898 Swansboro 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 31 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.



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

ONSLOW COUNTY BAT MOBILE UNIT 13 660

Serial Number: 008898

Test Date: 05/31/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Whitehurst, Timothy B

Permit Number: 0030-7699

Effective:

03/01/2025-03/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG506302

Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	10:20pm
AIR BLK	.00	10:21pm
ACCY CHK	.07	10:22pm
AIR BLK	.00	10:23pm
SUB TEST	.00	10:24pm
AIR BLK	.00	10:25pm
SUB TEST	.00	10:26pm
AIR BLK	.00	10:27pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

ONSLOW COUNTY BAT MOBILE UNIT 13 660

Serial Number: 008898 Test Record Number: 1999
Test Date: 05/31/2025 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	10:29pm

CRC Tests

Test	Status	Time
COMP	Pass	10:30pm
CAL	Pass	10:30pm

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County ONslow Instrument Location CAMP LEJEUNE
Instrument Serial No. 008920 PMO

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 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.



[Signature]
Signature of Certifying Official

2824950
Certificate Number

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

Intox EC/IR-II: Subject Test

ONslow COUNTY CAMP LEJEUNE PMO 660

Serial Number: 008920

Test Date: 05/06/2025

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: GILLESPIE, PENTTI W

Permit Number: 9523-2149

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG501307

Exp Date: 01/13/2027

Test	g/210L	Time
DIAG	Pass	2:01pm
AIR BLK	.00	2:02pm
ACCY CHK	.07	2:02pm
AIR BLK	.00	2:03pm
SUB TEST	.00	2:04pm
AIR BLK	.00	2:05pm
SUB TEST	.00	2:06pm
AIR BLK	.00	2:07pm

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

ONSLOW COUNTY CAMP LEJEUNE PMO 660

Serial Number: 008920 Test Record Number: 2404
Test Date: 05/06/2025 Test Time: 2:07pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:08pm
FLO	Pass	2:08pm
FC	Pass	2:08pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:08pm
SRC	Pass	2:08pm
DET	Pass	2:08pm
BAR	Pass	2:08pm
BT	Pass	2:08pm

Blank Tests

Test	Status	Time
AIR	Pass	2:09pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:09pm

CRC Tests

Test	Status	Time
COMP	Pass	2:09pm
CAL	Pass	2:09pm

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 ONSLOW Instrument Location MCAS

Instrument Serial No. 008922 NEW RIVER PMO

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 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.



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

Signature of Certifying Official

2824950

Certificate Number

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

Intox EC/IR-II: Subject Test

ONSLOW COUNTY MCAS NEW RIVER 660

Serial Number: 008922

Test Date: 05/06/2025

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: GILLESPIE, PENTTI W

Permit Number: 9523-2149

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

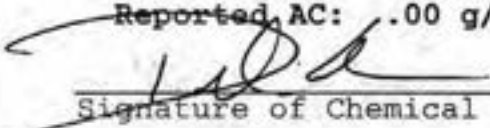
Test Type: Breath Test

Lot Number: AG501307

Exp Date: 01/13/2027

Test	g/210L	Time
DIAG	Pass	4:43pm
AIR BLK	.00	4:44pm
ACCY CHK	.08	4:44pm
AIR BLK	.00	4:45pm
SUB TEST	.00	4:46pm
AIR BLK	.00	4:47pm
SUB TEST	.00	4:48pm
AIR BLK	.00	4:49pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

ONslow COUNTY MCAS NEW RIVER 660

Serial Number: 008922 Test Record Number: 839
Test Date: 05/06/2025 Test Time: 4:49pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	4:50pm
FLO	Pass	4:50pm
FC	Pass	4:50pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:50pm
SRC	Pass	4:50pm
DET	Pass	4:50pm
BAR	Pass	4:50pm
BT	Pass	4:50pm

Blank Tests

Test	Status	Time
AIR	Pass	4:51pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:51pm

CRC Tests

Test	Status	Time
COMP	Pass	4:51pm
CAL	Pass	4:51pm

Preventive Maintenance
Status: *Pass*


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County DNSLOW Instrument Location JACKSONVILLE
Instrument Serial No. 008930 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 6th 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.



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

Signature of Certifying Official

282 4950

Certificate Number

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

Intox EC/IR-II: Subject Test

ONSLOW COUNTY JACKSONVILLE PD 660

Serial Number: 008930

Test Date: 05/06/2025

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: GILLESPIE, PENTTI W

Permit Number: 9523-2149

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

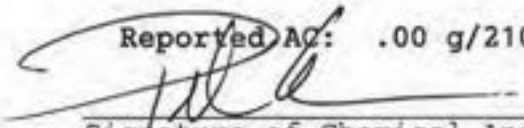
Test Type: Breath Test

Lot Number: AG405102

Exp Date: 02/20/2026

Test	g/210L	Time
DIAG	Pass	3:39pm
AIR BLK	.00	3:39pm
ACCY CHK	.07	3:40pm
AIR BLK	.00	3:41pm
SUB TEST	.00	3:42pm
AIR BLK	.00	3:43pm
SUB TEST	.00	3:44pm
AIR BLK	.00	3:45pm

Reported AG: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

ONslow COUNTY JACKSONVILLE PD 660

Serial Number: 008930 Test Record Number: 2370
Test Date: 05/06/2025 Test Time: 3:45pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	3:47pm

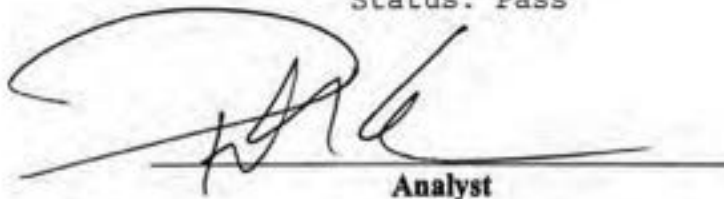
Printer Tests

Test	Status	Time
PRNT	Pass	3:47pm

CRC Tests

Test	Status	Time
COMP	Pass	3:47pm
CAL	Pass	3:47pm

Preventive Maintenance
Status: *Pass*



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County ONslow Instrument Location ONslow COUNTY
Instrument Serial No. 008931 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 6th 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.



[Signature]
Signature of Certifying Official

2824950
Certificate Number

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

Intox EC/IR-II: Subject Test

ONSLOW COUNTY DETENTION CENTER 660

Serial Number: 008931
Test Date: 05/06/2025

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: GILLESPIE, PENTTI W

Permit Number: 9523-2149

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG501307

Exp Date: 01/13/2027

Test	g/210L	Time
DIAG	Pass	2:54pm
AIR BLK	.00	2:55pm
ACCY CHK	.07	2:56pm
AIR BLK	.00	2:57pm
SUB TEST	.00	2:58pm
AIR BLK	.00	2:58pm
SUB TEST	.00	3:00pm
AIR BLK	.00	3:01pm

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

ONslow COUNTY DETENTION CENTER 660

Serial Number: 008931

Test Record Number: 5254

Test Date: 05/06/2025

Test Time: 3:01pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:02pm
FLO	Pass	3:02pm
FC	Pass	3:02pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:02pm
SRC	Pass	3:02pm
DET	Pass	3:02pm
BAR	Pass	3:02pm
BT	Pass	3:02pm

Blank Tests

Test	Status	Time
AIR	Pass	3:02pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:03pm

CRC Tests

Test	Status	Time
COMP	Pass	3:03pm
CAL	Pass	3:03pm

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 ONSLOW Instrument Location ONSLOW COUNTY
Instrument Serial No. 008932 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 6th 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.



[Signature]
Signature of Certifying Official

2824950
Certificate Number

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

Intox EC/IR-II: Subject Test

ONSLOW COUNTY DETENTION CENTER 660

Serial Number: 008932

Test Date: 05/06/2025

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: GILLESPIE, PENTTI W

Permit Number: 9523-2149

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

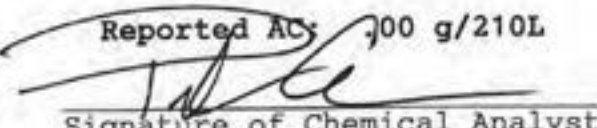
Test Type: Breath Test

Lot Number: AG501307

Exp Date: 01/13/2027

Test	g/210L	Time
DIAG	Pass	2:56pm
AIR BLK	.00	2:57pm
ACCY CHK	.07	2:58pm
AIR BLK	.00	2:59pm
SUB TEST	.00	2:59pm
AIR BLK	.00	3:00pm
SUB TEST	.00	3:02pm
AIR BLK	.00	3:03pm

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

ONSLOW COUNTY DETENTION CENTER 660

Serial Number: 008932 Test Record Number: 7726
Test Date: 05/06/2025 Test Time: 3:04pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	3:04pm
SRC	Pass	3:04pm
DET	Pass	3:04pm
BAR	Pass	3:04pm
BT	Pass	3:04pm

Blank Tests

Test	Status	Time
AIR	Pass	3:05pm

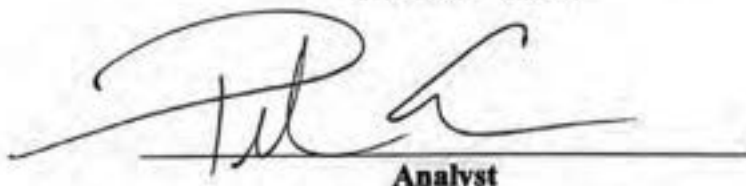
Printer Tests

Test	Status	Time
PRNT	Pass	3:05pm

CRC Tests

Test	Status	Time
COMP	Pass	3:05pm
CAL	Pass	3:05pm

**Preventive Maintenance
Status: Pass**



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Onslow Instrument Location BAT Mobile Unit 13

Instrument Serial No. 008939 Swansboro 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 31 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.



