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

_	TOWN II - 1 M - 1-1 Leton EC/IP II /Enhanced with
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 31d day of October , 2055 the forgoing preventive maintenance procedure 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.

ALAMANCE COUNTY BAT MOBILE UNIT 12 000

Serial Number: 008601 Test Date: 10/03/2025

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

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

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

Test	g/210L	Time
DIAG	Pass	9:53pm
AIR BLK	.00	9:54pm
ACCY CHK	.07	9:55pm
AIR BLK	.00	9:56pm
SUB TEST	.00	9:56pm
AIR BLK	.00	9:57pm
SUB TEST	.00	9:59pm
AIR BLK	.00	10:00pm

Reported AC: ... 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ALAMANCE COUNTY BAT MOBILE UNIT 12 000

Serial Number: 008601 Test Record Number: 1843
Test Date: 10/03/2025 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

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

	100.008601 Alamo	ince SO
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II a 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 squ breath simulator thermometer shows 34 degrees, plus or minus .2	are 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;	100
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance state	us of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before simulator solution is being changed every four months or afte whichever occurs first.	
were performed	the 10 to day of 00 to bec , 20 5 the forgon the instrument indicated above, in accordance with current regulations, and the instrument is functioning properly.	
A CONTRACTOR	My Daniek	1604930

ALAMANCE COUNTY BAT MOBILE UNIT 12 000

Serial Number: 008601 Test Date: 10/10/2025

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Lanier Jr., John P
Permit Number: 4582-9118
Effective:
04/01/2025-04/01/2027

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	9:28pm
AIR BLK	.00	9:29pm
ACCY CHK	.08	9:29pm
AIR BLK	.00	9:30pm
SUB TEST	.00	9:31pm
AIR BLK	.00	9:32pm
SUB TEST	.00	9:34pm
AIR BLK	.00	9:35pm

Reported AC: .. 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ALAMANCE COUNTY BAT MOBILE UNIT 12 000

Serial Number: 008601 Test Record Number: 1845
Test Date: 10/10/2025 Test Time: 9:36pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	9:37pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:37pm
	CRC Tests	

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

Preventive Maintenance Status: Pass

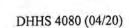
Analyst

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

Rev. 12/2007

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

County HIA	mance	Instrument Location 2	ATT Mobile Unit 12
Instrument Seria	al No. 008698		Burlington PD
	maintenance procedures for th 0,000 or higher) to be followed		EC/IR II and Model Intox EC/IR II (Enhanced with onths are:
(1)			nds 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	e;	
(4)	Enter information as prom	pted;	
(5)	Verify instrument accuracy	y;	
(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 a	nd confirm preventive maint	enance status of "Pass"; and
(10)			ged before expiration date, or the alcoholic breath on the or after 125 Alcoholic Breath Simulator tests
were performed	the 3rd day of OCH d on the instrument indicated rvices, and the instrument is fu	above, in accordance with	the forgoing preventive maintenance procedure current regulations of the N.C. Department of Healt
THE COUNTY NEWS		In Janier	1604930



ALAMANCE COUNTY BAT MOBILE UNIT 12 000

Serial Number: 008698 Test Date: 10/03/2025

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: Lanier Jr., John P

Permit Number: 4582-9118

Effective:

03/01/2025-03/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:18pm
AIR BLK	.00	9:19pm
ACCY CHK	.07	9:20pm
AIR BLK	.00	9:21pm
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

Analys

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 Rev. 12/2007

ALAMANCE COUNTY BAT MOBILE UNIT 12 000

Serial Number: 008698 Test Record Number: 2672
Test Date: 10/03/2025 Test Time: 9:25pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time	
AIR	Pass	9:27pm	

Printer Tests

Test	Status	Time
PRNT	Pass	9:27pm
	CRC Tests	

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

Preventive Maintenance Status: Pass

Analyst

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

County Alo	mance	Instrument Location 397	Mobile Unit 12
Instrument Seri	ial No. <u>DO8698</u>	_Alc	rmance SO
		the Intoximeters, Model Intox EC/II	R II and Model Intox EC/IR II (Enhanced with re:
(1)	Verify the ethanol gas ca breath simulator thermor	nnister displays at least 51 pounds pe meter shows 34 degrees, plus or minu	r square inch (psi) of pressure, or the alcoholic is .2 degree centigrade;
(2)	Verify instrument display	ys time and date;	
(3)	Initiate breath test seque	nce;	
(4)	Enter information as pro	mpted;	
(5)	Verify instrument accura	acy;	
(6)	When "PLEASE BLOW	" appears, collect breath sample;	
(7)	When "PLEASE BLOW	" appears, collect breath sample;	
(8)	Print test record;		
(9)	Run diagnostic program	and confirm preventive maintenance	status of "Pass"; and
(10)			fore expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests
were performe	the 10 the day of 000 do not the instrument indicated rvices, and the instrument is	d above, in accordance with current	forgoing preventive maintenance procedures regulations of the N.C. Department of Health
STATE OF STA	See	In Panier	1604930
		Signature of Certifying Official	Certificate Number

ALAMANCE COUNTY BAT MOBILE UNIT 12 000

Serial Number: 008698 Test Date: 10/10/2025

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Lanier Jr., John P
Permit Number: 4582-9118
Effective:

04/01/2025-04/01/2027

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	9:31pm
AIR BLK	.00	9:32pm
ACCY CHK	.07	9:33pm
AIR BLK	.00	9:34pm
SUB TEST	.00	9:34pm
AIR BLK	.00	9:35pm
SUB TEST	.00	9:37pm
AIR BLK	.00	9:38pm

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ALAMANCE COUNTY BAT MOBILE UNIT 12 000

Serial Number: 008698 Test Record Number: 2675 Test Date: 10/10/2025 Test Time: 9:39pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:39pm
FLO	Pass	9:39pm
FC	Pass	9:39pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:39pm
SRC	Pass	9:39pm
DET	Pass	9:39pm
BAR	Pass	9:39pm
BT	Pass	9:39pm

Blank Tests

Test	Status	Time
AIR	Pass	9:40pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:40pm
	Status Correction	

CRC Tests

Test	Status	Time
COMP	Pass	9:40pm
CAL	Pass	9:40pm

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)

	amance Instrument Location BAT Mobile Unit	
Instrument Seri	rial No. 008788 Burlington PI)
	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox 10,000 or higher) to be followed at least once every four months are:	EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrad	
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and	i
(10)	Verify that the ethanol gas canister is being changed before expiration date simulator solution is being changed every four months or after 125 Alcoholis whichever occurs first.	
were performed	on the <u>Stol</u> day of <u>October</u> , 20 <u>35</u> the forgoing preventive ded on the instrument indicated above, in accordance with current regulations of the Nervices, and the instrument is functioning properly.	maintenance procedures

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

DHHS 4080 (04/20)

ALAMANCE COUNTY BAT MOBILE UNIT 12 000

Serial Number: 008788 Test Date: 10/03/2025

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

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

Lot Number: AG417802 Exp Date: 06/26/2026

Test	g/210L	Time
DIAG	Pass	10:01pm
AIR BLK	.00	10:02pm
ACCY CHK	.07	10:03pm
AIR BLK	.00	10:03pm
SUB TEST	.00	10:05pm
AIR BLK	.00	10:05pm
SUB TEST	.00	10:07pm
AIR BLK	.00	10:08pm

Reported AC: ... 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ALAMANCE COUNTY BAT MOBILE UNIT 12 000

Serial Number: 008788 Test Record Number: 2473
Test Date: 10/03/2025 Test Time: 10:09pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:09pm
FLO	Pass	10:09pm
FC	Pass	10:09pm

Temperature Tests

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

Blank Tests

Test	Status	Time	
AIR	Pass	10:10pm	

Printer Tests

Test	Status	Time
PRNT	Pass	10:10pm
	Carlo Salvey	

CRC Tests

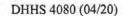
Test	Status	Time
COMP	Pass	10:10pm
CAL	Pass	10:10pm

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_Al	amance	Instrument Location BF	TT Mobile Unit 12	
Instrument Ser	ial No. 008788		ilamance SO	
		he Intoximeters, Model Intox E	C/IR II and Model Intox EC/IR II (Enhanced with	
(1)	Verify the ethanol gas can breath simulator thermom	nister displays at least 51 pounds eter shows 34 degrees, plus or r	s per square inch (psi) of pressure, or the alcoholic ninus .2 degree centigrade;	
(2)	Verify instrument displays	s time and date;		
(3)	Initiate breath test sequence	ce;		
(4)	Enter information as prom	npted;		
(5)	Verify instrument accurac	Verify instrument accuracy;		
(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 maintena	nce status of "Pass"; and	
(10)			before expiration date, or the alcoholic breath or after 125 Alcoholic Breath Simulator tests	
were performe	the 10 to day of 0 do not the instrument indicated rvices, and the instrument is full	above, in accordance with curr	the forgoing preventive maintenance procedures tent regulations of the N.C. Department of Health	
ATT QUAM VOOD		otin transer	1604930	
		Signature of Certifying Officia	l Certificate Number	



ALAMANCE COUNTY BAT MOBILE UNIT 12 000

Serial Number: 008788 Test Date: 10/10/2025

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: Lanier Jr., John P

Permit Number: 4582-9118

Effective:

