### 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 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 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 breast simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.
were performed	the 62 day of 70 , 2025 the forgoing preventive maintenance procedured 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	7, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5,

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.
many markagement	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

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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 I 0,000 or higher) to be followed at least once every four months are:	Model Intox EC/IR II (Enhanced with
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square breath simulator thermometer shows 34 degrees, plus or minus .2 degr	
	(2)	Verify instrument displays time and date;	
	(3)	Initiate breath test sequence;	
	(4)	Enter information as prompted;	
	(5)	Verify instrument accuracy;	
	(6)	When "PLEASE BLOW" appears, collect breath sample;	
	(7)	When "PLEASE BLOW" appears, collect breath sample;	
	(8)	Print test record;	
	(9)	Run diagnostic program and confirm preventive maintenance status of	"Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expensional solution is being changed every four months or after 12 whichever occurs first.	
W	ere performed	the <u>13rd</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	/GIT	* 1/ D.	

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
ATR	Pass	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

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#### 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

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#### 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 10,000 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 s 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 berrormer	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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Test Record Number: 587 Serial Number: 008928 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
ATR	Pagg	12:04mm

#### 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

## 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 at No. 008869 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.
I certify that or were performe and Human Se	the 14 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 present	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, 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.

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 May , 20 25 the 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.		
CONT.			
ON THE PARTY OF	1 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

g/210L	Time
Pass	9:30pm
.00	9:31pm
.08	9:32pm
.00	9:32pm
.00	9:33pm
.00	9:34pm
.00	9:35pm
.00	9:36pm
	Pass .00 .08 .00 .00

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
		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	al No. 003748	Instrument Location Buncombe	County Detention heailte, NC
The preventive serial number 1	maintenance procedures for the control of the contr	he Intoximeters, Model Intox EC/IR II and d at least once every four months are:	f Model Intox EC/IR II (Enhanced with
(1)		ister displays at least 51 pounds per square eter shows 34 degrees, plus or minus .2 dep	
(2)	Verify instrument displays	s time and date;	
(3)	Initiate breath test sequens	ce;	
(4)	Enter information as prom	pted;	
(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 status	of "Pass"; and
(10)		gas canister is being changed before ex ng changed every four months or after	
were performe		above, in accordance with current regular	ng preventive maintenance procedures tions of the N.C. Department of Health
ACCUSAGE OF THE PARTY OF THE PA	-0	Signature of Certifying Official	Certificate Number

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

DHHS 4080 (04/20)

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 R. P. LEWIS CO., LANSING, MICH.	0.00000	

Reported AC: \_.00 g/2j0L

Signature of Chemical Analyst

Court CVR

Analyst

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

Rev. 12/2007

#### 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
520/50	2000	
AIR	Pass	9:38am

#### Printer Tests

mant

rest	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		9:35am
AIR BLK	.00	9:35am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

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

#### 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, 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.

#### 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

- Sun Delivorus

#### 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	1:37pm	

#### 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

### 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

Sun Dollarse

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL 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, 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

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

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	1:39pm

#### Printer Tests

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

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 Tir	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

Analyst Alesaur

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

Reported AC: -00 g/210L

Signatur Of Chemical Analyst

Court CVR

- Suffersone

#### 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	ial 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 thermor	nister 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 sequen	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 644 day of 100 day	d above, in accordance w	the forgoing preve th current regulations of	entive maintenance procedure the N.C. Department of Healt
SUP SIATE OF	18		í	
	18	12/		
	Til	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 Date: 05/06/2025

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

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	8:39am

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:39am
	CRC Tests	

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

Preventive Maintenance Status: Pass

Analyst

# 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 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 can breath simulator thermon	nister displays at least 51 pounds per squareter shows 34 degrees, plus or minus .2 o	are inch (psi) of pressure, or the alcoholic degree centigrade;
(2)	Verify instrument display	s time and date;	
(3)	Initiate breath test sequen	ice;	
(4)	Enter information as pron	npted;	
(5)	Verify instrument accurac	ey;	
(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 statu	s of "Pass"; and
(10)	Verify that the ethanol simulator solution is bei whichever occurs first.	gas canister is being changed before on ng changed every four months or after	expiration date, or the alcoholic breath r 125 Alcoholic Breath Simulator tests,
I certify that on were performed and Human Ser	the C day of	above, in accordance with current regul	ing preventive maintenance procedures ations of the N.C. Department of Health
STATE OF	(8)		
<b>新州</b>	A S	18)	
	1	tt Cer	282 4950
	1	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
.00	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	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 Instrument Local		
The preventive serial number 1	maintenance procedures for the Intoximeters, Mo 0,000 or higher) to be followed at least once ever	odel Intox EC/IR II and Model In y four months are:	tox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at lea breath simulator thermometer shows 34 degre	st 51 pounds per square inch (psi es, plus or minus .2 degree centig	) of pressure, or the alcoholic grade;
(2)	Verify instrument displays time and date;		
(3)	Initiate breath test sequence;		
(4)	Enter information as prompted;		
(5)	Verify instrument accuracy;		
(6)	When "PLEASE BLOW" appears, collect bre	eath sample;	
(7)	When "PLEASE BLOW" appears, collect bre	eath sample;	
(8)	Print test record;		
(9)	Run diagnostic program and confirm prevent	ive maintenance status of "Pass";	and
(10)	Verify that the ethanol gas canister is bei simulator solution is being changed every whichever occurs first.	ng changed before expiration of four months or after 125 Alcoh	late, or the alcoholic breath nolic Breath Simulator tests,
were performed	the No day of May don the instrument indicated above, in accordant rvices, and the instrument is functioning properly.	, 20_ <b>25</b> the forgoing preventuce with current regulations of the	tive maintenance procedures e N.C. Department of Health

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

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# 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,	aintenance 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) ous 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	s .		
(6)	When "PLEASE BLOW" a	appears, collect breath sa	imple;	
(7)	When "PLEASE BLOW" a	appears, collect breath sa	imple;	
(8)	Print test record;			
(9)	Run diagnostic program an	d confirm preventive ma	aintenance status of "Pass"; a	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 date months or after 125 Alcoho	e, or the alcoholic breat lic Breath Simulator test
I certify that on the were performed of and Human Servi	day of Man the instrument indicated a ces, and the instrument is fur	bove, in accordance wi	the forgoing preventive th current regulations of the	re maintenance procedure N.C. Department of Healt
	total	1 A		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		28/1/276	
ATR	Dage	8-40am	

#### Printer Tests

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

#### CRC Tests

COMP Pass 8:40	
	am
CAL Pass 8:40	am

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)

	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 wit 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholi breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program 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

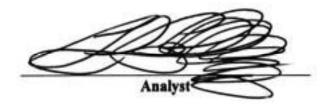
Lot Number: AG405103 Exp Date: 02/20/2026

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

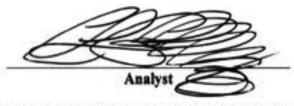
#### Blank Tests

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

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#### 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

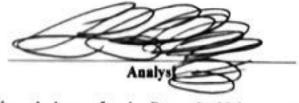
#### Blank Tests

Test	Status	Time
ATD	Dage	4:23pm
AIR	Pass	4:Z3DM

#### 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 <sup>2</sup> 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	A ZING
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 numb	we 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 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 Health 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 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.

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

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# 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.

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)

Instrument Serial No. 00 860 8  Instrument Location C/ay County Tail  Nayesville, NC  The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced serial number 10,000 or higher) to be followed at least once every four months are:  (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcohoreath simulator thermometer shows 34 degrees, plus or minus 2 degree centigrade;	
serial number 10,000 or higher) to be followed at least 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.	_
(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcohorest simulator thermometer shows 34 degrees, plus or minus, 2 degree centigrade;	d with
orean annual communities are as a suppose, plan or	oholic
(2) Verify instrument displays time and date;	
(3) Initiate breath test sequence;	
(4) Enter information as prompted;	
(5) Verify instrument accuracy;	
(6) When "PLEASE BLOW" appears, collect breath sample;	
(7) When "PLEASE BLOW" appears, collect breath sample;	
(8) Print test record;	
(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and	
(10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.	oreath tests,
I certify that on the 27 day of	edures Health
Signature of Certifying Official 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	

#### 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)

Instrument Sen	Columbus Instrument Location BAT Mobile Unit 13 ial No. 008898  Cerro Gordo, NC
	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.
were performe	the 23rd day of Noy , 20 25 the forgoing preventive maintenance procedure of on the instrument indicated above, in accordance with current regulations of the N.C. Department of Healt revices, and the instrument is functioning properly.
STEE STEE	
- a am in	Un/Bu = 073

#### 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	<del>sty</del>	SO
The prevention four months	ve maintenance procedures for thare;	e 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	eter displays pressure, or the a	lcoholic bro	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"	appears, collect breath sample	s;		
7.	When "PLEASE BLOW"	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 Yvere performed on the instrument of Health and Human Services, a		ce with cur	rent regula	reventive maintenance tions of the N.C.
		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

