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

Instrument Seri	ial No. 008813	
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced w 10,000 or higher) to be followed at least once every four months are:	
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholoreath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;	
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and	
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic bre- simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator ter- whichever occurs first.	
were performed	the 62 day of 7, 2025 the forgoing preventive maintenance procedule on the instrument indicated above, in accordance with current regulations of the N.C. Department of Hearvices, and the instrument is functioning properly.	
OF CHILLIANS	-J. S. Sterne 274970	

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
ATR BLK	-00	9:42am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

Status	Time
Pass	9:44am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	9:44am

Printer Tests

Test	Status	Time
PRNT	Pass	9:45am
	CRC Tests	
Test	Status	Time

Preventive Maintenance Status: Pass

Pass

Pass

9:45am

9:45am

COMP

CAL

Analyst

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

County A	Meghany Instrument Location BAT Mobile Unit 11
Instrument S	Illeghany Instrument Location BAT Mobile Unit II erial No. 008970 Alleghany SO
The preventive	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
was narfarmed	the <u>A3rd</u> day of <u>Nay</u> , 20 <u>95</u> the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
	Thu Panier 1604930
	Signature of Certifying Official Certificate Number
	of the preventive maintenance record shall be kept on file for at least three years.
A signed original	of the preventive maintenance record simil or kept on the for at least once years.

DHHS 4080 (04/20)

ALLEGHANY COUNTY BAT MOBILE UNIT 11

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

Analys

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

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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
ATR	Pagg	9 · 42mm

Printer Tests

Status

Time

9:42pm

Test

CAL

PRNT	Pass	9:42pm
	CRC Tests	
Test	Status	Time
COMP	Pass	9:42pm

Preventive Maintenance Status: Pass

Pass

Analyst

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

Rev. 12/2007

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

		maintenance procedures for the Intoximeters, Model Intox EC/IR II and 0,000 or higher) to be followed at least once every four months are:	Model Intox EC/IR II (Enhanced with
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square breath simulator thermometer shows 34 degrees, plus or minus .2 degrees	
	(2)	Verify instrument displays time and date;	
	(3)	Initiate breath test sequence;	
	(4)	Enter information as prompted;	
	(5)	Verify instrument accuracy;	
	(6)	When "PLEASE BLOW" appears, collect breath sample;	
	(7)	When "PLEASE BLOW" appears, collect breath sample;	
	(8)	Print test record;	
	(9)	Run diagnostic program and confirm preventive maintenance status of	f "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before exp simulator solution is being changed every four months or after 12 whichever occurs first.	
W	re performed	the <u>23rd</u> day of <u>May</u> . 20 <u>25</u> the forgoing on the instrument indicated above, in accordance with current regulation vices, and the instrument is functioning properly.	preventive maintenance procedures ons of the N.C. Department of Health
1			1/004930

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

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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

Analys

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

Department of Health and Human Services Rev. 12/2007

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	Pagg	8:07pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:07pm
	CRC Tests	

Status	Time
Pass	8:07pm
Pass	8:07pm
	Pass

Preventive Maintenance Status: Pass

Analyst

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

Rev. 12/2007

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

The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus 2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the 33rd day of May , 20-35 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly. April

ALLEGHANEY 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

ALLEGHANEY COUNTY BAT MOBILE UNIT 11 020

Serial Number: 008973 Test Date: 05/23/2025 Test Record Number: 1264 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

rest Status Tim	Test	Status	Time
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PRNT Pass 10:18pm

CRC Tests

Test	Status	Time
COMP	Pass	10:18pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

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

Department of Health and Human Services Rev. 12/2007

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

The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus 2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the 33rd day of May , 20-35 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly. April

ALLEGHANEY 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

ALLEGHANEY COUNTY BAT MOBILE UNIT 11 020

Serial Number: 008973 Test Date: 05/23/2025 Test Record Number: 1264 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

rest Status Tim	Test	Status	Time
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PRNT Pass 10:18pm

CRC Tests

Test	Status	Time
COMP	Pass	10:18pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

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

Department of Health and Human Services Rev. 12/2007

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

The preventive serial number 1	maintenance procedures for the Intoximeters, Model Into (0,000 or higher) to be followed at least once every four n	BAT Mob. Te Unit H Alleghany 50 ox EC/IR II and Model Intox EC/IR II (Enhanced with months are:
(1)	Verify the ethanol gas canister displays at least 51 po breath simulator thermometer shows 34 degrees, plus	ounds per square inch (psi) of pressure, or the alcoholic or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;	_
(3)	Initiate breath test sequence;	and the same of th
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sam	nple;
(7)	When "PLEASE BLOW" appears, collect breath sam	nple;
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive main	ntenance status of "Pass"; and
(10)		nged before expiration date, or the alcoholic breath onths or after 125 Alcoholic Breath Simulator tests,
were periorine	the 25 day of May 202 do not the instrument indicated above, in accordance with rvices, and the instrument is functioning properly. Signature of Certifying O	6-2446

ALLEGHANEY COUNTY BAT MOBILE UNIT 11

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

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m
m
m
m
m
m
m

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

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ALLEGHANEY COUNTY BAT MOBILE UNIT 11 020

Serial Number: 008973 Test Date: 05/23/2025 Test Record Number: 1262

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

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

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

Certificate Number

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

Court CVR

Analysi

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

2:28pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

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

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

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

Signature of Callying Office

Certificate Number

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

g/210L	Time
Pass	3:33pm
.00	3:33pm
.07	3:34pm
.00	3:35pm
.00	3:36pm
.00	3:37pm
.00	3:38pm
.00	3:39pm
	Pass .00 .07 .00 .00

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

Court CVR

Analysi

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

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

The preventive	maintenance procedures for the Intoximeters, Model Intox EC/IR II and	Model Intox EC/IR II (Enhanced with
(1)	0,000 or higher) to be followed at least once every four months are: Verify the ethanol gas canister displays at least 51 pounds per square	inch (psi) of pressure, or the alcoholic
.,	breath simulator thermometer shows 34 degrees, plus or minus .2 deg	ree centigrade;
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of	f "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before exp simulator solution is being changed every four months or after 1 whichever occurs first.	
I certify that on were performed and Human Ser	the day of May, 2025 the forgoing on the instrument indicated above, in accordance with current regulativices, and the instrument is functioning properly.	g preventive maintenance procedures ions of the N.C. Department of Health
	Signature of Certifying Official	377722 Certificate Number

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

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

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

The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or were performe and Human Se	the 144 day of

BRUNSWICK COUNTY BAT MOBILE UNIT 13

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

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

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

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

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: .09 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

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

	Brunswick Instrument Location BAT Mobile Unit 13 al No. 008939 Leland		
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:		
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
(2)	Verify instrument displays time and date;		
(3)	Initiate breath test sequence;		
(4)	Enter information as prompted;		
(5)	Verify instrument accuracy;		
(6)	When "PLEASE BLOW" appears, collect breath sample;		
(7)	When "PLEASE BLOW" appears, collect breath sample;		
(8)	Print test record;		
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and		
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
were performed	the 2 4H day of		
SOL O			
ON WAR	V-1-Be-# 1073		

BRUNSWICK COUNTY BAT MOBILE UNIT 13

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

~/21AT

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 AG: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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
3.77	D	0-20
ATR	Dage	9 - 38nm

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)

Instrument Serie	Black Mountain, NC
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholi breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample,
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.
were performed	the 27 day of
Que les	744987

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 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		
AIR BLK	-00	10:57am
SUB TEST	.00	10:58am
AIR BLK		10:58am
SUB TEST	.00	11:00am
AIR BLK		11:01am

Reported AC: .00 g/210L

Signature of Chemica Analyst

Court CVR

Analyst

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

11:02am

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

Instrument Seri	1000bc	Instrument Location Buncombe	County Detention heaille, NC
The preventive serial number 1	maintenance procedures for th 0,000 or higher) to be followed	e Intoximeters, Model Intox EC/IR II and d at least once every four months are:	d Model Intox EC/IR II (Enhanced with
(1)		ster displays at least 51 pounds per square ter shows 34 degrees, plus or minus .2 de	
(2)	Verify instrument displays	time and date;	
(3)	Initiate breath test sequence	e;	
(4)	Enter information as promp	pted;	
(5)	Verify instrument accuracy	G	
(6)	When "PLEASE BLOW"	appears, collect breath sample;	
(7)	When "PLEASE BLOW"	appears, collect breath sample;	
(8)	Print test record;		
(9)	Run diagnostic program ar	nd confirm preventive maintenance status	of "Pass"; and
(10)		as canister is being changed before ex ig changed every four months or after	
were performe		above, in accordance with current regular	SOTE TIMESOS
200	-1	Signature of Certifying Official	244937 Certificate Number

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

DHHS 4080 (04/20)

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
TO THE STATE OF TH	- 02575	

Reported AC: _.00 g/2j0L

Signature of Chemical Analyst

Court CVR

Analyst

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 9:38am
FLO FC	Pass Pass	9:38am

Temperature Tests

Status	Time
Pass	9:38am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
526/50	2000	
AIR	Pass	9:38am

Printer Tests

mant

Test	Status	Time
PRNT	Pass	9:38am

Chatus Mims

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)

Instrument Seri	al No. 008798 Instrument Location Buncombe County Detention Asheville, NC
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the 27 day of

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
	.00	9:35am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

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

Status	Time
Pass	9:36am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	9:37am

Printer Tests

Test	Status	Time
PRNT	Pass	9:37am
	CRC Tests	
Test	Status	Time

Preventive Maintenance Status: Pass

Pass

Pass

9:37am

9:37am

COMP

CAL

Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the 16 day of

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

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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

Toet

CAL

Status Time

Test	ocucus	11
PRNT	Pass	8:12pm
	CRC Tests	
Test	Status	Time
COMP	Pass	8:12pm

Preventive Maintenance Status: Pass

Pass

Sun Delesseurs)

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the 19 day of May , 2025the forgoing preventive maintenance procedures d on the instrument indicated above in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.

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

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	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 Maintenance and

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the 16 day of, 20 25the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.

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

Signa Ore of Chemical Analysi

Court CVR

Analyst Lesones

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	
ATD	Dage	8 - 13 mm	

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

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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)

number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
erformed	the 19 day of

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

Signature of Certifying Official

Certificate Number

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: YY

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

Signsture of Chemical Analyst

Court CVR

Analyst Analyst

CABARRUS COUNTY BAT MOBILE UNIT 8 120

Serial Number: 008736 Test Record Test Date: 05/19/2025 Test Time:

Test Record Number: 1434 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

Status	Time
Pagg	1:39pm
	Status Pass

Printer Tests

Test	Status	Time
PRNT	Pass	1:39pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:40pm

1:40pm

Preventive Maintenance Status: Pass

Pass

CAL

Sam D Klasomer

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the 16 day of, 20 25the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

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

Preventive Maintenance Status: Pass

Pass

CAL

8:14pm

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DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

The preventive serial number l	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the 19 day of

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

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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

Status Time

Test

PRNT	Pass	1:40pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:40pm
CAL	Pass	1:40pm

Preventive Maintenance Status: Pass

Analyst Shoower

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

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

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		8:12pm
AIR BLK	.00	8:13pm

Reported AC: 00 g/210L

Signatur Of Chemical Analyst

Court CVR

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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 8:15pm
FLO FC	Pass 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

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)

The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
	the 19 day of

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

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CABARRUS COUNTY BAT MOBILE UNIT 8 120

Serial Number: 008929 Test Record Number: 1574 Test Time: 1:55pm EDT Test Date: 05/19/2025

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

1:57pm

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

County C	ANFERET	Instrument Location	CARTERET DETENTION	COUMY
Instrument Seri	al No. 008605	-	DETENTION	CENTER
The preventive serial number 1	maintenance procedures for 0,000 or higher) to be follow	the Intoximeters, Model at least once every fou	Intox EC/IR II and Model ir months are:	Intox EC/IR II (Enhanced wit
(1)	Verify the ethanol gas ca breath simulator thermon	mister displays at least 51 neter shows 34 degrees, p	pounds per square inch (p lus or minus .2 degree cen	si) of pressure, or the alcoholi tigrade;
(2)	Verify instrument display	ys time and date;		
(3)	Initiate breath test sequer	nce;		
(4)	Enter information as pro-	mpted;		
(5)	Verify instrument accura	icy;		
(6)	When "PLEASE BLOW	" appears, collect breath s	ample;	
(7)	When "PLEASE BLOW	" appears, collect breath s	ample;	
(8)	Print test record;			
(9)	Run diagnostic program	and confirm preventive m	aintenance status of "Pass	"; and
(10)				date, or the alcoholic breat coholic Breath Simulator tests
I certify that on were performed and Human Ser	the 6th day of 0	1 above, in accordance w	the forgoing preve th current regulations of	entive maintenance procedure the N.C. Department of Healt
SU STATE OF	8		í	
	7/8	W/		
	Til 1	1 in		2824950
-		Signature of Certifying	Official	Certificate Number

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
ATR BLK	.00	8:38am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CARTERET COUNTY DETENTION CENTER 150

Serial Number: 008605

Test Record Number: 4573 Test Time: 8:38am EDT

Test Date: 05/06/2025 Test Time: 8:3

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

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

County C	4RTERET	Instrument Location EMERA	ALD ISLE
Instrument Ser	ial No 00 8620	POLICE	DEPT
The preventive serial number	maintenance procedures for t 10,000 or higher) to be follow	the Intoximeters, Model Intox EC/IR II a ed at least once every four months are:	nd Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas car breath simulator thermom	nister displays at least 51 pounds per squa teter shows 34 degrees, plus or minus .2 o	are inch (psi) of pressure, or the alcoholic legree centigrade;
(2)	Verify instrument display	s time and date;	
(3)	Initiate breath test sequen	ce;	
(4)	Enter information as pron	npted;	
(5)	Verify instrument accurac	y;	
(6)	When "PLEASE BLOW"	appears, collect breath sample;	
(7)	When "PLEASE BLOW"	appears, collect breath sample;	
(8)	Print test record;		
(9)	Run diagnostic program a	nd confirm preventive maintenance statu	s of "Pass"; and
(10)	Verify that the ethanol simulator solution is being whichever occurs first.	gas canister is being changed before on a changed every four months or after	expiration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,
I certify that on were performed and Human Ser	the G day of	above, in accordance with current regul	ing preventive maintenance procedures ations of the N.C. Department of Health
SUPERINT OF			
	18	(
	1	tt Cer	282 4950
	100	Signature of Certifying Official	Certificate Number

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

g/210L	Time
Pass	11:14am
.00	11:15am
.08	11:15am
.00	11:16am
	11:17am
	11:18am
The state of the s	11:19am
	11:20am
	Pass .00 .08

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

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 FLO	Pass Pass	11:21am 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

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

County CA	RTERET	Instrument Location	ATLANTIC	BEACH
Instrument Serial	No. 008785		POLICE I	DEPT
The preventive m serial number 10,	aintenance procedures for the 000 or higher) to be followe	he Intoximeters, Model l d at least once every fou	intox EC/IR II and Mode ir months are:	el Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas can breath simulator thermome	ister displays at least 51 eter shows 34 degrees, p	pounds per square inch (lus or minus .2 degree ce	(psi) of pressure, or the alcoholi- ntigrade;
(2)	Verify instrument displays	s time and date;		
(3)	Initiate breath test sequence	ce;		
(4)	Enter information as prom	pted;		
(5)	Verify instrument accuracy;			
(6)	When "PLEASE BLOW" appears, collect breath sample;			
(7)	When "PLEASE BLOW"	appears, collect breath s	ample;	
(8)	Print test record;			
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and			
(10)	Verify that the ethanol a simulator solution is being whichever occurs first.	gas canister is being cl ng changed every four	hanged before expiration months or after 125 A	n date, or the alcoholic breath lcoholic Breath Simulator tests
were performed of	day of	above, in accordance w	the forgoing predicts current regulations of	ventive maintenance procedure f the N.C. Department of Healt
	S S	n/S	7	
Will state of the	1	At 1		2824950
The same of the sa	10	Compture of Certifying	Official	Certificate Number

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
ATR BLK	0.0	10:20am

Reported AC:

.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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 FLO	Pass Pass	10:21am
FC	Pass	10:21am

Temperature Tests

Status	Time
Pass	10:21am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
ATR	Pass	10:22am

Printer Tests

Status	Time
Pass	10:22am
CRC Tests	

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

Preventive Maintenance Status: Pass

Analyst

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

	ARTERET		Pauce	DEPT
nstrument Seria	I No008819_	-	Touce	Veri
he preventive erial number 10	maintenance procedures for th 0,000 or higher) to be followed	at least once every four	months are.	
(1)	Verify the ethanol gas cani breath simulator thermome	ster displays at least 51 p ter shows 34 degrees, plu	ounds per square inch (psi) is or minus .2 degree centig	of pressure, or the alcoholic grade;
(2)	Verify instrument displays	time and date;		
(3)	Initiate breath test sequence	e;		
(4)	Enter information as promp	pted;		
(5)	Verify instrument accuracy	63		
(6)	When "PLEASE BLOW"	appears, collect breath sa	mple;	
(7)	When "PLEASE BLOW"	appears, collect breath sa	mple;	
(8)	Print test record;			
(9)	Run diagnostic program ar	nd confirm preventive ma	intenance status of "Pass";	and
(10)	Verify that the ethanol g simulator solution is bein whichever occurs first.	as canister is being changed every four r	anged before expiration d nonths or after 125 Alcoh	ste, or the alcoholic breath solic Breath Simulator tests
were performed	the Olo day of Made on the instrument indicated rvices, and the instrument is fu	above, in accordance wit nctioning properly.	25 the forgoing prevent th current regulations of the	
1	alm	Ry Ben		146279

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

alu Ry Bans

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

1,177.7		
Test	Status	Time
PRNT	Pass	1:12pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:12pm
CAT	Dogo	1 - 1 2 mm

Preventive Maintenance Status: Pass

alu Ry Bans

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

County (A	RTERET	Instrument Location	CARTERET	COUNTY
Instrument Serial	No. 008882		CARTERET	CENTER
The preventive m serial number 10,	naintenance procedures for th 000 or higher) to be followed	e Intoximeters, Model I d at least once every fou	ntox EC/IR II and Model Into r months are:	x EC/IR II (Enhanced wit
(1)	Verify the ethanol gas cani breath simulator thermome	ster displays at least 51 ter shows 34 degrees, pl	pounds per square inch (psi) o us or minus .2 degree centigra	of pressure, or the alcoholi ade;
(2)	Verify instrument displays	time and date;		
(3)	Initiate breath test sequence	e;		
(4)	Enter information as promp	pted;		
(5)	Verify instrument accuracy	5		
(6)	When "PLEASE BLOW" a	appears, collect breath sa	mple;	
(7)	When "PLEASE BLOW" a	appears, collect breath sa	imple;	
(8)	Print test record;			
(9)	Run diagnostic program an	d confirm preventive ma	intenance status of "Pass"; ar	nd
(10)	Verify that the ethanol go simulator solution is being whichever occurs first.	as canister is being ch g changed every four	anged before expiration dat months or after 125 Alcoho	e, or the alcoholic breat lic Breath Simulator test
I certify that on the were performed and Human Servi	day of Management indicated a ces, and the instrument is fur	bove, in accordance wi	the forgoing preventive th current regulations of the	e maintenance procedure N.C. Department of Healt
	toil	1 de		824950
	- 100	Signature of Certifying		Certificate Number

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		8:35am
SUB TEST	.00	8:36am
AIR BLK	.00	8:36am
SUB TEST		8:38am
ATR BLK	.00	8:39am

Reported AG; .00 g/210L

Signature of Chemical Analyst

Court CVR

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	
40000		28/3/276	
ATR	Dage	8-40am	

Printer Tests

Test	Status	Time
PRNT	Pass	8:40am
	and the second second	

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

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

5-04-00000-00-00	HATHAM Instrument Location CHATHAM COUNTY ial No. COSS 9/ DETENTION CENTER
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholi- breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
	the 29 day of MAY, 2025 the forgoing preventive maintenance procedure d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Healt rvices, and the instrument is functioning properly.