04/01/2025-04/01/2027

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	9:41pm
AIR BLK	.00	9:42pm
ACCY CHK	.07	9:43pm
AIR BLK	.00	9:44pm
SUB TEST	.00	9:44pm
AIR BLK	.00	9:45pm
SUB TEST	.00	9:47pm
ATR BLK	0.0	9 · 48pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ALAMANCE COUNTY BAT MOBILE UNIT 12 000

Serial Number: 008788 Test Record Number: 2477
Test Date: 10/10/2025 Test Time: 9:49pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:49pm
FLO	Pass	9:49pm
FC	Pass	9:50pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:50pm
SRC	Pass	9:50pm
DET	Pass	9:50pm
BAR	Pass	9:50pm
BT	Pass	9:50pm

Blank Tests

Test	Status	Time 9:50pm
AIR	Pass	

Printer Tests

Test	Status	Time
PRNT	Pass	9:50pm
	CRC Tests	
Test	Status	Time

COMP Pass 9:51pm Pass 9:51pm

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)

Instrument Seri	al No. 008853 109 5. Maple ST GRAHAM, 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 2 day of October , 2025 the forgoing preventive maintenance procedures of the instrument indicated above, in accordance with current regulations of the N.C. Department of Health revices, and the instrument is functioning properly. Some Alaks Brans 146221

ALAMANCE COUNTY JAIL 000

Serial Number: 008853 Test Date: 10/02/2025

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male

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

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

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

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

Test	g/210L	Time
DIAG	Pass	8:03am
AIR BLK	.00	8:04am
ACCY CHK	.08	8:04am
AIR BLK	.00	8:06am
SUB TEST	.00	8:06am
AIR BLK	.00	8:07am
SUB TEST	.00	8:09am
AIR BLK	.00	8:10am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Simm Stokes Bacus Analyst

ALAMANCE COUNTY JAIL 000

Serial Number: 008853 Test Record Number: 5166
Test Date: 10/02/2025 Test Time: 8:10am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	8:11am

Printer Tests

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

Preventive Maintenance Status: Pass

mm Stoke Braves

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. 008853 109 5. Maple ST GRAHAM, 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 2 day of October , 2025 the forgoing preventive maintenance procedures of the instrument indicated above, in accordance with current regulations of the N.C. Department of Health revices, and the instrument is functioning properly. Some Alaks Brans 146221

ALAMANCE COUNTY JAIL 000

Serial Number: 008853 Test Date: 10/02/2025

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male

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

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

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

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

Test	g/210L	Time
DIAG	Pass	8:03am
AIR BLK	.00	8:04am
ACCY CHK	.08	8:04am
AIR BLK	.00	8:06am
SUB TEST	.00	8:06am
AIR BLK	.00	8:07am
SUB TEST	.00	8:09am
AIR BLK	.00	8:10am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Simm Stokes Bacus Analyst

ALAMANCE COUNTY JAIL 000

Serial Number: 008853 Test Record Number: 5166
Test Date: 10/02/2025 Test Time: 8:10am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time	
AIR	Pass	8:11am	

Printer Tests

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

Preventive Maintenance Status: Pass

mm Stoke Braves

Analyst

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

	naintenance procedures for the Intoximeters, Model Intox EC/IR II and 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 square breath simulator thermometer shows 34 degrees, plus or minus .2 de	
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status	of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before e simulator solution is being changed every four months or after whichever occurs first.	
were performed	on the instrument indicated above, in accordance with current regularizes, and the instrument is functioning properly.	
W 30 - 10	1 mm) anier	1604930

ALLEGHANY COUNTY BAT MOBILE UNIT 12 020

> Serial Number: 008601 Test Date: 10/28/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Lanier Jr., John P

Permit Number: 4582-9118

Effective:

04/01/2025-04/01/2027

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	8:07pm
AIR BLK	.00	mq80:8
ACCY CHI	x .08	mq80:8
AIR BLK	.00	8:09pm
SUB TEST	00. 1	8:10pm
AIR BLK	.00	8:11pm
SUB TEST	00. 1	8:12pm
ATR BLK	- 00	8:13pm

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

ALLEGHANY COUNTY BAT MOBILE UNIT 12 020

Serial Number: 008601 Test Record Number: 1850
Test Date: 10/28/2025 Test Time: 8:20pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time	
IR	Pass	8:21pm	
FLO	Pass	8:21pm	
FC	Pass	8:21pm	

Temperature Tests

Test	Status	Time
FC1	Pass	8:21pm
SRC	Pass	8:21pm
DET	Pass	8:21pm
BAR	Pass	8:21pm
BT	Pass	8:21pm

Blank Tests

Test	Status	Time	
AIR	Pass	8:22pm	

Printer Tests

Test	Status	Time
PRNT	Pass	8:22pm
	CRC Tests	
Test	Status	Time
COMP	Pass	8:22pm
CAL	Pass	8:22pm

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)

	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Mo 0,000 or higher) to be followed at least once every four months are:	odel Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square incorporate 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 "I	Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expira simulator solution is being changed every four months or after 125 whichever occurs first.	
were performed	the <u>38+6</u> day of <u>October</u> , 20 <u>35</u> the forgoing produced on the instrument indicated above, in accordance with current regulations rvices, and the instrument is functioning properly.	preventive maintenance procedures of the N.C. Department of Health
TOP OUM YOU	17th Janier	1604930

ALLEGHANY COUNTY BAT MOBILE UNIT 12 020

> Serial Number: 008698 Test Date: 10/28/2025

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Lanier Jr., John P

Permit Number: 4582-9118

Effective:

04/01/2025-04/01/2027

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	8:07pm
AIR BLK	.00	8:08pm
ACCY CHK	.07	8:09pm
AIR BLK	.00	8:09pm
SUB TEST	.00	8:10pm
AIR BLK	.00	8:11pm
SUB TEST	.00	8:12pm
AIR BLK	.00	8:13pm

Reported AG: .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 12 020

Serial Number: 008698 Test Record Number: 2679
Test Date: 10/28/2025 Test Time: 8:15pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:15pm
FLO	Pass	8:15pm
FC	Pass	8:16pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:16pm
SRC	Pass	8:16pm
DET	Pass	8:16pm
BAR	Pass	8:16pm
BT	Pass	8:16pm

Blank Tests

Test	Status	Time	
AIR	Pass	8:16pm	

Printer Tests

Test	Status	Time	
PRNT	Pass	8:16pm	
	CRC Tests		
Test	Status	Time	
COMP	Pass	8:17pm	
CAL	Pass	8:17pm	

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)

	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 alco breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;	holic
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and	
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic besimulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.	
	n the 28 ¹¹ day of October , 26 ²⁵ the forgoing preventive maintenance proceed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Fervices, and the instrument is functioning properly.	dures
Mr. Januara	11 11/1000	

ALLEGHANY COUNTY BAT MOBILE UNIT 12 020

> Serial Number: 008788 Test Date: 10/28/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Lanier Jr., John P

Permit Number: 4582-9118

Effective:

04/01/2025-04/01/2027

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	8:09pm
AIR BLK	.00	8:10pm
ACCY CHK	.08	8:10pm
AIR BLK	.00	8:11pm
SUB TEST	.00	8:12pm
AIR BLK	.00	8:13pm
SUB TEST	.00	8:14pm
AIR BLK	.00	8:15pm

Reported AC .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

ALLEGHANY COUNTY BAT MOBILE UNIT 12 020

Test Record Number: 2481 Serial Number: 008788

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	8:18pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:18pm
	CRC Tests	
Test	Status	Time
COMP	Pass	8:18pm
CAL	Pass	8:18pm

Preventive Maintenance Status: Pass

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	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced w 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcohobreath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breasimulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.
	the 20th day of October, 2025 the forgoing preventive maintenance procedured on the instrument indicated above, in accordance with current regulations of the N.C. Department of Hear rvices, and the instrument is functioning properly.

ASHE COUNTY ASHE COUNTY JAIL 040

Serial Number: 008849 Test Date: 10/20/2025

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: Long, Thomas A Permit Number: 0050-9387

Effective:

09/01/2025-09/01/2027

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	10:34am
AIR BLK	.00	10:35am
ACCY CHK	.07	10:35am
AIR BLK	.00	10:37am
SUB TEST	.00	10:37am
AIR BLK	.00	10:38am
SUB TEST	.00	10:40am
AIR BLK	.00	10:40am

Reported Ag: .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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ASHE COUNTY ASHE COUNTY JAIL 040

Serial Number: 008849 Test Record Number: 1848
Test Date: 10/20/2025 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

Status	Time	
Pass	10:42am	
	Pass Pass Pass Pass	

Blank Tests

Test	Status	Time
AIR	Pass	10:43am

Printer Tests

Test	Status	Time
PRNT	Pass	10:43am
	CRC Tests	

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

Preventive Maintenance Status: Pass

Analyst

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

County	AVERY	Instrument Location	AVERY CO	UNTY JAIL
Instrument Se	rial No		NEWLA	AND, NC
The preventiv	e maintenance procedures for 10,000 or higher) to be follow	the Intoximeters, Model I wed at least once every fou	ntox EC/IR II and Mod r months are:	lel Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas c breath simulator thermo	anister displays at least 51 meter shows 34 degrees, pl	pounds per square inch us or minus .2 degree c	(psi) of pressure, or the alcoholic centigrade;
(2)	Verify instrument displa	ays time and date;		
(3)	Initiate breath test seque	ence;		
(4)	Enter information as pro	ompted;		
(5)	Verify instrument accur	acy;		
(6)	When "PLEASE BLOW	When "PLEASE BLOW" appears, collect breath sample;		
(7)	When "PLEASE BLOW	V" appears, collect breath sa	imple;	
(8)	Print test record;			
(9)	Run diagnostic program	and confirm preventive m	aintenance status of "Pa	ass"; and
(10)				on date, or the alcoholic breath Alcoholic Breath Simulator tests
were perform	on the ST day of OC ed on the instrument indicate ervices, and the instrument is	ed above, in accordance wi	25 the forgoing pre th current regulations of	eventive maintenance procedures of the N.C. Department of Health
1000000		Signature of Certifying	Official	353799 Certificate Number