T. M. B. With
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

ONSLOW COUNTY BAT MOBILE UNIT 13 660

Serial Number: 008939
Test Date: 05/31/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Whitehurst, Timothy B

Permit Number: 0030-7699

Effective:

03/01/2025-03/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG506302

Exp Date: 03/04/2027

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

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

ONSLOW COUNTY BAT MOBILE UNIT 13 660

Serial Number: 008939 Test Record Number: 1867
Test Date: 05/31/2025 Test Time: 10:12pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:13pm
FLO	Pass	10:13pm
FC	Pass	10:13pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:13pm
SRC	Pass	10:13pm
DET	Pass	10:13pm
BAR	Pass	10:13pm
BT	Pass	10:13pm

Blank Tests

Test	Status	Time
AIR	Pass	10:14pm


Printer Tests

Test	Status	Time
PRNT	Pass	10:14pm

CRC Tests

Test	Status	Time
COMP	Pass	10:14pm
CAL	Pass	10:14pm

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 ORANGE Instrument Location ORANGE Co Detention Ctr
Instrument Serial No. 008799 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 1 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.



Simon Adonis Barcus
Signature of Certifying Official

146221
Certificate Number

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

Intox EC/IR-II: Subject Test

ORANGE COUNTY DETENTION CENTER 670

Serial Number: 008799
Test Date: 05/01/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: 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

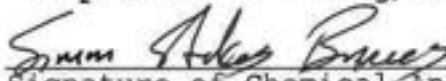
Test Type: Breath Test

Lot Number: AG501307

Exp Date: 01/13/2027

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

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

ORANGE COUNTY DETENTION CENTER 670

Serial Number: 008799 Test Record Number: 4223
Test Date: 05/01/2025 Test Time: 2:57pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:57pm
FLO	Pass	2:57pm
FC	Pass	2:57pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:57pm
SRC	Pass	2:57pm
DET	Pass	2:57pm
BAR	Pass	2:57pm
BT	Pass	2:57pm

Blank Tests

Test	Status	Time
AIR	Pass	2:58pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:58pm

CRC Tests

Test	Status	Time
COMP	Pass	2:58pm
CAL	Pass	2:58pm

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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
1200 US Hwy 70 West
Hillsborough, NC

Instrument Serial No. 008839

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

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

I certify that on the 1 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.



Simon Adas Baeos

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: 05/01/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: 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	2:50pm
AIR BLK	.00	2:50pm
ACCY CHK	.07	2:51pm
AIR BLK	.00	2:52pm
SUB TEST	.00	2:53pm
AIR BLK	.00	2:53pm
SUB TEST	.00	2:55pm
AIR BLK	.00	2:56pm

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: 2875
Test Date: 05/01/2025 Test Time: 2:56pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:56pm
FLO	Pass	2:56pm
FC	Pass	2:57pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:57pm
SRC	Pass	2:57pm
DET	Pass	2:57pm
BAR	Pass	2:57pm
BT	Pass	2:57pm

Blank Tests

Test	Status	Time
AIR	Pass	2:57pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:57pm

CRC Tests

Test	Status	Time
COMP	Pass	2:57pm
CAL	Pass	2:57pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County PAMLICO Instrument Location PAMLICO COUNTY
Instrument Serial No. 008640 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 5th 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.



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

Signature of Certifying Official

2824950

Certificate Number

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

Intox EC/IR-II: Subject Test

PAMLICO COUNTY DETENTION CENTER 680

Serial Number: 008640

Test Date: 05/05/2025

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: GILLESPIE, PENTTI W

Permit Number: 9523-2149

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG405103

Exp Date: 02/20/2026

Test	g/210L	Time
DIAG	Pass	1:32pm
AIR BLK	.00	1:32pm
ACCY CHK	.08	1:33pm
AIR BLK	.00	1:34pm
SUB TEST	.00	1:35pm
AIR BLK	.00	1:35pm
SUB TEST	.00	1:37pm
AIR BLK	.00	1:38pm

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

PAMLICO COUNTY DETENTION CENTER 680

Serial Number: 008640 Test Record Number: 1695
Test Date: 05/05/2025 Test Time: 1:38pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	1:39pm
SRC	Pass	1:39pm
DET	Pass	1:39pm
BAR	Pass	1:39pm
BT	Pass	1:39pm

Blank Tests

Test	Status	Time
AIR	Pass	1:39pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:39pm

CRC Tests

Test	Status	Time
COMP	Pass	1:39pm
CAL	Pass	1:39pm

**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 Pasquotank Instrument Location Pasquotank Co Public Safety Bldg.
200 E. Colonial Ave.
Elizabeth City, NC

Instrument Serial No. 008950

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 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.



Mark A. Duppall
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 PUBLIC SAFETY BLDG
690

Serial Number: 008950
Test Date: 05/29/2025

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: 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: AG501303

Exp Date: 01/13/2027

Test	g/210L	Time
DIAG	Pass	9:13am
AIR BLK	.00	9:14am
ACCY CHK	.07	9:14am
AIR BLK	.00	9:15am
SUB TEST	.00	9:16am
AIR BLK	.00	9:17am
SUB TEST	.00	9:18am
AIR BLK	.00	9:19am

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

PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690

Serial Number: 008950 Test Record Number: 2202
Test Date: 05/29/2025 Test Time: 9:20am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:20am
FLO	Pass	9:20am
FC	Pass	9:21am

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

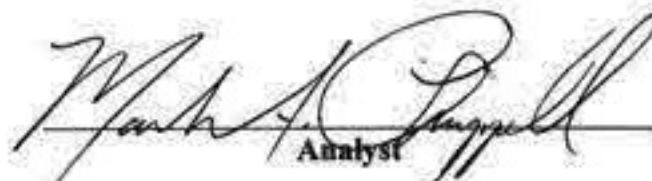
Printer Tests

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 P: H Instrument Location BAT Mobile Unit 10
Instrument Serial No. 008584 NCWRC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

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

I certify that on the 4th day of May, 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 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

PITT COUNTY BAT MOBILE UNIT 10 730

Serial Number: 008584

Test Date: 05/04/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Sharpe Jr., Robert J

Permit Number: 1820-8591

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

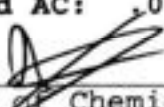
Test Type: Breath Test

Lot Number: AG400303

Exp Date: 01/03/2026

Test	g/210L	Time
DIAG	Pass	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  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 BAT MOBILE UNIT 10 730

Serial Number: 008584 Test Record Number: 2796
Test Date: 05/04/2025 Test Time: 3:35pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:35pm
FLO	Pass	3:35pm
FC	Pass	3:36pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:36pm
SRC	Pass	3:36pm
DET	Pass	3:36pm
BAR	Pass	3:36pm
BT	Pass	3:36pm

Blank Tests

Test	Status	Time
AIR	Pass	3:36pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:36pm

CRC Tests

Test	Status	Time
COMP	Pass	3:37pm
CAL	Pass	3:37pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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


County Pitt Instrument Location BAT Mobile Unit 10
Instrument Serial No. 008637 NCWR

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 May, 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 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

PITT COUNTY BAT MOBILE UNIT 10 730

Serial Number: 008637

Test Date: 05/04/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Sharpe Jr., Robert J

Permit Number: 1820-8591

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG400303

Exp Date: 01/03/2026

Test	g/210L	Time
DIAG	Pass	3:29pm
AIR BLK	.00	3:30pm
ACCY CHK	.08	3:30pm
AIR BLK	.00	3:31pm
SUB TEST	.00	3:32pm
AIR BLK	.00	3:33pm
SUB TEST	.00	3:35pm
AIR BLK	.00	3:36pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

Intox EC/IR-II: Preventive Maintenance

PITT COUNTY BAT MOBILE UNIT 10 730

Serial Number: 008637 Test Record Number: 3533
Test Date: 05/04/2025 Test Time: 3:36pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:36pm
FLO	Pass	3:36pm
FC	Pass	3:37pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	3:37pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:37pm

CRC Tests

Test	Status	Time
COMP	Pass	3:37pm
CAL	Pass	3:37pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County P. H Instrument Location BAT Mobile Unit 10
Instrument Serial No. 008686 NCWRC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

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

I certify that on the 4th day of 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.



[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

PITT COUNTY BAT MOBILE UNIT 10 730

Serial Number: 008686

Test Date: 05/04/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Sharpe Jr., Robert J

Permit Number: 1820-8591

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

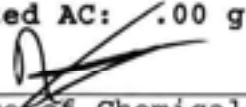
Test Type: Breath Test

Lot Number: AG506302

Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	3:27pm
AIR BLK	.00	3:28pm
ACCY CHK	.08	3:29pm
AIR BLK	.00	3:30pm
SUB TEST	.00	3:31pm
AIR BLK	.00	3:31pm
SUB TEST	.00	3:33pm
AIR BLK	.00	3:34pm

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

PITT COUNTY BAT MOBILE UNIT 10 730

Serial Number: 008686 Test Record Number: 7159
Test Date: 05/04/2025 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 P: # Instrument Location BAT Mobile Unit 10
Instrument Serial No. 008776 NCWRC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

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

I certify that on the 4th day of 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.



[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

PITT COUNTY BAT MOBILE UNIT 10 730

Serial Number: 008776

Test Date: 05/04/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Sharpe Jr., Robert J

Permit Number: 1820-8591

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG417803

Exp Date: 06/26/2026

Test	g/210L	Time
DIAG	Pass	3:34pm
AIR BLK	.00	3:35pm
ACCY CHK	.08	3:35pm
AIR BLK	.00	3:36pm
SUB TEST	.00	3:37pm
AIR BLK	.00	3:38pm
SUB TEST	.00	3:40pm
AIR BLK	.00	3:41pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

PITT COUNTY BAT MOBILE UNIT 10 730

Serial Number: 008776 Test Record Number: 4116
Test Date: 05/04/2025 Test Time: 3:42pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:43pm
FLO	Pass	3:43pm
FC	Pass	3:43pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:43pm
SRC	Pass	3:43pm
DET	Pass	3:43pm
BAR	Pass	3:43pm
BT	Pass	3:43pm

Blank Tests

Test	Status	Time
AIR	Pass	3:43pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:43pm

CRC Tests

Test	Status	Time
COMP	Pass	3:44pm
CAL	Pass	3:44pm

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 P:4 Instrument Location BAT Mobile Unit 10
Instrument Serial No. 008779 NCWR

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 May, 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

PITT COUNTY BAT MOBILE UNIT 10 730

Serial Number: 008779

Test Date: 05/04/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Sharpe Jr., Robert J

Permit Number: 1820-8591

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

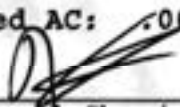
Test Type: Breath Test

Lot Number: AG431002

Exp Date: 11/05/2026

Test	g/210L	Time
DIAG	Pass	3:30pm
AIR BLK	.00	3:31pm
ACCY CHK	.07	3:31pm
AIR BLK	.00	3:32pm
SUB TEST	.00	3:33pm
AIR BLK	.00	3:34pm
SUB TEST	.00	3:35pm
AIR BLK	.00	3:36pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

PITT COUNTY BAT MOBILE UNIT 10 730

Serial Number: 008779 Test Record Number: 4063
Test Date: 05/04/2025 Test Time: 3:36pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	3:38pm


Printer Tests

Test	Status	Time
PRNT	Pass	3:38pm

CRC Tests

Test	Status	Time
COMP	Pass	3:38pm
CAL	Pass	3:38pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County RICHMOND Instrument Location RICHMOND COUNTY
Instrument Serial No. 008840 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 1ST 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.