Signature of Certifying Official

239771

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

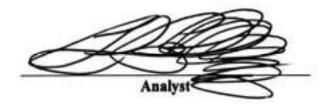
Lot Number: AG405103 Exp Date: 02/20/2026

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 Chappies Analyst

Court CVR



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

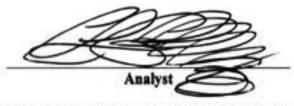
Blank Tests

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



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

HATHAM Instrument Location SILER CITY ial No. 208811 POLICE DEPARTMEN
maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
Verify instrument displays time and date;
Initiate breath test sequence;
Enter information as prompted;
Verify instrument accuracy;
When "PLEASE BLOW" appears, collect breath sample;
When "PLEASE BLOW" appears, collect breath sample;
Print test record;
Run diagnostic program and confirm preventive maintenance status of "Pass"; and
Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
the 29 day of, 20 \$\frac{1}{20}\$ the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.



Signature of Certifying Alliana

23977/ Certificate Number

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

ignature of Chemical Analyst

Court CVR

Analysi

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

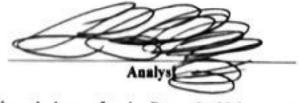
Blank Tests

Test	Status	Time
AIR	Pass	4:23pm
MIK	rass	4 : Z 3 DIII

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



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

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

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

Chemidal Analyst

Court CVR

CHATHAM COUNTY BAT MOBILE UNIT 11 180

Serial Number: 008970 Test Date: 05/24/2025 Test Record Number: 1216

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

1000	beacas	AZING
COMP	Pass	3:13pm
CAL	Pass	3:13pm

Preventive Maintenance Status: Pass

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

The prevent serial number	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with r 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
were perfor	on the 24 day of May , 2025 the forgoing preventive maintenance procedure med on the instrument indicated above, in accordance with current regulations of the N.C. Department of Healt Services, and the instrument is functioning properly.

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

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

rest	Status	TIME
COMP	Pass	3:05pm
CAL	Pass	3:05pm

Preventive Maintenance Status: Pass

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

Rev. 12/2007

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

The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy:
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the 27 day of May, 2025 the forgoing preventive maintenance procedures of the N.C. Department of Health rvices, and the instrument is functioning properly.

Certificate Number

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

Signature of Certifying Official

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		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

Pil Ruth-

CHEROKEE COUNTY CHEROKEE COUNTY JAIL 190

Serial Number: 008606 Test Date: 05/27/2025 Test Record Number: 509 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	

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

Preventive Maintenance Status: Pass

Analyst

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

	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the 27 day of May, 2025 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
The same of the sa	1 AR LA 843310

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

Signature of Certifying Official

Certificate Number

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		12:01pm
AIR BLK	.00	12:02pm

a/210T Time

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

12:04pm

12:04pm

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

Analyst

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

County	lnstrument Location Clay	County Fail
Instrument Seri	al No. 008608 Mayesu	ille, NC
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and 0,000 or higher) to be followed at least once every four months are:	Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square breath simulator thermometer shows 34 degrees, plus or minus .2 deg	inch (psi) of pressure, or the alcoholic gree centigrade;
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of	of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before ex- simulator solution is being changed every four months or after I whichever occurs first.	piration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,
were performed	the 27 day of	_
am w	Signature of Certifying Official	843310 Certificate Number

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

CLAY COUNTY CLAY COUNTY JAIL 210

Serial Number: 008608 Test Date: 05/27/2025

Test Record Number: 1623 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
ATR	Pass	1:20pm

Printer Tests

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

Pass

1:21pm

Preventive Maintenance Status: Pass

CAL

Analyst

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

The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify that on were performed and Human Ser	the 23rd day of

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

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	
		The residence of the control of the	

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

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

-	
	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholi breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
were performed	he <u>131'</u> day of <u>Noy</u> , 20 <u>15</u> the forgoing preventive maintenance procedure on the instrument indicated above, in accordance with current regulations of the N.C. Department of Healthices, and the instrument is functioning properly.

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 I

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 FLO	Pass Pass	7:45pm 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 Pass	7:47pm 7:47pm

Preventive Maintenance Status: Pass

Analyst

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

Instrument Seri	al No. 008939 Cerro Gordo, NC		
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:		
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
(2)	Verify instrument displays time and date;		
(3)	Initiate breath test sequence;		
(4)	Enter information as prompted;		
(5)	Verify instrument accuracy;		
(6)	When "PLEASE BLOW" appears, collect breath sample;		
(7)	When "PLEASE BLOW" appears, collect breath sample;		
(8)	Print test record;		
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and		
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
were performed	the 23'day of Moy , 20 25 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.		
	Signature of Cartificing Official Cartificate Number		

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

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

Preventive Maintenance Status: Pass

Pass

7:41pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County(Craven	Instrument Location_	BAT	Mol	ile Unit 1
Instrument Se	erial No. 00 8601	Craves	Con	sty	SO
The prevention four months	ve maintenance procedures for thare;	ne Intoximeters, Model Intox	EC/IR II to	be follow	ed at least once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus 2	ster displays pressure, or the a degree centigrade;	lcoholic bre	eath simula	ator thermometer show
2.	Verify instrument displays	time and date;			
3.	Initiate breath test sequence				
4.	Enter information as promp	ted;			
5.	Verify instrument accuracy	;			
6.	When "PLEASE BLOW"	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.		canister is being changed before changed every four months or			
procedures w	on the 2359 day of Y vere performed on the instrument of Health and Human Services, a		ice with cur	rent regula	reventive maintenance tions of the N.C.
STATI		Serrature of Certifying Offici			266313 Pertificate Number

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

rmit 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

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

Analyst

CRAVEN COUNTY BAT MOBILE UNIT 12 240

Test Date: 05/23/2025

Serial Number: 008601 Test Record Number: 1758 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 Pass	12:20pm 12:20pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Crav	en	Instrument Location_	BAT	Mobile	Lant 1
Instrument S	erial No.	०० ४८१४	Craven	Conn	ty So	
The preventi		nance procedures for	the Intoximeters, Model Intox	EC/IR II to be	e followed at leas	st once every
1,	Veri 34 de	fy the ethanol gas car egrees, plus or minus	nister displays pressure, or the a .2 degree centigrade;	Icoholic brea	th simulator ther	mometer shows
2.	Veri	fy instrument display	s time and date;			
3.	Initia	ate breath test sequen	ce;			
4.	Ente	r information as pron	npted;			
5.	Veri	fy instrument accurac	ey;			
6.	Who	When "PLEASE BLOW" appears, collect breath sample;				
7.	Whe	When "PLEASE BLOW" appears, collect breath sample;				
8.	Print	Print test record;				
9.	Veri	fy Diagnostic Progra	m; and			
10.	simu	fy that the ethanol ga lator solution is bein thever occurs first.	s canister is being changed before g changed every four months or	ore expiration r after 125 Al	date, or the alco coholic Breath S	holic breath imulator tests,
procedures v	were perfo of Health	rmed on the instrume	nt indicated above, in accordan, and the instrument is function	ce with curre	nt regulations of	the N.C.
		- 0	agnature of Certifying Office	ial	Certificat	e Number

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 CHE	.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

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

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

Status

Time

Preventive Maintenance Status: Pass

Analyst

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

CountyC	RAVEN Instrument Location CRAVEN COUNTY
Instrument Serial	Instrument Location CRAVEN COUNTY No. 008732 DETENTION CENTER
The preventive n	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with ,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed of	ne ob day of May, 20 25 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ces, and the instrument is functioning properly.
	Signature of Certifying Official Certificate Number

CRAVEN COUNTY DETENTION CENTER 240

Serial Number: 008732 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: AG417802 Exp Date: 06/26/2026

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

HATTING BY DESIGNATION AND AND AND INCIDENTIAL PROPERTY.

CRAVEN COUNTY DETENTION CENTER 240

Serial Number: 008732 Test Record Number: 3475 Test Date: 05/06/2025 Test Time: 10:52am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	10:53am
SRC	Pass	10:53am
DET	Pass	10:53am
BAR	Pass	10:53am
BT	Pass	10:53am

Blank Tests

Test	Status	Time	
AIR	Pass	10:54am	

Printer Tests

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

Status Time

Preventive Maintenance Status: Pass

alun Ray Benson

Test

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	1 1			Instrument Loc		BAT		3.1.	
Instrument Seri	al No.	_00	8788	Crav	'en	Cou	~ ty	Sc)
The preventive four months are		nance pr	rocedures for the	Intoximeters, Model	Intox	EC/IR II to b	e followed	at least	once every
L				er displays pressure, o degree centigrade;	or the a	alcoholic brea	ath simulat	or thermo	ometer shows
2.	Veri	ify instru	ment displays ti	me and date;					
3.	Initi	ate breat	h test sequence;						
4.	Ente	er inform	ation as prompte	ed;					
5.	Ver	ify instru	ment accuracy;						
6.	Who	en "PLE/	ASE BLOW" as	pears, collect breath	sample	r;			
7.	Whe	en "PLE/	ASE BLOW" as	opears, collect breath	sample	o;			
8.	Prin	t test rec	ord;						
9.	Ver	ify Diagr	nostic Program;	and					
10.	sime	ulator sol		anister is being chang hanged every four mo					
I certify that or	the_c	रुष	day of M						maintenance
procedures we	re perfo	rmed on		indicated above, in ac d the instrument is fu				ions of th	e N.C.
			•		2000000				
China S									
(Vol.					_				
- Charles	1	72.0	0	rengture of Certifying				16C	

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
ATR BLK	.00	12:14pm

Reported AC: _00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

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 FLO	Pass Pass	12:16pm 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

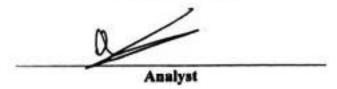
Test	Status	Time	
AIR	Pass	12:17pm	

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



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

CountyC	RAVEN Instrument Location_	HAVELOCK
Instrument Seri	al No. 00 8800	POLICE DEPT
	maintenance procedures for the Intoximeters, Model Into 0,000 or higher) to be followed at least once every four n	
(1)	Verify the ethanol gas canister displays at least 51 po breath simulator thermometer shows 34 degrees, plus	unds per square inch (psi) of pressure, or the alcoholic or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sam	ple;
(7)	When "PLEASE BLOW" appears, collect breath sam	ple;
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive main	tenance status of "Pass"; and
(10)		ged before expiration date, or the alcoholic breath onths or after 125 Alcoholic Breath Simulator tests,
	the 5th day of MAY . 202 I on the instrument indicated above, in accordance with vices, and the instrument is functioning properly.	the forgoing preventive maintenance procedures current regulations of the N.C. Department of Health
STATE OF		
制物學		
	1 the	282 4950
-	Signature of Certifying Of	ficial Certificate Number

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

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

Status

Time

4:24pm

PRNT	Pass	4:24pm
	CRC Tests	
Test	Status	Time
COMP	Pass	4:24pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

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

County_C	RAVEN	Instrument Location	NEW BERN
Instrument Seri	ial No. 008817	-	POLICE DEPT
The preventive serial number	maintenance procedures for 10,000 or higher) to be follow	the Intoximeters, Model Intox ed at least once every four mo	EC/IR II and Model Intox EC/IR II (Enhanced wonths are:
(1)	Verify the ethanol gas ca breath simulator thermon	nister displays at least 51 pour neter shows 34 degrees, plus o	nds per square inch (psi) of pressure, or the alcohor minus .2 degree centigrade;
(2)	Verify instrument display	s time and date;	
(3)	Initiate breath test sequer	ice;	
(4)	Enter information as pro	mpted;	
(5)	Verify instrument accura	cy;	
(6)	When "PLEASE BLOW	appears, collect breath sample	le;
(7)	When "PLEASE BLOW	appears, collect breath sample	le;
(8)	Print test record;		
(9)	Run diagnostic program	and confirm preventive mainte	enance status of "Pass"; and
(10)	Verify that the ethanol simulator solution is be whichever occurs first.	gas canister is being chang ing changed every four mon	ged before expiration date, or the alcoholic breaths or after 125 Alcoholic Breath Simulator te
were performe	d on the instrument indicated rvices, and the instrument is f	above, in accordance with c	the forgoing preventive maintenance procedu current regulations of the N.C. Department of Hea
) II	D)	2824950
		Signature of Certifying Offi	icial Certificate Number

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

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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 q/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

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
FC1	Pass	12:12pm
SRC	Pass	12:12pm
DET	Pass	12:12pm
BAR	Pass	12:12pm
BT	Pass	12:12pm

Blank Tests

Test	Status	Time	
AIR	Pass	12:13pm	

Printer Tests

Test	Status	Time
PRNT	Pass	12:13pm

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County(CRAVEN	Instrument Location	MCAS	PMO
Instrument Se	rial No. 010819		CHERRY	POINT
The preventive serial number	e maintenance procedures for t 10,000 or higher) to be follow	the Intoximeters, Model Intended at least once every four	ox EC/IR II and Moo months are:	del Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas can breath simulator thermom	nister displays at least 51 p neter shows 34 degrees, plu	ounds per square inch s or minus .2 degree o	(psi) of pressure, or the alcoholi entigrade;
(2)	Verify instrument display	s time and date;		
(3)	Initiate breath test sequen	ce;		
(4)	Enter information as pron	opted;		
(5)	Verify instrument accuracy	:yī		
(6)	When "PLEASE BLOW"	appears, collect breath san	nple;	
(7)	When "PLEASE BLOW"	appears, collect breath san	nple;	
(8)	Print test record;			
(9)	Run diagnostic program a	nd confirm preventive mai	ntenance status of "Pa	ss"; and
(10)	Verify that the ethanol simulator solution is bei whichever occurs first.	gas canister is being cha ng changed every four m	nged before expiration	on date, or the alcoholic breath
were performe	n the	above, in accordance with	the forgoing pre	eventive maintenance procedure of the N.C. Department of Health
SUNTO				
	A S	DI		
1	Jat 1	Na		2829950
	100	Signature of Certifying O	fficial	Certificate Number

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 CHE	.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

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 Pass	3:37pm 3:37pm

Preventive Maintenance Status: Pass

Analyst

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

The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and M 0,000 or higher) to be followed at least once every four months are:	fodel Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square in breath simulator thermometer shows 34 degrees, plus or minus .2 degree	
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of	"Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expir simulator solution is being changed every four months or after 12 whichever occurs first.	
I certify that on were performed and Human Ser	the 5 day of May 2025 the forgoing on the instrument indicated above, in accordance with current regulation vices, and the instrument is functioning properly.	preventive maintenance procedures ns of the N.C. Department of Health
	J N/A.	365156
	Signature of Certifying Official	Certificate Number

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

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

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

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

The preventive erial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
certify that on were performed and Human Ser	the 16 day of May 2025 the forgoing preventive maintenance procedures on the instrument indicated above in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly. May 1 Department of Health Processing May 1 Department of Health Processing Property.

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

DHHS 4080 (04/20)

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 ACT . 00 g/270L

ignature of Chamical Analyst

Court CVR

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

Department of Health and Human Services Rev. 12/2007

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

Preventive Maintenance Status: Pass

Pass

10:43am

CAL

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

Department of Health and Human Services Rev. 12/2007

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

	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcohoreath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic be simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.
rtify that on e performed Human Ser	the 28 day of May

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

Signature of Certifying Official

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	No. 100g04 Res	11:44am
ATD DIM	0.0	11-45am

nature of

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch Department of Health and Human Services

Rev. 12/2007

DARE COUNTY DARE CO SO HATTERAS 270

Serial Number: 008807 Test Date: 05/28/2025 Test Record Number: 1520 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

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

Analyst

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)

The preventive	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with
THANKS ADDING SWINGS	(0,000 or higher) to be followed at least once every four months are: Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic
(1)	breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify that on were performed and Human Ser	the 28 Hay of May , 20 25 the forgoing preventive maintenance procedures on the instrument indicated prove, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
	Mah Jamel 206272 Signature of Certifying Official Certificate Number

DHHS 4080 (04/20)

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 Charlical Analyst

Court CVR

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

Rev. 12/2007

DARE COUNTY KILL DEVIL HILLS PD 270

Serial Number: 008844 Test Date: 05/28/2025 Test Record Number: 3264 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	
ARC DO		26824479000000	
ATR	Pass	3:49pm	

Printer Tests

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

Preventive Maintenance Status: Pass

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

Department of Health and Human Services

Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the 30 day of May, 2025 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.

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

Signature of Certifying Official

Certificate Number

DAVIDSON COUNTY BAT MOBILE UNIT 8 280

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

Tost

1000	9,2,02	11110
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

a/210T. Time

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst Session

DAVIDSON COUNTY BAT MOBILE UNIT 8 280

Serial Number: 008615 Test Record Test Date: 05/30/2025 Test Time:

Test Record Number: 6092 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	
ATR	Pass	9:20pm	

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

CAL

9:20pm

Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the 30day of May, 2025 the forgoing preventive maintenance procedures on the instrument indicated above in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.

DAVIDSON COUNTY BAT MOBILE 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
ATR BLK	0.0	9:13pm

Reported AC: ,00 g/210L

Signature of Chemical Analyst

Court CVR

Jen D Klussen

DAVIDSON COUNTY BAT MOBILE UNIT 8 280

Serial Number: 008616 Test Date: 05/30/2025 Test Record Number: 2874 Test Time: 9:14pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:14pm 9:14pm
FC	Pass	9:14pm

Temperature Tests

Status	Time
Pass	9:15pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time	
AIR	Pass	9:15pm	

Printer Tests

Test	Status	Time
PRNT	Pass	9:15pm
	CRC Tests	
Test	Status	Time

Test	Status	Time	
COMP	Pass	9:15pm	
CAL	Pass	9:15pm	

Preventive Maintenance Status: Pass

Sun Dalusanne

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

preventive I number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced wit 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcohol breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.
performed	the 30 day of May, 20 25the forgoing preventive maintenance procedure on the instrument indicated above, waccordance with current regulations of the N.C. Department of Heal vices, and the instrument is functioning properly.