Serial Number: 008601

Test Record Number: 1758

Test Date: 05/23/2025

Test Time: 12:18pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	12:20pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:20pm
	CRC Tests	

Test	Status	Time
COMP	Pass 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	Lanit 1
Instrument S	Serial No.	०० ४८१४	Craven	Con	ty So	
The preventi		nance procedures for the	he Intoximeters, Model Intox	EC/IR II to be	followed at leas	st once every
1,	Veri 34 d	fy the ethanol gas cani egrees, plus or minus .:	ster displays pressure, or the a 2 degree centigrade;	decholic breat	th simulator there	mometer shows
2.	Veri	fy instrument displays	time and date;			
3.	Initi	ate breath test sequence	e;			
4.	Ente	er information as promp	pted;			
5.	Veri	ify instrument accuracy				
6.	Who	When "PLEASE BLOW" appears, collect breath sample;				
7.	Who	When "PLEASE BLOW" appears, collect breath sample;				
8.	Prin	Print test record;				
9.	Veri	ify Diagnostic Program	; and			
10.	simu	ify that the ethanol gas ulator solution is being chever occurs first.	canister is being changed before changed every four months or	ore expiration r after 125 Ale	date, or the alco coholic Breath S	holic breath imulator tests,
procedures v	were perfo of Health	rmed on the instrumen	t indicated above, in accordan	ce with curren	nt regulations of	the N.C.
		- 0	Ignature of Certifying Offici	ial	Certificat	313 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

				Instrument Loc	-	13AT			
nstrument Seri	al No.	00	8788	Crav	en	_Co	mty	Sc	)
The preventive four months are		nance pr	ocedures for the	Intoximeters, Model	Intox	EC/IR II to	be followe	d at least	once every
1.				r displays pressure, o legree centigrade;	r the a	alcoholic bre	ath simula	tor therm	ometer shows
2.	Veri	fy instru	ment displays tin	ne and date;					
3.	Initi	ate breat	h test sequence;						
4.	Ente	r inform	ation as prompte	d;					
5.	Veri	fy instru	ment accuracy;						
6.	Who	n "PLE/	ASE BLOW" ap	pears, collect breath	sampli	e;			
7.	Who	n "PLE/	ASE BLOW" ap	pears, collect breath	sampli	e;			
8.	Prin	t test rec	ord;						
9.	Veri	fy Diagr	nostic Program; a	nd					
10.	simo	lator sol		nister is being chang anged every four mo					
I certify that or	the o	مريط	day of M	A.V	, 20	JS the	forgoing pr	reventive	maintenance
procedures wer	e perfo	rmed on		ndicated above, in ac the instrument is fu	cordan	nce with cur	rent regulat	tions of th	ne N.C.
					,,,,,,,,				
SO	NORTH								
3 4	(7)E								
1000			80.9	/_					
A COMMAND			0				3	216C	31.3

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	Pass	12:16pm	
FLO	Pass	12:16pm	
FC	Pass	12:16pm	

#### Temperature Tests

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

#### Blank Tests

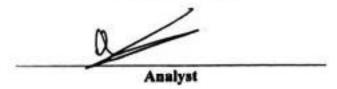
Test	Status	Time	
AIR	Pass	12:17pm	

#### Printer Tests

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

COMP Pass 12:17pm CAL Pass 12:17pm

Preventive Maintenance Status: Pass



### 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

Test

CAL

Time

4:24pm

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

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_C	RAVEN	Instrument Location	NEW BERN	
Instrument Ser	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 (Enhance onths are:	ed with
(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 al- or minus .2 degree centigrade;	coholic
(2)	Verify instrument display	s time and date;		
(3)	Initiate breath test sequer	ice;		
(4)	Enter information as pror	mpted;		
(5)	Verify instrument accura-	cy;		
(6)	When "PLEASE BLOW"	appears, collect breath samp	le;	
(7)	When "PLEASE BLOW"	appears, collect breath samp	le;	
(8)	Print test record;			
(9)	Run diagnostic program	and confirm preventive mainte	enance status of "Pass"; and	
(10)	Verify that the ethanol simulator solution is be whichever occurs first.	gas canister is being chang ing changed every four mon	ged before expiration date, or the alcoholic or after 125 Alcoholic Breath Simulate	breatl or tests
were performe	day of Modern the instrument indicated rvices, and the instrument is f	above, in accordance with c	the forgoing preventive maintenance procurrent regulations of the N.C. Department of	cedure l'Healt
	1	D)	2824950	
	/	Signature of Certifying Off	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
	1222212	

#### 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(	ZRAVEN	Instrument Location	MCAS	PMO
Instrument Sec	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	:y;		
(6)	When "PLEASE BLOW"	appears, collect breath san	nple;	
(7)	When "PLEASE BLOW"	appears, collect breath san	nple;	
(8)	Print test record;			
(9)	Run diagnostic program a	nd confirm preventive 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
SO SUR	(a)			
	AS	DI		
	1 tot	Ma		2824950
	/ 1.0	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 CHK	.07	3:30pm
AIR BLK	.00	3:31pm
SUB TEST	.00	3:32pm
AIR BLK	.00	3:32pm
SUB TEST	.00	3:34pm
AIR BLK	.00	3:35pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

### 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)

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.
ertify that on ere performed d 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:
(I)	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 bi 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 , 2025 the forgoing preventive maintenance proceed on the instrument indicated above, in accordance with current regulations of the N.C. Department of H 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

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	NA HOUSE TON	11:44am
ATD BIK	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
	Mah Land Z06272 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

Test

	9,	
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 Slessweet

#### 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

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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)

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

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 Time: 9:15pm EDT Test Date: 05/30/2025

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

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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 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

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# DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

County D	DAVIDSON 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.
- a am 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
AIR BLK	.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

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## 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
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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)

Instrument Seri	al No. 00 8872 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, 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.  353799

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

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## 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 I 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	.00	10:51am
SUB TEST	.00	10:53am
AIR BLK		10:54am

Reported AC: .00 g/210L

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Court CVR

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#### 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

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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 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, 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: 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
ATR BLK	.00	11:58am

.00 g/210L Reported AC:

hemicaI

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

14220200 1000

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 Tir	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	preventive al 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.
HU	rtify that on e performed Human Ser	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 vices, and the instrument is functioning properly.   May 120 25 the forgoing preventive maintenance procedures of the N.C. Department of Health vices, and the instrument is functioning properly.  May 120 25 the forgoing preventive maintenance procedures of the N.C. Department of Health vices, and the instrument is functioning properly.  May 120 25 the forgoing preventive maintenance procedures and the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, 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	Pass	10:13pm
FLO	Pass	10:13pm
FC	Pass	10:13pm

## Temperature Tests

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

#### Blank Tests

Test	Status	Time	
AIR	Pass	10:13pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:13pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:14pm

Pass 10:14pm

Preventive Maintenance Status: Pass

Analyst

# DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

- Instrument Seri	al No. 008898 Guilford Task Force
	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 8th 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.
	2
STATE OF THE PARTY	Hun Runies 1100 4930

#### 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

aniel

# DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL 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>33</u> day of <u>May</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>33</u> day of <u>May</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	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performe	n the

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 Pa	ss 9:04ar	m

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

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 Pa	ss 9:04ar	m

### 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	14 111011 - 5

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	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 10:24am 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	Hoke rial No. 00 8584	Instrument Location		Mobile		10
	e maintenance procedures for the 10,000 or higher) to be followe			and Model Intox EC	/IR II (Enhance	ed with
(1)	Verify the ethanol gas can breath simulator thermome				ssure, or the al	coholic
(2)	Verify instrument displays	time and date;				
(3)	Initiate breath test sequence	e;				
(4)	Enter information as prom	pted;				
(5)	Verify instrument accuracy	6				
(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 statu	is of "Pass"; and		
(10)	Verify that the ethanol g simulator solution is bein whichever occurs first.					
	the 3rd day ofdo not the instrument indicated a rvices, and the instrument is fur	beve, in accordance wit	25 the forgo	oing preventive ma lations of the N.C.	intenance pro Department of	cedures Health
Com in		Signature of Certifying C	Micial	Costi	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 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 alcoho breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breasural simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.
	n the
(VOTA	
_	Signature of Certifying Official Certificate 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	8
	we maintenance procedures for the 10,000 or higher) to be follower			nd Model Intox EC/	IR II (Enhanced with
(1)	Verify the ethanol gas can breath simulator thermome				sure, or the alcoholi
(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	s of "Pass"; and	
(10)	Verify that the ethanol a simulator solution is being whichever occurs first.				
	on the 3cd day of Moned on the instrument indicated fervices, and the instrument is fu	above, in accordance wit	d the forgo	ing preventive ma ations of the N.C. I	intenance procedure Department of Healt
SO STATE	200				
		7. 7.			
The same				2)	(13)2
		Signature of Certifying C	Official	Certi	ficate 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)

		Instrument Location_	ISAI	M. 5:1c		10
Instrument Seria	al No. 00 8686	1	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 ma	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 wit		ing preventive maintions of the N.C. I		
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