A stylized, handwritten signature in black ink, appearing to be "J. R. [unclear]".
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: 008840

Test Date: 05/01/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: 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	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	4:13pm
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

RICHMOND COUNTY MAGISTRATE'S OFFICE 760

Serial Number: 008840 Test Record Number: 3318
Test Date: 05/01/2025 Test Time: 4:16pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:16pm
FLO	Pass	4:16pm
FC	Pass	4:16pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:16pm
SRC	Pass	4:16pm
DET	Pass	4:16pm
BAR	Pass	4:16pm
BT	Pass	4:16pm

Blank Tests

Test	Status	Time
AIR	Pass	4:17pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:17pm

CRC Tests

Test	Status	Time
COMP	Pass	4:17pm
CAL	Pass	4:17pm

**Preventive Maintenance
Status: Pass**


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Robeson Instrument Location BAT Mobile Unit 10
Instrument Serial No. 008584 Robeson County SO

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

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

I certify that on the 2nd day of 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.





Signature of Certifying Official

2266313

Certificate Number

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

Intox EC/IR-II: Subject Test

ROBESON COUNTY BAT MOBILE UNIT 10 770

Serial Number: 008584

Test Date: 05/02/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Sharpe Jr., Robert J

Permit Number: 1820-8591

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

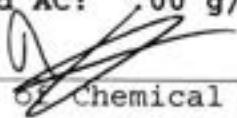
Test Type: Breath Test

Lot Number: AG400303

Exp Date: 01/03/2026

Test	g/210L	Time
DIAG	Pass	8:26pm
AIR BLK	.00	8:27pm
ACCY CHK	.07	8:27pm
AIR BLK	.00	8:28pm
SUB TEST	.00	8:30pm
AIR BLK	.00	8:31pm
SUB TEST	.00	8:33pm
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

ROBESON COUNTY BAT MOBILE UNIT 10 770

Serial Number: 008584 Test Record Number: 2792
Test Date: 05/02/2025 Test Time: 8:34pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:34pm
FLO	Pass	8:34pm
FC	Pass	8:35pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:35pm
SRC	Pass	8:35pm
DET	Pass	8:35pm
BAR	Pass	8:35pm
BT	Pass	8:35pm

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	8:36pm
CAL	Pass	8:36pm

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 Robeson Instrument Location BAT Mobile Unit 12
Instrument Serial No. 008601 Lumberton 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 8th 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.




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: 05/08/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: 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	7:14pm
AIR BLK	.00	7:16pm
ACCY CHK	.07	7:16pm
AIR BLK	.00	7:17pm
SUB TEST	.00	7:18pm
AIR BLK	.00	7:19pm
SUB TEST	.00	7:20pm
AIR BLK	.00	7:21pm

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: 1739
Test Date: 05/08/2025 Test Time: 7:21pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	7:22pm
SRC	Pass	7:22pm
DET	Pass	7:22pm
BAR	Pass	7:22pm
BT	Pass	7:22pm

Blank Tests

Test	Status	Time
AIR	Pass	7:23pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:23pm

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Robeson Instrument Location BAT Mobile Unit 12
Instrument Serial No. 008601 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 18th 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.



[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: 008601
Test Date: 05/18/2025

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: 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	8:14pm
AIR BLK	.00	8:16pm
ACCY CHK	.07	8:16pm
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  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: 1752
Test Date: 05/18/2025 Test Time: 8:22pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:22pm
FLO	Pass	8:22pm
FC	Pass	8:22pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:22pm
SRC	Pass	8:22pm
DET	Pass	8:22pm
BAR	Pass	8:22pm
BT	Pass	8:22pm

Blank Tests

Test	Status	Time
AIR	Pass	8:23pm


Printer Tests

Test	Status	Time
PRNT	Pass	8:23pm

CRC Tests

Test	Status	Time
COMP	Pass	8:23pm
CAL	Pass	8:23pm

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 Robeson Instrument Location BAT Mobile Unit 12
Instrument Serial No. 008601 Red Springs 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 20th 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.



[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: 008601

Test Date: 05/20/2025

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: AG501307

Exp Date: 01/13/2027

Test	g/210L	Time
DIAG	Pass	6:37pm
AIR BLK	.00	6:38pm
ACCY CHK	.07	6:38pm
AIR BLK	.00	6:39pm
SUB TEST	.00	6:40pm
AIR BLK	.00	6:41pm
SUB TEST	.00	6:43pm
AIR BLK	.00	6:44pm

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

ROBESON COUNTY BAT MOBILE UNIT 12 770

Serial Number: 008601 Test Record Number: 1756
Test Date: 05/20/2025 Test Time: 6:44pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	6:44pm
FLO	Pass	6:44pm
FC	Pass	6:45pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:45pm
SRC	Pass	6:45pm
DET	Pass	6:45pm
BAR	Pass	6:45pm
BT	Pass	6:45pm

Blank Tests

Test	Status	Time
AIR	Pass	6:45pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:45pm

CRC Tests

Test	Status	Time
COMP	Pass	6:46pm
CAL	Pass	6:46pm

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 Robeson Instrument Location BAT Mobile Unit 12
Instrument Serial No. 008601 Robeson 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 23rd day of May, 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: 008601

Test Date: 05/23/2025

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: 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	7:44pm
AIR BLK	.00	7:45pm
ACCY CHK	.07	7:45pm
AIR BLK	.00	7:46pm
SUB TEST	.00	7:47pm
AIR BLK	.00	7:48pm
SUB TEST	.00	7:49pm
AIR BLK	.00	7:50pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

ROBESON COUNTY BAT MOBILE UNIT 12 770

Serial Number: 008601 Test Record Number: 1760
Test Date: 05/23/2025 Test Time: 7:51pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	7:51pm
FLO	Pass	7:51pm
FC	Pass	7:51pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:51pm
SRC	Pass	7:51pm
DET	Pass	7:51pm
BAR	Pass	7:51pm
BT	Pass	7:51pm

Blank Tests

Test	Status	Time
AIR	Pass	7:52pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:52pm

CRC Tests

Test	Status	Time
COMP	Pass	7:52pm
CAL	Pass	7:52pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Robeson Instrument Location Lumberton Police
Instrument Serial No. 008629 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 2 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.



[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

ROBESON COUNTY LUMBERTON PD 770

Serial Number: 008629

Test Date: 05/02/2025

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: 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	9:05am
AIR BLK	.00	9:06am
ACCY CHK	.07	9:07am
AIR BLK	.00	9:08am
SUB TEST	.00	9:08am
AIR BLK	.00	9:09am
SUB TEST	.00	9:11am
AIR BLK	.00	9:12am

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

ROBESON COUNTY LUMBERTON PD 770

Serial Number: 008629 Test Record Number: 1459
Test Date: 05/02/2025 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	9:17am

Printer Tests

Test	Status	Time
PRNT	Pass	9:17am

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 Robeson Instrument Location BAT Mobile Unit 10
Instrument Serial No. 008637 Robeson County SO

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

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

I certify that on the 2nd day of May, 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 10 770

Serial Number: 008637

Test Date: 05/02/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Sharpe Jr., Robert J

Permit Number: 1820-8591

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG400303

Exp Date: 01/03/2026

Test	g/210L	Time
DIAG	Pass	8:29pm
AIR BLK	.00	8:30pm
ACCY CHK	.08	8:30pm
AIR BLK	.00	8:31pm
SUB TEST	.00	8:32pm
AIR BLK	.00	8:33pm
SUB TEST	.00	8:34pm
AIR BLK	.00	8:35pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

ROBESON COUNTY BAT MOBILE UNIT 10 770

Serial Number: 008637 Test Record Number: 3529
Test Date: 05/02/2025 Test Time: 8:36pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	8:37pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:37pm

CRC Tests

Test	Status	Time
COMP	Pass	8:38pm
CAL	Pass	8:38pm

Preventive Maintenance
Status: *Pass*



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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


County Robeson Instrument Location BAT Mobile Unit 10
Instrument Serial No. 008686 Robeson County SO

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

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

I certify that on the 2nd day of 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.