Certificate Number

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
	.00	9:10pm
SUB TEST	.00	9:12pm
ATR BLK	.00	9:12pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

m is used when performing Preventive Maintenance or

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

Alusoune)

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass", and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the 30 day of

Certificate Number

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

Jany D Slasout

DAVIDSON COUNTY BAT MOBILE UNIT 8 280

Serial Number: 008816 Test Date: 05/30/2025 Test Record Number: 7881 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

CAL

Status

Time

9:15pm

2000		
PRNT	Pass	9:15pm
	CRC Tests	
Test	Status	Time
COMP	Pass	9:15pm

Preventive Maintenance Status: Pass

Pass

Sun D & hisoland

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

County D	AVIDSON Instrument Location DAVIDSON COUNTY JAIL
Instrument Se	rial No. 008845 LEXINGTON, NC
	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the 5 day of MAY , 20,25 the forgoing preventive maintenance procedures ed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ervices, and the instrument is functioning properly.
Sam in	353799
	Signature of Certifying Official Certificate Number

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
	.00	11:31am

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Reported AC: .00 g/210L

Court CVR

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

Department of Health and Human Services Rev. 12/2007

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

Pass

11:34am

Preventive Maintenance Status: Pass

CAL

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

Attalysp

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

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

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
ATR BLK	0.0	9-55mm

Reported AC: .00 g/210L

Court CVR

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

Rev. 12/2007

DAVIDSON COUNTY THOMASVILLE PD 280

Serial Number: 008872 Test Date: 05/05/2025

Test Record Number: 1907 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

		0.0000
COMP	Pass	9:59am
CAL	Pass	9:59am

Preventive Maintenance Status: Pass

Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

		maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	(2)	Verify instrument displays time and date;
	(3)	Initiate breath test sequence;
	(4)	Enter information as prompted;
	(5)	Verify instrument accuracy;
	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
we	ertify that on re performed d Human Ser	the 5 day of MAY, 2025 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.

DAVIDSON COUNTY 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		10:51am
SUB TEST		10:53am
AIR BLK		10:54am

Reported AC: .00 g/210L

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Court CVR

Chemical

Analyst Same Preventive Meintenance or

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

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)

ne preventive rial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
re performed	the 30 day of

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

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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
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

Preventive Maintenance Status: Pass

CAL

Amalyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the 15 day of MAY 2025 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health roices, and the instrument is functioning properly.

Signature of Califying Official.

Certificate Number

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

incture of Chemical Analyst

Court CVR

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 FLO	Pass Pass	11:59am 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 12:00pm

Preventive Maintenance Status: Pass

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

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

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

Signature of Certifying Official

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

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

Status	Time
Pass	2:52pm
	Pass Pass Pass Pass

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)

The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on were performed and Human Ser	the 5th day of May . 20,25 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.

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

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

Preventive Maintenance Status: Pass

Pass

1:56pm

CAL

Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

The preve	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with per 10,000 or higher) to be followed at least once every four months are:
(1	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2	네이 어디스 보고 있다면 얼마나 그렇게 되었다면 그렇게 좀 먹었다면 하고 있다면 하는 것이 없다면 하는데 하는데 나를 다 되었다.
(3	Initiate breath test sequence;
(4	Enter information as prompted;
(5	Verify instrument accuracy;
(6	When "PLEASE BLOW" appears, collect breath sample;
(7	When "PLEASE BLOW" appears, collect breath sample;
(8	Print test record;
(5	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
0	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
mere peri	ton the 13 day of May 2025 the forgoing preventive maintenance procedures med on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health Services, and the instrument is functioning properly. May 2025 the forgoing preventive maintenance procedures med on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health Services, and the instrument is functioning properly.

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/2/0%

ignature of Chemical Analyst

Court CVR

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

Analyst /

Department of Health and Human Services Rev. 12/2007

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	Page	2-21pm

Preventive Maintenance Status: Pass

Pass

2:21pm

CAL

Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

The preventive	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on were performe and Human Ser	the 23 day of 1/2 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.

Certificate Number

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
ATR BLK	.00	11:47am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

Status	Time
Pass	11:48am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	11:49am

Printer Tests

Test

CAL

1000	Status	rime
PRNT	Pass	11:49am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:49am

Status Time

11:49am

Preventive Maintenance Status: Pass

Pass

Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

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

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

DHHS 4080 (04/20)

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 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

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 FLO	Pass Pass	10:13pm 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

Preventive Maintenance Status: Pass

Pass

10:14pm

CAL

Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

	al No. 008898 Guilford Task Force
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced wit 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholi breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.
	the State day of Moy , 20.25 the forgoing preventive maintenance procedure on the instrument indicated above, in accordance with current regulations of the N.C. Department of Healt vices, and the instrument is functioning properly.
	Signature of Certifying Official Certificate Number

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: 000 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

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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)

	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced v 10,000 or higher) to be followed at least once every four months are:	with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcohoreath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;	olio
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and	
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic brasimulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to whichever occurs first.	
vere performed	the Sth day of May , 2025 the forgoing preventive maintenance proceded on the instrument indicated above, in accordance with current regulations of the N.C. Department of Hervices, and the instrument is functioning properly.	
Comment of the last	14m Danier 1604930	

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

DHHS 4080 (04/20)

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

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 FLO	Pass Pass	9:40pm 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)

The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
were performe	the <u>83</u> to day of <u>Noy</u> , 20 <u>25</u> the forgoing preventive maintenance procedured on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health revices, and the instrument is functioning properly.

GUILFORD COUNTY BAT MOBILE 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

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

Department of Health and Human Services

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 FLO	Pass	8:32am 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

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
were performe	the <u>83</u> to day of <u>Noy</u> , 20 <u>25</u> the forgoing preventive maintenance procedured on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health revices, and the instrument is functioning properly.

GUILFORD COUNTY BAT MOBILE 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

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

Department of Health and Human Services

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 FLO	Pass	8:32am 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

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

	The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	(2)	Verify instrument displays time and date;
	(3)	Initiate breath test sequence;
	(4)	Enter information as prompted;
1	(5)	Verify instrument accuracy;
3	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
1	were performed	the 23 day of

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
ATR BLK	.00	8:38am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

GUILFORD COUNTY BAT MOBILE 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

ATR Pass	9:04am

Printer Tests

Test	Status	Time
PRNT	Pass	9:04am
	CRC Tests	
Test	Status	Time
COMP	Pass	9:04am

Preventive Maintenance Status: Pass

CAL

Pass

9:04am

Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

	The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	(2)	Verify instrument displays time and date;
	(3)	Initiate breath test sequence;
	(4)	Enter information as prompted;
1	(5)	Verify instrument accuracy;
3	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
1	were performed	the 23 day of

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
ATR BLK	.00	8:38am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

GUILFORD COUNTY BAT MOBILE 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

ATR Pass	9:04am

Printer Tests

Test	Status	Time
PRNT	Pass	9:04am
	CRC Tests	
Test	Status	Time
COMP	Pass	9:04am

Preventive Maintenance Status: Pass

CAL

Pass

9:04am

Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

-	al No. 008848 F05 W. Main St., Ahoskie NC
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on were performed and Human Ser	13. 111011 - 7

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

Certificate Number

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 Memical Analyst

Court CVR

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

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 Ti	Time
AIR	Pass	12:17pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:17pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:17pm

Preventive Maintenance Status: Pass

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

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

County Her	Hord Instrument Location Murfreesbore P.D.
Instrument Seria	Murfreesboro, NC
	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 1,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the 13 day of May, 2025 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rices, and the instrument is functioning properly.
STATE OF THE PARTY	Signature of Certificate Number

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 AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00	10:21am 10:22am 10:22am 10:24am 10:25am 10:25am
ATR BLK	00	10:27am

Reported AC: 00 g/2/0L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch Department of Health and Human Services

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 CAL	Pass Pass	10:31am 10:31am

Preventive Maintenance Status: Pass

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

County	rial No. 00 8584	Instrument Location_		Mobile		10
	e maintenance procedures for th 10,000 or higher) to be followed			and Model Intox EC	/IR II (Enhanc	ed with
(1)	Verify the ethanol gas cani breath simulator thermome				essure, or the al	coholic
(2)	Verify instrument displays	time and date;				
(3)	Initiate breath test sequence	e;				
(4)	Enter information as promp	oted;				
(5)	Verify instrument accuracy					
(6)	When "PLEASE BLOW" a	appears, collect breath sa	mple;			
(7)	When "PLEASE BLOW" a	appears, collect breath sa	mple;			
(8)	Print test record;					
(9)	Run diagnostic program an	d confirm preventive ma	intenance statu	is of "Pass"; and		
(10)	Verify that the ethanol gr simulator solution is being whichever occurs first.					
	the 3rd day ofed on the instrument indicated a rvices, and the instrument is fun	beve, in accordance wit	25 the forgo	oing preventive ma lations of the N.C.	intenance pro Department of	cedures Health
Com ve		Signature of Certifying C	OM: alai		ficate Number	

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

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

Analyst

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	
WIK	rass	0:05000	

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

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

	e maintenance procedures for the 10,000 or higher) to be followed			and Model Intox E	C/IR II (Enhanced with
(1)	Verify the ethanol gas canist breath simulator thermometer				
(2)	Verify instrument displays to	ime and date;			
(3)	Initiate breath test sequence;	io,			
(4)	Enter information as prompt	ed;			
(5)	Verify instrument accuracy;				
(6)	When "PLEASE BLOW" ap	opears, collect breath sar	mple;		
(7)	When "PLEASE BLOW" ap	When "PLEASE BLOW" appears, collect breath sample;			
(8)	Print test record;				
(9)	Run diagnostic program and	confirm preventive mai	intenance stati	us of "Pass"; and	
(10)	Verify that the ethanol gas simulator solution is being whichever occurs first.				
	n the	oove, in accordance with	the forg	oing preventive n ilations of the N.C	naintenance procedures. Department of Health
//OT	1/5/	1			
-	9	ignature of Certifying C	Milelat	<u>ok</u>	tificate Number

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 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
ATR BLK	.00	5:27pm

Reported AC: ,00 g

Signature Chemical Analyst

Court CVR

Analyst

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	
ATR	Pass	5:35pm	

Printer Tests

Test	Status	Time
PRNT	Pass	5:35pm
	CRC Tests	
Test	Status	Time
COMP	Pass	5:35pm

Preventive Maintenance Status: Pass

Pass

5:35pm

CAL

Analyst

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

County	Hote	Instrument Location	BAT	Mobile	Un. + 10
Instrument Se	erial No. 00 %637		Hole	County	<u>w</u>
	we maintenance procedures for the 10,000 or higher) to be follower			d Model Intox EC/	IR II (Enhanced v
(1)	Verify the ethanol gas can breath simulator thermome				sure, or the alcoh
(2)	Verify instrument displays	s time and date;			
(3)	Initiate breath test sequence	ce;			
(4)	Enter information as prom	pted;			
(5)	Verify instrument accurac	y;			
(6)	When "PLEASE BLOW"	appears, collect breath sar	mple;		
(7)	When "PLEASE BLOW"	appears, collect breath sar	mple;		
(8)	Print test record;				
(9)	Run diagnostic program a	nd confirm preventive ma	intenance status	of "Pass"; and	
(10)	Verify that the ethanol a simulator solution is being whichever occurs first.				
	on the 3cd day of Med on the instrument indicated dervices, and the instrument is fu	above, in accordance wit	d the forgo	ing preventive ma ations of the N.C. I	ntenance proced Department of He
SO STATE	200	g verges 2004/2592245 (1566/259)			
		7.7			
The state of the s	15			رد	66313
	-	Signature of Certifying C	Official	Certi	icate Number

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
ATR BLK	.00	6:05pm

Reported AC:

00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

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

		The state of the s	ISAI	M. 5:1c		10
Instrument Seria	al No. 00 8686	6- <u>-</u>	Hoke	County	So	
	maintenance procedures for the 0,000 or higher) to be followed			d Model Intox EC/	IR II (Enhanc	ed with
(1)	Verify the ethanol gas canis breath simulator thermomet				sure, or the al	coholic
(2)	Verify instrument displays	time and date;				
(3)	Initiate breath test sequence	;				
(4)	Enter information as promp	ted;				
(5)	Verify instrument accuracy					
(6)	When "PLEASE BLOW" a	ppears, collect breath sar	mple;			
(7)	When "PLEASE BLOW" a	ppears, collect breath sar	mple;			
(8)	Print test record;					
(9)	Run diagnostic program and	confirm preventive mai	intenance status	of "Pass"; and		
(10)	Verify that the ethanol gas simulator solution is being whichever occurs first.					
were performed	the 3rd day of Ma on the instrument indicated a rices, and the instrument is fun	ove, in accordance with		ing preventive mai		
Om san		Signature of Certifying C	-	22	66313	

HOKE 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
ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	.08	5:58pm 5:59pm 6:00pm 6:00pm

Reported AC: , 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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	

Status	Time
Pass	6:05pm
Pass	6:05pm
	Pass

Preventive Maintenance Status: Pass

Analyst

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

County	Hoke	Instrument Location	BAT	Mobile	Unit	12
Instrument So	erial No. <u> </u>	<u>«</u>	Hoke	County	رح	
The preventiv	ve maintenance procedures 10,000 or higher) to be fol	for the Intoximeters, Model Int llowed at least once every four	ox EC/IR II a nonths are;	nd Model Intox i	EC/IR II (En	hanced with
(1)	Verify the ethanol ga breath simulator them	s canister displays at least 51 po mometer shows 34 degrees, plus	ounds per squ or minus .2 o	are inch (psi) of p degree centigrade	pressure, or t	he alcoholi
(2)	Verify instrument dis	plays time and date;				
(3)	Initiate breath test sec	quence;				
(4)	Enter information as	prompted;				
(5)	Verify instrument acc	curacy;				
(6)	When "PLEASE BLO	OW" appears, collect breath san	ple;			
(7)	When "PLEASE BLO	OW" appears, collect breath sam	ple;			
(8)	Print test record;					
(9)	Run diagnostic progra	am and confirm preventive main	ntenance statu	s of "Pass"; and		
(10)	Verify that the ethal simulator solution is whichever occurs firs	nol gas canister is being char being changed every four m t.	nged before onths or after	expiration date, r 125 Alcoholic	or the alco Breath Sim	holic breath ulator tests
unra nerformi	n the 9th day of	ated above, in accordance with	★ the forgo current regularity.	oing preventive lations of the N.	maintenance C. Departme	procedure nt of Healt
3. (1/51	1			16631	

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

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

Analyst

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
ATR	Pagg	5 - 34mm

Printer Tests

Test	Status	Time
PRNT	Pass	5:34pm
	CRC Tests	
Test	Status	Time
COMP	Pass	5:34pm

Preventive Maintenance Status: Pass

Pass

5:34pm

CAL

Analyst

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

County	Hoke	Instrument Location	BAT		Unit 10
Instrument S	Serial No. 00 8776	-	Hoke	County	Su
The preventi	ive maintenance procedures for the r 10,000 or higher) to be followe	ne Intoximeters, Model Int d at least once every four	tox EC/IR II an	d Model Intox EC/II	R II (Enhanced with
(1)	Verify the ethanol gas can breath simulator thermome	ister displays at least 51 p eter shows 34 degrees, plu	ounds per squar s or minus .2 de	e inch (psi) of press gree centigrade;	ure, or the alcoholic
(2)	Verify instrument displays	time and date;			
(3)	Initiate breath test sequence	e;			
(4)	Enter information as prom	pted;			
(5)	Verify instrument accuracy	r;			
(6)	When "PLEASE BLOW"	appears, collect breath san	nple;		
(7)	When "PLEASE BLOW"	appears, collect breath san	nple;		
(8)	Print test record;				
(9)	Run diagnostic program ar	d confirm preventive mai	ntenance status	of "Pass"; and	
(10)	Verify that the ethanol g simulator solution is bein whichever occurs first.	as canister is being changed every four m	nged before ex onths or after	epiration date, or the 125 Alcoholic Brea	ne alcoholic breath ath Simulator tests
were perforn	on the 30 day of	beve, in accordance with		ng preventive maint tions of the N.C. De	
		n /			
in am i				226	
		Signature of Certifying O	fficial	Certific	ate Number

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

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

Analyst

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

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

County	late	Instrument Location_	BAT	Mobile	1-20-076	10
Instrument Serie	al No. 00 8779		Hole	County	50	
The preventive serial number 1	maintenance procedures for the 0,000 or higher) to be followed	Intoximeters, Model In at least once every four	tox EC/IR II a	and Model Intox E	C/IR II (Enha	inced with
(1)	Verify the ethanol gas canis breath simulator thermomet	ter displays at least 51 p er shows 34 degrees, plu	ounds per squ is or minus .2	are inch (psi) of pr degree centigrade;	essure, or the	e alcoholi
(2)	Verify instrument displays	time and date;				
(3)	Initiate breath test sequence	*				
(4)	Enter information as promp	ted;				
(5)	Verify instrument accuracy					
(6)	When "PLEASE BLOW" a	ppears, collect breath sar	mple;			
(7)	When "PLEASE BLOW" a	ppears, collect breath sar	mple;			
(8)	Print test record;					
(9)	Run diagnostic program and	d confirm preventive ma	intenance state	us of "Pass"; and		
(10)	Verify that the ethanol gas simulator solution is being whichever occurs first.	s canister is being cha changed every four n	anged before nonths or afte	expiration date, or 125 Alcoholic I	r the alcoho Breath Simu	olic breath lator tests
were performed	the day of had not the instrument indicated a vices, and the instrument is fun	love, in accordance wit	the forgu	oing preventive malations of the N.C.	naintenance Department	procedure of Healti
To Comment					66313	

HOKE 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

1

HOKE COUNTY BAT MOBILE UNIT 10 460

Serial Number: 008779 Test Date: 05/03/2025

Test Record Number: 4061 Test Time: 6:06pm EDT

System Check: Passed

Baseline Tests

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

Printer Tests

resc	Scacus	rime
PRNT	Pass	6:07pm
	CRC Tests	
Test	Status	Time
COMP	Pass	6:08pm
CAL	Pass	6:08pm

Preventive Maintenance Status: Pass

Analyst

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

Instrument Sen	ial No. 00 8788	-	Hoke	County	So
The preventive serial number 1	maintenance procedures for the 0,000 or higher) to be followed	Intoximeters, Model In at least once every four	tox EC/IR II months are:	and Model Intox	EC/IR II (Enhanced with
(1)	Verify the ethanol gas canist breath simulator thermometer	er displays at least 51 per shows 34 degrees, plu	oounds per squ is or minus .2	are inch (psi) of degree centigrade	pressure, or the alcoholic;
(2)	Verify instrument displays to	me and date;			
(3)	Initiate breath test sequence;				
(4)	Enter information as prompt	ed;			
(5)	Verify instrument accuracy;				
(6)	When "PLEASE BLOW" ap	pears, collect breath sar	mple;		
(7)	When "PLEASE BLOW" ap	pears, collect breath sai	mple;		
(8)	Print test record;				
(9)	Run diagnostic program and	confirm preventive ma	intenance stat	us of "Pass"; and	
(10)	Verify that the ethanol gas simulator solution is being whichever occurs first.				
were performed	the 45 day of 18	ove, in accordance wit	the forg	alations of the N.	
1				2	266313