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

Status	Time
Pass	6:04pm
	Pass Pass Pass Pass

#### 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 S	erial No. <u> </u>	_	Hoke	County	, .50	
The preventi serial number	ve maintenance procedures f r 10,000 or higher) to be follo	or the Intoximeters, Model Int	ox EC/IR II a months are;	nd Model Intox i	EC/IR II (En	hanced with
(1)	Verify the ethanol gas breath simulator therm	canister displays at least 51 po ometer 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 disp	lays time and date;				
(3)	Initiate breath test sequ	ence;				
(4)	Enter information as p	rompted;				
(5)	Verify instrument accu	racy;				
(6)	When "PLEASE BLO	W" appears, collect breath san	ple;			
(7)	When "PLEASE BLO	W" appears, collect breath sam	ple;			
(8)	Print test record;					
(9)	Run diagnostic program	m and confirm preventive main	ntenance statu	s of "Pass"; and		
(10)	Verify that the ethan simulator solution is whichever occurs first.	ol gas canister is being char being changed every four m	nged before onths or after	expiration date, r 125 Alcoholic	or the alcol Breath Sim	holic breath ulator tests
unra nerform	on the 9th day of ed on the instrument indicate ervices, and the instrument is	ed above, in accordance with	<b>S</b> the forgo current regul	oing preventive lations of the N.C	maintenance C. Departme	procedure nt of Healt
Showing	/5/	1			26631	

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)

Cour	nty	Hoke	Instrument Location_	BAT		Unit 10
Instr	ument Se	rial No. 00 8776	-	Hoke	County	Su
The	preventiv I number	e maintenance procedures for th 10,000 or higher) to be followed	e Intoximeters, Model Int d at least once every four	tox EC/IR II an	nd Model Intox EC/II	R II (Enhanced with
	(1)	Verify the ethanol gas can breath simulator thermome	ster displays at least 51 p ter shows 34 degrees, plu	ounds per squa s or minus .2 de	re inch (psi) of press egree centigrade;	ure, or the alcoholic
	(2)	Verify instrument displays	time and date;			
	(3)	Initiate breath test sequence	e;			
	(4)	Enter information as promp	oted;			
	(5)	Verify instrument accuracy	7			
	(6)	When "PLEASE BLOW"	appears, collect breath san	nple;		
	(7)	When "PLEASE BLOW"	appears, collect breath san	nple;		
	(8)	Print test record;				
	(9)	Run diagnostic program an	d confirm preventive mai	ntenance status	of "Pass"; and	
	(10)	Verify that the ethanol g simulator solution is being whichever occurs first.	as canister is being cha g changed every four m	nged before e onths or after	xpiration date, or the 125 Alcoholic Brea	ne alcoholic breath ath Simulator tests
were	performe	n the 3rd day ofday of	beve, in accordance with		ng preventive main tions of the N.C. Do	
3		Se la company				
12/	BU		n /-		20000	
1.	and American		Signature of Certifying O		226	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	7-80-000	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	anced 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 t	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 to not the instrument indicated all vices, and the instrument is fun	love, in accordance wit	the forgu	oing preventive malations of the N.C.	aintenance p	procedure t of Healti
The same way				2)	11312	

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	Status	Time
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)

The preventive				County	So
Serial Composit	e maintenance procedures for the 10,000 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 p 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 performe	n the 915 day of New day of the instrument indicated at the rivices, and the instrument is fund	ove, in accordance wit	the forg	alations of the N.	maintenance procedure C. Department of Health

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	de ial No. <u>(00</u> 880)	Instrument Loca	1223 Mai	nst, Suan Quarte
			del Intox EC/IR II and	f Model Intox EC/IR II (Enhanced with
serial number 1	0,000 or higher) to be followed	d at least once ever	y four months are:	
(1)	Verify the ethanol gas cani breath simulator thermome			e inch (psi) of pressure, or the alcoholic gree centigrade;
(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 bre	ath sample;	
(7)	When "PLEASE BLOW"	appears, collect bre	ath sample;	
(8)	Print test record;			
(9)	Run diagnostic program an	nd confirm preventi	ve maintenance status	of "Pass"; and
(10)				spiration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests
				ng preventive maintenance procedures tions of the N.C. Department of Health
STATE	CAROLIN CAROLI			
Own see	7/m	D.M/		377722
Secretaria		Signature of Certif	ying 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 8-12-1800
	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

Preventive Maintenance Status: Pass

Pass

12:11pm

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)

nstrument Seri	al No. <u>658889</u>	STATESVI	ue de
	maintenance procedures for the Intoximeters 0,000 or higher) to be followed at least once		odel 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-	ventive maintenance status of "F	Pass"; and
(10)	Verify that the ethanol gas canister is simulator solution is being changed even whichever occurs first.		
ere performed	the 12 day of	rdance with current regulations	reventive maintenance procedures of 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

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)

	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:	d Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per squar 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 es simulator solution is being changed every four months or after whichever occurs first.	
were performed	the 23 day of May , 2025 the forgoing on the instrument indicated above, in accordance with current regular vices, and the instrument is functioning properly.	ng preventive maintenance procedures tions of the N.C. Department of Health

#### 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)

preventive al 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 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 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		10:35pm
SUB TEST	.00	10:37pm
AIR BLK	.00	10:38pm

- 10000

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

1 mily Butter

# 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

Pass	10:40pm
Pass	10:40pm

Preventive Maintenance Status: Pass

Analys

# DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL 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) Veri (3) Initia (4) Ente (5) Veri (6) Whe (7) Whe (8) Print (9) Run (10) Veri simul whice  I certify that on the were performed on the	by the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic in simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; by instrument displays time and date; the breath test sequence; information as prompted; by instrument accuracy;
(3) Initia (4) Ente (5) Veri (6) Whe (7) Whe (8) Print (9) Run (10) Veri simulation whice  I certify that on the	information as prompted; y instrument accuracy;
(4) Ente (5) Veri (6) Whe (7) Whe (8) Print (9) Run (10) Veri simu which I certify that on the	information as prompted; y instrument accuracy;
(5) Veri (6) Whe (7) Whe (8) Print (9) Run (10) Veri simu whic	y instrument accuracy;
(6) Whe (7) Whe (8) Print (9) Run (10) Veri simulation whice  I certify that on the	
(7) Whe (8) Print (9) Run (10) Veri simulation whice I certify that on the 3	
(8) Print (9) Run (10) Veri simu whice I certify that on the 3	"PLEASE BLOW" appears, collect breath sample;
(9) Run (10) Veri simu whice I certify that on the	"PLEASE BLOW" appears, collect breath sample;
(10) Veri simu whice I certify that on the 3	test record;
I certify that on the were performed on the	fiagnostic program and confirm preventive maintenance status of "Pass"; and
were performed on the	by that the ethanol gas canister is being changed before expiration date, or the alcoholic breath ator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, hever occurs first.
	day of Noy , 20,25 the forgoing preventive maintenance procedures instrument indicated above, in accordance with current regulations of the N.C. Department of Health d the instrument is functioning properly.
	1 mits Britt 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 0)
Instrument Seria	al No. <i>DO 893 9</i>		Selma t	<i>?</i> }
	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 s	ample;	
(7)	When "PLEASE BLOW	appears, collect breath s	ample;	
(8)	Print test record;			
(9)	Run diagnostic program	and confirm preventive m	naintenance status of "Pa	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 expiration 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.	rith current regulations	eventive maintenance procedure of the N.C. Department of Healt
	1 Im	of B Water	<b>A</b>	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;
(2)	17 18 1
	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before 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 Continu

Certificate Number

LEE COUNTY DETENTION CENTER 520

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

Citation Number: M00000000-0

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

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 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.