Signature of Certifying Official

2266313
Certificate Number

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

Intox EC/IR-II: Subject Test

ROBESON COUNTY BAT MOBILE UNIT 10 770

Serial Number: 008686

Test Date: 05/02/2025

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: AG506302

Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	8:27pm
AIR BLK	.00	8:28pm
ACCY CHK	.08	8:28pm
AIR BLK	.00	8:29pm
SUB TEST	.00	8:31pm
AIR BLK	.00	8:32pm
SUB TEST	.00	8:33pm
AIR BLK	.00	8:34pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

Intox EC/IR-II: Preventive Maintenance

ROBESON COUNTY BAT MOBILE UNIT 10 770

Serial Number: 008686 Test Record Number: 7155
Test Date: 05/02/2025 Test Time: 8:35pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:35pm
FLO	Pass	8:35pm
FC	Pass	8:35pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:35pm
SRC	Pass	8:35pm
DET	Pass	8:35pm
BAR	Pass	8:35pm
BT	Pass	8:35pm

Blank Tests

Test	Status	Time
AIR	Pass	8:36pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:36pm

CRC Tests

Test	Status	Time
COMP	Pass	8:36pm
CAL	Pass	8:36pm

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 Robeson Instrument Location BAT Mobile Unit 12
Instrument Serial No. 008698 Lumberton 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 6th day of May, 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 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: 05/08/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: 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	7:11pm
AIR BLK	.00	7:12pm
ACCY CHK	.07	7:12pm
AIR BLK	.00	7:13pm
SUB TEST	.00	7:14pm
AIR BLK	.00	7:15pm
SUB TEST	.00	7:16pm
AIR BLK	.00	7:17pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

Intox EC/IR-II: Preventive Maintenance

ROBESON COUNTY BAT MOBILE UNIT 12 770

Serial Number: 008698 Test Record Number: 2574
Test Date: 05/08/2025 Test Time: 7:17pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	7:19pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:19pm

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Robeson Instrument Location BAT Mobile Unit 12
Instrument Serial No. 008698 Penbrooke PD

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

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

I certify that on the 18th day of May, 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: 008698

Test Date: 05/18/2025

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: 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

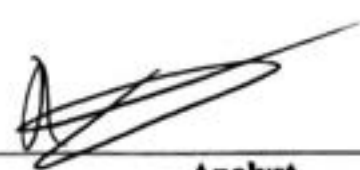
Test	g/210L	Time
DIAG	Pass	8:16pm
AIR BLK	.00	8:17pm
ACCY CHK	.07	8:18pm
AIR BLK	.00	8:19pm
SUB TEST	.00	8:20pm
AIR BLK	.00	8:21pm
SUB TEST	.00	8:22pm
AIR BLK	.00	8:23pm

Reported AC: 00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

Intox EC/IR-II: Preventive Maintenance

ROBESON COUNTY BAT MOBILE UNIT 12 770

Serial Number: 008698 Test Record Number: 2586
Test Date: 05/18/2025 Test Time: 8:24pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:24pm
FLO	Pass	8:24pm
FC	Pass	8:24pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:24pm
SRC	Pass	8:24pm
DET	Pass	8:24pm
BAR	Pass	8:24pm
BT	Pass	8:24pm

Blank Tests

Test	Status	Time
AIR	Pass	8:25pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:25pm

CRC Tests

Test	Status	Time
COMP	Pass	8:25pm
CAL	Pass	8:25pm

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

County Robeson Instrument Location BAT Mobile Unit 12

Instrument Serial No. 00 8698 Red Springs 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 20th day of May, 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: 008698

Test Date: 05/20/2025

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

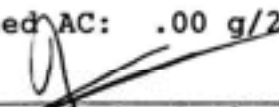
Test Type: Breath Test

Lot Number: AG400303

Exp Date: 01/03/2026

Test	g/210L	Time
DIAG	Pass	6:24pm
AIR BLK	.00	6:25pm
ACCY CHK	.07	6:26pm
AIR BLK	.00	6:27pm
SUB TEST	.00	6:28pm
AIR BLK	.00	6:29pm
SUB TEST	.00	6:30pm
AIR BLK	.00	6:31pm

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: 2588
Test Date: 05/20/2025 Test Time: 6:32pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	6:32pm
FLO	Pass	6:32pm
FC	Pass	6:32pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:32pm
SRC	Pass	6:32pm
DET	Pass	6:32pm
BAR	Pass	6:32pm
BT	Pass	6:32pm

Blank Tests

Test	Status	Time
AIR	Pass	6:33pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:33pm

CRC Tests

Test	Status	Time
COMP	Pass	6:33pm
CAL	Pass	6:33pm

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**

County Robeson Instrument Location BAT Mobile Unit 12
Instrument Serial No. 00 8698 Robeson 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 23rd 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.




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: 05/23/2025

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: 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	7:41pm
AIR BLK	.00	7:42pm
ACCY CHK	.07	7:43pm
AIR BLK	.00	7:44pm
SUB TEST	.00	7:44pm
AIR BLK	.00	7:45pm
SUB TEST	.00	7:46pm
AIR BLK	.00	7:47pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

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

Intox EC/IR-II: Preventive Maintenance

ROBESON COUNTY BAT MOBILE UNIT 12 770

Serial Number: 008698 Test Record Number: 2592
Test Date: 05/23/2025 Test Time: 7:48pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	7:48pm
FLO	Pass	7:48pm
FC	Pass	7:49pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	7:49pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:49pm

CRC Tests

Test	Status	Time
COMP	Pass	7:49pm
CAL	Pass	7:49pm

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 Robeson Instrument Location BAT Mobile Unit 10
Instrument Serial No. 008776 Robeson County SO

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

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

I certify that on the 2nd day of May, 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 10 770

Serial Number: 008776

Test Date: 05/02/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Sharpe Jr., Robert J

Permit Number: 1820-8591

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

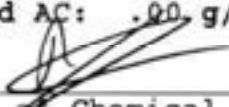
Test Type: Breath Test

Lot Number: AG417803

Exp Date: 06/26/2026

Test	g/210L	Time
DIAG	Pass	8:30pm
AIR BLK	.00	8:31pm
ACCY CHK	.08	8:32pm
AIR BLK	.00	8:33pm
SUB TEST	.00	8:34pm
AIR BLK	.00	8:35pm
SUB TEST	.00	8:36pm
AIR BLK	.00	8:37pm

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 10 770

Serial Number: 008776 Test Record Number: 4112
Test Date: 05/02/2025 Test Time: 8:39pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:39pm
FLO	Pass	8:39pm
FC	Pass	8:40pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	8:40pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:40pm

CRC Tests

Test	Status	Time
COMP	Pass	8:40pm
CAL	Pass	8:40pm

**Preventive Maintenance
Status: Pass**



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Robeson Instrument Location BAT Mobile Unit 10
Instrument Serial No. 008779 Robeson County SO

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

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

I certify that on the 2nd day of May, 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 10 770

Serial Number: 008779

Test Date: 05/02/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Sharpe Jr., Robert J

Permit Number: 1820-8591

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

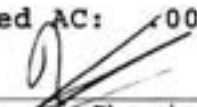
Test Type: Breath Test

Lot Number: AG431002

Exp Date: 11/05/2026

Test	g/210L	Time
DIAG	Pass	8:32pm
AIR BLK	.00	8:33pm
ACCY CHK	.07	8:34pm
AIR BLK	.00	8:35pm
SUB TEST	.00	8:36pm
AIR BLK	.00	8:37pm
SUB TEST	.00	8:38pm
AIR BLK	.00	8:39pm

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 10 770

Serial Number: 008779 Test Record Number: 4059
Test Date: 05/02/2025 Test Time: 8:41pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:41pm
FLO	Pass	8:41pm
FC	Pass	8:41pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:41pm
SRC	Pass	8:41pm
DET	Pass	8:41pm
BAR	Pass	8:41pm
BT	Pass	8:41pm

Blank Tests

Test	Status	Time
AIR	Pass	8:42pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:42pm

CRC Tests

Test	Status	Time
COMP	Pass	8:42pm
CAL	Pass	8:42pm

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 Labson Instrument Location BAT Mobile Unit 12
Instrument Serial No. 008788 Lumberton 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 8th day of May, 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 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: 05/08/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: 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: 06/20/2026

Test	g/210L	Time
DIAG	Pass	7:10pm
AIR BLK	.00	7:11pm
ACCY CHK	.07	7:12pm
AIR BLK	.00	7:13pm
SUB TEST	.00	7:14pm
AIR BLK	.00	7:15pm
SUB TEST	.00	7:17pm
AIR BLK	.00	7:18pm

Reported AC: ~~.00~~ g/210L

Signature of Chemical Analyst

Court CVR


Analyst

**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: 2378
Test Date: 05/08/2025 Test Time: 7:19pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	7:20pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:20pm

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Robeson Instrument Location BAT Mobile Unit 12
Instrument Serial No. 008788 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 18th 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.



[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: 05/18/2025

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: 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

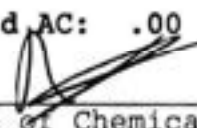
Test Type: Breath Test

Lot Number: AG417802

Exp Date: 06/20/2026

Test	g/210L	Time
DIAG	Pass	8:12pm
AIR BLK	.00	8:13pm
ACCY CHK	.07	8:14pm
AIR BLK	.00	8:14pm
SUB TEST	.00	8:15pm
AIR BLK	.00	8:16pm
SUB TEST	.00	8:18pm
AIR BLK	.00	8:19pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

Intox EC/IR-II: Preventive Maintenance

ROBESON COUNTY BAT MOBILE UNIT 12 770

Serial Number: 008788 Test Record Number: 2390
Test Date: 05/18/2025 Test Time: 8:19pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:19pm
FLO	Pass	8:19pm
FC	Pass	8:20pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:20pm
SRC	Pass	8:20pm
DET	Pass	8:20pm
BAR	Pass	8:20pm
BT	Pass	8:20pm

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	8:21pm
CAL	Pass	8:21pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Robeson Instrument Location BAT Mobile Unit 12
Instrument Serial No. 008788 Red Springs 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 20th day of May, 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.



A handwritten signature in black ink, consisting of a stylized 'A' followed by a series of loops and a horizontal stroke.

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: 05/20/2025

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

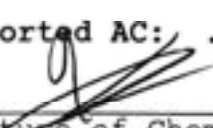
Test Type: Breath Test

Lot Number: AG417802

Exp Date: 06/20/2026

Test	g/210L	Time
DIAG	Pass	6:27pm
AIR BLK	.00	6:28pm
ACCY CHK	.07	6:29pm
AIR BLK	.00	6:30pm
SUB TEST	.00	6:31pm
AIR BLK	.00	6:32pm
SUB TEST	.00	6:33pm
AIR BLK	.00	6:34pm

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 12 770

Serial Number: 008788 Test Record Number: 2392
Test Date: 05/20/2025 Test Time: 6:39pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	6:39pm
FLO	Pass	6:39pm
FC	Pass	6:39pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:39pm
SRC	Pass	6:39pm
DET	Pass	6:39pm
BAR	Pass	6:39pm
BT	Pass	6:39pm

Blank Tests

Test	Status	Time
AIR	Pass	6:40pm


Printer Tests

Test	Status	Time
PRNT	Pass	6:40pm

CRC Tests

Test	Status	Time
COMP	Pass	6:40pm
CAL	Pass	6:40pm

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

County Robeson Instrument Location BAT Mobile Unit 12
Instrument Serial No. 008788 Robeson County SC

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 23rd day of May, 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: 05/23/2025

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: 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: 06/20/2026

Test	g/210L	Time
DIAG	Pass	7:41pm
AIR BLK	.00	7:42pm
ACCY CHK	.08	7:42pm
AIR BLK	.00	7:43pm
SUB TEST	.00	7:44pm
AIR BLK	.00	7:45pm
SUB TEST	.00	7:47pm
AIR BLK	.00	7:47pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

Intox EC/IR-II: Preventive Maintenance

ROBESON COUNTY BAT MOBILE UNIT 12 770

Serial Number: 008788 Test Record Number: 2396
Test Date: 05/23/2025 Test Time: 7:48pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	7:48pm
FLO	Pass	7:48pm
FC	Pass	7:48pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	7:49pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:49pm

CRC Tests

Test	Status	Time
COMP	Pass	7:49pm
CAL	Pass	7:49pm

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 Robeson Instrument Location Robeson County
Instrument Serial No. 008805 Dexteron 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 2 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.