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

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	
ATR	Page	5.27nm	

Printer Tests

CAL

Test	Status	Time
PRNT	Pass	5:27pm
	CRC Tests	
Test	Status	Time
COMP	Pass	5:27pm

Preventive Maintenance Status: Pass

Pass

Analyst

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

County Hy Instrument Seri	ial No. 00880]	Instrument Location 1223	Mainst, Swan Quarte
			100
		e Intoximeters, Model Intox EC/ at least once every four months	IR II and Model Intox EC/IR II (Enhanced with are:
(1)		ster displays at least 51 pounds p ter shows 34 degrees, plus or mit	er square inch (psi) of pressure, or the alcoholic nus .2 degree centigrade;
(2)	Verify instrument displays	time and date;	
(3)	Initiate breath test sequence	5	
(4)	Enter information as promp	oted;	
(5)	Verify instrument accuracy		
(6)	When "PLEASE BLOW" a	ppears, collect breath sample;	
(7)	When "PLEASE BLOW" a	ppears, collect breath sample;	
(8)	Print test record;		
(9)	Run diagnostic program an	d confirm preventive maintenance	ee status of "Pass"; and
(10)			efore expiration date, or the alcoholic breath or after 125 Alcoholic Breath Simulator tests
were performed	the 6 day of Mandal day of Man	blove, in accordance with current	forgoing preventive maintenance procedures at regulations of the N.C. Department of Health
SEAT.	CAROL		272244
O COM VED	- Kes	p. m/	377722
	, γ	Signature of Certifying Official	Certificate Number

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

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

Rev. 12/2007

HYDE COUNTY HYDE CO SO SWAN QUAR 470

Serial Number: 008801 Test Date: 05/06/2025 Test Record Number: 763 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

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

Instrument Ser	ial No. 608619 8-12-18-00
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performe	the 12 day of

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

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

Pass 12:11pm

Preventive Maintenance Status: Pass

Analyst

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

nstrument Seri	al No. <u>658869</u>	STATESVIL	عد عد
	maintenance procedures for the Intoximeters, Moo 0,000 or higher) to be followed at least once every		el Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least breath simulator thermometer shows 34 degree		
(2)	Verify instrument displays time and date;		
(3)	Initiate breath test sequence;		
(4)	Enter information as prompted;		
(5)	Verify instrument accuracy;		
(6)	When "PLEASE BLOW" appears, collect brea	th sample;	
(7)	When "PLEASE BLOW" appears, collect brea	th sample;	
(8)	Print test record;		
(9)	Run diagnostic program and confirm preventive	e maintenance status of "Pa	ss"; and
(10)	Verify that the ethanol gas canister is being simulator solution is being changed every for whichever occurs first.		
ere performed	the 12 day of 1000		ventive maintenance procedures if the N.C. Department of Health

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

DHHS 4080 (04/20)

IREDELL COUNTY 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

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
ATR	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

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

The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
were performed	the 23 day of May 2025 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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
ATR BLK	.00	9:28am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

Preventive Maintenance Status: Pass

Pass

9:31am

CAL

Analyst

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

(2) Verify instrument displays time and date (3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, colled (7) When "PLEASE BLOW" appears, colled (8) Print test record; (9) Run diagnostic program and confirm proceedings of the confirmation of the confirmation is being changed of whichever occurs first.	every four months are:
(3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, colle (7) When "PLEASE BLOW" appears, colle (8) Print test record; (9) Run diagnostic program and confirm pr (10) Verify that the ethanol gas canister is simulator solution is being changed e whichever occurs first. I certify that on the 33 day of Moy were performed on the instrument indicated above, in account in the strument indicated above.	at least 51 pounds per square inch (psi) of pressure, or the alcoholic degrees, plus or minus .2 degree centigrade;
(4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, colle (7) When "PLEASE BLOW" appears, colle (8) Print test record; (9) Run diagnostic program and confirm pr (10) Verify that the ethanol gas canister is simulator solution is being changed e whichever occurs first. I certify that on the 33 day of Moy were performed on the instrument indicated above, in accounts the strument indicated above.	s.
(5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, colle (7) When "PLEASE BLOW" appears, colle (8) Print test record; (9) Run diagnostic program and confirm pr (10) Verify that the ethanol gas canister is simulator solution is being changed e whichever occurs first. I certify that on the 33 day of Moy were performed on the instrument indicated above, in accounts the second seco	
(6) When "PLEASE BLOW" appears, colled (7) When "PLEASE BLOW" appears, colled (8) Print test record; (9) Run diagnostic program and confirm print (10) Verify that the ethanol gas canister is simulator solution is being changed ewhichever occurs first. I certify that on the 33 day of were performed on the instrument indicated above, in accounts.	
(7) When "PLEASE BLOW" appears, colle (8) Print test record; (9) Run diagnostic program and confirm pr (10) Verify that the ethanol gas canister is simulator solution is being changed e whichever occurs first. I certify that on the 33 day of May were performed on the instrument indicated above, in accounts.	
(8) Print test record; (9) Run diagnostic program and confirm print (10) Verify that the ethanol gas canister is simulator solution is being changed e whichever occurs first. I certify that on the 33 day of May were performed on the instrument indicated above, in account (10) and (10) are the confirmation of the instrument indicated above, in account (10) are the confirmation (ct breath sample;
(9) Run diagnostic program and confirm process. (10) Verify that the ethanol gas canister is simulator solution is being changed e whichever occurs first. I certify that on the 33 day of 44 were performed on the instrument indicated above, in accounts.	ct breath sample;
(10) Verify that the ethanol gas canister is simulator solution is being changed e whichever occurs first. I certify that on the 33 day of May were performed on the instrument indicated above, in account.	
simulator solution is being changed e whichever occurs first. I certify that on the 33 day of May were performed on the instrument indicated above, in according to the second s	eventive maintenance status of "Pass"; and
were performed on the instrument indicated above, in acc	s being changed before expiration date, or the alcoholic breath very four months or after 125 Alcoholic Breath Simulator tests,
N/	, 2025 the forgoing preventive maintenance procedures ordance with current regulations of the N.C. Department of Health perly.

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

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)

e preventive ial number l	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced wit 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholi breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
e performed	the 30 day of

Certificate Number

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

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

10:40pm

10:40pm

Preventive Maintenance Status: Pass

Pass

Pass

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DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

(2) (3) (4) (5) (6) (7) (8) (9)	Terify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic reath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; Terify instrument displays time and date; Initiate breath test sequence; Inter information as prompted; Terify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample;
(3) (4) (5) (6) (7) (8) (9)	inter information as prompted; Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample;
(4) (5) (6) (7) (8) (9)	inter information as prompted; 'erify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample;
(5) (6) (7) (8) (9)	/erify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample;
(6) (7) (8) (9)	When "PLEASE BLOW" appears, collect breath sample;
(7) (8) (9)	
(8) (9)	
(9) (10)	When "PLEASE BLOW" appears, collect breath sample;
(10)	rint test record;
	tun diagnostic program and confirm preventive maintenance status of "Pass"; and
3.1	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath imulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed on	30 day of Noy , 20 25 the forgoing preventive maintenance procedures the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and the instrument is functioning properly.
	1 mets Brill 307699

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

Analy

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 FLO	Pass Pass	10:33pm 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

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

County_JC	hnston	Instrument Location	BAT MOL	ile unit 13 00
Instrument Serie	al No. 008939	-	Selma t	<i>o</i> _D
	maintenance procedures for 0,000 or higher) to be follow			el Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas ca breath simulator thermon	nister displays at least 51 neter shows 34 degrees, pl	pounds per square inch lus or minus .2 degree co	(psi) of pressure, or the alcoholic entigrade;
(2)	Verify instrument display	ys time and date;		
(3)	Initiate breath test sequen	nce;		
(4)	Enter information as pro	mpted;		
(5)	Verify instrument accura	icy;		
(6)	When "PLEASE BLOW" appears, collect breath sample;			
(7)	When "PLEASE BLOW	appears, collect breath s	ample;	
(8)	Print test record;			
(9)	Run diagnostic program	and confirm preventive n	naintenance status of "Pr	ass"; and
(10)	Verify that the ethanol simulator solution is be whichever occurs first.	gas canister is being c eing changed every four	hanged before expirati months or after 125 /	on date, or the alcoholic breath Alcoholic Breath Simulator tests.
were performed	vices, and the instrument is	d allove, in accordance w functioning properly.	vith current regulations	eventive maintenance procedure of the N.C. Department of Health
	1 Im	of B was		307699
		Signature of Certifying		Certificate Number

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

B water

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 FC	Pass Pass	10:08pm 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)

(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date;
	Verify instrument displays time and date;
	6.5 PM # 1000 PM PM PM 100 PM
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
(10) I certify that on were performed	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.

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

Signature of Continue

Certificate Number

LEE COUNTY DETENTION CENTER 520

Serial Number: 008645 Test Date: 05/29/2025

Citation Number: M0000000-0
Subject's Name:
FREVENTIVE, MAINTENANCE
Subject'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 Fermit 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		11:16am

Signature of Chemical analyst

Court CVR

Analyse

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



DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

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

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

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

.00 g/210L

Analyst

Court CVR

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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
ATR	Pass	12:20pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:20pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:20pm

12:20pm

Preventive Maintenance Status: Pass

Pass

CAL

Analysi

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

Instrument Seri	al No. 008888		on, NC
	maintenance procedures for the Intoximeters 0,000 or higher) to be followed at least once		del Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays a breath simulator thermometer shows 34 d		
(2)	Verify instrument displays time and date;		
(3)	Initiate breath test sequence;		
(4)	Enter information as prompted;		
(5)	Verify instrument accuracy;		
(6)	When "PLEASE BLOW" appears, collec-	t breath sample;	
(7)	When "PLEASE BLOW" appears, collec-	t breath sample;	
(8)	Print test record;		
(9)	Run diagnostic program and confirm pre-	entive maintenance status of "P	'ass", and
(10)	Verify that the ethanol gas canister is simulator solution is being changed ev- whichever occurs first.	being changed before expiratery four months or after 125	ion date, or the alcoholic breath Alcoholic Breath Simulator tests.
were performed	the 29 day of ay on the instrument indicated above, in/accovices, and the instrument is functioning prop	rdance with current regulations	reventive maintenance procedures of the N.C. Department of Health
	Signature of C	Certifying Official	2 4 4 9 8 7 Certificate Number

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

DHHS 4080 (04/20)

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/210Ly

Signature of Chemical Analyst

Court CVR

Analyst

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

Status	Time
Pass	11:29am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
ATR	Pass	11:29am

Printer Tests

Test	Status	Time
PRNT	Pass	11:30am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:30am

Preventive Maintenance Status: Pass

Pass

11:30am

CAL

Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

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

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

MECKLENBURG COUNTY BAT MOBILE UNIT 8 590

Serial Number: 008615 Test Date: 05/22/2025

Test Record Number: 6086 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

		22110
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)

The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholi- breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
were performed	the 23 day of

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

Certificate Number

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
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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

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

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MECKLENBURG COUNTY BAT MOBILE 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

rest	Status	Time
PRNT	Pass	8:33pm
	CRC Tests	
Test	Status	Time
COMP	Pass	8:33pm

8:33pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst Mersey

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
vere performed	the 22 day of

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 q/210L Time

	J	
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
ATR BLK	.00	9:25pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

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)

The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
were performed	the 23 day of

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
ATR BLK	.00	8:26pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

MECKLENBURG COUNTY BAT MOBILE UNIT 8 590

Serial Number: 008736 Test Date: 05/23/2025

Test Record Number: 1439

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

Status	Time
Pass	8:28pm
CRC Tests	
Status	Time
	Pass CRC Tests

COMP Pass 8:29pm CAL Pass 8:29pm

Preventive Maintenance Status: Pass

Source Herrica

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
were performed	the 22 day of May, 2025 the forgoing preventive maintenance procedure on the instrument indicated above in accordance with current regulations of the N.C. Department of Healt vices, and the instrument is functioning properly.

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: 11/11/19

Subject'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
ATR BLK	.00	9:25pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

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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

Jew D. Klessen

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the 23 day of May, 2025the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.

Certificate Number

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

Court CVR

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

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MECKLENBURG COUNTY BAT MOBILE 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

Preventive Maintenance Status: Pass

Pass

8:27pm

Analyst

CAL

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

The preventive serial number I	maintenance procedures for the Intoximeters, Model Intox EC/IR II 10,000 or higher) to be followed at least once every four months are:	and Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per squ breath simulator thermometer shows 34 degrees, plus or minus .2	
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance state	us of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before simulator solution is being changed every four months or after whichever occurs first.	expiration date, or the alcoholic breath or 125 Alcoholic Breath Simulator tests,
were performed	the day of	oing preventive maintenance procedures alations of the N.C. Department of Health
A . W. T		2266313

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

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
ATR	Pass	6:11pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:11pm
	CRC Tests	
Test	Status	Time

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

Preventive Maintenance Status: Pass

Analyst

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

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhance serial number 10,000 or higher) to be followed at least once every four months are: (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the albreath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; (2) Verify instrument displays time and date; (3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic passets is being changed before expiration date, or the alcoholic passets is being changed before expiration date, or the alcoholic passets is being changed before expiration date, or the alcoholic passets is being changed before expiration date, or the alcoholic passets is being changed before expiration date, or the alcoholic passets is being changed before expiration date, or the alcoholic passets is being changed before expiration date.	
breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; (2) Verify instrument displays time and date; (3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic	alcoholic
(3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic	
(4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic	
(5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic	
(6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic	
(7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic	
(8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic	
(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic	
(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic	
(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic	
simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.	c breath or tests,
I certify that on the 17th day of May, 20 25 the forgoing preventive maintenance prowere performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of	ocedures of Health
and Human Services, and the instrument is functioning properly.	

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

Signat of Chemical Analyst

Court CVR

Analyst

NASH COUNTY BAT MOBILE UNIT 12 630

Serial Number: 008601 Test Date: 05/17/2025 Test Record Number: 1750

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

AIR I	Pass	9:55pm

Test	Status	Time
PRNT	Pass	9:55pm
	CRC Tests	
Test	Status	Time
COMP	Pass	9:55pm

Preventive Maintenance Status: Pass

Analyst

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

	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
vere performed	the day of
	7.1.4

NASH COUNTY BAT MOBILE UNIT 12 630

Serial Number: 008698 Test Date: 05/16/2025

Citation Number: M0000000-0 Subject's Name:

FREVENTIVE, MAINTENANCE

Subject'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

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

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 1
Instrument Se	rial No. 00 8698	i A	Rocky	Mount	PD
The preventive serial number	e maintenance procedures for th 10,000 or higher) to be followed	e Intoximeters, Model In d at least once every four	tox EC/IR II and months are:	Model Intox EC/I	R II (Enhanced with
(1)	Verify the ethanol gas cani breath simulator thermome				sure, or the alcoholi
(2)	Verify instrument displays	time and date;			
(3)	Initiate breath test sequence	e;			
(4)	Enter information as promp	oted;			
(5)	Verify instrument accuracy	•			
(6)	When "PLEASE BLOW"	ppears, collect breath sar	mple;		
(7)	When "PLEASE BLOW" a	appears, collect breath sar	mple;		
(8)	Print test record;				
(9)	Run diagnostic program an	d confirm preventive mai	ntenance status o	f "Pass"; and	
(10)	Verify that the ethanol go simulator solution is being whichever occurs first.	as canister is being cha g changed every four m	inged before exp nonths or after 1	piration date, or t 25 Alcoholic Bre	he alcoholic breatl ath Simulator tests
certify that or were performe and Human Se	the 17th day of	beve, in accordance with	the forgoing current regulati	g preventive main	ntenance procedure repartment of Healt
STATE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN					
	78	0 /_			
E COMME					1266313
BASSAGE		Signature of Certifying O	fficial	Certifi	cate Number

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 q/210L

Signatur of Chemical Analyst

Court CVR

Analyst

NASH COUNTY BAT MOBILE UNIT 12 630

Serial Number: 008698 Test Test Date: 05/17/2025 Test

Test Record Number: 2582 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

Preventive Maintenance Status: Pass

Pass

9:37pm

CAL

Analyst

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

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

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

Signatur of Chemical Analyst

Court CVR

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

Analyst

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

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	Un: +12
Instrument Ser	ial No. 00 8788		Rocty	Mount	PO
The preventive serial number	e maintenance procedures for the 10,000 or higher) to be followed	Intoximeters, Model In at least once every four	tox EC/IR II and months are:	Model Intox EC/II	R II (Enhanced with
(1)	Verify the ethanol gas canis breath simulator thermometer	ter displays at least 51 p er shows 34 degrees, plu	ounds per square is or minus .2 deg	inch (psi) of press gree centigrade;	ure, or the alcoholic
(2)	Verify instrument displays to	ime and date;			
(3)	Initiate breath test sequence;				
(4)	Enter information as prompt	ed;			
(5)	Verify instrument accuracy;				
(6)	When "PLEASE BLOW" ag	pears, collect breath sar	nple;		
(7)	When "PLEASE BLOW" ap	pears, collect breath sar	nple;		
(8)	Print test record;				
(9)	Run diagnostic program and	confirm preventive mai	intenance status o	of "Pass"; and	
(10)	Verify that the ethanol gas simulator solution is being whichever occurs first.	s canister is being cha changed every four m	inged before ex- nonths or after l	piration date, or to 25 Alcoholic Bre	he alcoholic breath ath Simulator tests,
	the 17 th day ofd on the instrument indicated abovices, and the instrument is fund	ove, in accordance with	25 the forgoin h current regulat	g preventive main ions of the N.C. D	stenance procedures
Sam in		gnature of Certifying C		dd(cate Number

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

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

Analyst

NASH COUNTY BAT MOBILE UNIT 12 630

Serial Number: 008788 Test Date: 05/17/2025

Test Record Number: 2384

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

Test	Status	Time
AIR	Pass	9:38pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:38pm
	CRC Tests	
Test	Status	Time
COMP	Pass	9:38pm
CAL	Pass	9:38pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	New	Hanover	Instrument I	Location [SAT	Mobile	_ Un:+ 12
Instrument	Serial No.	008601	New	Hanover	Ca	ndy S	· O
The prever		nance procedures for th	e Intoximeters, Mo	del Intox EC/II	R II to b	e followed at	least once every
1.		fy the ethanol gas canis legrees, plus or minus .2			olic brea	th simulator t	hermometer shows
2.	Veri	ify instrument displays t	ime and date;				
3.	Initi	ate breath test sequence;					
4.	Ente	er information as prompt	ted;				
5.	Veri	ify instrument accuracy;					
6.	Who	en "PLEASE BLOW" a	ppears, collect brea	th sample;			
7.	Who	en "PLEASE BLOW" a	ppears, collect brea	th sample;			
8.	Prin	t test record;					
9.	Veri	fy Diagnostic Program;	and				
10.	simu	fy that the ethanol gas culator solution is being cohever occurs first.					
procedures	at on the were perfo t of Health	and Human Services, an	indicated above, in	accordance wi	th curre	rgoing preven nt regulations	of the N.C.
			TRADUS of Certific	ina Official		_32	cate Number