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

Anatyst

# 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	Morio	1, NC
	maintenance procedures for the Intoximeters, 0,000 or higher) to be followed at least once e		I Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at breath simulator thermometer shows 34 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 preven	entive maintenance status of "Pas	s"; and
(10)	Verify that the ethanol gas canister is a simulator solution is being changed ever whichever occurs first.	being changed before expiration ry four months or after 125 Al	n date, or the alcoholic breath coholic Breath Simulator tests.
were performed	on the instrument indicated above, in/accord vices, and the instrument is functioning proper	, 20 25 the forgoing prev dance with current regulations of rly.	rentive maintenance procedures f the N.C. Department of Health
	Signature of Co	ortifying Official	244987 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
AT T LC	Pass	11:29 dill

#### Printer Tests

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

Test	blatus	TIME
COMP	Pass	11:30am
CAL	Pass	11:30am

Preventive Maintenance Status: Pass

Analyst

# DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

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 breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performe	the 22 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 breatt 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
------	--------	------

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.
were 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

Signeture 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 Moy, 2025the 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

# MECKLENBURG COUNTY BAT MOBILE UNIT 8 590

Serial Number: 008816 Test Date: 05/23/2025

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: Glasscock, Jerry D Permit Number: 7180-9235 Effective:

02/01/2025-02/01/2027

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

> Lot Number: AG431002 Exp Date: 11/05/2026

Test	g/210L	Time
DIAG	Pass	8:19pm
AIR BLK	.00	8:20pm
ACCY CHK	.07	8:20pm
AIR BLK	.00	8:21pm
SUB TEST	.00	8:22pm
AIR BLK	.00	8:23pm
SUB TEST	.00	8:24pm
AIR BLK	.00	8:25pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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: 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 1	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:	d Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per squal 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 es simulator solution is being changed every four months or after whichever occurs first.	xpiration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,
were performed	the day of	
		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)

Instrument Ser			/	Mount PD
		llowed at least once every four r		lel Intox EC/IR II (Enhanced wi
(1)	Verify the ethanol ga breath simulator ther	s canister displays at least 51 po mometer shows 34 degrees, plus	ounds per square inch s or minus .2 degree o	(psi) of pressure, or the alcohol entigrade;
(2)	Verify instrument dis	plays time and date;		
(3)	Initiate breath test se	quence;		
(4)	Enter information as	prompted;		
(5)	Verify instrument acc	curacy;		
(6)	When *PLEASE BLO	OW" appears, collect breath sam	ple;	
(7)	When "PLEASE BLO	OW" appears, collect breath sam	iple;	
(8)	Print test record;			
(9)	Run diagnostic progr	am and confirm preventive main	ntenance status of "Pa	ass"; and
(10)	Verify that the etha simulator solution is whichever occurs firs	being changed every four me	nged before expiration on the country of the countr	on date, or the alcoholic brea Alcoholic Breath Simulator test
I certify that on were performed	d on the instrument indic	ated above, in accordance with	the forgoing procurrent regulations	eventive maintenance procedure of the N.C. Department of Heal
and Human Ser	rvices, and the instrument	is functioning properly.		
	3	3.0		
S/GIT	\\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	1	-	1144
Com in		Signature of Certifying Of	Meial	Certificate Number

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

Test	Status	Time	
ATR	Page	9:55pm	
AIR	Pass	9:	

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)

(1) (2) (3) (4) (5)	Verify the ethanol gas canister displays at 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;
(3) (4)	Initiate breath test sequence;
(4)	
0000	
(5)	Enter information as prompted;
	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before 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	the day of
a amin	2266313

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	, <u>,</u>	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 san	mple;		
(7)	When "PLEASE BLOW" a	ppears, collect breath san	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	nged before exp onths or after 1	piration date, or t 25 Alcoholic Bre	the alcoholic breatleath 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	18				
	78	0 /			
	2				1266313
		Signature of Certifying O	tticial	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 performe	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)

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced serial number 10,000 or higher) to be followed at least once every four months are:  (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcohorement is simulator thermometer shows 34 degrees, plus or minus 2 degree centigrade;  (2) Verify instrument displays time and date;  (3) Initiate breath test sequence;  (4) Enter information as prompted;  (5) Verify instrument accuracy;  (6) When "PLEASE BLOW" appears, collect breath sample;  (7) When "PLEASE BLOW" appears, collect breath sample;  (8) Print test record;  (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and  (10) Verify that the ethanol gas canister 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 17d day of 10d years accordance with current regulations of the N.C. Department of He and Human Services, and the instrument indicated above, in accordance with current regulations of the N.C. Department of He and Human Services, and the instrument is functioning properly.	County	Nash	Instrument Location_	BAT	Mobile	Un: +12
(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus 2 degree centigrade;  (2) Verify instrument displays time and date;  (3) Initiate breath test sequence;  (4) Enter information as prompted;  (5) Verify instrument accuracy;  (6) When "PLEASE BLOW" appears, collect breath sample;  (7) When "PLEASE BLOW" appears, collect breath sample;  (8) Print test record;  (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and  (10) Verify that the ethanol gas canister 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 17 day of 20 25 the forgoing preventive maintenance proced were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of He	Instrument Seri	ial No. 00 8788		Rocty	Mount	PO
breath simulator thermometer shows 34 degrees, plus or minus 2 degree centigrade;  (2) Verify instrument displays time and date;  (3) Initiate breath test sequence;  (4) Enter information as prompted;  (5) Verify instrument accuracy;  (6) When "PLEASE BLOW" appears, collect breath sample;  (7) When "PLEASE BLOW" appears, collect breath sample;  (8) Print test record;  (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and  (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic br simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to whichever occurs first.  I certify that on the 17th day of 16th Accordance with current regulations of the N.C. Department of Height Company of the instrument indicated above, in accordance with current regulations of the N.C. Department of Height Company of the simulators of the N.C. Department of Height Company of the simulators of the N.C. Department of Height Company of the N.C.	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 and months are:	Model Intox EC/II	R 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 br simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator t whichever occurs first.  I certify that on the 4 day of 4 day of 2 2 5 the forgoing preventive maintenance proced were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of He	(1)	Verify the ethanol gas canisi 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
(4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister 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 17th day of 10th day 10th	(2)	Verify instrument displays to	ime 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 breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to whichever occurs first.  I certify that on the	(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 br simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator twhichever occurs first.  I certify that on the	(4)	Enter information as prompt	ed;			
(7) When "PLEASE BLOW" appears, collect breath sample;  (8) Print test record;  (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and  (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic br simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator twhichever occurs first.  I certify that on the 17 day of 4 day of 20 25 the forgoing preventive maintenance proced were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of He	(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 br simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator t whichever occurs first.  I certify that on the 17th day of 4 day of 20 25 the forgoing preventive maintenance proced were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of He	(6)	When "PLEASE BLOW" ap	pears, collect breath sar	nple;		
(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and  (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic br simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to whichever occurs first.  I certify that on the 17th day of 4 you accordance with current regulations of the N.C. Department of Herican Company (1997).	(7)	When "PLEASE BLOW" ap	pears, collect breath sar	mple;		
Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic br simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to whichever occurs first.  I certify that on the	(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	(9)	Run diagnostic program and	confirm preventive mai	intenance status o	of "Pass"; and	
were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Ho	(10)	simulator solution is being	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
11/12/2	were performed	on the instrument indicated ab	ove, in accordance with	25 the forgoin h current regulati	g preventive main ions of the N.C. D	stenance procedures

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 1	SAT	Mobile	_ Un:+ 12
Instrument	Serial No.	008601	New	Hanover	Coa	anty S	· O
The prever		nance procedures for the	e Intoximeters, Mo	del Intox EC/II	R II to b	e followed at	least once every
1.		fy the ethanol gas canisl 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;	8				
4.	Ente	er information as prompt	ted;				
5.	Veri	ify instrument accuracy;					
6.	Who	en "PLEASE BLOW" a	ppears, collect brea	ath sample;			
7.	Who	en "PLEASE BLOW" a	ppears, collect brea	ath 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 prever nt regulations	ntive maintenance of the N.C.
			Whature of Certify	ina Official		_22	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

Test	Status	Time
PRNT	Pass	9:32pm

#### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County_\(\int\)	ew Hanover	Instrument Lo	ocation BAT	Mobile	hat b
Instrument Se	erial No	New H	anover Co	ounty So	
The preventive four months a	re maintenance procedures for ti	he Intoximeters, Mod	el Intox EC/IR II to	be followed at le	east once every
1.	Verify the ethanol gas cani 34 degrees, plus or minus .		or the alcoholic be	reath simulator the	ermometer show
2.	Verify instrument displays	time and date;			
3.	Initiate breath test sequence	0;			
4.	Enter information as promp	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.	Verify that the ethanol gas simulator solution is being whichever occurs first.	canister is being chan changed every four m	ged before expirationths or after 125	on date, or the alc Alcoholic Breath	oholic breath Simulator tests,
	on the 245 day of the ere performed on the instrument of Health and Human Services, a		ccordance with cur		
STATE		Signature of Certifyin	g Official		C313

NEW HANOVER COUNTY BAT MOBILE UNIT 12 640

> Serial Number: 008698 Test Date: 05/24/2025

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: Sharpe Jr., Robert J Permit Number: 1820-8591

Effective: 02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:21pm
AIR BLK	.00	9:22pm
ACCY CHK	.07	9:23pm
AIR BLK	.00	9:23pm
SUB TEST	.00	9:24pm
AIR BLK	.00	9:25pm
SUB TEST	.00	9:26pm
AIR BLK	.00	9:27pm