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

AVERY COUNTY AVERY COUNTY JAIL 050

Serial Number: 008664 Test Date: 10/01/2025

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: AG431003 Exp Date: 11/05/2026

Test	g/210L	Time
DIAG	Pass	11:19am
AIR BLK	.00	11:20am
ACCY CHK	.08	11:20am
AIR BLK	.00	11:21am
SUB TEST	.00	11:22am
AIR BLK	.00	11:23am
SUB TEST	.00	11:26am
AIR BLK	.00	11:27am

Reported AC: .00 g/210L

ignature of Chemical Analyst

Court CVR

AVERY COUNTY AVERY COUNTY JAIL 050

Serial Number: 008664 Test Record Number: 1340
Test Date: 10/01/2025 Test Time: 11:28am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:28am
FLO	Pass	11:28am
FC	Pass	11:28am

Temperature Tests

Test	Status	Time
FC1	Pass	11:28am
SRC	Pass	11:28am
DET	Pass	11:28am
BAR	Pass	11:28am
BT	Pass	11:28am

Blank Tests

Test	Status	Time
AIR	Pass	11:29am

Printer Tests

Test	Status	Time
PRNT	Pass	11:29am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:29am
CAL	Pass	11:29am

Preventive Maintenance Status: Pass

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

Analyst

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)

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	the day of OCTOBER, 2025 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health
	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

AVERY COUNTY BEECH MOUNTAIN PD 050

Serial Number: 008724 Test Date: 10/01/2025

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: AG506303 Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	9:58am
AIR BLK	.00	9:59am
ACCY CHK	.08	9:59am
AIR BLK	.00	10:00am
SUB TEST	.00	10:01am
AIR BLK	.00	10:02am
SUB TEST	.00	10:03am
ATR BLK	0.0	10.04am

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

AVERY COUNTY BEECH MOUNTAIN PD 050

Serial Number: 008724 Test Record Number: 848
Test Date: 10/01/2025 Test Time: 10:12am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
ATR	Pass	10:14am

Printer Tests

Test	Status	Time
PRNT	Pass	10:14am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:14am

Pass

10:14am

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

Analyst

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

County 15	ertie Instrument Location Bertie Lo. D. O. 222 Causal Frank R.)
istrument Seri	Windsor, N
he preventive erial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
vere performed	the 6 day of October, 20 25 the forgoing preventive maintenance procedures 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.
ONE STATE OF	
11 11 1	

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

BERTIE COUNTY BERTIE CO SO 070

Serial Number: 008897 Test Date: 10/06/2025

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: 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	1:28pm
AIR BLK	.00	1:29pm
ACCY CHK	.07	1:30pm
AIR BLK	.00	1:31pm
SUB TEST	.00	1:32pm
AIR BLK	.00	1:32pm
SUB TEST	.00	1:34pm
AIR BLK	.00	1:35pm

Reported AC. .00 g/270L

Signature of Chamical Analyst

Court CVR

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

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BERTIE COUNTY BERTIE CO SO 070

Serial Number: 008897 Test Record Number: 1701 Test Date: 10/06/2025 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	1:38pm
SRC	Pass	1:38pm
DET	Pass	1:38pm
BAR	Pass	1:38pm
BT	Pass	1:38pm

Blank Tests

Status	Time
Pass	1:39pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:39pm
	CPC Tosts	

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

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)

lastrument Seri	al No. 008917 DETENTION CENTER
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 OCTOGER 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

BLADEN COUNTY DETENTION CENTER D80

Serial Number: 008917 Test Date: 10/24/2025

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

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

Analyst's Name: BARNES, ALVIN R Permit Number: 0014-6279 Effective:

02/01/2025-02/01/2027

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

> Lot Number: AG417803 Exp Date: 06/26/2026

g/210L	Time
Pass	5:39pm
.00	5:39pm
-08	5:40pm
-00	5:41pm
.00	5:42pm
.00	5:42pm
.00	5:44pm
.00	5:45pm
	Pass .00 .08 .00 .00

Reported AC: .00 g/210L

Signature of/Chemical Analyst

Court CVR

Olu Ra Bero

BLADEN COUNTY DETENTION CENTER 080

Serial Number: 008917 Test Record Number: 1383 Test Date: 10/24/2025 Test Time: 5:45pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:45pm
FLO	Pass	5:45pm
FC	Pass	5:45pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:45pm
SRC	Pass	5:45pm
DET	Pass	5:45pm
BAR	Pass	5:45pm
BT	Pass	5:45pm

Blank Tests

Test	Status	Time
AIR	Pass	5:46pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:46pm
	CRC Tests	
Test	Status	Time
COMP	Pass	5:46mm

Preventive Maintenance Status: Pass

Pass

5:46pm

Change Bans

CAL

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. 008831 Instrument Location Burke County Jail Morganton, 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.
were performed	the day of October, 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.
GIAM ARK	244987

DHHS 4080 (04/20)

BURKE COUNTY BURKE COUNTY JAIL 110

Serial Number: 008831 Test Date: 10/06/2025

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: Loftis, Benjamin C

Permit Number: 0024-4987

Effective:

03/01/2025-03/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG417803 Exp Date: 06/26/2026

Test	g/210L	Time
DIAG	Pass	12:08pm
AIR BLK	.00	12:09pm
ACCY CHK	.08	12:09pm
AIR BLK	.00	12:10pm
SUB TEST	.00	12:11pm
AIR BLK	.00	12:12pm
SUB TEST	.00	12:14pm
ATR BLK	.00	12:15pm

Reported AC: .00 g/2101)

Signature of Chemical Analyst

Court CVR

Analyst

BURKE COUNTY BURKE COUNTY JAIL 110

Serial Number: 008831 Test Record Number: 3104
Test Date: 10/06/2025 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

Status	Time
Pass	12:16pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
ATR	Pass	12.16pm

Printer Tests

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

Pass

12:17pm

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)

Instrument Seri	ial No.008904 Instrument Location Buche County Jail Morganton, 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.
were performe	the day of October, 2025 the forgoing preventive maintenance procedures don the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rvices, and the instrument is functioning properly.

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

DHHS 4080 (04/20)

BURKE COUNTY BURKE COUNTY JAIL 110

Serial Number: 008904 Test Date: 10/06/2025

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: Loftis, Benjamin C Permit Number: 0024-4987

Effective:

03/01/2025-03/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS Test Type: Breath Test

Lot Number: AG417803 Exp Date: 06/26/2026

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

.00 g/21-0L

al Analyst Chemic

Court CVR

Analyst

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

Rev. 12/2007

BURKE COUNTY BURKE COUNTY JAIL 110

Serial Number: 008904 Test Record Number: 3572 Test Date: 10/06/2025 Test Time: 12:15pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:16pm

Printer Tests

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

Preventive Maintenance Status: Pass

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

Analyst

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 Co.	harnus Instrument Location Cabarrus County 80 Concord, N
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 October, 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.
SATE OF STATE OF	

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

CABARRUS COUNTY CABARRUS COUNTY SO 120

Serial Number: 008590 Test Date: 10/13/2025

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: AG417802 Exp Date: 06/26/2026

Test	g/210L	Time
DIAG	Pass	1:07pm
AIR BLK	.00	1:07pm
ACCY CHK	.08	1:08pm
AIR BLK	.00	1:09pm
SUB TEST	.00	1:10pm
AIR BLK	.00	1:11pm
SUB TEST	.00	1:13pm
AIR BLK	.00	1:13pm

Reported AG: .00 g/210L

Signature of Chemical Analyst

Court CVR

CABARRUS COUNTY CABARRUS COUNTY SO 120

Serial Number: 008590 Test Record Number: 5710 Test Date: 10/13/2025 Test Time: 1:15pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:16pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:16pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:16pm

Preventive Maintenance Status: Pass

Pass

1:16pm

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 Seri	al No. 008792 Instrument Location Concord, 100
	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	simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.

Signature of Certifying Official Certificate Number

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

CABARRUS COUNTY CABARRUS COUNTY SO 120

Serial Number: 008792 Test Date: 10/13/2025

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: AG516204 Exp Date: 06/11/2027

Test	g/210L	Time
DIAG	Pass	12:49pm
AIR BLK	.00	12:50pm
ACCY CHK	.08	12:51pm
AIR BLK	.00	12:52pm
SUB TEST	.00	12:53pm
AIR BLK	.00	12:54pm
SUB TEST	.00	12:56pm
ATR BLK	.00	12:56pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

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

CABARRUS COUNTY CABARRUS COUNTY SO 120

Serial Number: 008792 Test Record Number: 4674
Test Date: 10/13/2025 Test Time: 12:59pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:00pm

Printer Tests

Test	Status	Time

PRNT Pass 1:00pm

CRC Tests

Test Status Time

COMP Pass 1:00pm
CAL Pass 1:00pm

Preventive Maintenance

Status: Pass

Analyst



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)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholibreath 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;
(3) (4)	Initiate breath test sequence;
(4)	
	Enter information as promoted:
	Effect information as prompted,
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic brea simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes whichever occurs first.
ere performe	the 30 day of 0/flee , 2025 the forgoing preventive maintenance procedured on the instrument indicated above, in accordance with current regulations of the N.C. Department of Heal 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.