A handwritten signature in black ink, appearing to be "H. K. ...", 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

ROBESON COUNTY DETENTION CENTER 770

Serial Number: 008805

Test Date: 05/02/2025

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: 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: AG503001

Exp Date: 01/30/2027

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

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


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 DETENTION CENTER 770

Serial Number: 008805 Test Record Number: 5768
Test Date: 05/02/2025 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	10:20am
SRC	Pass	10:20am
DET	Pass	10:20am
BAR	Pass	10:20am
BT	Pass	10:20am

Blank Tests

Test	Status	Time
AIR	Pass	10:21am


Printer Tests

Test	Status	Time
PRNT	Pass	10:21am

CRC Tests

Test	Status	Time
COMP	Pass	10:21am
CAL	Pass	10:21am

Preventive Maintenance
Status: Pass



Analyst

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 Robeson Instrument Location St. Pauls
Instrument Serial No. 008814 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 2 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.



[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

ROBESON COUNTY ST PAULS PD 770

Serial Number: 008814

Test Date: 05/02/2025

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: 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	8:09am
AIR BLK	.00	8:10am
ACCY CHK	.08	8:10am
AIR BLK	.00	8:11am
SUB TEST	.00	8:12am
AIR BLK	.00	8:13am
SUB TEST	.00	8:14am
AIR BLK	.00	8:15am

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 ST PAULS PD 770

Serial Number: 008814 Test Record Number: 1121
Test Date: 05/02/2025 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 Robeson Instrument Location Robeson County
Instrument Serial No. 008836 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 2 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.



[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

ROBESON COUNTY DETENTION CENTER 770

Serial Number: 008836

Test Date: 05/02/2025

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: 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: AG503001

Exp Date: 01/30/2027

Test	g/210L	Time
DIAG	Pass	10:12am
AIR BLK	.00	10:12am
ACCY CHK	.08	10:13am
AIR BLK	.00	10:14am
SUB TEST	.00	10:15am
AIR BLK	.00	10:15am
SUB TEST	.00	10:17am
AIR BLK	.00	10:18am

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

ROBESON COUNTY DETENTION CENTER 770

Serial Number: 008836 Test Record Number: 7958
Test Date: 05/02/2025 Test Time: 10:19am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:19am
FLO	Pass	10:19am
FC	Pass	10:19am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:20am

Printer Tests

Test	Status	Time
PRNT	Pass	10:20am

CRC Tests

Test	Status	Time
COMP	Pass	10:20am
CAL	Pass	10:20am

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 Robeson Instrument Location Pembroke Police
Instrument Serial No. 008837 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 2 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.



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

ROBESON COUNTY PEMBROKE POLICE DEPT
770

Serial Number: 008837

Test Date: 05/02/2025

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

ROBESON COUNTY PEMBROKE POLICE DEPT 770

Serial Number: 008837 Test Record Number: 1333
Test Date: 05/02/2025 Test Time: 11:21am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:21am
FLO	Pass	11:21am
FC	Pass	11:22am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:22am


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 Robeson Instrument Location Red Springs
Instrument Serial No. 008857 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 2 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.



[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

ROBESON COUNTY RED SPRINGS PD 770

Serial Number: 008857

Test Date: 05/02/2025

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: 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

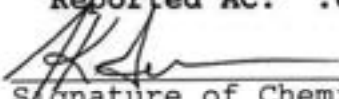
Test Type: Breath Test

Lot Number: AG431002

Exp Date: 11/05/2026

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

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 RED SPRINGS PD 770

Serial Number: 008857 Test Record Number: 826
Test Date: 05/02/2025 Test Time: 12:13pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:13pm
FLO	Pass	12:13pm
FC	Pass	12:13pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:13pm
SRC	Pass	12:13pm
DET	Pass	12:13pm
BAR	Pass	12:13pm
BT	Pass	12:13pm

Blank Tests

Test	Status	Time
AIR	Pass	12:14pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:14pm

CRC Tests

Test	Status	Time
COMP	Pass	12:14pm
CAL	Pass	12:14pm

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 Rockingham Instrument Location BAT Mobile Unit II
Instrument Serial No. 008970 NCWBC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 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.



[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

ROCKINGHAM COUNTY BAT MOBILE UNIT 11
780

Serial Number: 008970
Test Date: 05/25/2025

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: 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	2:25pm
AIR BLK	.00	2:26pm
ACCY CHK	.07	2:26pm
AIR BLK	.00	2:27pm
SUB TEST	.00	2:28pm
AIR BLK	.00	2:29pm
SUB TEST	.00	2:31pm
AIR BLK	.00	2:31pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

Intox EC/IR-II: Preventive Maintenance

ROCKINGHAM COUNTY BAT MOBILE UNIT 11 780

Serial Number: 008970 Test Record Number: 1221
Test Date: 05/25/2025 Test Time: 2:33pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:33pm
FLO	Pass	2:33pm
FC	Pass	2:34pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:34pm
SRC	Pass	2:34pm
DET	Pass	2:34pm
BAR	Pass	2:34pm
BT	Pass	2:34pm

Blank Tests

Test	Status	Time
AIR	Pass	2:34pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:34pm

CRC Tests

Test	Status	Time
COMP	Pass	2:35pm
CAL	Pass	2:35pm

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 ROWAN Instrument Location SALISBURY POLICE
Instrument Serial No. 008835 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 1ST 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.



A stylized, handwritten signature in black ink, written over a horizontal line. The signature is cursive and appears to be the name of the certifying official.
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: Preventive Maintenance

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008835 Test Record Number: 3405
Test Date: 05/01/2025 Test Time: 3:07pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	3:08pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:09pm

CRC Tests

Test	Status	Time
COMP	Pass	3:09pm
CAL	Pass	3:09pm

Preventive Maintenance
Status: Pass


Analyst

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: Subject Test

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008835

Test Date: 05/01/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: 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: AG501308

Exp Date: 01/13/2027

Test	g/210L	Time
DIAG	Pass	2:53pm
AIR BLK	.00	2:54pm
ACCY CHK	.07	2:54pm
AIR BLK	.00	2:56pm
SUB TEST	.00	2:56pm
AIR BLK	.00	2:57pm
SUB TEST	.00	2:59pm
AIR BLK	.00	2:59pm

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County ROWAN Instrument Location CHINA GROVE
Instrument Serial No. 008862 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 1ST 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.



A stylized, handwritten signature in black ink, written over a horizontal line. The signature is cursive and appears to be the name of the certifying official.
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

ROWAN COUNTY CHINA GROVE PD 790

Serial Number: 008862

Test Date: 05/01/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Oligmuedler, Leo A

Permit Number: 0035-3799

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

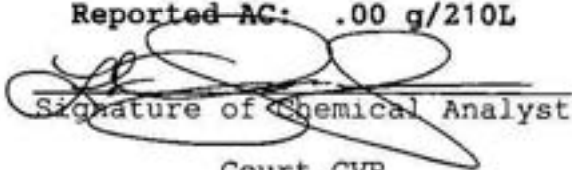
Test Type: Breath Test

Lot Number: AG400302

Exp Date: 01/03/2026

Test	g/210L	Time
DIAG	Pass	1:42pm
AIR BLK	.00	1:43pm
ACCY CHK	.07	1:44pm
AIR BLK	.00	1:45pm
SUB TEST	.00	1:46pm
AIR BLK	.00	1:47pm
SUB TEST	.00	1:48pm
AIR BLK	.00	1:49pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

ROWAN COUNTY CHINA GROVE PD 790

Serial Number: 008862 Test Record Number: 1238
Test Date: 05/01/2025 Test Time: 1:50pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:51pm
FLO	Pass	1:51pm
FC	Pass	1:51pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:51pm
SRC	Pass	1:51pm
DET	Pass	1:51pm
BAR	Pass	1:51pm
BT	Pass	1:51pm

Blank Tests

Test	Status	Time
AIR	Pass	1:51pm

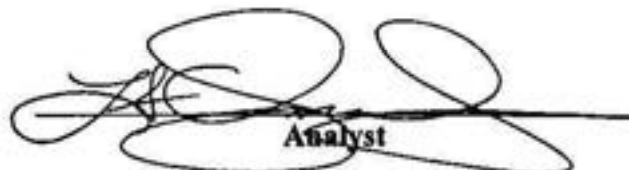
Printer Tests

Test	Status	Time
PRNT	Pass	1:51pm

CRC Tests

Test	Status	Time
COMP	Pass	1:52pm
CAL	Pass	1:52pm

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 BOWAN Instrument Location SALISBURY POLICE
Instrument Serial No. 008868 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 1ST 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.




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

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008868

Test Date: 05/01/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: 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

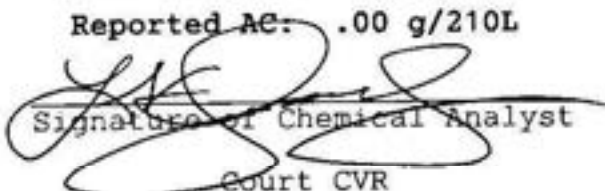
Test Type: Breath Test

Lot Number: AG501308

Exp Date: 01/13/2027

Test	g/210L	Time
DIAG	Pass	2:52pm
AIR BLK	.00	2:53pm
ACCY CHK	.07	2:53pm
AIR BLK	.00	2:54pm
SUB TEST	.00	2:57pm
AIR BLK	.00	2:57pm
SUB TEST	.00	2:59pm
AIR BLK	.00	3:00pm

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

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008868 Test Record Number: 3924
Test Date: 05/01/2025 Test Time: 3:10pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	3:12pm

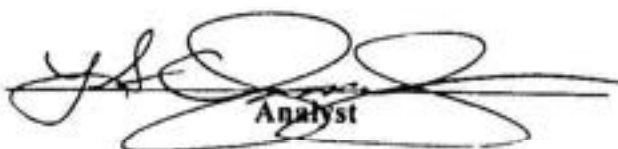
Printer Tests

Test	Status	Time
PRNT	Pass	3:12pm

CRC Tests

Test	Status	Time
COMP	Pass	3:12pm
CAL	Pass	3:12pm

Preventive Maintenance
Status: Pass


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 Rutherford Instrument Location Forest City Police Dept.
Instrument Serial No. 008889 Forest 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 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.