Reported AC: 00 g/2101

Signature of Chemical Analyst

Court CVR

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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-

mimo

# 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	اس	Hanover	Instrumer	nt Location C	AT h	ملناح	Last 1
Instrument Se	erial No.	<u>∞ 8788</u>	New	Henover	Com	ty s	٥
The preventive four months a		nance procedures for the	Intoximeters, N	Model Intox EC/II	R II to be foll	owed at lea	st once every
1.	Veri 34 d	fy the ethanol gas canist egrees, plus or minus .2	er displays press degree centigrad	sure, or the alcoho de;	olic breath sir	nulator ther	mometer 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	fy instrument accuracy;					
6.	Whe	en "PLEASE BLOW" ap	pears, collect b	reath sample;			
7.	Whe	en "PLEASE BLOW" as	pears, collect b	reath sample;			
8.	Prin	t test record;					
9.	Veri	fy Diagnostic Program;	and				
10.	simu	fy that the ethanol gas ca alator solution is being cl thever occurs first.	nister is being o sanged every fo	changed before ex ur months or after	piration date r 125 Alcohol	, or the alco lic Breath S	holic breath imulator tests,
I certify that of procedures w Department of	on the ere perfo of Health	rmed on the instrument i and Human Services, an	ndicated above, d the instrument	, 20 25 in accordance with is functioning pr	the forgoin th current reg roperly.	g preventiv julations of	e maintenance the N.C.
STATE OF THE PARTY		0	gnature of Certi	ifvine Official		226 Certificat	C313

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

AIR I	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 Persons and Perso		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		onville	. 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 cani 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	G.			
6.	When "PLEASE BLOW"	appears, collect breath sample	0)		
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 before changed every four months or	ore expiration	n date, or the al- Moholic Breath	coholic breath Simulator tests,
procedures	at on the 30 day of day of tof Health and Human Services,	t indicated above, in accordan	nce with curr	rent regulations	tive maintenance of the N.C.
		Signature of Certifying Offic			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	Page	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>	Swanst	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 caniste 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;	6		
7.	When "PLEASE BLOW" app	ears, collect breath sample;	12		
8.	Print test record;				
9.	Verify Diagnostic Program; a	nd			
10.	Verify that the ethanol gas car simulator solution is being cho whichever occurs first.	nister is being changed befor anged every four months or	re expiration after 125 Ale	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 curren	rgoing preventivent regulations of	e maintenance the N.C.
STATE	- L	nature of Certifying Officia		ر Certificat	( <u>(313</u>

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	Onsl	ow_	Instrument Location_	BAT	Mosile	Ln:+ 1
Instrument S	erial No	०० ४८१४		nuille	PD	
The preventi		nce procedures for th	e Intoximeters, Model Intox I	EC/IR II to be	e followed at least	once every
1.		the ethanol gas canis ees, plus or minus .2	ter displays pressure, or the a degree centigrade;	lcoholic brea	th simulator thern	ometer shows
2.	Verify i	instrument displays t	ime and date;			
3.	Initiate	breath test sequence	:			
4.	Enter in	formation as promp	ted;			
5.	Verify i	instrument accuracy;	i			
6.	When *	PLEASE BLOW" a	ppears, collect breath sample	;		
7.	When "	PLEASE BLOW" a	ppears, collect breath sample			
8.	Print te	st record;				
9.	Verify I	Diagnostic Program;	and			
10.	simulate		anister is being changed befo hanged every four months or			
	vere performe		May , 20 indicated above, in accordance and the instrument is functioning	ce with curren	rgoing preventive nt regulations of the	
STATE OF THE PROPERTY OF THE P		لج	Ignature of Certifying Officia	1	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	

rest	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 w	زالد	P)	
The preventive four months a	ve maintenance procedures for thare:	e Intoximeters, Model Intox I	EC/IR II to	be followed at leas	st once every
1.0	Verify the ethanol gas canis 34 degrees, plus or minus .2	ter displays pressure, or the al degree centigrade;	lcoholic bre	ath simulator ther	mometer shows
2.	Verify instrument displays	time and date;			
3,	Initiate breath test sequence	•			
4.	Enter information as promp	ted;			
5.	Verify instrument accuracy	E			
6.	When "PLEASE BLOW" a	appears, collect breath sample			
7.	When "PLEASE BLOW" a	appears, collect breath sample;			
8.	Print test record;				
9.	Verify Diagnostic Program;	and			
10.		anister is being changed befor changed every four months or			
	on the 304 day of day o		ce with curr	ent regulations of	e maintenance the N.C.
		Mature of Certifying Officia	1		31 <u>&gt;</u>

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(	Instrument Location BAT Mobile Unit 1
Instrument S	erial No. 00 8788 Swansboro PD
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	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 w	on the 31st day of 10st day of
Cappe of	Signature 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

Status	Time
Pass	10:36pm
Pass	10:36pm
	Pass

Preventive Maintenance Status: Pass

Analyst

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

Instrument Serie	al No. 008879	50	Wansboro PD	_
	maintenance procedures for the Intox 0,000 or higher) to be followed at leas		C/IR II and Model Intox EC/IR II (Enhans are:	nced with
(1)	Verify the ethanol gas canister dis breath simulator thermometer show		per square inch (psi) of pressure, or the ninus .2 degree centigrade;	alcoholic
(2)	Verify instrument displays time ar	nd date;		
(3)	Initiate breath test sequence;			
(4)	Enter information as prompted;			
(5)	Verify instrument accuracy;			
(6)	When "PLEASE BLOW" appears	, collect breath sample;		
(7)	When "PLEASE BLOW" appears	, collect breath sample;		
(8)	Print test record;			
(9)	Run diagnostic program and confi	irm preventive maintena	ance status of "Pass"; and	
(10)			before expiration date, or the alcoh s or after 125 Alcoholic Breath Simu	
were performed	the 31 day of May of on the instrument indicated above, rvices, and the instrument is functioni	in accordance with curr	the forgoing preventive maintenance rent regulations of the N.C. Departmen	procedure at of Healt
Sea and	Tanty	Brett	30769	9

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)

	al No. 00 8894 POLICE	DEPT
	maintenance procedures for the Intoximeters, Model Intox EC/IR II at 0,000 or higher) to be followed at least once every four months are:	d Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per squa 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 e simulator 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 the instrument indicated above, in accordance with current regular vices, and the instrument is functioning properly.	
- a am in	THE CE	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.
<b>三</b>	1 mit Butter 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	- F	PM	0
	maintenance procedures for t 0,000 or higher) to be followed			fodel Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas can breath simulator thermom	ister displays at least 51 p eter shows 34 degrees, plu	ounds per square in s or minus .2 degre	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	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 mai	intenance status of	"Pass"; and
(10)	Verify that the ethanol simulator solution is bei whichever occurs first.	gas canister is being cha ng changed every four m	anged before expir conths or after 12	ration date, or the alcoholic breath 5 Alcoholic Breath Simulator tests
I certify that on were performed and Human Ser	the 6+1 day of	above, in accordance with	25 the forgoing h current regulation	preventive maintenance procedures ns of the N.C. Department of Health
STATE OF THE PARTY				
		260		32.02.02
Comment of the last	1	Signature of Certifying C	-	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 Ser	ial No. 008922	-	NEW RIVER	PMO
The preventive serial number	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 months are:	EC/IR II (Enhanced with
(1)			ounds per square inch (psi) of s 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.	s canister is being cha changed every four n	anged before expiration date, nonths or after 125 Alcoholic	or the alcoholic breath Breath Simulator tests
	the 6+4 day of Medicated at vices, and the instrument indicated at vices, and the instrument is fun	bove, in accordance with	1	maintenance procedures C. Department of Healti

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		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

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch Department of Health and Human Services

Rev. 12/2007

#### 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	ひらんもい	Instrument Location_	DNSLOW	COUNTY
Instrument Serial	No. 008931	-	DETENTION	CENTER
The preventive m serial number 10,	aintenance procedures for ti 000 or higher) to be followe	he Intoximeters, Model In d at least once every four	tox EC/IR II and Model In months are:	ntox EC/IR II (Enhanced with
(1)	Verify the ethanol gas can breath simulator thermom	ister displays at least 51 p eter shows 34 degrees, plu	ounds per square inch (ps s or minus .2 degree centi	) of pressure, or the alcoholic grade;
(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 p simulator solution is being whichever occurs first.	gas canister is being changed every four n	anged before expiration of nonths or after 125 Alco	date, or the alcoholic breat holic Breath Simulator tests
I certify that on the were performed and Human Services	ne 6 <sup>th</sup> day of MA ou the instrument indicated ces, and the instrument is fu	above, in accordance wit	25 the forgoing preven h current regulations of th	tive maintenance procedure se N.C. Department of Healt
Comment of the Commen	Lake			2824950
		Signature of Certifying C	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:E
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 t 0,000 or higher) to be follow	the Intoximeters, Model Intended at least once every four r	ox EC/IR II and Model nonths 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 sequen	ce;		
(4)	Enter information as pron	npted;		
(5)	Verify instrument accura-	ey;		
(6)	When "PLEASE BLOW"	appears, collect breath sam	nple;	
(7)	When "PLEASE BLOW"	appears, collect breath sam	ople;	
(8)	Print test record;			
(9)	Run diagnostic program a	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 f	above, in accordance with	the forgoing previous current regulations of	entive maintenance procedure the N.C. Department of Healti
	Tu	PG		282 4950