CABARRUS COUNTY BAT MOBILE UNIT 11 120

Serial Number: 008970 Test Date: 10/30/2025

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 State: XX
Driver's License Number: NONE

Analyst's Name: Gillstrap, Jeffrey L
Permit Number: 0006-2446
Effective:
04/01/2025-04/01/2027

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	8:24pm
AIR BLK	.00	8:25pm
ACCY CHK	.07	8:26pm
AIR BLK	.00	8:27pm
SUB TEST	.00	8:27pm
AIR BLK	.00	8:28pm
SUB TEST	.00	8:30pm
AIR BLK	.00	8:30pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

CABARRUS COUNTY BAT MOBILE UNIT 11 120

Serial Number: 008970 Test Record Number: 1322
Test Date: 10/30/2025 Test Time: 8:32pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:32pm
FLO	Pass	8:32pm
FC	Pass	8:32pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:32pm
SRC	Pass	8:32pm
DET	Pass	8:32pm
BAR	Pass	8:32pm
BT	Pass	8:32pm

Blank Tests

Test	Status	Time
AIR	Pass	8:33pm

Printer Tests

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

COMP Pass 8:33pm CAL Pass 8:33pm

Preventive Maintenance Status: Pass

Analyst



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 breatl simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
were performed	the 30 day of 0 do be 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.
A TURNITE	Jeff billeting 062446

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

DHHS 4080 (04/20)

CABARRUS COUNTY BAT MOBILE UNIT 11 120

Serial Number: 008973 Test Date: 10/30/2025

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: Gillstrap, Jeffrey L Permit Number: 0006-2446 Effective: 04/01/2025-04/01/2027

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

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

Test	g/210L	Time
DIAG	Pass	8:22pm
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	8:28pm
AIR BLK	.00	8:29pm
		the state of the second

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

CABARRUS COUNTY BAT MOBILE UNIT 11 120

Serial Number: 008973 Test Record Number: 1380 Test Date: 10/30/2025 Test Time: 8:30pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:30pm
FLO	Pass	8:30pm
FC	Pass	8:30pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:30pm
SRC	Pass	8:30pm
DET	Pass	8:30pm
BAR	Pass	8:30pm
BT	Pass	8:30pm

Blank Tests

Test	Status	Time
AIR	Pass	8:31pm

Printer Tests

Ctatus Mima

rest	Status	Time
PRNT	Pass	8:31pm
	CRC Tests	
Test	Status	Time
COMP	Pass	8:31pm
CAL	Pass	8:31pm

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. 008803 LEJOIL N	10
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Mod 0,000 or higher) to be followed at least once every four months are:	lel Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch breath simulator thermometer shows 34 degrees, plus or minus .2 degree of	
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of "Pa	ass"; and
(10)	Verify that the ethanol gas canister is being changed before expirati simulator solution is being changed every four months or after 125 A whichever occurs first.	on date, or the alcoholic breath Alcoholic Breath Simulator tests,
were performed	the 4 day of 2025 the forgoing production on the instrument indicated above, in accordance with current regulations vices, and the instrument is functioning properly.	eventive 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)

CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008803 Test Date: 10/14/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Fleming, Tina S

Permit Number: 0027-4970

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	1:06pm
AIR BLK	.00	1:07pm
ACCY CHK	.08	1:07pm
AIR BLK	.00	1:08pm
SUB TEST	.00	1:09pm
AIR BLK	.00	1:10pm
SUB TEST	.00	1:12pm
AIR BLK	.00	1:12pm
SUB TEST	.00	1:12pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008803 Test Record Number: 899

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:14pm
FLO	Pass	1:14pm
FC	Pass	1:14pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:14pm
SRC	Pass	1:14pm
DET	Pass	1:14pm
BAR	Pass	1:14pm
BT	Pass	1:14pm

Blank Tests

rest	Status	Time
ATR	Pass	1 • 14pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:14pm
	CRC Tests	
Test	Status	Time

1:15pm

1:15pm Pass Preventive Maintenance Status: Pass

Pass

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 CAS	well	Instrument Location Casual Co	Detention Con
Instrument Seria	al No. 008583	211 County	PARK DE
		Yanceguille	, NC
		the Intoximeters, Model Intox EC/IR II and ed at least once every four months are:	
(1)	Verify the ethanol gas ca breath simulator thermon	nister displays at least 51 pounds per square neter shows 34 degrees, plus or minus .2 deg	inch (psi) of pressure, or the alcoholic gree centigrade;
(2)	Verify instrument display	s time and date;	
(3)	Initiate breath test sequer	nce;	
(4)	Enter information as pro-	mpted;	
(5)	Verify instrument accura	су;	
(6)	When "PLEASE BLOW	appears, collect breath sample;	
(7)	When "PLEASE BLOW	appears, collect breath sample;	
(8)	Print test record;		
(9)	Run diagnostic program	and confirm preventive maintenance status of	of "Pass"; and
(10)		gas canister is being changed before ex- ing changed every four months or after	
were performe	the 23 day of Oca do not the instrument indicated rvices, and the instrument is the second se	l above, in accordance with current regulat	g preventive maintenance procedures ions of the N.C. Department of Health
- California	- 1.4951	Signature of Certifying Official	Certificate Number

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

CASWELL COUNTY DETENTION CENTER 160

Serial Number: 008593 Test Date: 10/23/2025

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: Barnes, Simon S

Permit Number: 0014-6221

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS Test Type: Breath Test

Lot Number: AG501303 Exp Date: 01/13/2027

Test	g/210L	Time
DIAG	Pass	9:02am
AIR BLK	.00	9:03am
ACCY CHK	.07	9:04am
AIR BLK	.00	9:04am
SUB TEST	.00	9:05am
AIR BLK	.00	9:06am
SUB TEST	.00	9:07am
ATR BLK	0.0	9:08am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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CASWELL COUNTY DETENTION CENTER 160

Serial Number: 008593 Test Record Number: 2413
Test Date: 10/23/2025 Test Time: 9:09am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:09am
FLO	Pass	9:09am
FC	Pass	9:09am

Temperature Tests

Test	Status	Time
FC1	Pass	9:09am
SRC	Pass	9:09am
DET	Pass	9:09am
BAR	Pass	9:09am
BT	Pass	9:09am

Blank Tests

Test	Status	Time
ATR	Pass	9 · 10am

Printer Tests

PRNT	Pass	9:10am
	CRC Tests	
	4.00	

rest	Status	TIME
COMP CAL	Pass Pass	9:10am 9:10am

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	rial No. 008924	211 County	PARK IT
		211 County YAMERYVIlle,	NC
The preventive serial number 1	e maintenance procedures for the Intoximeters, l 10,000 or higher) to be followed at least once ev	Model Intox EC/IR II and Modery four months are:	del Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at l breath simulator thermometer shows 34 deg	east 51 pounds per square inch rees, plus or minus .2 degree of	(psi) of pressure, or the alcoholic entigrade;
(2)	Verify instrument displays time and date;		
(3)	Initiate breath test sequence;		
(4)	Enter information as prompted;		
(5)	Verify instrument accuracy;		
(6)	When "PLEASE BLOW" appears, collect b	reath sample;	
(7)	When "PLEASE BLOW" appears, collect b	reath sample;	
(8)	Print test record;		
(9)	Run diagnostic program and confirm preve	ntive maintenance status of "Pa	ass"; and
(10)	Verify that the ethanol gas canister is be simulator solution is being changed ever whichever occurs first.		
were performed	n the 3 day of October and on the instrument indicated above, in accord ervices, and the instrument is functioning proper	ance with current regulations	eventive 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.