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

NEW HANOVER COUNTY BAT MOBILE UNIT 12 640

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

Test Record Number: 1762 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
ATR	Pass	9:32pm

Printer Tests

Status	Time
Pass	9:32pm
	Pass

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_\(\int\)	ew Hanover	Instrument Location_	BAT	Mobile hait 1
Instrument Se	erial No	New Hanou	er Count	ly so
The preventive four months a	re maintenance procedures for the	ne Intoximeters, Model Intox	EC/IR II to be fo	ollowed at least once every
1.	Verify the ethanol gas cani	ster displays pressure, or the 2 degree centigrade;	alcoholic breath s	simulator thermometer show
2.	Verify instrument displays	time and date;		
3.	Initiate breath test sequence	9		
4.	Enter information as promp	eted;		
5.	Verify instrument accuracy	;		
6.	When "PLEASE BLOW"	appears, collect breath sample	e;	
7.	When "PLEASE BLOW"	appears, collect breath sample	e;	
8.	Print test record;			
9.	Verify Diagnostic Program	; and		
10.	Verify that the ethanol gas simulator solution is being whichever occurs first.	canister is being changed bef changed every four months o	ore expiration dat or after 125 Alcoh	te, or the alcoholic breath olic Breath Simulator tests,
	on the 245 day of the ere performed on the instrument of Health and Human Services, a	indicated above, in accordan	nce with current re	ing preventive maintenance egulations of the N.C.
STATE		Signature of Certifying Offic	ial	226C313 Certificate Number

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

Signature of Chemical Analyst

Court CVR

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

Analyst

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 FLO	Pass Pass	9:28pm 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	
ATP	Dage	9 - 29 mm	

Printer Tests

Test	Status	Time
PRNT	Pass	9:29pm
	CRC Tests	

at-to-

mima

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	ادس	Hanover	Instrumer	nt Location [JAT 1	nobile	c land 1
Instrument S	erial No.	∞ 8788	New	Henover	Cou	aty	Su
The prevention four months		nance procedures for the	Intoximeters, N	Model Intox EC/I	R II to be fo	ollowed at	least once every
1.	Veri 34 d	fy the ethanol gas canist egrees, plus or minus .2	er displays press degree centigrad	sure, or the alcoh de;	olic breath	simulator	thermometer show:
2.	Veri	fy instrument displays ti	me and date;				
3.	Initi	ate breath test sequence;					
4.	Ente	r information as prompt	ed;				
5.	Veri	ify instrument accuracy;					
6.	Who	en "PLEASE BLOW" ap	pears, collect b	reath sample;			
7.	Who	en "PLEASE BLOW" as	ppears, collect b	reath sample;			
8.	Prin	t test record;					
9.	Veri	fy Diagnostic Program;	and				
10.	simu	ify that the ethanol gas ca ulator solution is being cl chever occurs first.	anister is being o hanged every fo	changed before en ur months or afte	xpiration da r 125 Alcol	ite, or the a	alcoholic breath th Simulator tests,
I certify that procedures w Department of	on the vere perfo of Health	day of hormed on the instrument in and Human Services, an	ndicated above, d the instrument	, 20_2 S in accordance w t is functioning p	the forgoith current in	oing preve regulation	ntive maintenance s of the N.C.
		€					
The same of the sa		0	gnature of Certi	fying Official		Certif	Icate Number

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

g/210L	Time
Pass	9:21pm
.00	9:22pm
.07	9:23pm
.00	9:23pm
.00	9:24pm
.00	9:25pm
.00	9:27pm
.00	9:27pm
	Pass .00 .07 .00 .00

Reported AC: 490 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

Preventive Maintenance Status: Pass

Pass

CAL

9:29pm

Analyst

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

County	DUSLOW	Instrument Location	ONS	LOW C	γνωση
Instrument Ser	ial No. 008578		SNEADS	FERRY	SUBSTATION
	maintenance procedures for the 10,000 or higher) to be followed			and Model Into	ox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canis breath simulator thermomet				
(2)	Verify instrument displays	time and date;			
(3)	Initiate breath test sequence	4			
(4)	Enter information as promp	ted;			
(5)	Verify instrument accuracy	i.			
(6)	When "PLEASE BLOW" a	ppears, collect breath sa	imple;		
(7)	When "PLEASE BLOW" a	ppears, collect breath sa	imple;		
(8)	Print test record;				
(9)	Run diagnostic program and	d confirm preventive m	aintenance star	tus of "Pass"; a	nd
(10)	Verify that the ethanol gas simulator solution is being whichever occurs first.				
	the 8+4 day of	bove, in accordance wi	the forg	going preventivulations of the	re maintenance procedure N.C. Department of Health
Maria Contraction of the Contrac	1	17 2		— .	824950
Name of Street, or other Designation of the least of the		signature of Certifying	Official		Certificate Number

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

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

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	OnSlow	Instrument Location_	BAT	Mobile	Unit 1
Instrument	Serial No 860		nville	. PD	
The preven	tive maintenance procedures for t s are:	he Intoximeters, Model Intox	EC/IR II to	be followed at le	ast once every
1.	Verify the ethanol gas can 34 degrees, plus or minus	ster displays pressure, or the a 2 degree centigrade;	alcoholic bre	ath simulator the	ermometer show
2.	Verify instrument displays	time and date;			
3.	Initiate breath test sequence	e;			
4.	Enter information as prom	pted;			
5.	Verify instrument accuracy	r.			
6.	When "PLEASE BLOW"	appears, collect breath sample	0)		
7.	When "PLEASE BLOW"	appears, collect breath sample	B;		
8.	Print test record;				
9.	Verify Diagnostic Program	n; and			
10.	Verify that the ethanol gas simulator solution is being whichever occurs first.	canister is being changed before changed every four months of	ore expiratio r after 125 A	n date, or the ald licoholic Breath	coholic breath Simulator tests,
procedures	at on the 30 day of were performed on the instrument of Health and Human Services,	t indicated above, in accordan	ice with curr	ent regulations	tive maintenance of the N.C.
		Signature of Certifying Office	ial		ate Number

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

ONSLOW COUNTY BAT MOBILE UNIT 12 660

Serial Number: 008601 Test Date: 05/30/2025

Test Record Number: 1766 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
ATD	Dace	1 · 37pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:37pm
	CRC Tests	

rest	Status	TIME
COMP	Pass	1:37pm
CAL	Pass	1:37pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Onslow	Instrument Location_	BAT	Mobile	unt 1
Instrument S	erial No. <u>00 8601</u>	Swansl	070	PD	
The preventi-	ve maintenance procedures for the are:	Intoximeters, Model Intox E	EC/IR II to be	e followed at lea	st once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 d	r displays pressure, or the al egree centigrade;	coholic brea	th simulator ther	mometer shows
2.	Verify instrument displays tim	ne and date;			
3.	Initiate breath test sequence;				
4.	Enter information as prompted	1;			
5.	Verify instrument accuracy;				
6.	When "PLEASE BLOW" app	pears, collect breath sample;	i		
7.	When "PLEASE BLOW" app	pears, collect breath sample;			
8.	Print test record;				
9.	Verify Diagnostic Program; as	nd			
10.	Verify that the ethanol gas car simulator solution is being che whichever occurs first.	nister is being changed befor anged every four months or	re expiration after 125 Al	date, or the alco coholic Breath S	holic breath imulator tests,
procedures w	on the 315 day of day o	dicated above, in accordance	e with curre	rgoing preventivent regulations of	re maintenance the N.C.
STATE		nature of Certifying Officia		ر Certificat	(6313 e Number

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 Chemical Analyst

Court CVR

Analyst

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

10:44pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Ons	ow	Instrument Location_	BAT	Mobile	Ln:+ 1
Instrument S	erial No	०० ४८१४		nuille	PD	
The preventi		ance procedures for t	he Intoximeters, Model Intox	EC/IR II to be	e followed at least	once every
1.			ister displays pressure, or the a 2 degree centigrade;	lcoholic brea	th simulator thern	nometer shows
2.	Verify	instrument displays	time and date;			
3.	Initiat	e breath test sequenc	e;			
4.	Enter	information as prom	pted;			
5.	Verify	instrument accuracy	r;			
6.	When	"PLEASE BLOW"	appears, collect breath sample	;		
7.	When	"PLEASE BLOW"	appears, collect breath sample			
8.	Print t	est record;				
9.	Verify	Diagnostic Program	; and			
10.	simula		canister is being changed before changed every four months or			
	ere perforn		t indicated above, in accordant	ce with curren	rgoing preventive nt regulations of the	
STATE OF THE PARTY			Signature of Certifying Officia		2260 Certificate	-313 Number

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

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

Analyst

ONSLOW COUNTY BAT MOBILE 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

1:39pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Onslo	ω <u></u>	Instrume	ent Location_	BAT	Nobile	hait 12
Instrument	Serial No	008699	<u> </u>	إدممدا	2000	PD	
The prever		ance procedures for	the Intoximeters,	Model Intox E	C/IR II to b	e followed at lea	st once every
I.		the ethanol gas ca grees, plus or minus			coholic brea	th simulator ther	mometer shows
2.	Verify	instrument display	s time and date;				
3.	Initiat	e breath test sequen	ce;				
4.	Enter	information as pror	npted;				
5.	Verify	instrument accura	ey;				
6.	When	"PLEASE BLOW	appears, collect	breath sample;			
7.	When	"PLEASE BLOW"	appears, collect	breath sample;			
8.	Print t	est record;					
9.	Verify	Diagnostic Progra	m; and				
10.	simula	that the ethanol ga stor solution is bein ever occurs first.					
procedures		315+ day of	nt indicated above	e, in accordance	e with curre	rgoing preventiv nt regulations of	
			SignaturerCer	rtifying Officia	_		4 313 e Number

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 Chemical Analyst

Court CVR

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

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	On Slow	Instrument Location	BAT	Mobile	Unit.
Instrument So	erial No. <u>OO 8788</u>	_ Jackson	زالد	P)	
The prevention four months a	ve maintenance procedures for t are:	he Intoximeters, Model Intox I	EC/IR II to	be followed at leas	st once every
12	Verify the ethanol gas cani 34 degrees, plus or minus .	ster displays pressure, or the al 2 degree centigrade;	lcoholic bre	ath simulator ther	mometer shows
2.	Verify instrument displays	time and date;			
3.	Initiate breath test sequence	e;			
4.	Enter information as prom	oted;			
5.	Verify instrument accuracy	5			
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.		canister is being changed before changed every four months or			
	on the 304 day of ere performed on the instrument Health and Human Services, a		ce with curr	ent regulations of	e maintenance the N.C.
		Mature of Certifying Officia	1		315

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
ATR BLK	.00	1:42pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

Analyst

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

Pass

Pass

1:44pm

1:44pm

Preventive Maintenance Status: Pass

COMP

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County(On Slow Instrument Location BAT Mobile Last 1		
Instrument S	Serial No. 00 8788 Swansboro PD		
The preventi four months	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6,	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
procedures v	on the 312 day of 100 day of the N.C. of Health and Human Services, and the instrument is functioning properly.		
for (said)	Segmenture of Certifying Official Certificate Number		

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

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

Analyst

ONSLOW COUNTY BAT MOBILE UNIT 12 660

Serial Number: 008788 Test Date: 05/31/2025 Test Record Number: 2410 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

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

Instrument Seria	Il No. 008829	Swansbor	o PD
	maintenance procedures for the Intoximeters, Mode 0,000 or higher) to be followed at least once every for		Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 5 breath simulator thermometer shows 34 degrees,		
(2)	Verify instrument displays time and date;		
(3)	Initiate breath test sequence;		
(4)	Enter information as prompted;		
(5)	Verify instrument accuracy;		
(6)	When "PLEASE BLOW" appears, collect breati	n sample;	
(7)	When "PLEASE BLOW" appears, collect breat	n sample;	
(8)	Print test record;		
(9)	Run diagnostic program and confirm preventive	maintenance status of "Pa	ss"; and
(10)	Verify that the ethanol gas canister is being simulator solution is being changed every fo whichever occurs first.		
were performed	the 31 day of May on the instrument indicated above, in accordance vices, and the instrument is functioning properly.	20 25 the forgoing pre with current regulations of	eventive maintenance procedure of the N.C. Department of Healt
To any	Tout But		307699

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

1 mels 3 wett

ONSLOW COUNTY BAT MOBILE UNIT 13 660

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

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

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

	Instrument Location SWA	DEPT
	maintenance procedures for the Intoximeters, Model Intox EC/IR II an 0,000 or higher) to be followed at least once every four months are:	nd Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square breath simulator thermometer shows 34 degrees, plus or minus .2 de	
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status	of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before estimulator solution is being changed every four months or after whichever occurs first.	
I certify that on were performed and Human Ser	the 6 k day of MAY .2025 the forgoing on the instrument indicated above, in accordance with current regular vices, and the instrument is functioning properly.	
The same of	THE	282 4950
	Signature of Certifying Official	Certificate Number

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

Chemical Analyst Signature

Court CVR

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

Analyst

ONSLOW COUNTY 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

12:13pm

12:13pm

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

Analyst

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

	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performer	the 31 day of Nay , 20 25 the forgoing preventive maintenance procedures on the instrument indicated bove, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
Comment of the Commen	1 mit Buther 307699
	Signature of Certifying Official Certificate Number

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

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 FLO	Pass Pass	10:29pm
FC	Pass	10:29pm 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

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

County O	NSLOW	Instrument Location_	CAMP	LEJEUNE
Instrument Seri	NSLOW al No. 00 8920		PM	0
	maintenance procedures for t 0,000 or higher) to be follow			Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas car breath simulator thermom	nister displays at least 51 p leter shows 34 degrees, plu	oounds per square i is or minus .2 degr	nch (psi) of pressure, or the alcoholic ee centigrade;
(2)	Verify instrument display	s time and date;		
(3)	Initiate breath test sequen	ce;		
(4)	Enter information as pron	npted;		
(5)	Verify instrument accuracy	ey;		
(6)	When "PLEASE BLOW"	appears, collect breath sar	mple;	
(7)	When "PLEASE BLOW"	appears, collect breath sar	mple;	
(8)	Print test record;			
(9)	Run diagnostic program a	and confirm preventive ma	intenance status of	"Pass"; and
(10)	Verify that the ethanol simulator solution is bei whichever occurs first.	gas canister is being changed every four n	anged before expi nonths or after 12	ration date, or the alcoholic breath 5 Alcoholic Breath Simulator tests.
I certify that on were performed and Human Ser	the day of day of the instrument indicated	above, in accordance wit	25 the forgoing h current regulation	preventive maintenance procedures ns of the N.C. Department of Health
STATE OF THE PARTY				
	1.0	tial		282 4950 Certificate Number

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

ONSLOW COUNTY CAMP LEJEUNE PMO 660

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

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

Pass Preventive Maintenance Status: Pass

Pass

2:09pm 2:09pm

COMP

CAL

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

County 0	NSLOW	Instrument Location_	MCAS	
Instrument Seri	al No. 008922	-	NEW RIVER	PMO
The preventive serial number 1	maintenance procedures for the 0,000 or higher) to be followed	e Intoximeters, Model In at least once every four	tox EC/IR II and Model Intox E months are:	C/IR II (Enhanced with
(1)			ounds per square inch (psi) of pr is or minus .2 degree centigrade;	
(2)	Verify instrument displays	time and date;		
(3)	Initiate breath test sequence	5		
(4)	Enter information as promp	ted;		
(5)	Verify instrument accuracy			
(6)	When "PLEASE BLOW" a	ppears, collect breath sar	mple;	
(7)	When "PLEASE BLOW" a	ppears, collect breath sar	mple;	
(8)	Print test record;			
(9)	Run diagnostic program and	d confirm preventive ma	intenance status of "Pass"; and	
(10)	Verify that the ethanol gas simulator solution is being whichever occurs first.	as canister is being cha changed every four n	anged before expiration date, on nonths or after 125 Alcoholic	or the alcoholic breath Breath Simulator tests
	the 6+4 day of Mel on the instrument indicated all vices, and the instrument is fun	bove, in accordance wit	the forgoing preventive n current regulations of the N.C	. Department of Healti
Go am for	10	Signature of Certifying C		82 1950 tificate Number

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

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	100	Pass -	4:50pm
DET	4	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

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

County_ O	NSLOW	Instrument Location_	JACKS	SPUILLE
Instrument Serial	No. 008930	-	POLICE	DEPT
	naintenance procedures for t ,000 or higher) to be follow			del Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas car breath simulator thermom			h (psi) of pressure, or the alcoholicentigrade;
(2)	Verify instrument display	s time and date;		
(3)	Initiate breath test sequen	ce;		
(4)	Enter information as pron	pted;		
(5)	Verify instrument accurac	y;		
(6)	When "PLEASE BLOW"	appears, collect breath sar	mple;	
(7)	When "PLEASE BLOW"	appears, collect breath sar	nple;	
(8)	Print test record;			
(9)	Run diagnostic program a	nd confirm preventive ma	intenance status of "P	ass"; and
(10)				ion date, or the alcoholic breath Alcoholic Breath Simulator tests
		above, in accordance with	the forgoing procurrent regulations	eventive maintenance procedures of the N.C. Department of Health
	10	E		282 4950
		Signature of Certifying ()	fficial	Cartificate Number

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

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

Pass

3:47pm

Preventive Maintenance Status: Pass

CAL

Analyst

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

County O	15ともい	Instrument Location_	DNSLOW	COUNTY
Instrument Serial	No008931		DETENTION	CENTER
The preventive m serial number 10,0	aintenance procedures for the	ne Intoximeters, Model In d at least once every four	ntox EC/IR II and Model In months are:	ntox EC/IR II (Enhanced with
(1)	Verify the ethanol gas can breath simulator thermome	ister displays at least 51 p eter shows 34 degrees, plu	ounds per square inch (ps is or minus .2 degree centi) of pressure, or the alcoholic grade;
(2)	Verify instrument displays	time and date;		
(3)	Initiate breath test sequence	e;		
(4)	Enter information as prom	pted;		
(5)	Verify instrument accuracy	y;		
(6)	When "PLEASE BLOW"	appears, collect breath sar	mple;	
(7)	When "PLEASE BLOW"	appears, collect breath sar	mple;	
(8)	Print test record;			
(9)	Run diagnostic program as	nd confirm preventive ma	intenance status of "Pass";	and
(10)	Verify that the ethanol g simulator solution is being whichever occurs first.	gas canister is being changed every four n	anged before expiration on nonths or after 125 Alco	date, or the alcoholic breat holic Breath Simulator tests
I certify that on the were performed of and Human Services	the 6th day of MA outhe instrument indicated ces, and the instrument is fu	above, in accordance wit	25 the forgoing preven h current regulations of th	tive maintenance procedure ne N.C. Department of Healt
(a	1 de			2824950
		Signature of Certifying (Official	Certificate Number

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 AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00 .00	2:54pm 2:55pm 2:56pm 2:57pm 2:58pm 2:58pm
SUB TEST		mq00: 8
ATR BLK	.00	3:01pm