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

Status	Time
Pass	3:04pm
Pass	3:04pm
Pass	3:04pm
	Pass Pass

#### 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

# 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 Ir	ntox EC/IR II and Mode	I Intox EC/IR II (Enhanced with
serial number 1	0,000 or higher) to be followed	ed at least once every four	months are:	
(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 ce	(psi) of pressure, or the alcoholic ntigrade;
(2)	Verify instrument display	s time and date;		
(3)	Initiate breath test sequen	ce;		
(4)	Enter information as pron	npted;		
(5)	Verify instrument accuracy;			
(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 ma	intenance status of "Pas	ss"; and
(10)				n date, or the alcoholic breath lcoholic Breath Simulator tests,
were performed	the 31 day of 70 day of 10	allove, in accordance wi		ventive maintenance procedures f the N.C. Department of Health
Comment of the second	9 1	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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

1 mot 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)

		o us 4my 70 West	
Instrument Seri	al No. <u>00 8799</u> [200	03 4wy 10 WEST	
	14.1	Istorough, NC	
	maintenance procedures for the Intoximeters, Model Intox E 0,000 or higher) to be followed at least once every four mont		
(1)	Verify the ethanol gas canister displays at least 51 pound breath simulator thermometer shows 34 degrees, plus or r		
(2)	Verify instrument displays time and date;		
(3)	Initiate breath test sequence;		
(4)	Enter information as prompted;		
(5)	Verify instrument accuracy;		
(6)	When "PLEASE BLOW" appears, collect breath sample;		
(7)	When "PLEASE BLOW" appears, collect breath sample;		
(8)	Print test record;		
(9)	Run diagnostic program and confirm preventive mainten	ance status of "Pass"; and	
(10)	Verify that the ethanol gas canister is being changed simulator solution is being changed every four month whichever occurs first.		
were performe	the day of	the forgoing preventive maintenance procedures rent regulations of the N.C. Department of Health	
	Somm Adre Ban	es 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
AIR BLK	-00	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 - 58mm

#### 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

# 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 I	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced wit 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the 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 tests whichever occurs first.
were performed	the
O OM IN	Simm Holes Specos 146221
The state of the s	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

Analyst

#### 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

# 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 !	0,000 or higher) to be follow	ed at least once every four	months are:	tox EC/IR II (Enhanced with
(1)			pounds per square inch (psi us or minus .2 degree centi	) of pressure, or the alcoholic grade;
(2)	Verify instrument display	s time and date;		
(3)	Initiate breath test sequen	ce;		
(4)	Enter information as pror	npted;		
(5)	Verify instrument accura-	ey;		
(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	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 ch ng changed every four i	anged before expiration of months or after 125 Alcoh	late, or the alcoholic breath holic Breath Simulator tests,
were performed	on the instrument indicated rices, and the instrument is for	above, in accordance wi	the forgoing prevent th current regulations of th	tive maintenance procedures e N.C. Department of Health
	. X	DI		
100 mm	tit	h	_	2824950
		Signature of Certifying	Official	Certificate Number

#### 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

### 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	200 E. Colonial Ave. Elizabeth City, NC
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.
I certify that on were performed and Human Ser	the 29 Hay of Court 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	10.7	

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 9:21am

#### 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

### 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

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

AV-7				2003 (P002) TURNOTAN -0	
	maintenance procedures for t 10,000 or higher) to be followed			Model Intox EC	IR II (Enhanced with
(1)		nister displays at least 51 po eter shows 34 degrees, plus			ssure, or the alcoholic
(2)	Verify instrument display	s time and date;			
(3)	Initiate breath test sequen	ce;			
(4)	Enter information as pron	apted;			
(5)	Verify instrument accuracy	y;			
(6)	When "PLEASE BLOW"	appears, collect breath san	nple;		
(7)	When "PLEASE BLOW"	appears, collect breath sam	nple;		
(8)	Print test record;				
(9)	Run diagnostic program a	and confirm preventive main	ntenance status	of "Pass"; 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 ex onths or after	piration date, or 125 Alcoholic B	the alcoholic breath reath Simulator tests
were performe	d on the instrument indicated rvices, and the instrument is fi	above, in accordance with	25 the forgoin current regula	ng preventive ma	aintenance procedures Department of Health
STEEL STEEL	()\$)	0/			V
OF COM 1850		Surnature of Certifying O			ificate Number

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

Status	Time
Pass	3:37pm
CRC Tests	
Status	Time
	Pass CRC Tests Status

COMP	Pass	3:37pm
CAL	Pass	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)

County	P:#	Instrument Location	BAT	Mobile	Un. + 10
Instrument Se	erial No \$6 \( \frac{9}{2} \)	_	NCL	JRC	
		es for the Intoximeters, Model Int followed at least once every four		and Model Intox I	EC/IR II (Enhanced with
(1)		gas canister displays at least 51 permometer shows 34 degrees, plus			
(2)	Verify instrument	displays time and date;			
(3)	Initiate breath test	sequence;			
(4)	Enter information	as prompted;			
(5)	Verify instrument	accuracy;			
(6)	When "PLEASE B	LOW" appears, collect breath san	nple;		
(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 irst.			
were perform	ervices, and the instrume	May , 20 3 licated above, in accordance with nt is functioning properly.	the forgo	lations of the N.C	naintenance procedure L Department of Health
	38	Signature of Certifying O	fficial		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

### 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 have day of have the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.

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 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

#### 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

### 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		9			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
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: 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

# 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 0,000 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
	d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rvices, and the instrument is functioning properly.



Signature of 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

Signature of Chemical Analyst

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 time the time that	

4:17pm PRNT Pass

#### CRC Tests

Status Time Test

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

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	lobeson ial No. 008584	Instrument Location_	Robeson	Mobile County	Unit 10 So
	maintenance procedures for the 10,000 or higher) to be followed			d Model Intox E	C/IR II (Enhanced with
(1)	Verify the ethanol gas cani- breath simulator thermome				ressure, or the alcoholic
(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	ppears, collect breath sa	mple;		
(7)	When "PLEASE BLOW" a	ppears, 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 go simulator solution is being whichever occurs first.				
were performe	day of	bove, in accordance wit	25 the forgoi	ng preventive mations of the N.C.	naintenance procedures Department of Health
		Signature of Certifying	Official	క్లో	66313

# 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	Lobeson	Instrument Location_	BAT nos	sile Unit 12
Instrument Seri	ial No. 00 8601	_	Lumberton	Po
	maintenance procedures for th 0,000 or higher) to be followe			Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas can breath simulator thermome			si) 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	Verify instrument accuracy;		
(6)	When "PLEASE BLOW" appears, collect breath sample;			
(7)	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 pholic Breath Simulator tests
were performed	the 814 day of 151 day of 152 day	bove, in accordance with	25 the forgoing preve a current regulations of t	ntive maintenance procedures the N.C. Department of Health
- ama		Signature of Certifying O	fficial	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 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the day of

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 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.
were performed	the day of

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 curr	rent regulations of	ive maintenance of the N.C.
STATI				ക	<b>.</b>
		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 alebreath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;  (2) Verify instrument displays time and date;  (3) Initiate breath test sequence;  (4) Enter information as prompted;  (5) Verify instrument accuracy;  (6) When "PLEASE BLOW" appears, collect breath sample;  (7) When "PLEASE BLOW" appears, collect breath sample;  (8) Print test record;  (9) Run diagnostic program 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 Simulato whichever occurs first.  I certify that on the day of	he preventive erial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and 0,000 or higher) to be followed at least once every four months are:	Model Intox EC/IR II (Enhanced	with
(3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program 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 Simulato whichever occurs first.  I certify that on the 2 day of May 2055 the forgoing preventive maintenance program on the instrument indicated above, in accordance with current regulations of the N.C. Department of	(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 alcoh ree centigrade;	nolic
(4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program 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 Simulator whichever occurs first.	(2)	Verify instrument displays time and date;		
(5) Verify instrument accuracy;  (6) When "PLEASE BLOW" appears, collect breath sample;  (7) When "PLEASE BLOW" appears, collect breath sample;  (8) Print test record;  (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and  (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.	(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 simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever 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 alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.	(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 simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.  I certify that on the day of, 2925 the forgoing preventive maintenance program on the instrument indicated phove, in accordance with current regulations of the N.C. Department 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 simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.  I certify that on the day of, 2925 the forgoing preventive maintenance program and confirm preventive maintenance program and confirm preventive maintenance with current regulations of the N.C. Department of	(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 whichever occurs first.  certify that on the day of, 2025_ the forgoing preventive maintenance processere performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of	(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, 2025 the forgoing preventive maintenance processere performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of	(9)	Run diagnostic program and confirm preventive maintenance status o	f "Pass"; and	
certify that on the 2 day of May .2925 the forgoing preventive maintenance processor performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of	(10)	simulator solution is being changed every four months or after 1		
were performed on the instrument indicated bove, in accordance with current regulations of the N.C. Department of		whichever occurs first.		
	ere performed	on the instrument indicated bove, in accordance with current regulati		