CASWELL COUNTY DETENTION CENTER 160

Serial Number: 008924 Test Date: 10/03/2025

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Barnes, Simon S Permit Number: 0014-6221 Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG501303 Exp Date: 01/13/2027

Test	g/210L	Time
DIAG	Pass	1:49pm
AIR BLK	.00	1:50pm
ACCY CHK	.07	1:51pm
AIR BLK	.00	1:52pm
SUB TEST	.00	1:52pm
AIR BLK	.00	1:53pm
SUB TEST	.00	1:55pm
ATR BLK	.00	1:55pm

.00 g/210L Reported AC:

Signature of Chemical Analyst

Court CVR

CASWELL COUNTY DETENTION CENTER 160

Serial Number: 008924 Test Record Number: 2017 Test Date: 10/03/2025 Test Time: 1:56pm EDT

System Check: Passed

Baseline Tests

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

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
ATR	Pass	1 • 57pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:57pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:57pm
CAL	Pass	1:57pm

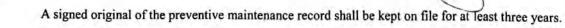
Preventive Maintenance Status: Pass

Analyst



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	ASCENT	Instrument Location_	HICKORY AD	
Instrument Seri	al No. <u>608841</u>	· · · · · · · · · · · · · · · · · · ·	HICKORY NE	
	maintenance procedures for th 0,000 or higher) to be followed		tox EC/IR II and Model Intox EC months are:	/IR II (Enhanced with
(1)			ounds per square inch (psi) of pre s or minus .2 degree centigrade;	ssure, or the alcoholic
(2)	Verify instrument displays	time and date;		
(3)	Initiate breath test sequence	е;		
(4)	Enter information as promp	oted;		
(5)	Verify instrument accuracy	7		
(6)	When "PLEASE BLOW" a	appears, collect breath sa	mple;	
(7)	When "PLEASE BLOW" a	appears, collect breath sa	mple;	
(8)	Print test record;			
(9)	Run diagnostic program an	d confirm preventive ma	ntenance status of "Pass"; and	
(10)	Verify that the ethanol gasimulator solution is being whichever occurs first.	as canister is being cha g changed every four n	inged before expiration date, or nonths or after 125 Alcoholic B	the alcoholic breath reath Simulator tests
were performed	the 14 day of CCIO d on the instrument indicated a vices, and the instrument is fun	bove, in accordance wit	the forgoing preventive man current regulations of the N.C.	nintenance procedures Department of Health



DHHS 4080 (04/20)

CATAWBA COUNTY HICKORY PD 170

Serial Number: 008841 Test Date: 10/14/2025

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Fleming, Tina S Permit Number: 0027-4970

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	11:37am
AIR BLK	.00	11:38am
ACCY CHK	.08	11:39am
AIR BLK	.00	11:40am
SUB TEST	.00	11:41am
AIR BLK	.00	11:41am
SUB TEST	.00	11:43am
ATR BLK	- 00	11:44am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CATAWBA COUNTY HICKORY PD 170

Serial Number: 008841 Test Record Number: 2549
Test Date: 10/14/2025 Test Time: 11:45am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:45am
FLO	Pass	11:45am
FC	Pass	11:45am

Temperature Tests

Test	Status	Time
FC1	Pass	11:45am
SRC	Pass	11:45am
DET	Pass	11:45am
BAR	Pass	11:45am
BT	Pass	11:45am

Blank Tests

Test	Status	Time
AIR	Pass	11:46am

Printer Tests

Test	Status	Time
PRNT	Pass	11:46am
	CRC Tests	
Test	Status	Time

COMP Pass 11:46am CAL Pass 11:46am

Preventive Maintenance Status: Pass

Analyst



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 <u>State</u> , 20 <u>State</u> , 20 <u>State</u> the forgoing preventive maintenance procedure d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Healt 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.

CHEROKEE COUNTY BAT MOBILE UNIT 11 190

Serial Number: 008970 Test Date: 10/31/2025

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Gillstrap, Jeffrey L

Permit Number: 0006-2446

Effective:

04/01/2025-04/01/2027

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	8:45pm
AIR BLK	.00	8:46pm
ACCY CHK	.07	8:47pm
AIR BLK	.00	8:48pm
SUB TEST	.00	8:49pm
AIR BLK	.00	8:49pm
SUB TEST	.00	8:51pm
AIR BLK	.00	8:52pm

Reported AC:

Signature,

Court CVR

CHEROKEE COUNTY BAT MOBILE UNIT 11 190

Serial Number: 008970 Test Record Number: 1327
Test Date: 10/31/2025 Test Time: 9:08pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:08pm
FLO	Pass	9:08pm
FC	Pass	9:08pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:08pm
SRC	Pass	9:08pm
DET	Pass	9:08pm
BAR	Pass	9:08pm
BT	Pass	9:08pm

Blank Tests

Test	Status	Time	
AIR	Pass	9:09pm	

Printer Tests

		7.77
Test	Status	Time
PRNT	Pass	9:09pm
	CRC Tests	
Test	Status	Time
COMP	Pass	9:09pm
CAL	Pass	9:09pm

Preventive Maintenance Status: Pass

Analyst



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 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alco breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program 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.
vere performed	the 3/5 day of October, 2025 the forgoing preventive maintenance proced on the instrument indicated above, in accordance with current regulations of the N.C. Department of Fryices, and the instrument is functioning properly.



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

CHEROKEE BAT MOBILE UNIT 11 190

Serial Number: 008973 Test Date: 10/31/2025

Citation Number: M0000000-0 Subject's Name:

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

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Gillstrap, Jeffrey L
Permit Number: 0006-2446
Effective:
04/01/2025-04/01/2027

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

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

Test	g/210L	Time
DIAG	Pass	8:47pm
AIR BLK	.00	8:48pm
ACCY CHK	.07	8:49pm
AIR BLK	.00	8:49pm
SUB TEST	.00	8:50pm
AIR BLK	.00	8:51pm
SUB TEST	.00	8:52pm
AIR BLK	.00	8:53pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CHEROKEE BAT MOBILE UNIT 11 190

Serial Number: 008973 Test Record Number: 1382 Test Date: 10/31/2025 Test Time: 8:54pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:54pm
FLO	Pass	8:54pm
FC	Pass	8:54pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:55pm
SRC	Pass	8:55pm
DET	Pass	8:55pm
BAR	Pass	8:55pm
BT	Pass	8:55pm

Blank Tests

Test	Status	Time	
AIR	Pass	8:55pm	

Printer Tests

Test	Status	Time
PRNT	Pass	8:55pm
	CRC Tests	
Test	Status	Time
COMP	Pass	8:55pm
CAL	Pass	8:55pm

Preventive Maintenance Status: Pass

Analyst





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

	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with		
serial number (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.		
	the 22 hd of October , 2025 the forgoing preventive maintenance procedures 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.		

Certificate Number

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

CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: 008895 Test Date: 10/22/2025

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male

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

Analyst's Name: Chappell, Mark A
Permit Number: 0020-6272
Effective:
02/01/2025-02/01/2027

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

Lot Number: AG431001 Exp Date: 11/05/2026

Test	g/210L	Time
DIAG	Pass	11:58am
AIR BLK	-00	11:59am
ACCY CHK	.07	12:00pm
AIR BLK	.00	12:01pm
SUB TEST	.00	12:01pm
AIR BLK	.00	12:02pm
SUB TEST	.00	12:04pm
AIR BLK	.00	12:04pm

Reported AQ: .00 g/210L

Signature of Cherical Analyst

Court CVR

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

Analyst

Rev. 12/2007

CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: 008895 Test Record Number: 1277 Test Date: 10/22/2025 Test Time: 12:05pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:07pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:07pm
	CRC Tests	

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

Preventive Maintenance Status: Pass

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)

Instrument Ser	ial No.008887 Instrument Location Cleveland County 50 - Annex Shelby, NC
	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.
	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.
SOUN VER	244187

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

DHHS 4080 (04/20)

CLEVELAND COUNTY CLEVELAND SO-ANNEX 220

Serial Number: 008887 Test Date: 10/03/2025

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: Loftis, Benjamin C

Permit Number: 0024-4

Effective:

03/01/2025-03/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG516203 Exp Date: 06/11/2027

Test	g/210L	Time
DIAG	Pass	10:02am
AIR BLK	.00	10:03am
ACCY CHK	.07	10:04am
AIR BLK	.00	10:05am
SUB TEST	.00	10:05am
AIR BLK	.00	10:06am
SUB TEST	.00	10:08am
AIR BLK	.00	10:09am

Reported AC: .00 g/210L

Signature of Chemidal Analyst

Court CVR

Analyst

CLEVELAND COUNTY CLEVELAND SO-ANNEX 220

Serial Number: 008887 Test Record Number: 4398
Test Date: 10/03/2025 Test Time: 10:09am EDT

System Check: Passed

Baseline Tests

10:09am
10:09am
Pass Pass Pass

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:10am

Printer Tests

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

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)

Instrui	ment Seria	Instrument Location Cleveland I No. 008893 Shelb	y, NC
The pr	reventive i	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:	Iodel 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 expira- simulator solution is being changed every four months or after 125 whichever occurs first.	ation date, or the alcoholic breath Alcoholic Breath Simulator tests,
were j and H	performed	the 3 day of October, 2025 the forgoing on the instrument indicated above, in accordance with current regulation vices, and the instrument is functioning properly.	preventive maintenance procedures as of the N.C. Department of Health
3		B 21	244497

CLEVELAND COUNTY CLEVELAND SO-ANNEX 220

> Serial Number: 008893 Test Date: 10/03/2025

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: Loftis, Benjamin C

Permit Number: 0024-4

Effective:

03/01/2025-03/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS Test Type: Breath Test

Lot Number: AG516203 Exp Date: 06/11/2027

Test	g/210L	Time
DIAG	Pass	9:54am
AIR BLK	.00	9:54am
ACCY CHK	.08	9:55am
AIR BLK	.00	9:56am
SUB TEST	.00	9:57am
AIR BLK	.00	9:58am
SUB TEST	.00	9:59am
AIR BLK	.00	10:00am

Reported AC: 00 g/2/10L

I Analyst Chemica

Analyst

CLEVELAND COUNTY CLEVELAND SO-ANNEX 220

Serial Number: 008893 Test Record Number: 2087 Test Date: 10/03/2025 Test Time: 10:01am EDT