[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

RUTHERFORD COUNTY FOREST CITY PD 800

Serial Number: 008889

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: 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

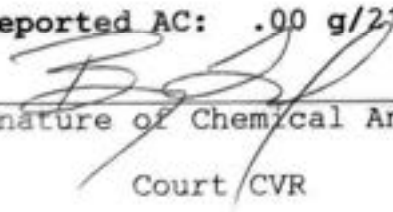
Test Type: Breath Test

Lot Number: AG431001

Exp Date: 11/05/2026

Test	g/210L	Time
DIAG	Pass	1:05pm
AIR BLK	.00	1:05pm
ACCY CHK	.07	1:06pm
AIR BLK	.00	1:07pm
SUB TEST	.00	1:08pm
AIR BLK	.00	1:09pm
SUB TEST	.00	1:10pm
AIR BLK	.00	1:11pm

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

RUTHERFORD COUNTY FOREST CITY PD 800

Serial Number: 008889 Test Record Number: 1246
Test Date: 05/28/2025 Test Time: 1:12pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:13pm


Printer Tests

Test	Status	Time
PRNT	Pass	1:13pm

CRC Tests

Test	Status	Time
COMP	Pass	1:13pm
CAL	Pass	1:13pm

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Rutherford Instrument Location Rutherford County Jail
Instrument Serial No. 008914 Rutherfordton, 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.



[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

RUTHERFORD COUNTY RUTHERFORD COUNTY SO
800

Serial Number: 008914
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: Loftis, Benjamin C

Permit Number: 0024-4987

Effective:

03/01/2025-03/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG405101

Exp Date: 02/20/2026

Test	g/210L	Time
DIAG	Pass	10:43am
AIR BLK	.00	10:44am
ACCY CHK	.08	10:44am
AIR BLK	.00	10:45am
SUB TEST	.00	10:46am
AIR BLK	.00	10:47am
SUB TEST	.00	10:49am
AIR BLK	.00	10:49am

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

RUTHERFORD COUNTY RUTHERFORD COUNTY SO 800

Serial Number: 008914 Test Record Number: 2956
Test Date: 05/28/2025 Test Time: 10:50am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:51am

Printer Tests

Test	Status	Time
PRNT	Pass	10:51am

CRC Tests

Test	Status	Time
COMP	Pass	10:51am
CAL	Pass	10:51am

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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. 008863 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 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.



[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: 008863

Test Date: 05/05/2025

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: AG431003

Exp Date: 11/05/2026

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	9:39am
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 LAURINBURG PD 820

Serial Number: 008863 Test Record Number: 1078
Test Date: 05/05/2025 Test Time: 9:41am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:41am
FLO	Pass	9:41am
FC	Pass	9:41am

Temperature Tests

Test	Status	Time
FC1	Pass	9:41am
SRC	Pass	9:41am
DET	Pass	9:41am
BAR	Pass	9:41am
BT	Pass	9:41am

Blank Tests

Test	Status	Time
AIR	Pass	9:42am

Printer Tests

Test	Status	Time
PRNT	Pass	9:42am

CRC Tests

Test	Status	Time
COMP	Pass	9:42am
CAL	Pass	9:42am

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 Stanly Instrument Location Stanly County & Albemarle, NC
Instrument Serial No. 008824

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

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

I certify that on the 13th 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.



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

STANLY COUNTY STANLY COUNTY SO 830

Serial Number: 008824
Test Date: 05/13/2025

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: 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: AG400301

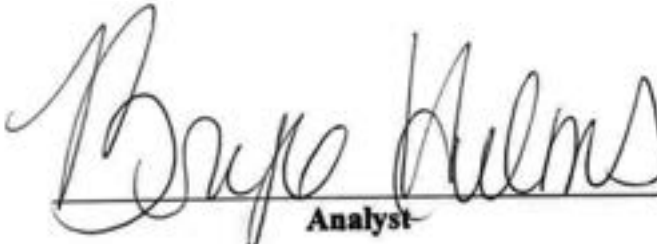
Exp Date: 01/03/2026

Test	g/210L	Time
DIAG	Pass	1:12pm
AIR BLK	.00	1:12pm
ACCY CHK	.07	1:13pm
AIR BLK	.00	1:14pm
SUB TEST	.00	1:15pm
AIR BLK	.00	1:16pm
SUB TEST	.00	1:17pm
AIR BLK	.00	1:18pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

STANLY COUNTY STANLY COUNTY SO 830

Serial Number: 008824 Test Record Number: 2224
Test Date: 05/13/2025 Test Time: 1:19pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:20pm

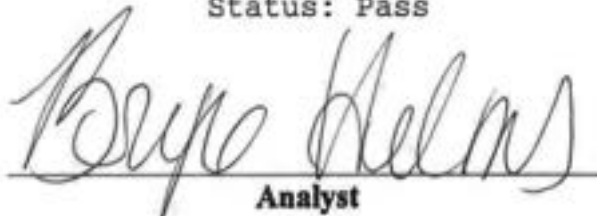
Printer Tests

Test	Status	Time
PRNT	Pass	1:20pm

CRC Tests

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

Preventive Maintenance
Status: *Pass*


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Stanly Instrument Location Stanly County SO
Instrument Serial No. 008842 Albemarle, 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 13th 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.



Brenda Helms
Signature of Certifying Official

847845
Certificate Number

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 STANLY COUNTY SO 830

Serial Number: 008842

Test Date: 05/13/2025

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: Helms, Bryce A

Permit Number: 0084-9845

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

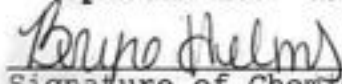
Test Type: Breath Test

Lot Number: AG405103


Exp Date: 02/20/2026

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

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 STANLY COUNTY SO 830

Serial Number: 008842 Test Record Number: 3156
Test Date: 05/13/2025 Test Time: 1:17pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:17pm
FLO	Pass	1:17pm
FC	Pass	1:17pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:17pm
SRC	Pass	1:17pm
DET	Pass	1:17pm
BAR	Pass	1:17pm
BT	Pass	1:17pm

Blank Tests

Test	Status	Time
AIR	Pass	1:18pm

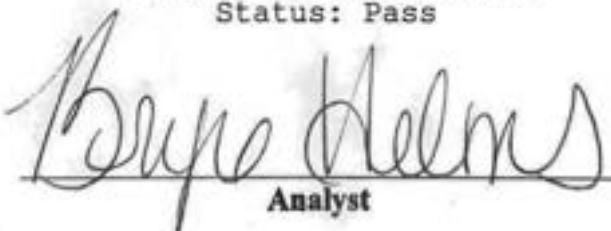
Printer Tests

Test	Status	Time
PRNT	Pass	1:18pm

CRC Tests

Test	Status	Time
COMP	Pass	1:18pm
CAL	Pass	1:18pm

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Stokes Instrument Location BAT Mobile Unit 11
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 25th 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.



John Lanier
Signature of Certifying Official

1604930
Certificate Number

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

Intox EC/IR-II: Subject Test

STOKES COUNTY BAT MOBILE UNIT 11 840

Serial Number: 008973

Test Date: 05/25/2025

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: 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

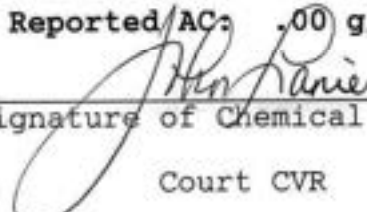
Test Type: Breath Test

Lot Number: AG431003

Exp Date: 11/05/2026

Test	g/210L	Time
DIAG	Pass	3:21pm
AIR BLK	.00	3:22pm
ACCY CHK	.07	3:22pm
AIR BLK	.00	3:23pm
SUB TEST	.00	3:24pm
AIR BLK	.00	3:25pm
SUB TEST	.00	3:26pm
AIR BLK	.00	3:27pm

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

STOKES COUNTY BAT MOBILE UNIT 11 840

Serial Number: 008973 Test Record Number: 1269
Test Date: 05/25/2025 Test Time: 3:30pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:31pm
FLO	Pass	3:31pm
FC	Pass	3:31pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:31pm
SRC	Pass	3:31pm
DET	Pass	3:31pm
BAR	Pass	3:31pm
BT	Pass	3:31pm

Blank Tests

Test	Status	Time
AIR	Pass	3:31pm

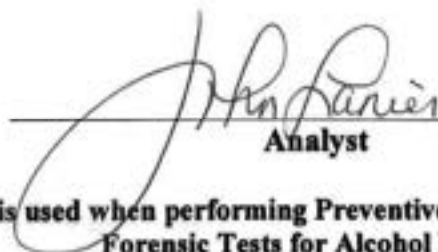
Printer Tests

Test	Status	Time
PRNT	Pass	3:32pm

CRC Tests

Test	Status	Time
COMP	Pass	3:32pm
CAL	Pass	3:32pm

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 Tyrrell Instrument Location Tyrrell Co. S.O.
Instrument Serial No. 008902 412 Main St, Columbia, NC.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

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

I certify that on the 22nd day of 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.



K. 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

TYRRELL COUNTY SHERIFF'S OFFICE 880

Serial Number: 008902

Test Date: 05/22/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Gray, Kelly D

Permit Number: 0037-7722

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

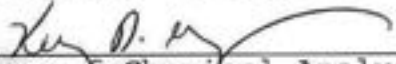
Test Type: Breath Test

Lot Number: AG400303

Exp Date: 01/03/2026

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

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

TYRRELL COUNTY SHERIFF'S OFFICE 880

Serial Number: 008902 Test Record Number: 1246
Test Date: 05/22/2025 Test Time: 12:20pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:21pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:21pm

CRC Tests

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

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Union Instrument Location Waxhaw PD
Instrument Serial No. 008598 Waxhaw, 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 27th 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.