#### 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/IR II 0,000 or higher) to be followed at least once every four months are:	and Model Intox EC/IR II (Enhanced with	
(1)	Verify the ethanol gas canister displays at least 51 pounds per square breath simulator thermometer shows 34 degrees, plus or minus .2	uare inch (psi) of pressure, or the alcoholic degree centigrade;	
(2)	Verify instrument displays time and date;		
(3)	Initiate breath test sequence;		
(4)	Enter information as prompted;		
(5)	Verify instrument accuracy;		
(6)	When "PLEASE BLOW" appears, collect breath sample;		
(7)	When "PLEASE BLOW" appears, collect breath sample;		
(8)	Print test record;		
(9)	Run diagnostic program and confirm preventive maintenance stat	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.		
were performed	the 2nd day of May , 20 25 the forgot on the instrument indicated above, in accordance with current regions, and the instrument is functioning properly.	going preventive maintenance procedures ulations of the N.C. Department of Health	
3			

#### 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 performe	the 2nd day of 10cy , 2025 the forgoing preventive maintenance procedures of the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rvices, 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

Test	Status	Time
FC1	Pass	8:35pm
SRC	Pass	8:35pm
DET	Pass	8:35pm
BAR	Pass	8:35pm
BT	Pass	8:35pm

#### Blank Tests

Test	Status	Time	
AIR	Pass	8:36pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:36pm
	CRC Tests	
Test	Status	Time
COMP	Pass	8:36pm
CAL	Pass	8:36pm

Preventive Maintenance Status: Pass

Analyst

## 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	Mosile	- Unit	12
Instrument Ser	rial No. 00 8698	-	Lunbert	ron f	9	
	maintenance procedures for the 10,000 or higher) to be followed			Model Intox	EC/IR II (Enl	nanced with
(1)	Verify the ethanol gas canis breath simulator thermomet					ne alcoholic
(2)	Verify instrument displays	time and date;				
(3)	Initiate breath test sequence	:				
(4)	Enter information as promp	ted;				
(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)	Verify that the ethanol gas canister is being changed before 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 60 day of 70 day of 10 the instrument indicated all vices, and the instrument is fundament is fundament.		25the forgoing h current regulation			
		signature of Certifying O			226C31	

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)

The preventive	maintenance procedures for th						
serial number 1	0,000 or higher) to be followed	e Intoximeters, Model Ir d at least once every four	ntox EC/IR II ar months are:	nd Model I	ntox EC/I	R II (Enhan	ced with
(1)	Verify the ethanol gas can breath simulator thermome	ster displays at least 51 p ter shows 34 degrees, pla	oounds per squa us or minus .2 d	re inch (ps egree centi	i) of press grade;	sure, or the a	lcoholic
(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.	as canister is being changed every four n	anged before e	xpiration 125 Alco	date, or t holic Bre	the alcoholic eath Simulat	breath or tests,
	the 18th day of		25the forgo				
		Signature of Certifying C				cate Number	

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_ ISA	Mobile	Lnit
Instrument S	erial No. 00 8698	Red	Springs	PD	
The preventi	ve maintenance procedures for the are:	Intoximeters, Mode	l Intox EC/IR II to	be followed at leas	t once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d	r displays pressure, legree centigrade;	or the alcoholic b	reath simulator thern	nometer 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 mo	ed before expirationths or after 125	on date, or the alcoh Alcoholic Breath Sir	nolic breath mulator tests,
procedures w	on theday of were performed on the instrument in of Health and Human Services, and	dicated above, in ac	cordance with cur	forgoing preventive trent regulations of the	maintenance he N.C.
		passage of Certifying	Official		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. OU SLIK	Robert	Conn	y 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 canisto 34 degrees, plus or minus .2		alcoholic bre	ath simulator the	ermometer shows
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" ap	pears, collect breath sample	e;		
8.	Print test record;				
9.	Verify Diagnostic Program;	nd			
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.				
procedures w	on the 23th day of Movere performed on the instrument in the day of Health and Human Services, and	ndicated above, in accordan	nce with curre	ent regulations o	ve maintenance f the N.C.
The Court		gnature of Certifying Office	ial		6313 ate 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 to 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	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 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 maions of the N.C.	
GOM AND		Signature of Certifying	Official		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 I	EC/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	pted;			
(5)	Verify instrument accuracy	r.			
(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 an	d confirm preventive mair	ntenance status o	of "Pass"; and	
(10)	Verify that the ethanol g simulator solution is bein whichever occurs first.				
	the Standard day of	bove, in accordance with	25 the forgoing current regulati	g preventive rions of the N.C	maintenance procedures  C. Department of Health
Comment of the Commen	7	0		2	266313
		Signature of Certifying Of	ficial	Ce	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 16, 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	Rusa	son	Instrument Location	BAT	M.b.le	<u> </u>
Instrument Ser	rial No	00 8788	Red	Springs	PD	
The preventive four months ar	e mainter	nance procedures for the	e Intoximeters, Model Into	x EC/IR II to be	followed at least	once every
1.	Verif 34 de	y the ethanol gas canist grees, plus or minus .2	ter displays pressure, or the degree centigrade;	alcoholic breath	simulator therm	nometer shows
2.	Verif	y instrument displays ti	ime and date;			
3.	Initia	te breath test sequence;	6			
4.	Enter	information as prompt	ed;			
5.	Verif	y instrument accuracy;				
6.	When	"PLEASE BLOW" a	ppears, collect breath samp	ole;		
7.	When	"PLEASE BLOW" a	ppears, collect breath samp	ole;		
8.	Print	test record;				
9.	Verif	y Diagnostic Program;	and			
10.	simu	y that the ethanol gas collator solution is being content of the second	anister is being changed be hanged every four months	efore expiration of or after 125 Alco	ate, or the alcoh sholic Breath Sir	olic breath nulator tests,
I certify that of procedures we Department of	re perfor	day of Manual Ma	indigated above, in accorded the instrument is function	the forgance with current ning properly.	going preventive regulations of t	maintenance he N.C.
a done up			gnature of Certifying Offi	cial	226C	3L3 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	Robeson (	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 before anged every four months or	re expiration after 125 A	n date, or the alc Icoholic Breath	oholic breath Simulator tests,
procedures v	on the 250 day of day of Health and Human Services, an	ndicated above, in accordance	ce with curre	ent regulations o	ve maintenance f the N.C.
					<b>6</b> 313
		mature of Certifying Officia	al		ste 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)

County Roll	al No. 008805 Instrument Location Robeson County  Destention Center
	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_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.
	JKS 365156

#### 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;	olic
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and	
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic be simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.	reath
I certify that or were performe and Human Se	n the 2 day of May, 2025 the forgoing preventive maintenance proceed 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 1

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		
	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
	.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	Pass	10:19am
FLO	Pass	10:19am
FC	Pass	10:19am

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:19am
SRC	Pass	10:19am
DET	Pass	10:19am
BAR	Pass	10:19am
BT	Pass	10:19am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:20am

#### Printer Tests

Test

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)

Selection and	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.    A

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 Seri	al No. <u>008857</u>	Instrument Location De	ed Springs blice Department
		he Intoximeters, Model Intox E	EC/IR II and Model Intox EC/IR II (Enhanced wi
(1)		nister displays at least 51 pounds eter shows 34 degrees, plus or r	nds per square inch (psi) of pressure, or the alcohol r minus .2 degree centigrade;
(2)	Verify instrument displays	s time and date;	
(3)	Initiate breath test sequence	oe;	
(4)	Enter information as prom	npted;	
(5)	Verify instrument accurac	y;	
(6)	When "PLEASE BLOW"	appears, collect breath sample;	e;
(7)	When "PLEASE BLOW"	appears, collect breath sample;	e;
(8)	Print test record;		
(9)	Run diagnostic program a	nd confirm preventive maintena	nance status of "Pass"; and
(10)			ed before expiration date, or the alcoholic brea ths or after 125 Alcoholic Breath Simulator test
		bove, in accordance with curr	the forgoing preventive maintenance procedur arrent regulations of the N.C. Department of Heal
	) ALS	Signature of Certifying Officia	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)

	ounty	UNO. BOS970 Instrument Location BAT Mabile Unit 11  NO. BOS970 NCW BC
T s	he preventive i	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	(2)	Verify instrument displays time and date;
	(3)	Initiate breath test sequence;
	(4)	Enter information as prompted;
	(5)	Verify instrument accuracy;
	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
1		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.
	ON STATE OF	A months in the control of the contr
deman		
-		Man Janier 1404930

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. 00 8835	EPARTMENT
	e maintenance procedures for the Intoximeters, Model Intox EC/IR 10,000 or higher) to be followed at least once every four months are	
(1)	Verify the ethanol gas canister displays at least 51 pounds per breath simulator thermometer shows 34 degrees, plus or minus	
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	•
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance	status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed bef simulator solution is being changed every four months or whichever occurs first.	ore expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,
were performe	on the	forgoing preventive maintenance procedures regulations of the N.C. Department of 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
	.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)