System Check: Passed

Baseline Tests

Status	Time
Pass	10:01am
Pass	10:01am
Pass	10:01am
	Pass Pass

Temperature Tests

Test	Status	Time
FC1	Pass	10:01am
SRC	Pass	10:01am
DET	Pass	10:01am
BAR	Pass	10:01am
BT	Pass	10:01am

Blank Tests

Test	Status	Time
AIR	Pass	10:02am

Printer Tests

Test	Status	Time
PRNT	Pass	10:02am
	CRC Tests	
Test	Status	Time

1000	beacas	TIME
COMP	Pass	10:02am
CAL	Pass	10:02am

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.008900	Kings Mountain, NC
	maintenance procedures for the Intoximeters, Model Intox E0 0,000 or higher) to be followed at least once every four month	
(1)	Verify the ethanol gas canister displays at least 51 pounds breath simulator thermometer shows 34 degrees, plus or m	
(2)	Verify instrument displays time and date;	•
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	a)
(9)	Run diagnostic program and confirm preventive maintenant	nce status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed simulator solution is being changed every four months whichever occurs first.	
were performed	the 3 day of October, 2025 to the instrument indicated above, in accordance with currences, and the instrument is functioning properly.	he forgoing preventive maintenance procedures ent regulations 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)

CLEVELAND COUNTY KINGS MOUNTAIN PD 220

Serial Number: 008900 Test Date: 10/03/2025

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: Loftis, Benjamin C
Permit Number: 0024-4
Effective:
03/01/2025-03/01/2027

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

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

Test	g/210L	Time
DIAG	Pass	10:54am
AIR BLK	.00	10:54am
ACCY CHK	.07	10:55am
AIR BLK	.00	10:56am
SUB TEST	.00	10:58am
AIR BLK	.00	10:59am
SUB TEST	.00	11:00am
AIR BLK	.00	11:01am

Reported AC: .00 g/210L

Signature of Chemical Aralyst

Court CVR

Analyst

CLEVELAND COUNTY KINGS MOUNTAIN PD 220

Serial Number: 008900 Test Record Number: 1115
Test Date: 10/03/2025 Test Time: 11:02am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:02am
FLO	Pass	11:02am
FC	Pass	11:02am

Temperature Tests

Test	Status	Time
FC1	Pass	11:02am
SRC	Pass	11:02am
DET	Pass	11:02am
BAR	Pass	11:02am
BT	Pass	11:02am

Blank Tests

Test	Status	Time
AIR	Pass	11:03am

Printer Tests

•	Test	Status	Time
	PRNT	Pass	11:03am

CRC Tests

Status	Time
Pass	11:03am
Pass	11:03am
	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 2 day of October, 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.
SE GUAM VESS	Al Simulation of Contiferior Official Scattification Number

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

CUMBERLAND COUNTY FORT BRAGG LEC 250

Serial Number: 013868 Test Date: 10/02/2025

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: AG417803 Exp Date: 06/26/2026

Test	g/210L	Time
DIAG	Pass	9:14am
AIR BLK	.00	9:15am
ACCY CHK	.08	9:16am
AIR BLK	.00	9:17am
SUB TEST	.00	9:18am
AIR BLK	.00	9:19am
SUB TEST	.00	9:20am
AIR BLK	.00	9:21am

Reported AC: .00 g/210L

gnature of Chemical Analyst

Court CVR

Analyst

CUMBERLAND COUNTY FORT BRAGG LEC 250

Serial Number: 013868 Test Record Number: 1221
Test Date: 10/02/2025 Test Time: 9:22am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:22am
FLO	Pass	9:22am
FC	Pass	9:22am

Temperature Tests

Test	Status	Time
FC1	Pass	9:23am
SRC	Pass	9:23am
DET	Pass	9:23am
BAR	Pass	9:23am
BT	Pass	9:23am

Blank Tests

Test	Status	Time
ATR	Pass	9:23am

Printer Tests

Test	Status	Time
PRNT	Pass	9:23am
	CRC Tests	
Test	Status	Time

Pass	9:23am
Pass	9:23am

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 2 day of 0 de ber, 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.

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

Signature of Certifying Official

Certificate Number

CUMBERLAND COUNTY FORT BRAGG LEC 250

Serial Number: 013870 Test Date: 10/02/2025

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: AG417803 Exp Date: 06/26/2026

Test	g/210L	Time
DIAG	Pass	9:14am
AIR BLK	.00	9:15am
ACCY CHK	.08	9:16am
AIR BLK	.00	9:17am
SUB TEST	.00	9:18am
AIR BLK	.00	9:19am
SUB TEST	.00	9:21am
AIR BLK	.00	9:21am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CUMBERLAND COUNTY FORT BRAGG LEC 250

Serial Number: 013870 Test Record Number: 1041
Test Date: 10/02/2025 Test Time: 9:22am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:23am
FLO	Pass	9:23am
FC	Pass	9:23am

Temperature Tests

Test	Status	Time
FC1	Pass	9:23am
SRC	Pass	9:23am
DET	Pass	9:23am
BAR	Pass	9:23am
BT	Pass	9:23am

Blank Tests

Test	Status	Time
AIR	Pass	9:23am

Printer Tests

Test	Status	Time
PRNT	Pass	9:23am
	CRC Tests	
Test	Status	Time

Status	Time
Pass	9:24am
Pass	9:24am
	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)

	NC
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0.000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy,
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on were performed and Human Ser	the 10 day of October , 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.

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008783 Test Date: 10/10/2025

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

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

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Chappell, Mark A
Permit Number: 0020-6272
Effective:
02/01/2025-02/01/2027

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

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

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

Reported AC: .00 g/210L

Signature of Chefical Analyst

Court CVR

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Department of Health and Human Services

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DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008783 Test Record Number: 1782 Test Date: 10/10/2025 Test Time: 11:16am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:17am

Printer Tests

Test	Status	Time
PRNT	Pass	11:17am
	CRC Tests	

Test	Status	Time
COMP	Pass	11:18am
CAT.	Pass	11:18am

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 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 10 th day of October , 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. 206272

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

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008804 Test Date: 10/10/2025

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

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

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Chappell, Mark A Permit Number: 0020-6272 Effective: 02/01/2025-02/01/2027

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

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

Test	g/210L	Time
DIAG	Pass	11:02am
AIR BLK	.00	11:03am
ACCY CHK	.07	11:03am
AIR BLK	.00	11:05am
SUB TEST		11:06am
AIR BLK	.00	11:07am
SUB TEST	.00	11:08am
AIR BLK	.00	11:09am

Reported Ac: .00 g/210L

Signature of Cherical Analyst

Court CVR

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Department of Health and Human Services

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DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008804 Test Record Number: 2957 Test Date: 10/10/2025 Test Time: 11:10am EDT

System Check: Passed

Baseline Tests

Status	Time
Pass	11:10am
Pass	11:10am
Pass	11:10am
	Pass Pass

Temperature Tests

Test	Status	Time
FC1	Pass	11:10am
SRC	Pass	11:10am
DET	Pass	11:10am
BAR	Pass	11:10am
BT	Pass	11:10am

Blank Tests

Test	Status	Time
AIR	Pass	11:11am

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

Pass

11:11am

11:11am

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 Seri	al No. 008615 Lexington PD
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 OCTOO . 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.



DAVIDSON COUNTY BAT MOBILE UNIT 8 280

Serial Number: 008615 Test Date: 10/27/2025

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: 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	5:08pm
AIR BLK	.00	5:09pm
ACCY CHK	.07	5:10pm
AIR BLK	.00	5:11pm
SUB TEST	.00	5:11pm
AIR BLK	.00	5:12pm
SUB TEST	.00	5:15pm
AIR BLK	.00	5:16pm

Reported AC: .00 g/2104

Signature of Chemical Analyst

Court CVR

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DAVIDSON COUNTY BAT MOBILE UNIT 8 280

Serial Number: 008615 Test Record Number: 6164
Test Date: 10/27/2025 Test Time: 5:27pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:28pm
FLO	Pass	5:28pm
FC	Pass	5:28pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:28pm
SRC	Pass	5:28pm
DET	Pass	5:28pm
BAR	Pass	5:28pm
BT	Pass	5:28pm

Blank Tests

Test	Status	Time
ATR	Pass	5:29pm

Printer Tests

Status	Time
Pass	5:29pm
CRC Tests	
Status	Time
Pass Pass	5:29pm 5:29pm
	Pass CRC Tests Status Pass

Preventive Maintenance Status: Pass

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

Instrument Ser	ial No. 008736 Lexington PD
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 27 day of

DAVIDSON COUNTY BAT MOBILE UNIT 8 280

Serial Number: 008736 Test Date: 10/27/2025

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: 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	5:06pm
AIR BLK	.00	5:07pm
ACCY CHK	.07	5:08pm
AIR BLK	.00	5:08pm
SUB TEST	.00	5:09pm
AIR BLK	.00	5:10pm
SUB TEST	.00	5:11pm
ATR BLK	- 00	5 · 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: 008736 Test Record Number: 1524
Test Date: 10/27/2025 Test Time: 5:16pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:16pm
FLO	Pass	5:16pm
FC	Pass	5:16pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:16pm
SRC	Pass	5:16pm
DET	Pass	5:16pm
BAR	Pass	5:16pm
BT	Pass	5:16pm

Blank Tests

Test	Status	Time
ATR	Pagg	5 • 17pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:17pm
	CRC Tests	
Test	Status	Time

COMP	Pass	5:17pm
CAL	Pass	5:17pm

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)

	al No. 008775 Instrument Location BAT Mobile Unit 8 Lexington PD
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.