Reported AC: .00 g/210L

signature of Chemical Analyst

Court CVR

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

Analyst

ONSLOW COUNTY DETENTION CENTER 660

Serial Number: 008931 Test Record Number: 5254
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 SRC DET BAR BT	Pass Pass Pass Pass Pass	3:02pm 3:02pm 3:02pm 3:02pm
	rass	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

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

County ON	SLOW	Instrument Location	ONSLOW	COUNTY
Instrument Seria	No. 008932		ONSLOW DETENTION	CENTER
The preventive serial number 1	maintenance procedures for 0,000 or higher) to be follow	the Intoximeters, Model Intended at least once every four r	ox EC/IR II and Model months are:	Intox EC/IR II (Enhanced with
(1)		nister displays at least 51 po neter shows 34 degrees, plus		osi) of pressure, or the alcoholic stigrade;
(2)	Verify instrument display	s time and date;		
(3)	Initiate breath test sequer	ice;		
(4)	Enter information as pror	npted;		
(5)	Verify instrument accura	cy;		
(6)	When "PLEASE BLOW"	appears, collect breath sam	nple;	
(7)	When "PLEASE BLOW"	appears, collect breath sam	nple;	
(8)	Print test record;			
(9)	Run diagnostic program	and confirm preventive mai	ntenance status of "Pass	s"; and
(10)				date, or the alcoholic breath
were performed	the 6+4 day of M d on the instrument indicated vices, and the instrument is	above, in accordance with	the forgoing previous of	entive maintenance procedure the N.C. Department of Healti
	Tu	P (1)		2824950

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 ACy 700 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

Preventive Maintenance Status: Pass

Pass

CAL

3:05pm

Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

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

The preventive	maintenance procedures for t	he Intoximeters, Model In	ntox EC/IR II and Mode	I Intox EC/IR II (Enhanced with
serial number 1	0,000 or higher) to be followed			
(1)	Verify the ethanol gas can breath simulator thermom	nister displays at least 51 peter shows 34 degrees, pl	pounds per square inch (us or minus .2 degree cer	psi) of pressure, or the alcoholic ntigrade;
(2)	Verify instrument displays	s time and date;		
(3)	Initiate breath test sequen	ce;		
(4)	Enter information as prom	npted;		
(5)	Verify instrument accurac	y;		
(6)	When "PLEASE BLOW"	appears, collect breath sa	mple;	
(7)	When "PLEASE BLOW"	appears, collect breath sa	mple;	
(8)	Print test record;			
(9)	Run diagnostic program a	nd confirm preventive ma	intenance status of "Pas	s"; and
(10)				n date, or the alcoholic breath coholic Breath Simulator tests,
were performed	the 31 day of 70 day of 10	allove, in accordance wi		rentive maintenance procedures f the N.C. Department of Health
Com and	9 10	not But		307699
		Signature of Certifying	Official	Certificate Number

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

1010-

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

1 moty Butter

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

0

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

		12 114 11	70 WEST
Instrument Seri	al No. <u>00 8799</u>	1200 US 4wy	10 West
		Hillsborough	NC
	maintenance procedures for the Intoximeters, M. 0,000 or higher) to be followed at least once ever		l Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at lea breath simulator thermometer shows 34 degree		
(2)	Verify instrument displays time and date;		
(3)	Initiate breath test sequence;		
(4)	Enter information as prompted;		
(5)	Verify instrument accuracy;		
(6)	When "PLEASE BLOW" appears, collect breath sample;		
(7)	When "PLEASE BLOW" appears, collect breath sample;		
(8)	Print test record;		
(9)	Run diagnostic program and confirm prevent	ive maintenance status of "Pas	s"; and
(10)	Verify that the ethanol gas canister is be simulator solution is being changed every whichever occurs first.		
were performe	the day of MAy I on the instrument indicated above, in accordar vices, and the instrument is functioning properly	nce with current regulations of	ventive maintenance procedures f the N.C. Department of Health
	Somm Aldre	Banus	146221



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
ATR BLK	0.0	2:57pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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	
ATD	Dace	2 - 58nm	
ATD	L2 15 (20 (20)	7 * * SET-100	

Printer Tests

Test	Status	Time
DDM		2.50
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 OR	
Instrument Ser	1200 US Huy 70 WEST HILLSbrough, NC
The preventive serial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced wi 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcohol breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.
were performed	the
The same of the sa	Simm Ades Exercs 146221
	Signature of Certifying Official Certificate Number

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

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

Rev. 12/2007

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
ATR	Dace	2 · 57mm

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)

serial number 10	maintenance procedures for the Intoximeters, Model Intox EC/IR II 0,000 or higher) to be followed at least once every four months are:	
(1)	Verify the ethanol gas canister displays at least 51 pounds per sq breath simulator thermometer shows 34 degrees, plus or minus .2	
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance sta	tus of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before simulator solution is being changed every four months or aft whichever occurs first.	expiration date, or the alcoholic breath ter 125 Alcoholic Breath Simulator tests,
were performed	the 5th day of MAY, 2025 the forgon the instrument indicated above, in accordance with current regices, and the instrument is functioning properly.	going preventive maintenance procedures culations of the N.C. Department of Health
1		
141.77	ISI Y / 1	
1	y LATE -	2824950

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

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)

Instrument Seri	Elizabeth City, NC
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on	the 29 day of 20 25 the forgoing preventive maintenance procedures on the instrument indicated above in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.

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

Signature of Certifying Oficial

Certificate Number

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
STATE OF THE STATE OF	100	

Reported AC: -00 g/210L

Signature of Chem al Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch Department of Health and Human Services

Rev. 12/2007

PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690

Serial Number: 008950 Test Date: 05/29/2025 Test Record Number: 2202

Test Time: 9:20am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	9:21am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
ATR	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

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)

	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performe	the 44 day of 20 25the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rvices, and the instrument is functioning properly.

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

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

Analyst

PITT COUNTY BAT MOBILE UNIT 10 730

Test Record Number: 2796 Serial Number: 008584 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

Status	Time
Pass	3:37pm
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)

(1) Verify the ethanol gas canister displays at breath simulator thermometer shows 34 degrees (2) Verify instrument displays time and date; (3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect (7) When "PLEASE BLOW" appears, collect (8) Print test record; (9) Run diagnostic program and confirm prevention of the simulator solution is being changed ever whichever occurs first.	
(2) Verify instrument displays time and date; (3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect (7) When "PLEASE BLOW" appears, collect (8) Print test record; (9) Run diagnostic program and confirm preventions of the instrument indicated above, in accordance were performed on the instrument indicated above, in accordance in the confirmation of the instrument indicated above, in accordance in the confirmation of the instrument indicated above, in accordance in the confirmation of the instrument indicated above, in accordance in the confirmation of the instrument indicated above, in accordance in the confirmation of the instrument indicated above, in accordance in the confirmation of the instrument indicated above, in accordance in the confirmation of the instrument indicated above, in accordance in the confirmation of the instrument indicated above, in accordance in the confirmation of the instrument indicated above, in accordance in the confirmation of the instrument indicated above, in accordance in the confirmation of the instrument indicated above, in accordance in the confirmation of the confi	Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with very four months are:
(3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect (7) When "PLEASE BLOW" appears, collect (8) Print test record; (9) Run diagnostic program and confirm prevent (10) Verify that the ethanol gas canister is simulator solution is being changed ever whichever occurs first. I certify that on the 4 day of 4 day of 4 were performed on the instrument indicated above, in according	east 51 pounds per square inch (psi) of pressure, or the alcoholic grees, plus or minus .2 degree centigrade;
(4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect (7) When "PLEASE BLOW" appears, collect (8) Print test record; (9) Run diagnostic program and confirm prevent (10) Verify that the ethanol gas canister is simulator solution is being changed even whichever occurs first. I certify that on the	
(5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect (7) When "PLEASE BLOW" appears, collect (8) Print test record; (9) Run diagnostic program and confirm prevent (10) Verify that the ethanol gas canister is simulator solution is being changed ever whichever occurs first. I certify that on the	
(6) When "PLEASE BLOW" appears, collect (7) When "PLEASE BLOW" appears, collect (8) Print test record; (9) Run diagnostic program and confirm prevent (10) Verify that the ethanol gas canister is simulator solution is being changed ever whichever occurs first. I certify that on the	
(7) When "PLEASE BLOW" appears, collect (8) Print test record; (9) Run diagnostic program and confirm prevent (10) Verify that the ethanol gas canister is simulator solution is being changed ever whichever occurs first. I certify that on the day of were performed on the instrument indicated above, in according	
(8) Print test record; (9) Run diagnostic program and confirm prevention (10) Verify that the ethanol gas canister is simulator solution is being changed everywhichever occurs first. I certify that on the day of were performed on the instrument indicated above, in according	preath sample;
(9) Run diagnostic program and confirm prevent (10) Verify that the ethanol gas canister is simulator solution is being changed ever whichever occurs first. I certify that on the day of were performed on the instrument indicated above, in according	oreath sample;
(10) Verify that the ethanol gas canister is simulator solution is being changed ever whichever occurs first. I certify that on the day of were performed on the instrument indicated above, in accord	
simulator solution is being changed ever whichever occurs first. I certify that on the	ntive maintenance status of "Pass"; and
were performed on the instrument indicated above, in accord	being changed before expiration date, or the alcoholic breath y four months or after 125 Alcoholic Breath Simulator tests,
	, 2025 the forgoing preventive maintenance procedures lance with current regulations of the N.C. Department of Health ly.
12/19/17 15/09/16/	
	2266313

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

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

Status	Time
Pass	3:37pm
	Pass Pass Pass Pass

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:#	Instrument Location	BAT	Mobile	Un. + 10	
Instrument Se	erial No. 00 868	_	NCL	JRC		
		es for the Intoximeters, Model Int followed at least once every four		nd Model Intox E	EC/IR II (Enhanced wit	
(1)		gas canister displays at least 51 permometer shows 34 degrees, plus				
(2)	Verify instrument of	lisplays time and date;				
(3)	Initiate breath test	sequence;				
(4)	Enter information a	s prompted;				
(5)	Verify instrument a	accuracy;				
(6)	When "PLEASE B	When "PLEASE BLOW" appears, collect breath sample;				
(7)	When "PLEASE B	LOW" appears, collect breath san	nple;			
(8)	Print test record;					
(9)	Run diagnostic pro	gram and confirm preventive main	ntenance statu	s of "Pass"; and		
(10)		hanol gas canister is being char is being changed every four m rst.				
were perform	ervices, and the instrume	May , 20 3 icated above, in accordance with nt is functioning properly.	the forgo current regul	ations of the N.C	naintenance procedure L Department of Health	
	(I)	Signature of Certifying O	Micial		rtificate Number	

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

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

3:36pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

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

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

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
		* 1 000 0 K U T 1 1991 U T

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

C	ounty	P:4	Instrument Location_	BAT	Mobile	hn:t	10
1	nstrument Ser	ial No. 00 8779	,	NCW	ת		
		maintenance procedures for the 10,000 or higher) to be followed			Model Intox EC	/IR II (Enhance	ed with
	(1)	Verify the ethanol gas canis breath simulator thermomet				ssure, or the al	coholic
	(2)	Verify instrument displays	time and date;				
	(3)	Initiate breath test sequence	:				
	(4)	Enter information as promp	eted;				
•	(5)	Verify instrument accuracy					
,	(6)	When "PLEASE BLOW" a	ppears, collect breath sam	ıple;			
	(7)	When "PLEASE BLOW" a	ppears, collect breath sam	ple;			
	(8)	Print test record;					
	(9)	Run diagnostic program and	d confirm preventive main	ntenance status o	of "Pass"; and		
	(10)	Verify that the ethanol ga simulator solution is being whichever occurs first.					
w	ere performed	the day of ha	love, in accordance with	the forgoing current regulati	g preventive ma ons of the N.C.	intenance proc Department of	edures Health
6							
3		T)\$1	n /				
Y					ລຸລ	66313	
8	600000000000000000000000000000000000000	S	ignature of Certifying Of	Ticial	_	ficate Number	

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
ATR BLK	.00	3:36pm

Reported_AC: /00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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 Pass	3:37pm 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	
ATP	Pagg	3 - 38mm	

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)

Instrument Sen	11 CHMOND Instrument Location RICHMOND COUNTY at No. 008840 MAGISTRATE'S OFFICE
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
co	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(2)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health
and Human Ser	rvices, and the instrument is functioning properly.



Signature of Certifong Official

23977/ Certificate Number

RICHMOND COUNTY MAGISTRATE'S OFFICE 760

Serial Number: 008840 Test Date: 05/01/2025

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

Court CVR

Analyst

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

4:17pm AIR Pass

Printer Tests

Test	Status	Time
4 5 5 5	that the table to the table	

4:17pm PRNT Pass

CRC Tests

Status Time Test

COMP Pass 4:17pm 4:17pm CAL Pass

Preventive Maintenance Status: Pass

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

County	lobeson al No. 008584	Instrument Location_	BAT	Mobile County	Unit 10 So
				,	
	maintenance procedures for th 0,000 or higher) to be followed			d Model Intox E	C/IR II (Enhanced with
(1)	Verify the ethanol gas can breath simulator thermome				essure, or the alcoholic
(2)	Verify instrument displays	time and date,			
(3)	Initiate breath test sequence	e;			
(4)	Enter information as promp	pted;			
(5)	Verify instrument accuracy	r.			
(6)	When "PLEASE BLOW"	appears, collect breath sa	mple;		
(7)	When "PLEASE BLOW"	appears, collect breath sa	mple;		
(8)	Print test record;				
(9)	Run diagnostic program an	d confirm preventive ma	intenance status	of "Pass"; and	
(10)	Verify that the ethanol g simulator solution is bein whichever occurs first.				
were performe	the 2nd day of	above, in accordance wit	25 the forgoi	ng preventive mations of the N.C.	naintenance procedures Department of Health
SATE OF	6				
	7)8	0	_		
The state of the s	(3)	0		ລຸນ	66.312
22.11	8	Signature of Certifying	Official	Cer	tificate Number

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 Chemical Analyst

Court CVR

Analyst

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

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

CountyQ	obeson	Instrument Location_	BAT nos	sile Unit 12
Instrument Ser	al No. 00 8601	_	Lumberton	Po
	maintenance procedures for th 0,000 or higher) to be followed			Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas can breath simulator thermome			si) of pressure, or the alcoholic tigrade;
(2)	Verify instrument displays	time and date;		
(3)	Initiate breath test sequence	e;		
(4)	Enter information as promp	pted;		
(5)	Verify instrument accuracy	Verify instrument accuracy;		
(6)	When "PLEASE BLOW" appears, collect breath sample;			
(7)	When "PLEASE BLOW" appears, collect breath sample;			
(8)	Print test record;			
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and			
(10)				date, or the alcoholic breath oholic Breath Simulator tests
were performed	the 8th day of 10 day of 1	bove, in accordance with	25 the forgoing preve n current regulations of t	ntive maintenance procedures the N.C. Department of Health
- ama		Signature of Certifying O	Micial	Certificate Number

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

g/210L	Time
Pass	7:14pm
.00	7:16pm
.07	7:16pm
.00	7:17pm
.00	7:18pm
.00	7:19pm
	7:20pm
.00	7:21pm
	Pass .00 .07 .00 .00

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

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
ATR	Pass	7:23pm
ALK	PASS	7 5 2 3 100

Printer Tests

Status	Time
Pass	7:23pm
CRC Tests	
Status	Time
	Pass CRC Tests

COMP Pass 7:23pm CAL Pass 7:23pm

Preventive Maintenance Status: Pass

Analyst

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

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

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
ATR BLK	.00	8:21pm

Reported AC: .00

.00 g/210L

Signature Amalyst

Court CVR

Analyst

ROBESON COUNTY BAT MOBILE UNIT 12 770

Serial Number: 008601 Test Date: 05/18/2025

Test Record Number: 1752 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	

Preventive Maintenance Status: Pass

Pass

CAL

8:23pm

Analyst

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

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

ROBESON COUNTY BAT MOBILE UNIT 12 770

Serial Number: 008601 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: 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: 90 g/210L

Signature of Chemical Analyst

Court CVR

Analyst Molectons and

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	
ATR	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

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	lubeson	Instrument Location_	BAT	Mobile	Unit 12
Instrument S	erial No	lubeson (Lounty	So	
The prevention four months	ve maintenance procedures for the	e Intoximeters, Model Intox	EC/IR II to	be followed at le	ast once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2		alcoholic bre	eath simulator the	rmometer shows
2.	Verify instrument displays t	ime and date;			
3.	Initiate breath test sequence				
4.	Enter information as prompt	ed;			
5.	Verify instrument accuracy;				
6.	When "PLEASE BLOW" a	ppears, collect breath sample	b;		
7.	When "PLEASE BLOW" a	ppears, collect breath sample	D;		
8.	Print test record;				
9.	Verify Diagnostic Program;	and			
10.	Verify that the ethanol gas of simulator solution is being of whichever occurs first.	anister is being changed before hanged every four months or			
procedures w	on the 230 day of Movere performed on the instrument of Health and Human Services, and	indicated above, in accordan	ice with cur	rent regulations of	ive maintenance of the N.C.
STATI				ക	.
		gnature of Certifying Offici	ial	Certific	ate Number

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

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

Analyst

ROBESON COUNTY BAT MOBILE 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

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

(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; (2) Verify instrument displays time and date; (3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcohosimulator solution is being changed every four months or after 125 Alcoholic Breath Simulator solution is day and the instrument indicated above, in accordance with current regulations of the N.C. Department and Human Services, and the instrument is functioning properly.	e preventive r	naintenance procedures for the Intoximeters, Model Intox EC/I ,000 or higher) to be followed at least once every four months	IR II and Model Intox EC/IR II (Enhance are:	d with
(3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcohosimulator solution is being changed every four months or after 125 Alcoholic Breath Simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator solution is being changed	(1)	Verify the ethanol gas canister displays at least 51 pounds policy breath simulator thermometer shows 34 degrees, plus or min	er square inch (psi) of pressure, or the alc nus .2 degree centigrade;	oholic
(4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcohosimulator solution is being changed every four months or after 125 Alcoholic Breath Simulator solution are the sample; I certify that on the 2 day of May 2025 the forgoing preventive maintenance were performed on the instrument indicated prove, in accordance with current regulations of the N.C. Department	(2)	Verify instrument displays time and date;		
(5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcohosimulator solution is being changed every four months or after 125 Alcoholic Breath Simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator solution is described by the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department	(3)	Initiate breath test sequence;		
(6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcohosimulator solution is being changed every four months or after 125 Alcoholic Breath Simulator occurs first.	(4)	Enter information as prompted;		
(7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcohosimulator solution is being changed every four months or after 125 Alcoholic Breath Simulator solution is desired. I certify that on the day of, 2025 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department.	(5)	Verify instrument accuracy;		
(8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcohosimulator solution is being changed every four months or after 125 Alcoholic Breath Simulator occurs first. I certify that on the day of, 2025 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department	(6)	When "PLEASE BLOW" appears, collect breath sample;		
(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcohosimulator solution is being changed every four months or after 125 Alcoholic Breath Simulator occurs first. I certify that on the	(7)	When "PLEASE BLOW" appears, collect breath sample;		
(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator occurs first. Certify that on the	(8)	Print test record;		
simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first. certify that on the day of day of	(9)	Run diagnostic program and confirm preventive maintenance	e status of "Pass"; and	
certify that on the 2 day of May ,2925 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department	(10)	simulator solution is being changed every four months o		
were performed on the instrument indicated above, in accordance with current regulations of the N.C. Departmen		whichever occurs first.		
	re performed	on the instrument indicated bove, in accordance with current		

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
ATD DIK	0.0	9-12am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ROBESON COUNTY LUMBERTON PD 770

Serial Number: 008629 Test Date: 05/02/2025

Test Record Number: 1459 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
ATR	Dage	9-17am

Printer Tests

Test	Status	Time
PRNT	Pass	9:17am
	CRC Tests	
Test	Status	Time
COMP	Pass	9:18am

Preventive Maintenance Status: Pass

Pass

9:18am

CAL

Analyst



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

	maintenance procedures for the Intoximeters, Model Intox EC/ 0,000 or higher) to be followed at least once every four months		
(1)	Verify the ethanol gas canister displays at least 51 pounds p breath simulator thermometer shows 34 degrees, plus or min	er square inch (psi) of pressure, or the alcoholic ous .2 degree centigrade;	
(2)	Verify instrument displays time and date;		
(3)	Initiate breath test sequence;		
(4)	Enter information as prompted;		
(5)	Verify instrument accuracy;		
(6)	When "PLEASE BLOW" appears, collect breath sample;		
(7)	When "PLEASE BLOW" appears, collect breath sample;		
(8)	Print test record;		
(9)	Run diagnostic program and confirm preventive maintenance	e status of "Pass"; and	
(10)	Verify that the ethanol gas canister is being changed be simulator solution is being changed every four months of whichever occurs first.		
were performed	the 2nd day of May , 20 25 the on the instrument indicated above, in accordance with current vices, and the instrument is functioning properly.	forgoing preventive maintenance procedures it regulations of the N.C. Department of Health	
	(8)		

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: 600 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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



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

	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:		
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
(2)	Verify instrument displays time and date;		
(3)	Initiate breath test sequence;		
(4)	Enter information as prompted;		
(5)	Verify instrument accuracy;		
(6)	When "PLEASE BLOW" appears, collect breath sample;		
(7)	When "PLEASE BLOW" appears, collect breath sample;		
(8)	Print test record;		
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and		
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
were performed	the 2nd day of hey , 20,25 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.		