100000000000000000000000000000000000000	therford al No.008889	Instrument Location F	Forest City Police De	ρŧ.
The preventive serial number 1	maintenance procedures for th 0,000 or higher) to be followed	ne Intoximeters, Model Intox d at least once every four mor	EC/IR II and Model Intox EC/IR II (Enhan- nths are:	ced with
(1)		ister displays at least 51 poun eter shows 34 degrees, plus or	nds per square inch (psi) of pressure, or the a r minus .2 degree centigrade;	slcoholic
(2)	Verify instrument displays	time and date;		
(3)	Initiate breath test sequence	e;		
(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 sample;			
(8)	Print test record;			
(9)	Run diagnostic program ar	nd confirm preventive mainter	nance status of "Pass"; and	
(10)	Verify that the ethanol g simulator solution is bein whichever occurs first.	as canister is being change ng changed every four mont	ed before expiration date, or the alcoholi ths or after 125 Alcoholic Breath Simula	ic breath tor tests,
were performed	the Z8_day of	above, fn accordance with cu	the forgoing preventive maintenance prourrent regulations of the N.C. Department of	ocedures of Health
The same	1	270	244987	
	4	Signature of Certifying Office	fial Certificate Numbe	r

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 alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
(2)	Verify instrument displays time and date;		
(3)	Initiate breath test sequence;		
(4)	Enter information as prompted;		
(5)	Verify instrument accuracy;		
(6)	When "PLEASE BLOW" appears, collect breath sample;		
(7)	When "PLEASE BLOW" appears, collect breath sample;		
(8)	Print test record;		
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and		
(10)	Verify that the ethanol gas canister is being changed before 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 Z8 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, 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.
STATE OF	
Som an	Signature of Certifying Official Certificate Number
	J. 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

Test	Status	Time
AIR	Pass	9:42am

#### Printer Tests

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

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 Series	ial No. 008824 Instrument Location Stanly County So blbemare, 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 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

Tes	t	g/210L	Time
DIA	G	Pass	1:12pm
AIR	BLK	.00	1:12pm
ACC	Y CHK	.07	1:13pm
AIR	BLK	.00	1:14pm
SUE	TEST	.00	1:15pm
AIF	BLK	.00	1:16pm
SUE	TEST	.00	1:17pm
ATE	BLK	.00	1:18pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst Garm is used when performing Preventive Maintenance

## STANLY COUNTY STANLY COUNTY SO 830

Serial Number: 008824 Test Record Number: 2224
Test Date: 05/13/2025 Test Time: 1:19pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	1:19pm
FLO	Pass	1:19pm
FC	Pass	1:19pm

# Temperature Tests

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

#### Blank Tests

Test	Status	Time	
AIR	Pass	1:20pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:20pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:20pm

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)

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 25 day of May 2025 the 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.

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

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 Date of Birth: 77/77/79
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/ACa ,00 g/210L

Signature of Chemical Analyst

Court CVR

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)

stenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0 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 alcoholismenth simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
Verify instrument displays time and date;
nitiate 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 imulator 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
COMP	Pass	6:59pm

Preventive Maintenance Status: Pass

Pass

CAL

6:59pm

Analyst Deluborus

# 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 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	712020	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

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

Preventive Maintenance Status: Pass

- San Steress

## DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL 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 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	
ATR	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

# DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL 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.
vere performed	the 2+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

## DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL 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 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before 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

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## 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

Sur O Klesow

## DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL 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.
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

# DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

## 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	1 Instrument Location CARY ?1)
Instrument Seri	al No. 008587 120 Wilkerson St. CARY, 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.
	the <u>28</u> day of <u>MAY</u> , 2025 the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
THE STATE OF THE PARTY OF THE P	Sman Holes Barros 146221
- Constant	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	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	10:59am
L LO	Pass	10:59am
FC	Pass	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

# DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL 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 Seria	il No. 0086/2		601 H	lutten ST	RALEIGH, NO
The preventive serial number 10	maintenance procedures for the 0,000 or higher) to be followed	e Intoximeters, Mo	del Intox EC/IR I y four months are:	I and Model Intox	EC/IR II (Enhanced with
(1)	Verify the ethanol gas canis breath simulator thermomet	ster displays at leas er shows 34 degree	t 51 pounds per s es, plus or minus .	quare inch (psi) of 2 degree centigrade	pressure, or the alcoholic e;
(2)	Verify instrument displays t	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 bre	ath sample;		
(7)	When "PLEASE BLOW" a	ppears, collect bre	ath sample;		
(8)	Print test record;				
(9)	Run diagnostic program and	d confirm preventi	ve maintenance st	atus of "Pass"; and	
(10)	Verify that the ethanol gas simulator solution is being whichever occurs first.				
were performed	the 28 day of	bove, in accordance	ce with current re	rgoing preventive gulations of the N.	maintenance procedures C. Department of Health
The state of the s	5mm	Stokes 2	Siques		YC22/ ertificate 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:

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 mm	

#### 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

## DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL 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) Ver bre (2) Ve (3) Init (4) En (5) Ve (6) Wi (7) Wi (8) Pri (9) Ru (10) Ve sin wh	ance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with higher) to be followed at least once every four months are:  fy the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic th simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;  fy instrument displays time and date;  ate breath test sequence;  or information as prompted;  fy instrument accuracy;
(1) Ver bre (2) Ve (3) Ini (4) En (5) Ve (6) Wi (7) Wi (8) Pri (9) Ru (10) Ve sin wh	ance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with higher) to be followed at least once every four months are:  fy the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic the simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;  fy instrument displays time and date;  ate breath test sequence;  r information as prompted;  fy instrument accuracy;
(1) Ver bre (2) Ve (3) Ini (4) En (5) Ve (6) Wi (7) Wi (8) Pri (9) Ru (10) Ve sin wh	higher) to be followed at least once every four months are:  fy the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic th simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;  fy instrument displays time and date;  ate breath test sequence;  r information as prompted;  fy instrument accuracy;
(2) Ve (3) Ini (4) En (5) Ve (6) Wi (7) Wi (8) Pri (9) Ru (10) Ve sin wh	th simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;  fy instrument displays time and date;  ate breath test sequence;  r information as prompted;  fy instrument accuracy;
(3) Init (4) En (5) Ve (6) WI (7) WI (8) Pri (9) Ru (10) Ve sin wh	ate breath test sequence; r information as prompted; fy instrument accuracy;
(4) En (5) Ve (6) WI (7) WI (8) Pri (9) Ru (10) Ve sin wh	r information as prompted; fy instrument accuracy;
(5) Ve (6) WI (7) WI (8) Pri (9) Ru (10) Ve sin wh	fy instrument accuracy;
(6) WI (7) WI (8) Pri (9) Ru (10) Ve sin wh	
(7) WI (8) Pri (9) Ru (10) Ve sin wh	
(8) Pri (9) Ru (10) Ve sin wh	n "PLEASE BLOW" appears, collect breath sample;
(9) Ru (10) Ve sin wh	en "PLEASE BLOW" appears, collect breath sample;
(10) Ve sin wh	t test record;
sin wh	diagnostic program and confirm preventive maintenance status of "Pass"; and
	fy that the ethanol gas canister is being changed before expiration date, or the alcoholic breath slator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, thever occurs first.
and Human Services,	day of

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

## DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL 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 0,000 or higher) to be followed at least once every four months are:	Golds buro, ~
(1)	Verify the ethanol gas canister displays at least 51 pounds per square	e inch (psi) of pressure, or the alcoholic
	breath simulator thermometer shows 34 degrees, plus or minus .2 deg	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 "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before ex simulator solution is being changed every four months or after whichever occurs first.	
were performed	the 33 day of May , 2025 the forgoing on the instrument indicated above, in accordance with current regular vices, and the instrument is functioning properly.	ng preventive maintenance procedures tions of the N.C. Department of Health
	Signature of Certifying Official	37772Z 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
	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

# DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

County_ (	Vils	on		Instrument Location_	BAT	Mobile	Unit 1
Instrument Seri	al No.	00 860	21_	W:Ison	PD		
The preventive four months are		nance procedure	s for the l	ntoximeters, Model Intox l	EC/IR II to b	oe followed at le	east once every
1.		ify the ethanol ga legrees, plus or m		displays pressure, or the a gree centigrade;	lcoholic bre	ath simulator th	ermometer show
2.	Veri	ify instrument dis	splays tim	e and date;			
3.	Initi	ate breath test so	quence;				
4.	Ente	er information as	prompted	i			
5.	Veri	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 thever 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 wer Department of I	e perfo	day o rmed on the instr and Human Serv	rument inc	icared above, in accordant the instrument is functioni	ce with curre	ent regulations	ive maintenance of the N.C.
COLUMN			0	Sature of Certifying Officia			66313 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

## DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL 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 Stay of May, 2025 the 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.

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

## DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL 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.
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3)7722

Certificate Number

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

Signature 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

## DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

# 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

## DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

County	Wilson	Instrument Location_	BAT	Mobile	Unit 12
Instrument S	erial No. <u>00 6788</u>	Wilson	PD		
The preventi	ve maintenance procedures for the lare:	Intoximeters, Model Intox E	C/IR II to	be followed at	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 a 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