Senaure of Certifying Official Certificate Number

DAVIDSON COUNTY BAT MOBILE UNIT 8 280

Serial Number: 008775 Test Date: 10/27/2025

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: 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	5:05pm
AIR BLK	.00	5:06pm
ACCY CHK	.08	5:07pm
AIR BLK	.00	5:07pm
SUB TEST	.00	5:08pm
AIR BLK	.00	5:09pm
SUB TEST	.00	5:11pm
AIR BLK	.00	5:12pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

DAVIDSON COUNTY BAT MOBILE UNIT 8 280

Serial Number: 008775 Test Record Number: 2371
Test Date: 10/27/2025 Test Time: 5:14pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	5:15pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:16pm
	CRC Tests	

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

Preventive Maintenance Status: Pass

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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)

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

DAVIDSON COUNTY BAT MOBILE UNIT 8 280

Serial Number: 008816 Test Date: 10/27/2025

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: 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
Tost Type: Breath Fost

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	5:04pm
AIR BLK	.00	5:05pm
ACCY CHK	.08	5:06pm
AIR BLK	.00	5:07pm
SUB TEST	.00	5:07pm
AIR BLK	.00	5:08pm
SUB TEST	.00	5:10pm
AIR BLK	.00	5:10pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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DAVIDSON COUNTY BAT MOBILE UNIT 8 280

Serial Number: 008816 Test Record Number: 7957
Test Date: 10/27/2025 Test Time: 5:13pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:13pm
FLO	Pass	5:13pm
FC	Pass	5:13pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	5:14pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:14pm
	CRC Tests	
Test	Status	Time
COMP	Pass	5:14pm
CAL	Pass	5:14pm

Preventive Maintenance Status: Pass

Analyst Alexander

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

CountyInstrument Ser	ial No. 008929 Instrument Location BAT Mobile Unit 8 Lexington PD
	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 performed	the 27 day of 8ctoba, 2025 the forgoing preventive maintenance procedure 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.

DAVIDSON COUNTY BAT MOBILE UNIT 8 280

Serial Number: 008929 Test Date: 10/27/2025

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: 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
lest	9/210L	TIMe
DIAG	Pass	5:02pm
AIR BLK	.00	5:03pm
ACCY CHK	.08	5:04pm
AIR BLK	.00	5:05pm
SUB TEST	.00	5:06pm
AIR BLK	.00	5:07pm
SUB TEST	.00	5:09pm
AIR BLK	.00	5:10pm

Reported AC: .00 g/210L

Court CVR

DAVIDSON COUNTY BAT MOBILE UNIT 8 280

Serial Number: 008929 Test Record Number: 1659
Test Date: 10/27/2025 Test Time: 5:13pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:13pm
FLO	Pass	5:13pm
FC	Pass	5:13pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:14pm
SRC	Pass	5:14pm
DET	Pass	5:14pm
BAR	Pass	5:14pm
BT	Pass	5:14pm

Blank Tests

Test	Status	Time
AIR	Pass	5:14pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:14pm
	CRC Tests	
Test	Status	Time
COMP	Pass	5:14pm
CAL	Pass	5:14pm

Preventive Maintenance Status: Pass

Analyst 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.
certify that on were performed and Human Ser	the 14th day of October, 2025 the forgoing preventive maintenance procedures of the instrument indicated above, in accordance with current regulations of the N.C. Department of Health revices, and the instrument is functioning properly.

DAVIE COUNTY DAVIE COUNTY JAIL 290

Serial Number: 008905 Test Date: 10/14/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Long, Thomas A

Permit Number: 0050-9387

Effective:

09/01/2025-09/01/2027

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	7:33am
AIR BLK	.00	7:34am
ACCY CHK	.07	7:35am
AIR BLK	.00	7:36am
SUB TEST	.00	7:38am
AIR BLK	.00	7:38am
SUB TEST	.00	7:40am
AIR BLK	.00	7:41am

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

DAVIE COUNTY DAVIE COUNTY JAIL 290

Serial Number: 008905 Test Record Number: 3254
Test Date: 10/14/2025 Test Time: 7:43am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	7:43am
FLO	Pass	7:43am
FC	Pass	7:43am

Temperature Tests

Test	Status	Time
FC1	Pass	7:43am
SRC	Pass	7:43am
DET	Pass	7:43am
BAR	Pass	7:43am
BT	Pass	7:43am

Blank Tests

Test	Status	Time
AIR	Pass	7:44am

Printer Tests

Test	Status	Time
PRNT	Pass	7:44am
	CRC Tests	
Toct	Status	Timo

Status	Time
Pass	7:44am
Pass	7:44am
	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 Ser	rial No. 008859 Duham, NC
The preventive serial number 1	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 performed	the 20 day of October, 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.

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008859 Test Date: 10/20/2025

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: 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	10:48am
AIR BLK	.00	10:48am
ACCY CHK	.08	10:49am
AIR BLK	.00	10:50am
SUB TEST	.00	10:51am
AIR BLK	.00	10:52am
SUB TEST	.00	10:54am
AIR BLK	.00	10:55am

Reported AC:

Signature of Chemical Analyst

Court CVR

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008859 Test Record Number: 3382
Test Date: 10/20/2025 Test Time: 10:55am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:56am
FLO	Pass	10:56am
FC	Pass	10:56am

Temperature Tests

Test	Status	Time
FC1	Pass	10:56am
SRC	Pass	10:56am
DET	Pass	10:56am
BAR	Pass	10:56am
BT	Pass	10:56am

Blank Tests

Test	Status	Time	

AIR Pass 10:57am

Printer Tests

Test	Status	Time
PRNT	Pass	10:57am

CRC Tests

Test	Status	Time
COMP	Pass	10:57am
CAL	Pass	10:57am

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	rial No. <u>00 8878</u>	-				- /
			Duh	am	Co JAIL MAUGUM , NC	
	e maintenance procedures fo 10,000 or higher) to be follo	r the Intoximeters, l	Model Intox EC/I	R II a		
(1)	Verify the ethanol gas of breath simulator thermo					
(2)	Verify instrument displa	ays time and date;				
(3)	Initiate breath test seque	ence;				
(4)	Enter information as pro	ompted;				
(5)	Verify instrument accur	racy;				
(6)	When "PLEASE BLOW	V" appears, collect b	oreath sample;			
(7)	When "PLEASE BLOW	V" appears, collect b	oreath sample;			
(8)	Print test record;					
(9)	Run diagnostic program	and confirm preven	ntive maintenance	e statu	s of "Pass"; and	
(10)	Verify that the ethanosimulator solution is b whichever occurs first.					
vere performe	n the 20 day of 00 day of 10 day of	ed above, in accordi	ance with current	forgo regul	ations of the N.C	naintenance procedures Department of Health

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008878 Test Date: 10/20/2025

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: 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	10:47am
AIR BLK	.00	10:48am
ACCY CHK	.08	10:48am
AIR BLK	.00	10:50am
SUB TEST	.00	10:50am
AIR BLK	.00	10:51am
SUB TEST	.00	10:53am
AIR BLK	.00	10:54am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008878 Test Record Number: 7082
Test Date: 10/20/2025 Test Time: 10:54am EDT

System Check: Passed

Baseline Tests

IR Pass 10:55	am
FLO Pass 10:55	
FC Pass 10:55	am

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	10:56am

Printer Tests

Status	Time
Pass	10:56am
CRC Tests	
	Pass

Test	Status	Time
COMP	Pass	10:56am
CAL	Pass	10:56am

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 Du	ham	Instrument Loca	ation Durham	GO JAIL	
Instrument Seri	al No. 008891	-	219 S.	Mangum S Ne	
	maintenance procedures for t 0,000 or higher) to be followe		odel Intox EC/IR II a	7.54	
(1)	Verify the ethanol gas can breath simulator thermom	nister displays at least eter shows 34 degre	st 51 pounds per squa es, plus or minus .2 d	are inch (psi) of pressure, egree centigrade;	or the alcoholic
(2)	Verify instrument displays	s time and date;			
(3)	Initiate breath test sequence	ce;			
(4)	Enter information as prom	npted;			
(5)	Verify instrument accurac	ey;			
(6)	When "PLEASE BLOW"	appears, collect brea	ath sample;		
(7)	When "PLEASE BLOW"	appears, collect brea	ath sample;		
(8)	Print test record;				
(9)	Run diagnostic program a	nd confirm preventi	ve maintenance status	s of "Pass"; and	
(10)	Verify that the ethanol a simulator solution is being whichever occurs first.	gas canister is beir ng changed every f	ng changed before e four months or after	expiration date, or the a 125 Alcoholic Breath S	lcoholic breath Simulator tests
were performed	the 20 day of 00 day of the instrument indicated vices, and the instrument is full	above, in accordance		ing preventive maintenant ations of the N.C. Depart	
TOP QUAM VIDOU	1 Somm	8 tokes	SANUS	14622	1

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008891 Test Date: 10/20/2025

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: 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	10:49am
AIR BLK	.00	10:50am
ACCY CHK	.07	10:50am
AIR BLK	.00	10:51am
SUB TEST	.00	10:52am
AIR BLK	.00	10:53am
SUB TEST	.00	10:54am
AIR BLK	.00	10:55am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Sum Stokes Snaw Analyst

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008891 Test Record Number: 4886 Test Date: 10/20/2025 Test Time: 10:55am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:56am
FLO	Pass	10:56am
FC	Pass	10:56am

Temperature Tests

Test	Status	Time
FC1	Pass	10:56am
SRC	Pass	10:56am
DET	Pass	10:56am
BAR	Pass	10:56am
BT	Pass	10:56am

Blank Tests

Test	Status	Time
AIR	Pass	10:56am

Printer Tests

-	A1 1	m ·
Test	Status	Time
PRNT	Pass	10:57am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:57am

10:57am

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 1	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 21 day of October, 2025 the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rvices, and the instrument is functioning properly.