ROBESON COUNTY BAT MOBILE UNIT 10 770

Serial Number: 008686 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: 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

Signatur of Chemical Analyst

Court CVR

Analyst

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

Status	Time
Pass	8:35pm
	Pass Pass Pass Pass

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

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	Mosil	le Unit	12
Instrument Ser	rial No. 00 8698	<u>.</u>	Lunber	ton	90	
	e maintenance procedures for th 10,000 or higher) to be followed			d Model Int	tox EC/IR II (En	hanced with
(1)	Verify the ethanol gas cani breath simulator thermome					he alcoholic
(2)	Verify instrument displays	time and date;				
(3)	Initiate breath test sequence	e;				
(4)	Enter information as promp	oted;				
(5)	Verify instrument accuracy	Verify instrument accuracy;				
(6)	When "PLEASE BLOW" a	When "PLEASE BLOW" appears, collect breath sample;				
(7)	When "PLEASE BLOW" appears, collect breath sample;					
(8)	Print test record;					
(9)	Run diagnostic program an	d confirm preventive ma	intenance status	of "Pass"; a	and	
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.					
A CONTRACTOR OF THE PROPERTY.	the 64 day of 7				ive maintenance N.C. Departme	
	S					
CATE OF THE PARTY	DE I	12			22	200
-		Signature of Certifying C	Official		Certificate Nur	

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 Memical Analyst

Court CVR

Analyst

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	
ATR	Dage	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

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

Instrument Seri	maintenance procedures for the	Intoximeters, Model In	Penber		PD	R II (Enhanc	ed with
serial number 1	0,000 or higher) to be followed	at least once every four	months are:	1001103 585.0		.,,,	
(1)	Verify the ethanol gas canist breath simulator thermometer	ter displays at least 51 per shows 34 degrees, plu	ounds per squa s or minus .2 d	re inch (ps egree centi	i) of press grade;	ure, or the a	lcoholic
(2)	Verify instrument displays ti	me and date;					
(3)	Initiate breath test sequence;						
(4)	Enter information as prompt	ed;					
(5)	Verify instrument accuracy;						
(6)	When "PLEASE BLOW" ap	pears, collect breath san	nple;				
(7)	When "PLEASE BLOW" ap	pears, collect breath san	nple;				
(8)	Print test record;						
(9)	Run diagnostic program and	confirm preventive mai	ntenance status	of "Pass"	; and		
(10)	Verify that the ethanol gas simulator solution is being whichever occurs first.	canister is being cha changed every four m	nged before e	xpiration 125 Alco	date, or ti holic Brea	he alcoholic ath Simulate	breath or tests,
	theday ofabout the instrument indicated abovices, and the instrument is func		25the forgoin current regula				
1					22	66313	

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		8:22pm
AIR BLK	.00	8:23pm

Reported AC:

00 0/210L

Signature of Chemical Analyst

Court CVR

Analyst

ROBESON COUNTY BAT MOBILE UNIT 12 770

Serial Number: 008698 Test Date: 05/18/2025

Test Record Number: 2586 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

Preventive Maintenance Status: Pass

Pass

CAL

8:25pm

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Robeson	Instrument Lo	cation_ ISAT	Mobile	Ln:t
Instrument S	erial No. <u>00</u> 8698	Red	Springs	PD	
The prevention four months	ve maintenance procedures for the are:	Intoximeters, Mode	l Intox EC/IR II to	be followed at least	once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d	r displays pressure, legree centigrade;	or the alcoholic br	eath simulator therm	ometer shows
2.	Verify instrument displays tin	ne and date;			
3.	Initiate breath test sequence;				
4.	Enter information as prompte	d;			
5.	Verify instrument accuracy;				
6.	When "PLEASE BLOW" ap	pears, collect breath	sample;		
7.	When "PLEASE BLOW" app	pears, collect breath	sample;		
8.	Print test record;				
9.	Verify Diagnostic Program; a	nd			
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	nister is being chang anged every four m	ed before expirationths or after 125	on date, or the alcoho Alcoholic Breath Sin	olic breath nulator tests,
procedures w	on the 20th day of day of the day and day of the day of	dicated above, in a	cordance with cur	forgoing preventive rent regulations of the	maintenance e N.C.
S A S A S A S A S A S A S A S A S A S A		passing of Certifying	Official	22(C	313 Number

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

~/210T Time

6:30pm

6:31pm

Reported AC: .00 g/210L

SUB TEST .00

AIR BLK .00

Signature of Chemical Analyst

Court CVR

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

Status	Time
Pass	6:33pm
CRC Tests	
Status	Time
	Pass CRC Tests

6:33pm

6:33pm

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

Knalyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Rubeson	Instrument Location_	BAT	Mobile	Unit 1
Instrument S	Serial No. OO 8698	Rober	Conn	ly so	
The preventi	ive maintenance procedures for the are:	: Intoximeters, Model Intox	EC/IR II to	be followed at le	ast once every
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 ti	me and date;			
3.	Initiate breath test sequence;				
4.	Enter information as prompte	:d;			
5.	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 ca simulator solution is being ch whichever occurs first.				
procedures v	on the 23th day of M were performed on the instrument i of Health and Human Services, and	ndicated above, in accordan	ice with curr		ve maintenance f the N.C.
STATI		gnature of Certifying Offici	al	226 Certifica	6313 te Number

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:

Signature' Chemical Analyst

Court CVR

Analyst

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
ATR	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

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

The preventive serial number	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:		
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
(2)	Verify instrument displays time and date;		
(3)	Initiate breath test sequence;		
(4)	Enter information as prompted;		
(5)	Verify instrument accuracy;		
(6)	When "PLEASE BLOW" appears, collect breath sample;		
(7)	When "PLEASE BLOW" appears, collect breath sample;		
(8)	Print test record;		
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and		
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
were performed	the and day of May, 20 25 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.		

ROBESON COUNTY BAT MOBILE 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 ver's License State: XX

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

Analyst's Name: Sharpe Jr., Robert J

Permit Number: 1820-8591

Effective:

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
ATR BLK	00	8 - 37mm

Reported AC: .00, g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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	loseson	Instrument Location_	BAT	Mobile	Unit 10
Instrument Seri	ial No. 00 8779	-	Robeson	County	50
	maintenance procedures for th 0,000 or higher) to be followed			Model Intox EC	/IR II (Enhanced with
(1)	Verify the ethanol gas can breath simulator thermome				ssure, or the alcoholic
(2)	Verify instrument displays	time and date;			
(3)	Initiate breath test sequence	e;			
(4)	Enter information as prom	pted;			
(5)	Verify instrument accuracy	5			
(6)	When "PLEASE BLOW"	appears, collect breath sa	mple;		
(7)	When "PLEASE BLOW"	appears, collect breath sa	mple;		
(8)	Print test record;				
(9)	Run diagnostic program ar	nd confirm preventive ma	intenance status o	of "Pass"; and	
(10)	Verify that the ethanol g simulator solution is bein whichever occurs first.				
were performe	the and day of Made on the instrument indicated rvices, and the instrument is fu	bove, in accordance wi	25 the forgoin th current regulat	g preventive mions of the N.C.	
Olm Apr		Signature of Certifying	Official	<u> dd</u>	66313

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: 100 g/210L

Signature Chemical Analyst

Court CVR

Analyst

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

Status	Time
Pass	8:41pm
	Pass Pass Pass Pass

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)

	maintenance procedures for th 0,000 or higher) to be followed			Model Intox E	C/IR II (Enhanced with
(1)	Verify the ethanol gas cani breath simulator thermome				
(2)	Verify instrument displays	time and date;			
(3)	Initiate breath test sequence	e;			
(4)	Enter information as promp	oted;			
(5)	Verify instrument accuracy	7			
(6)	When "PLEASE BLOW" a	appears, collect breath san	nple;		
(7)	When "PLEASE BLOW" a	appears, collect breath san	nple;		
(8)	Print test record;				
(9)	Run diagnostic program an	d confirm preventive main	ntenance status o	f "Pass"; and	
(10)	Verify that the ethanol gi simulator solution is being whichever occurs first.				
	the Standard day of	bove, in accordance with	25 the forgoing current regulation	g preventive nons of the N.C	naintenance procedures . Department of Health
Carried States	7	0		2	266313
		Signature of Certifying O	Micial	Cer	rtificate Number

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

ROBESON COUNTY BAT MOBILE UNIT 12 770

Serial Number: 008788

Test Record Number: 2378

Test Time: 7:19pm EDT Test Date: 05/08/2025

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

PRNT	Pass	7:20pm
	CRC Tests	
Test	Status	Time
COMP	Pass	7:20pm
CAL	Pass	7:20pm

Status Time

Preventive Maintenance Status: Pass

Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the 18 day of 10, 20, 25 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.

ROBESON COUNTY BAT MOBILE 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

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

Preventive Maintenance Status: Pass

Pass

CAL

8:21pm

Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Robeson	Instrument Locati	on_BAT	Mabile	Lun-1
Instrument S	erial No. <u>00 8788</u>	Red	Springs	PD	
The preventi	ive maintenance procedures for are:	the Intoximeters, Model In	tox EC/IR II to be	followed at least	once every
1.	Verify the ethanol gas car 34 degrees, plus or minus	ister displays pressure, or t .2 degree centigrade;	he alcoholic breat	simulator therm	ometer shows
2.	Verify instrument display	s time and date;			
3.	Initiate breath test sequen	ce;			
4.	Enter information as pron	npted;			
5.	Verify instrument accurac	y;			
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 simulator solution is being whichever occurs first.	s canister is being changed g changed every four month	before expiration on this or after 125 Alco	date, or the alcoholic Breath Sin	olic breath nulator tests,
procedures 1	on theday of were performed on the instrume of Health and Human Services,	nt indigated above, in accor	20_25 the for dance with curren tioning properly.	going preventive t regulations of th	maintenance ne N.C.
		Signature of Certifying O	Micial .	226C	313 Number

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

g/210L	Time
Pass	6:27pm
.00	6:28pm
.07	6:29pm
.00	6:30pm
.00	6:31pm
.00	6:32pm
.00	6:33pm
.00	6:34pm
	Pass .00 .07 .00 .00

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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	
ATR	Pagg	6:40pm	

Printer Tests

Test	Status	Time
PRNT	Pass	6:40pm
	CRC Tests	
Test	Status	Time
COMP	Pass	6:40pm

Preventive Maintenance Status: Pass

Pass

CAL

6:40pm

Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Rubeson	Instrument Location_	BAT		Unit 12
Instrument Se	erial No. 00 8788	Roberson C	onaty	ري	
The prevention four months	ve maintenance procedures for the are:	Intoximeters, Model Intox E	C/IR II to b	e followed at lea	ast once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 of		coholic brea	ath simulator the	rmometer shows
2.	Verify instrument displays tin	ne and date;			
3.	Initiate breath test sequence;				
4.	Enter information as prompte	d;			
5.	Verify instrument accuracy;				
6.	When "PLEASE BLOW" ap	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 ca simulator solution is being ch whichever occurs first.	nister is being changed befor anged every four months or	e expiration after 125 A	n date, or the alc lcoholic Breath	oholic breath Simulator tests,
procedures v	on the 250 day of day of Health and Human Services, an	ndicated above, in accordance	e with curre	ent regulations o	ve maintenance f the N.C.
STATE OF THE PARTY					. C .313
		mature of Certifying Officia	d		ate Number

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
ATR BLK	.00	7 - 47 nm

Signatur Chemical Analyst

Court CVR

Analyst

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
		3520 02025
ATR	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

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

Instrument Serial	INO.008805 Detention Center	
	naintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced ,000 or higher) to be followed at least once every four months are:	with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alco breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;	holic
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and	
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic b simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.	reath tests,
	the	

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		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

Agnature of Chemical Analyst

Court CVR

Analyst

ROBESON COUNTY DETENTION CENTER 770

Serial Number: 008805 Test Date: 05/02/2025

Test Record Number: 5768 Test Time: 10:20am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass 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

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

10:21am

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced 10,000 or higher) to be followed at least once every four months are:	with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcohoreath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;	solic
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and	
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic be simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.	reatl tests
I certify that or were performe and Human Se	on the 2 day of May, 2025 the forgoing preventive maintenance processed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Hervices, and the instrument is functioning properly.	dure

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

ROBESON COUNTY ST PAULS PD 770

Serial Number: 008814

Test Record Number: 1121 Test Time: 8:16am EDT

Test Date: 05/02/2025 Test Time: 8

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)

	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:		
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
(2)	Verify instrument displays time and date;		
(3)	Initiate breath test sequence;		
(4)	Enter information as prompted;		
(5)	Verify instrument accuracy;		
(6)	When "PLEASE BLOW" appears, collect breath sample;		
(7)	When "PLEASE BLOW" appears, collect breath sample;		
(8)	Print test record;		
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and		
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
were performed	the 2 day of May , 20,25 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.		
	365/56 Signature of Certificing Official Certificate Number		

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

Sonature of Chemical Analyst

Court CVR

Analyst

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 FLO	Pass Pass	10:19am 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

CAL

PRNT	Pass	10:20am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:20am

Status

Time

10:20am

Preventive Maintenance Status: Pass

Pass

Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

Section 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with
	0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the 2 day of May , 20,25 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly. 365,156

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		11:17am
AIR BLK	.00	11:18am
SUB TEST	.00	11:20am
ATD BLK	0.0	11:20am

Report/ed AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

Status	Time
Pass	11:22am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
ATR	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)

Instrument Serie	al No. 008857	Instrument Location Red 5	Department
		e Intoximeters, Model Intox EC/IR II and at least once every four months are:	nd Model Intox EC/IR II (Enhanced with
(1)		ster displays at least 51 pounds per squa ter shows 34 degrees, plus or minus .2 de	re inch (psi) of pressure, or the alcoholic egree centigrade;
(2)	Verify instrument displays	time and date;	
(3)	Initiate breath test sequence	s;	
(4)	Enter information as promp	oted;	
(5)	Verify instrument accuracy	:	
(6)	When "PLEASE BLOW" a	appears, collect breath sample;	
(7)	When "PLEASE BLOW" a	appears, collect breath sample;	
(8)	Print test record;		
(9)	Run diagnostic program an	d confirm preventive maintenance status	of "Pass"; and
(10)			xpiration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests
		bove, in accordance with current regula	ing preventive maintenance procedures ations of the N.C. Department of Health
	N.S.		365156

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

ROBESON COUNTY RED SPRINGS PD 770

Serial Number: 008857 Test Date: 05/02/2025 Test Record Number: 826 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

12:14pm

12:14pm

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

Ins	trument Seria	al No. 208970 Instrument Location BAT Mabile Unit 11
_		
Th	e preventive i	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholi- breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	(2)	Verify instrument displays time and date;
	(3)	Initiate breath test sequence;
	(4)	Enter information as prompted;
	(5)	Verify instrument accuracy;
	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
we		on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health
an	on State	vices, and the instrument is functioning properly.
PENTS		28
100		Fron Janier 140 4930
12	e Quarter	Signature of Certifying Official

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

ROCKINGHAM COUNTY BAT MOBILE UNIT 11 780

Serial Number: 008970 Test Date: 05/25/2025

Test Record Number: 1221

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

Instrument Ser	rial No. 008835 Instrument Location SALISBARY POLICE	_
	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanc 10,000 or higher) to be followed at least once every four months are:	ed with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the all breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;	coholic
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and	
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Simulat whichever occurs first.	breath or tests,
were performe	on the	f Health

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
Pr	inter Test	ts
Test	Status	Time
PRNT	Pass	3:09pm

CRC Tests

Test	Status	Time	
COMP	Pass	3:09pm	
CAL	Pass	3:09pm	

Preventive Maintenance Status: Pass

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

ignature of Chemical Analyst

Court CVR

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

Department of Health and Human Services Rev. 12/2007

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

The preventive serial number I	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the day of MAY, 20,25 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.