Bryan Helms 849845
Signature of Certifying Official Certificate Number

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

Intox EC/IR-II: Subject Test

UNION COUNTY WAXHAW PD 890

Serial Number: 008598

Test Date: 05/27/2025

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: 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

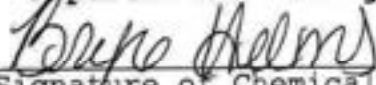
Test Type: Breath Test

Lot Number: AG501303

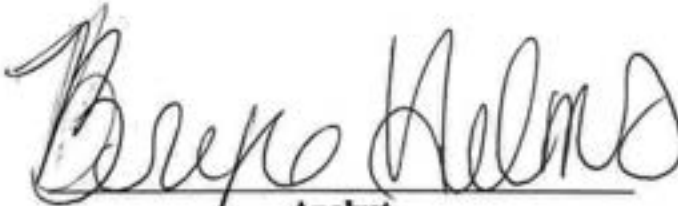
Exp Date: 01/13/2027

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

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

UNION COUNTY WAXHAW PD 890

Serial Number: 008598 Test Record Number: 1128
Test Date: 05/27/2025 Test Time: 1:15pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:16pm

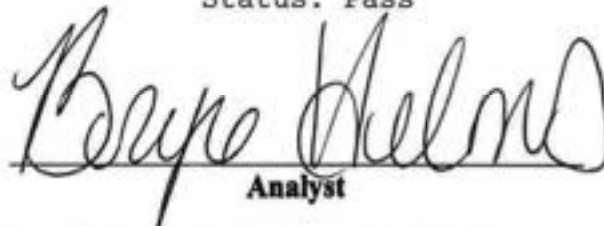
Printer Tests

Test	Status	Time
PRNT	Pass	1:16pm

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 Union Instrument Location BAT Mobile Unit 8
Instrument Serial No. 008615 Union SO

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

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

I certify that on the 24 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.



[Signature]
Signature of Certifying Official

2219283
Certificate Number

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

Intox EC/IR-II: Subject Test

UNION COUNTY BAT MOBILE UNIT 8 890

Serial Number: 008615
Test Date: 05/24/2025

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: 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	6:49pm
AIR BLK	.00	6:50pm
ACCY CHK	.07	6:51pm
AIR BLK	.00	6:52pm
SUB TEST	.00	6:53pm
AIR BLK	.00	6:54pm
SUB TEST	.00	6:55pm
AIR BLK	.00	6:56pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

UNION COUNTY BAT MOBILE UNIT 8 890

Serial Number: 008615 Test Record Number: 6090
Test Date: 05/24/2025 Test Time: 6:58pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	6:58pm
FLO	Pass	6:58pm
FC	Pass	6:58pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:58pm
SRC	Pass	6:58pm
DET	Pass	6:58pm
BAR	Pass	6:58pm
BT	Pass	6:58pm

Blank Tests

Test	Status	Time
AIR	Pass	6:59pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:59pm

CRC Tests

Test	Status	Time
COMP	Pass	6:59pm
CAL	Pass	6:59pm

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 Union Instrument Location EAT Mobile Unit 8

Instrument Serial No. 0086116 Union SC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

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

I certify that on the 24 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.



[Signature]
Signature of Certifying Official

2219283
Certificate Number

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

Intox EC/IR-II: Subject Test

UNION COUNTY BAT MOBILE UNIT 8 890

Serial Number: 008616
Test Date: 05/24/2025

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: Glasscock, Jerry D

Permit Number: 7180-9235

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG506303

Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	7:45pm
AIR BLK	.00	7:45pm
ACCY CHK	.07	7:46pm
AIR BLK	.00	7:47pm
SUB TEST	.00	7:47pm
AIR BLK	.00	7:49pm
SUB TEST	.00	7:50pm
AIR BLK	.00	7:51pm

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

UNION COUNTY BAT MOBILE UNIT 8 890

Serial Number: 008616 Test Record Number: 2872
Test Date: 05/24/2025 Test Time: 8:00pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:00pm
FLO	Pass	8:00pm
FC	Pass	8:01pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:01pm
SRC	Pass	8:01pm
DET	Pass	8:01pm
BAR	Pass	8:01pm
BT	Pass	8:01pm

Blank Tests

Test	Status	Time
AIR	Pass	8:01pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:01pm

CRC Tests

Test	Status	Time
COMP	Pass	8:02pm
CAL	Pass	8:02pm

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Union Instrument Location BAT Mobile Unit 8

Instrument Serial No. 008704 Union SO

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

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

I certify that on the 24 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.



[Signature]
Signature of Certifying Official

2219283
Certificate Number

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

Intox EC/IR-II: Subject Test

UNION COUNTY BAT MOBILE UNIT 8 890

Serial Number: 008704
Test Date: 05/24/2025

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: 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

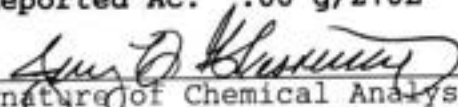
Test Type: Breath Test

Lot Number: AG506303

Exp Date: 03/04/2027

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

UNION COUNTY BAT MOBILE UNIT 8 890

Serial Number: 008704 Test Record Number: 920
Test Date: 05/24/2025 Test Time: 8:15pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:16pm
FLO	Pass	8:16pm
FC	Pass	8:16pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:16pm
SRC	Pass	8:16pm
DET	Pass	8:16pm
BAR	Pass	8:16pm
BT	Pass	8:16pm

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	8:17pm
CAL	Pass	8:17pm

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Union Instrument Location BAT Mobile Unit 8
Instrument Serial No. 008736 Union 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 24 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.



[Signature]
Signature of Certifying Official

2219283
Certificate Number

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

Intox EC/IR-II: Subject Test

UNION COUNTY BAT MOBILE UNIT 8 890

Serial Number: 008736
Test Date: 05/24/2025

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: 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	6:50pm
AIR BLK	.00	6:51pm
ACCY CHK	.07	6:51pm
AIR BLK	.00	6:52pm
SUB TEST	.00	6:53pm
AIR BLK	.00	6:54pm
SUB TEST	.00	6:56pm
AIR BLK	.00	6:56pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

UNION COUNTY BAT MOBILE UNIT 8 890

Serial Number: 008736 Test Record Number: 1442
Test Date: 05/24/2025 Test Time: 7:38pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	7:39pm
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	7:40pm

CRC Tests

Test	Status	Time
COMP	Pass	7:40pm
CAL	Pass	7:40pm

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 Union Instrument Location BAT Mobile Unit 8
Instrument Serial No. 008816 Union SO

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

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

I certify that on the 24 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.



[Signature]
Signature of Certifying Official

2219283
Certificate Number

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

Intox EC/IR-II: Subject Test

UNION COUNTY BAT MOBILE UNIT 8 890

Serial Number: 008816

Test Date: 05/24/2025

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: Glasscock, Jerry D

Permit Number: 7180-9235

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

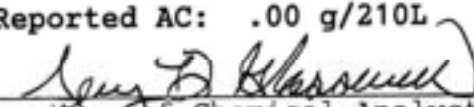
Test Type: Breath Test

Lot Number: AG431002

Exp Date: 11/05/2026

Test	g/210L	Time
DIAG	Pass	6:51pm
AIR BLK	.00	6:52pm
ACCY CHK	.07	6:52pm
AIR BLK	.00	6:53pm
SUB TEST	.00	6:54pm
AIR BLK	.00	6:55pm
SUB TEST	.00	6:56pm
AIR BLK	.00	6:57pm

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

UNION COUNTY BAT MOBILE UNIT 8 890

Serial Number: 008816 Test Record Number: 7879
Test Date: 05/24/2025 Test Time: 6:59pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	7:00pm
FLO	Pass	7:00pm
FC	Pass	7:00pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:00pm
SRC	Pass	7:00pm
DET	Pass	7:00pm
BAR	Pass	7:00pm
BT	Pass	7:00pm

Blank Tests

Test	Status	Time
AIR	Pass	7:01pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:01pm

CRC Tests

Test	Status	Time
COMP	Pass	7:01pm
CAL	Pass	7:01pm

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 Union Instrument Location Union County 80
Instrument Serial No. 008910 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 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.



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

UNION COUNTY UNION COUNTY SO 890

Serial Number: 008910
Test Date: 05/02/2025

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	11:23am
AIR BLK	.00	11:24am
ACCY CHK	.07	11:24am
AIR BLK	.00	11:26am
SUB TEST	.00	11:26am
AIR BLK	.00	11:27am
SUB TEST	.00	11:29am
AIR BLK	.00	11:29am

Reported AC: .00 g/210L

Bryce Helms
Signature of Chemical Analyst

Court CVR

Bryce Helms
Analyst

Intox EC/IR-II: Preventive Maintenance

UNION COUNTY UNION COUNTY SO 890

Serial Number: 008910 Test Record Number: 1857
Test Date: 05/02/2025 Test Time: 11:30am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:30am
FLO	Pass	11:30am
FC	Pass	11:30am

Temperature Tests

Test	Status	Time
FC1	Pass	11:30am
SRC	Pass	11:30am
DET	Pass	11:30am
BAR	Pass	11:30am
BT	Pass	11:30am

Blank Tests

Test	Status	Time
AIR	Pass	11:31am

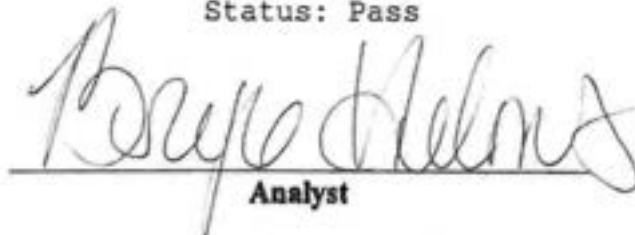
Printer Tests

Test	Status	Time
PRNT	Pass	11:31am

CRC Tests

Test	Status	Time
COMP	Pass	11:31am
CAL	Pass	11:31am

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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 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

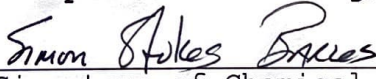
Analyst's Name: Barnes, Simon S
Permit Number: 0014-6221
Effective:
02/01/2025-02/01/2027

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



Signature of Chemical Analyst

Court CVR



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

**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 Wake Instrument Location Raleigh PD Southwest Dist
Instrument Serial No. 008612 601 Hutton St 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 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.