Certificate Number

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

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 State: XX Driver's License Number: NONE

Analyst's Name: Oligmueller, Leo A

Permit Number: 0035-3799

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	1:42pm
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

wature of Chemical Analyst

Court CVR

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

Department of Health and Human Services

Rev. 12/2007

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	
ATR	Page	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

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

Analyst

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

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

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

Signature of Certifying Official

Certificate Number

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

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

Analyst

Department of Health and Human Services Rev. 12/2007

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

Pass

Pass

3:12pm

3:12pm

Preventive Maintenance Status: Pass

COMP

CAL

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

Department of Health and Human Services Rev. 12/2007

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

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced w serial number 10,000 or higher) to be followed at least once every four months are: (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcohologous breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; (2) Verify instrument displays time and date; (3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic bre simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator te whichever occurs first. I certify that on the 28 day of 104 y 202.5 the forgoing preventive maintenance procedu were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Her and Human Services, and the instrument is functioning properly.	100000000000000000000000000000000000000	therford al No. 008889	Instrument LocationF	Forest C	Police Dept.
breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; (2) Verify instrument displays time and date; (3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator te whichever occurs first. I certify that on the 28 day of 1994 1, 20 25 the forgoing preventive maintenance procedu were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Herand Human Services, and the instrument is functioning properly.	The preventive serial number 1	maintenance procedures for the 0,000 or higher) to be followed	Intoximeters, Model Intox at least once every four mo	EC/IR II and Model I	Intox EC/IR II (Enhanced with
(3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to whichever occurs first. I certify that on the ZB day of MAY, 20 ZS the forgoing preventive maintenance procedule were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health Human Services, and the instrument is functioning properly.	(1)				
(4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic bre simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator te whichever occurs first. I certify that on the ZB day of MAY, 20 2.5 the forgoing preventive maintenance procedu were performed on the instrument indicated above, m accordance with current regulations of the N.C. Department of Heand Human Services, and the instrument is functioning properly.	(2)	Verify instrument displays t	time and date;		
(5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic bre simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to whichever occurs first. I certify that on the 28 day of	(3)	Initiate breath test sequence	•		
(6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic bre simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator te whichever occurs first. I certify that on the 28 day of 104 yrg 2025 the forgoing preventive maintenance procedu were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Head and Human Services, and the instrument is functioning properly.	(4)	Enter information as promp	ted;		
(8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic bre simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator te whichever occurs first. 1 certify that on the 28 day of 9, 20 25 the forgoing preventive maintenance procedu were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Hea and Human Services, and the instrument is functioning properly.	(5)	Verify instrument accuracy;			
(8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic bre simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to whichever occurs first. I certify that on the 28 day of	(6)	When "PLEASE BLOW" appears, collect breath sample;			
(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic bre simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to whichever occurs first. I certify that on the 28 day of 79 , 20 25 the forgoing preventive maintenance procedu were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Her and Human Services, and the instrument is functioning properly.	(7)	When "PLEASE BLOW" appears, collect breath sample;			
Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic bre simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to whichever occurs first. I certify that on the Z8 day of May , 20 25 the forgoing preventive maintenance procedu were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health Human Services, and the instrument is functioning properly.	(8)	Print test record;			
simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to whichever occurs first. I certify that on the 28 day of	(9)	Run diagnostic program and	d confirm preventive mainte	nance status of "Pass"	; and
were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Head and Human Services, and the instrument is functioning properly.	(10)	simulator solution is being	s canister is being chang changed every four mon	ed before expiration ths or after 125 Alco	date, or the alcoholic breath oholic Breath Simulator tests,
	were performed	on the instrument indicated a	bove, in accordance with c	the forgoing preve urrent regulations of	the N.C. Department of Health
Constitute of Continue (Alleria)	- amin	1	Signaphre of Certifying Offi	f	Z 4 4 9 8 7 Certificate Number

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

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
ATR BLK	.00	1:11pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court /CVR

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

Department of Health and Human Services Rev. 12/2007

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 FLO	Pass Pass	1:12pm 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

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

Instrument Seri	al No.008914 Instrument Location Rutherford County Jail Rutherford ton, NC	
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:	
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholis breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;	
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and	
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.	
were performed	the 28 day of	

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

DHHS 4080 (04/20)

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

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

Preventive Maintenance Status: Pass

Pass

10:51am

CAL

This form is used when performing Preventive Maintenance procedures

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

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

County Sc	Hand Instrument Location Laurinburg Police al No.008863 Department
Instrument Seri	al No.008863 Department
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify that on were performed and Human Ser	the 5 day of May , 20 25 the forgoing preventive maintenance procedure on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health roices, and the instrument is functioning properly.
STATE OF THE PARTY	
	NA 365156
Tana Caraca	Signature of Certifying Official Certificate Number

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

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

Agnature of Chemical Analyst

Court CVR

Analyst

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

Status	Time
Pass	9:42am

Printer Tests

Test	Status	Time
PRNT	Pass	9:42am
	CRC Tests	
Test	Status	Time

9:42am

9:42am

Preventive Maintenance Status: Pass

Pass

Pass

COMP

Analyst

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

County Series	ial No. 008824 Instrument Location Stanly County So Mbernary, NC
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify that on were performed and Human Ser	the 13 day of May , 20 25 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.

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

Signature of Certifying Official

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 CHE	.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

This form is used when performing Preventive Maintenance procedures

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

Preventive Maintenance

Status: Pass

Pass

CAL

1:20pm

Analyst

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

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

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

Signature of Certifying Official

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

STANLY COUNTY STANLY COUNTY SO 830

Serial Number: 008842 Test Reco Test Date: 05/13/2025 Test Tim

Test Record Number: 3156 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

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

	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with
serial number 1	0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the 25 day of May 2025 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.

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

DHHS 4080 (04/20)

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

STOKES COUNTY BAT MOBILE UNIT 11 840

Serial Number: 008973 Test Date: 05/25/2025

Test Record Number: 1269

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

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

	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the 22 day of May, 2025the forgoing preventive maintenance procedures to on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
Own ton	The D. M 377722
	Signature of Certifying Official Certificate Number

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

TYRRELL COUNTY SHERIFF'S OFFICE 880

Serial Number: 008902 Test Date: 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
ATR BLK	.00	12:18pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Huy D. Sung Analyst

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

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

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

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

signature of Certifying Official

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

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	

Status	Time
Pass	1:16pm
Pass	1:16pm
	Pass

Preventive Maintenance Status: Pass

Analyst

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

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

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

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

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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

Pass

Pass

6:59pm 6:59pm

Preventive Maintenance Status: Pass

COMP

CAL

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

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

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

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	7120200	7:50pm
AIR BLK	.00	7:51pm

Reported AC: .00 g/210L

Signature (of) Chemical Analyst

Court CVR

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

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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

Status Time

Test

PRNT	Pass	8:01pm
	CRC Tests	
Test	Status	Time
COMP	Pass	8:02pm
CAL	Pass	8:02pm

Preventive Maintenance Status: Pass

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

	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:		
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
(2)	Verify instrument displays time and date;		
(3)	Initiate breath test sequence;		
(4)	Enter information as prompted;		
(5)	Verify instrument accuracy;		
(6)	When "PLEASE BLOW" appears, collect breath sample;		
(7)	When "PLEASE BLOW" appears, collect breath sample;		
(8)	Print test record;		
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and		
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.		
were performe	the 24 day of May, 2025 the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health revices, and the instrument is functioning properly.		

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

Signature of Certifying Official

Certificate Number

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

- Sun Dannie

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

Preventive Maintenance Status: Pass

Pass

CAL

8:17pm

Analyst

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

The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
vere performed	the 24 day of, 2025 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.

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

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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

Status	Time
Pass	7:39pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time	
ATD	Dogg	7 . 20nm	

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

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

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

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

Signature of Certifying Official

Certificate Number

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

Sun Bolusous

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

7:01pm

7:01pm

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

Sand Herren

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

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

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
ATR BLK	0.0	11 - 20 am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Department of Health and Human Services Rev. 12/2007

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
ATR	Pass	11:31am

Printer Tests

Test	Status	Time
PRNT	Pass	11:31am

CRC Tests

Test	Status	
COMP	Pass	11:31am
CAL	Pass	11:31am

Preventive Maintenance Status: Pass

Analyst

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

County	, WAL	Instrument Location CARY ?!)
Instrur	nent Serial	No. 008587 120 Wilkerson St. CARY, NC
		aintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 000 or higher) to be followed at least once every four months are:
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	(2)	Verify instrument displays time and date;
	(3)	Initiate breath test sequence;
	(4)	Enter information as prompted;
	(5)	Verify instrument accuracy;
	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
		the <u>28</u> day of <u>MAY</u> , 20 <u>25</u> the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ces, and the instrument is functioning properly.
S. T. COEAN.	STATE OF THE STATE	Sman Holes Barros 146221
		Signature of Certifying Official Certificate Number

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 AIR BLK ACCY CHK AIR BLK	Pass .00 .07 .00	10:39am 10:40am 10:40am 10:41am
SUB TEST	.00	10:42am
AIR BLK	.00	10:43am
SUB TEST	.00	10:44am
ATD DIE	0.0	10.45am

.00 g/210L Reported AC:

Signature of Chemical Analyst

Court CVR

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 FLO	Pass Pass	10:59am 10:59am
FC FC	Pass Pass	10:59am 11:00am

Temperature Tests

Status	Time
Pass	11:00am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time

AIR Pass 11:00am

Printer Tests

Test Status Time

PRNT Pass 11:00am

CRC Tests

Test Status Time

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

Preventive Maintenance Status: Pass

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

County_W	AKE ODEL 12	_ Instrument Location	on NALEIS	1/4/2	Soula	Raland	
Instrument Ser	ial No. <u>0086/2</u>	-	001	HUTEN	51	1 CACEIGN,	~
The preventive serial number	maintenance procedures for 10,000 or higher) to be follow	the Intoximeters, Mode ed at least once every f	el Intox EC/II our months a	R II and Modere:	el Intox E0	C/IR II (Enhance	d with
(1)	Verify the ethanol gas can breath simulator thermon					essure, or the alc	oholic
(2)	Verify instrument display	s time and date;					
(3)	Initiate breath test sequen	ce;					
(4)	Enter information as pron	npted;					
(5)	Verify instrument accuracy	cy:					
(6)	When "PLEASE BLOW"	appears, collect breath	sample;				
(7)	When "PLEASE BLOW"	appears, collect breath	sample;				
(8)	Print test record;						
(9)	Run diagnostic program a	and confirm preventive	maintenance	status of "Pa	ss"; and		
(10)	Verify that the ethanol simulator solution is bei whichever occurs first.						
were performe	d on the instrument indicated	above, in accordance				aintenance proc Department of	
	rvices, and the instrument is for	and property.					
Section in	Simon	Stokes &	Aues			16221	
		Signature of Certifying	ng Official		Cert	ificate Number	

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

WAKE COUNTY SOUTH WEST DISTRICT 910

Serial Number: 008612 Test Record Number: 5405 Test Time: 12:23pm EDT Test Date: 05/28/2025

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	
ATP	Dagg	12 • 24 rom	

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

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

breath simulator them (2) Verify instrument dis (3) Initiate breath test set (4) Enter information as (5) Verify instrument act (6) When "PLEASE BLOWN (7) When "PLEASE BLOWN (8) Print test record; (9) Run diagnostic programment (10) Verify that the ethal			
(1) Verify the ethanol gas breath simulator them (2) Verify instrument dis (3) Initiate breath test see (4) Enter information as (5) Verify instrument acc (6) When "PLEASE BLOOM" (7) When "PLEASE BLOOM" (8) Print test record; (9) Run diagnostic programment indices the ethans in the		1613 8.4	Substation 4
(1) Verify the ethanol gas breath simulator them (2) Verify instrument dis (3) Initiate breath test see (4) Enter information as (5) Verify instrument acc (6) When "PLEASE BLOOM" (7) When "PLEASE BLOOM" (8) Print test record; (9) Run diagnostic programment indices the ethans in the		Apex, NC	
(2) Verify instrument dis (3) Initiate breath test set (4) Enter information as (5) Verify instrument act (6) When "PLEASE BLOW (7) When "PLEASE BLOW (8) Print test record; (9) Run diagnostic program (10) Verify that the ethat simulator solution is whichever occurs firm I certify that on the 28 day of were performed on the instrument indice			Model Intox EC/IR II (Enhanced with
(3) Initiate breath test set (4) Enter information as (5) Verify instrument ac (6) When "PLEASE BLO (7) When "PLEASE BLO (8) Print test record; (9) Run diagnostic progr (10) Verify that the ethal simulator solution is whichever occurs first I certify that on the		east 51 pounds per square i rees, plus or minus .2 degr	inch (psi) of pressure, or the alcoholic ee centigrade;
(4) Enter information as (5) Verify instrument acc (6) When "PLEASE BLOWN (7) When "PLEASE BLOWN (8) Print test record; (8) Print test record; (9) Run diagnostic programment (10) Verify that the ethal simulator solution is whichever occurs first that on the	plays time and date;		
(5) Verify instrument accord: (6) When "PLEASE BLOWN (7) When "PLEASE BLOWN (8) Print test record; (9) Run diagnostic program (10) Verify that the ethal simulator solution is whichever occurs first that on the day of were performed on the instrument indicates.	quence;		
(6) When "PLEASE BLO (7) When "PLEASE BLO (8) Print test record; (9) Run diagnostic progr (10) Verify that the ethal simulator solution is whichever occurs firm I certify that on the	prompted;		
(7) When "PLEASE BLA (8) Print test record; (9) Run diagnostic progra (10) Verify that the ethal simulator solution is whichever occurs first that on the	curacy;		
(8) Print test record; (9) Run diagnostic progr (10) Verify that the ethal simulator solution is whichever occurs find the last on the 28 day of were performed on the instrument indices.	When "PLEASE BLOW" appears, collect breath sample;		
(9) Run diagnostic progr (10) Verify that the ethal simulator solution is whichever occurs first I certify that on the	OW" appears, collect b	reath sample;	
(10) Verify that the ethal simulator solution is whichever occurs first light certify that on the			
simulator solution is whichever occurs first light certify that on the	am and confirm prever	ntive maintenance status of	f"Pass"; and
were performed on the instrument indic	being changed every		iration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,
	ated above, in accorda	ance with current regulation	preventive maintenance procedures ons of the N.C. Department of Health

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		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

Simon States &

WAKE COUNTY APEX PD

Serial Number: 008621 Test Date: 05/28/2025

Test Record Number: 3693 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
ATR	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

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

	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholi breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.
were performed	the 23'd day of
A COLOR	76x0.1 377722
THE REAL PROPERTY.	Signature of Certifying Official Certificate Number

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

Key B S

WAYNE COUNTY SEYMOUR JOHNSON AFB 950

Serial Number: 008786 Test Date: 05/23/2025 Test Record Number: 502 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

10:38am

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_ U	Pils	on		Instrument Location_	BAT	Mobile	Unit 1
Instrument Seri	al No.	00 860	21_	Wilson	PD		
The preventive four months are		enance procedure	s for the I	ntoximeters, Model Intox I	EC/IR II to b	oe followed at le	ast once every
1.				displays pressure, or the a egree centigrade;	lcoholic brea	ath simulator the	ermometer show
2.	Ver	ify instrument di	splays tim	e and date;			
3.	Initi	ate breath test se	quence;				
4.	Ente	er information as	prompted	:			
5.	Ver	ify instrument ac	curacy;				
6.	Who	en "PLEASE BL	OW" app	ears, collect breath sample	;		
7.	Whe	en "PLEASE BL	OW" app	ears, collect breath sample	;		
8.	Prin	t test record;					
9.	Veri	ify Diagnostic Pr	ogram; an	d			
10.	simu	ify that the ethan ulator solution is chever occurs fire	being cha	ister is being changed befo nged every four months or	re expiration after 125 A	n date, or the ald looholic Breath	coholic breath Simulator tests,
I certify that on procedures were Department of I	perfo	day of the instrand Human Serv	rument in	dicated above, in accordance the instrument is functioning	ce with curre	ent regulations of	ive maintenance of the N.C.
			Q	Sature of Certifying Officia			6313 ate Number

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 CHE	.07	10:14pm
AIR BLK	.00	10:15pm
SUB TEST	.00	10:15pm
AIR BLK	.00	10:16pm
SUB TEST	.00	10:18pm
ATR BLK	.00	10:19pm

Reported AC: ,00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

PRNT	Pass	10:21pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:21pm
CAL	Pass	10:21pm

Status

Time

Preventive Maintenance Status: Pass

Analyst

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

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

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

Signature of Certifying Official

Certificate Number

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

WILSON COUNTY DETENTION CENTER 970

Serial Number: 008627 Test Date: 05/05/2025 Test Record Number: 3571 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

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

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

3)7722

Certificate Number

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

Signiture of Certifying Official

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

WILSON COUNTY DETENTION CENTER 970

Serial Number: 008652 Test Date: 05/05/2025 Test Record Number: 4063 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

1000	Deacas	11110
PRNT	Pass	11:53am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:53am
CAL	Pass	11:53am

Status

Time

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County(vilson	Instrument Location_	BAT	Mobile	Unit 1
Instrument Se	rial No. <u>00 8698</u>	- Wilson	PD		
The preventive four months a	e maintenance procedures for the	Intoximeters, Model Intox E	C/IR II to	be followed at le	ast once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d		coholic bre	ath simulator the	rmometer show
2.	Verify instrument displays tim	ne and date;			
3.	Initiate breath test sequence;				
4.	Enter information as prompted	1;			
5.	Verify instrument accuracy;				
6.	When "PLEASE BLOW" app	pears, collect breath sample;			
7.	When "PLEASE BLOW" app	pears, collect breath sample;			
8.	Print test record;				
9.	Verify Diagnostic Program; a	nd			
10.	Verify that the ethanol gas car simulator solution is being che whichever occurs first.				
	on the 304 day of 1 ere performed on the instrument in f Health and Human Services, and	dicared above, in accordance	e with curr		ive maintenance of the N.C.
	Sig	nature of Certifying Officia	al .		CC 313

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 themical Analyst

Court CVR

Analyst

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

rest	Status	TIME
PRNT	Pass	10:20pm
	CRC Tests	
		22.0

Statue Time

Test	Status	Time
COMP	Pass	10:20pm
CAL	Pass	10:20pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Wilson	Instrument Location_	BAT	Mobile	Unit 12
Instrument S	erial No. <u>00 6788</u>	Wilson	PD		
The preventi	ve maintenance procedures for the are:	Intoximeters, Model Intox E	C/IR II to I	be followed at 1	east once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 d	displays pressure, or the alegree centigrade;	coholic bre	ath simulator th	nermometer show
2.	Verify instrument displays tim	ne and date;			
3.	Initiate breath test sequence;				
4.	Enter information as prompted	i;			
5.	Verify instrument accuracy;				
6.	When "PLEASE BLOW" app	ears, collect breath sample;			
7.	When "PLEASE BLOW" app	ears, collect breath sample;			
8.	Print test record;				
9.	Verify Diagnostic Program; as	nd			
10.	Verify that the ethanol gas car simulator solution is being cha whichever occurs first.	nister is being changed befor anged every four months or	re expiratio after 125 A	n date, or the al Icoholic Breath	coholic breath Simulator tests,
I certify that procedures w Department	on theday of were performed on the instrument in of Health and Human Services, and	dicated above, in accordance	e with curr	ent regulations	tive maintenance of the N.C.
STATE OF THE PARTY		Murc of Certifying Officia			cate Number

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

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

CAL

	Deacas	2 21110
PRNT	Pass	10:22pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:22pm

Status Time

10:22pm

Preventive Maintenance Status: Pass

Pass

Analyst