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 SOUTH WEST DISTRICT 910

Serial Number: 008612

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

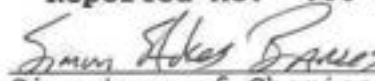
Test Type: Breath Test

Lot Number: AG400302

Exp Date: 01/03/2026

Test	g/210L	Time
DIAG	Pass	12:16pm
AIR BLK	.00	12:17pm
ACCY CHK	.07	12:18pm
AIR BLK	.00	12:19pm
SUB TEST	.00	12:19pm
AIR BLK	.00	12:20pm
SUB TEST	.00	12:22pm
AIR BLK	.00	12:22pm

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 SOUTH WEST DISTRICT 910

Serial Number: 008612 Test Record Number: 5405
Test Date: 05/28/2025 Test Time: 12:23pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:23pm
FLO	Pass	12:23pm
FC	Pass	12:23pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:23pm
SRC	Pass	12:23pm
DET	Pass	12:23pm
BAR	Pass	12:23pm
BT	Pass	12:23pm

Blank Tests

Test	Status	Time
AIR	Pass	12:24pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:24pm

CRC Tests

Test	Status	Time
COMP	Pass	12:24pm
CAL	Pass	12:24pm

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 WAKE Instrument Location Apex PD Substation 4
Instrument Serial No. 008621 1615 E. Williams ST
Apex, 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 Barus
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 APEX PD

Serial Number: 008621

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: AG431003

Exp Date: 11/05/2026

Test	g/210L	Time
DIAG	Pass	9:33am
AIR BLK	.00	9:34am
ACCY CHK	.07	9:35am
AIR BLK	.00	9:35am
SUB TEST	.00	9:36am
AIR BLK	.00	9:37am
SUB TEST	.00	9:38am
AIR BLK	.00	9:39am

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY APEX PD

Serial Number: 008621 Test Record Number: 3693
Test Date: 05/28/2025 Test Time: 9:40am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:40am
FLO	Pass	9:40am
FC	Pass	9:40am

Temperature Tests

Test	Status	Time
FC1	Pass	9:40am
SRC	Pass	9:40am
DET	Pass	9:40am
BAR	Pass	9:40am
BT	Pass	9:40am

Blank Tests

Test	Status	Time
AIR	Pass	9:41am

Printer Tests

Test	Status	Time
PRNT	Pass	9:41am

CRC Tests

Test	Status	Time
COMP	Pass	9:41am
CAL	Pass	9:41am

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 Seymour Johnson AFB
Instrument Serial No. 008786 1010 Vermont Garrison St,
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 23rd 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.



Ther 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

WAYNE COUNTY SEYMOUR JOHNSON AFB 950

Serial Number: 008786
Test Date: 05/23/2025

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

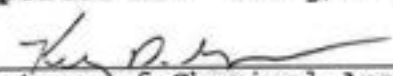
Analyst's Name: Gray, Kelly D
Permit Number: 0037-7722
Effective:
02/01/2025-02/01/2027

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

Lot Number: AG501303
Exp Date: 01/13/2027

Test	g/210L	Time
DIAG	Pass	10:29am
AIR BLK	.00	10:30am
ACCY CHK	.08	10:30am
AIR BLK	.00	10:32am
SUB TEST	.00	10:32am
AIR BLK	.00	10:33am
SUB TEST	.00	10:35am
AIR BLK	.00	10:36am

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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Intox EC/IR-II: Preventive Maintenance

WAYNE COUNTY SEYMOUR JOHNSON AFB 950

Serial Number: 008786 Test Record Number: 502
Test Date: 05/23/2025 Test Time: 10:37am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:37am
FLO	Pass	10:37am
FC	Pass	10:37am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:38am

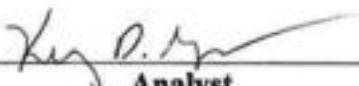
Printer Tests

Test	Status	Time
PRNT	Pass	10:38am

CRC Tests

Test	Status	Time
COMP	Pass	10:38am
CAL	Pass	10:38am

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

County Wilson Instrument Location BAT Mobile Unit 12
Instrument Serial No. 008601 Wilson 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 30th 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.



[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

WILSON COUNTY BAT MOBILE UNIT 12 970

Serial Number: 008601

Test Date: 05/30/2025

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: 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	10:12pm
AIR BLK	.00	10:13pm
ACCY CHK	.07	10:14pm
AIR BLK	.00	10:15pm
SUB TEST	.00	10:15pm
AIR BLK	.00	10:16pm
SUB TEST	.00	10:18pm
AIR BLK	.00	10:19pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

Intox EC/IR-II: Preventive Maintenance

WILSON COUNTY BAT MOBILE UNIT 12 970

Serial Number: 008601 Test Record Number: 1768
Test Date: 05/30/2025 Test Time: 10:20pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:20pm
FLO	Pass	10:20pm
FC	Pass	10:20pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:21pm
SRC	Pass	10:21pm
DET	Pass	10:21pm
BAR	Pass	10:21pm
BT	Pass	10:21pm

Blank Tests

Test	Status	Time
AIR	Pass	10:21pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:21pm

CRC Tests

Test	Status	Time
COMP	Pass	10:21pm
CAL	Pass	10:21pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Wilson Instrument Location Wilson County Detention Center
Instrument Serial No. 008627 100 E. Green St, Wilson, 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 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.



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

WILSON COUNTY DETENTION CENTER 970

Serial Number: 008627
Test Date: 05/05/2025

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: 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

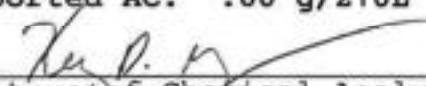
Test Type: Breath Test

Lot Number: AG405101

Exp Date: 02/20/2026

Test	g/210L	Time
DIAG	Pass	11:27am
AIR BLK	.00	11:28am
ACCY CHK	.08	11:29am
AIR BLK	.00	11:30am
SUB TEST	.00	11:31am
AIR BLK	.00	11:31am
SUB TEST	.00	11:33am
AIR BLK	.00	11:34am

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

WILSON COUNTY DETENTION CENTER 970

Serial Number: 008627 Test Record Number: 3571
Test Date: 05/05/2025 Test Time: 11:35am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:36am
FLO	Pass	11:36am
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 Wilson Instrument Location Wilson County Detention Center
Instrument Serial No. 008652 100 E. Green St., Wilson, 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 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.



Key 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

WILSON COUNTY DETENTION CENTER 970

Serial Number: 008652
Test Date: 05/05/2025

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: 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

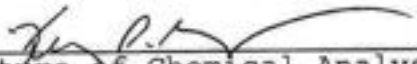
Test Type: Breath Test

Lot Number: AG506301

Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	11:44am
AIR BLK	.00	11:45am
ACCY CHK	.08	11:46am
AIR BLK	.00	11:47am
SUB TEST	.00	11:48am
AIR BLK	.00	11:48am
SUB TEST	.00	11:50am
AIR BLK	.00	11:51am

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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Intox EC/IR-II: Preventive Maintenance

WILSON COUNTY DETENTION CENTER 970

Serial Number: 008652 Test Record Number: 4063
Test Date: 05/05/2025 Test Time: 11:52am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:53am

Printer Tests

Test	Status	Time
PRNT	Pass	11:53am

CRC Tests

Test	Status	Time
COMP	Pass	11:53am
CAL	Pass	11:53am

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Wilson Instrument Location BAT Mobile Unit 12

Instrument Serial No. 008698 Wilson 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 30th day of May, 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

WILSON COUNTY BAT MOBILE UNIT 12 970

Serial Number: 008698

Test Date: 05/30/2025

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: 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	10:12pm
AIR BLK	.00	10:13pm
ACCY CHK	.07	10:13pm
AIR BLK	.00	10:14pm
SUB TEST	.00	10:15pm
AIR BLK	.00	10:16pm
SUB TEST	.00	10:17pm
AIR BLK	.00	10:18pm

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
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Intox EC/IR-II: Preventive Maintenance

WILSON COUNTY BAT MOBILE UNIT 12 970

Serial Number: 008698 Test Record Number: 2602
Test Date: 05/30/2025 Test Time: 10:19pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:19pm
FLO	Pass	10:19pm
FC	Pass	10:19pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:20pm
SRC	Pass	10:20pm
DET	Pass	10:20pm
BAR	Pass	10:20pm
BT	Pass	10:20pm

Blank Tests

Test	Status	Time
AIR	Pass	10:20pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:20pm

CRC Tests

Test	Status	Time
COMP	Pass	10:20pm
CAL	Pass	10:20pm

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 Wilson Instrument Location BAT Mobile Unit 12

Instrument Serial No. 008788 Wilson 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 30th day of May, 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

WILSON COUNTY BAT MOBILE UNIT 12 970

Serial Number: 008788

Test Date: 05/30/2025

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: 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: 06/20/2026

Test	g/210L	Time
DIAG	Pass	10:14pm
AIR BLK	.00	10:15pm
ACCY CHK	.08	10:15pm
AIR BLK	.00	10:16pm
SUB TEST	.00	10:17pm
AIR BLK	.00	10:18pm
SUB TEST	.00	10:19pm
AIR BLK	.00	10:20pm

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
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Intox EC/IR-II: Preventive Maintenance

WILSON COUNTY BAT MOBILE UNIT 12 970

Serial Number: 008788 Test Record Number: 2407
Test Date: 05/30/2025 Test Time: 10:21pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:21pm
FLO	Pass	10:21pm
FC	Pass	10:21pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:21pm
SRC	Pass	10:21pm
DET	Pass	10:21pm
BAR	Pass	10:21pm
BT	Pass	10:21pm

Blank Tests

Test	Status	Time
AIR	Pass	10:22pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:22pm

CRC Tests

Test	Status	Time
COMP	Pass	10:22pm
CAL	Pass	10:22pm

Preventive Maintenance
Status: Pass



Analyst