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

Signature of Certifying Official

Certificate Number

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008603 Test Date: 10/21/2025

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: 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	9:53am
AIR BLK	.00	9:54am
ACCY CHK	.07	9:55am
AIR BLK	.00	9:56am
SUB TEST	.00	9:56am
AIR BLK	.00	9:57am
SUB TEST	.00	9:59am
AIR BLK	.00	10:00am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008603 Test Record Number: 2736 Test Date: 10/21/2025 Test Time: 10:03am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:03am
FLO	Pass	10:03am
FC	Pass	10:03am

Temperature Tests

Test	Status	Time
FC1	Pass	10:03am
SRC	Pass	10:03am
DET	Pass	10:03am
BAR	Pass	10:03am
BT	Pass	10:03am

Blank Tests

Test	Status	Time
AIR	Pass	10:04am

Printer Tests

Test	Status	Time
PRNT	Pass	10:04am
	CRC Tests	
Test	Status	Time

Pass 10:04am

10:04am

Pass Preventive Maintenance Status: Pass

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)

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 breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
	the 21 day of, 20,25 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.
THE CAME OF THE PARTY OF THE PA	200 37772Z
	Signature of Certifying Official Certificate Number

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR
320

Serial Number: 008663 Test Date: 10/21/2025

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: 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	9:43am
AIR BLK	.00	9:43am
ACCY CHK	.07	9:44am
AIR BLK	.00	9:45am
SUB TEST	.00	9:46am
AIR BLK	.00	9:47am
SUB TEST	.00	9:49am
AIR BLK	.00	9:50am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008663 Test Record Number: 3832 Test Date: 10/21/2025

Test Time: 9:52am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	9:53am

Printer Tests

Test	Status	Time
PRNT	Pass	9:53am
	CRC Tests	
Test	Status	Time
COMP	Pass	9:53am
CAL	Pass	9:53am

Preventive Maintenance Status: Pass

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 wit
serial number 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 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.
I certify that or	the 22 day of, 20_25 the forgoing preventive maintenance procedured on the instrument indicated above, in accordance with current regulations of the N.C. Department of Healt revices, and the instrument is functioning properly.

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008683 Test Date: 10/22/2025

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: Long, Thomas A
Permit Number: 0050-9387
Effective:
09/01/2025-09/01/2027

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

Lot Number: AG516204 Exp Date: 06/11/2027

Test	g/210L	Time
DIAG	Pass	1:29pm
AIR BLK	.00	1:30pm
ACCY CHK	.08	1:30pm
AIR BLK	.00	1:31pm
SUB TEST	.00	1:32pm
AIR BLK	.00	1:33pm
SUB TEST	.00	1:35pm
ATR 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

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008683 Test Record Number: 1273
Test Date: 10/22/2025 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	1:38pm
SRC	Pass	1:38pm
DET	Pass	1:38pm
BAR	Pass	1:38pm
BT	Pass	1:38pm

Blank Tests

Test	Status	Time
AIR	Pass	1:39pm

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

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	the 31 day of Detaber, 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

Certificate Number

FORSYTH COUNTY BAT MOBILE UNIT 13 330

Serial Number: 008869 Test Date: 10/31/2025

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:

04/01/2025-04/01/2027

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	10:27pm
AIR BLK	.00	10:28pm
ACCY CHK	.08	10:28pm
AIR BLK	.00	10:29pm
SUB TEST	.00	10:30pm
AIR BLK	.00	10:30pm
SUB TEST	.00	10:32pm
ATR BLK	- 00	10:33pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

FORSYTH COUNTY BAT MOBILE UNIT 13 330

Serial Number: 008869 Test Record Number: 2116
Test Date: 10/31/2025 Test Time: 10:33pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:34pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:35pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:35pm 10:35pm

Preventive Maintenance Status: Pass

Int Butter

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

	maintenance procedures for the Intoximeters, Model Intox EC/IR II and 0,000 or higher) to be followed at least once every four months are:	Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square breath simulator thermometer shows 34 degrees, plus or minus .2 degrees	inch (psi) of pressure, or the alcoholic 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 o	f "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before exp simulator solution is being changed every four months or after 12 whichever occurs first.	iration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests
were performed	the 31 day of October, 2025 the forgoing on the instrument indicated above, in accordance with current regulation vices, and the instrument is functioning properly.	ons of the N.C. Department of Health
OF OTHER ADOL	my Dhar	307699

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

FORSYTH COUNTY BAT MOBILE UNIT 13 330

Serial Number: 008898 Test Date: 10/31/2025

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:

04/01/2025-04/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

g/210L	Time
Pass	10:12pm
.00	10:13pm
.07	10:14pm
.00	10:14pm
.00	10:15pm
.00	10:16pm
.00	10:18pm
.00	10:18pm
	Pass .00 .07 .00 .00

.00 g/210L Reported AC:

Signature of Chemical Analyst

Court CVR

FORSYTH COUNTY BAT MOBILE UNIT 13 330

Serial Number: 008898 Test Record Number: 2063 Test Date: 10/31/2025 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	10:19pm
SRC	Pass	10:19pm
DET	Pass	10:19pm
BAR	Pass	10:19pm
BT	Pass	10:19pm

Blank Tests

Test	Status	Time
AIR	Pass	10:20pm

Printer Tests

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

Pass

10:20pm

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)

he preventive crial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced wit 0,000 or higher) to be followed at least once every four months are:	th
(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;	lic
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and	
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic brea simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.	th ts,
ere performed	the 31 day of Defeber, 2025 the forgoing preventive maintenance procedured on the instrument indicated above, in accordance with current regulations of the N.C. Department of Heal revices, and the instrument is functioning properly.	
THE QUAN VECTO	1 mg B with 307699	

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

FORSYTH COUNTY BAT MOBILE UNIT 13 330

Serial Number: 008939 Test Date: 10/31/2025

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:

04/01/2025-04/01/2027

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	9:56pm
AIR BLK	.00	9:57pm
ACCY CHK	.08	9:58pm
AIR BLK	.00	9:59pm
SUB TEST	.00	9:59pm
AIR BLK	.00	10:00pm
SUB TEST	.00	10:02pm
AIR BLK	.00	10:03pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

FORSYTH COUNTY BAT MOBILE UNIT 13 330

Serial Number: 008939 Test Record Number: 1931 Test Date: 10/31/2025 Test Time: 10:03pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:03pm
FLO	Pass	10:03pm
FC	Pass	10:04pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:04pm
SRC	Pass	10:04pm
DET	Pass	10:04pm
BAR	Pass	10:04pm
BT	Pass	10:04pm

Blank Tests

Test	Status	Time
AIR	Pass	10:04pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:04pm
	CRC Tests	
Test	Status	Time

COMP	Pass	10:04pm
CAL	Pass	10:04pm

Preventive Maintenance Status: Pass

Analyst

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

County (aston Instrument Location (Jaston County 8) Gastonia, KX
	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 215 ⁺ day of October . 2025 the forgoing preventive maintenance procedures ton 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.

Certificate Number

GASTON COUNTY GASTON COUNTY SO 350

Serial Number: 008643 Test Date: 10/21/2025

Citation Number: M0000000-0 Subject's Name:

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

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Helms, Bryce A
Permit Number: 0084-9845
Effective:
02/01/2025-02/01/2027

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

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

Test	g/210L	Time
DIAG	Pass	12:31pm
AIR BLK	.00	12:32pm
ACCY CHK	.07	12:32pm
AIR BLK	.00	12:34pm
SUB TEST	.00	12:34pm
AIR BLK	.00	12:35pm
SUB TEST	.00	12:37pm
AIR BLK	.00	12:38pm

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

GASTON COUNTY GASTON COUNTY SO 350

Serial Number: 008643 Test Record Number: 5341
Test Date: 10/21/2025 Test Time: 12:38pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:38pm
FLO	Pass	12:38pm
FC	Pass	12:39pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:39pm
SRC	Pass	12:39pm
DET	Pass	12:39pm
BAR	Pass	12:39pm
BT	Pass	12:39pm

Blank Tests

Test	Status	Time
AIR	Pass	12:39pm

Printer Tests

Status	Time
Pass	12:39pm

CRC Tests

Test	Status	Time
COMP	Pass	12:40pm
CAL	Pass	12:40pm

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)

	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 GOTOBER . 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.

GUILFORD COUNTY UNC-G POLICE DEPT 400

Serial Number: 008604 Test Date: 10/02/2025

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: 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: AG516203 Exp Date: 06/11/2027

Test	g/210L	Time
DIAG	Pass	1:08pm
AIR BLK	.00	1:09pm
ACCY CHK	.08	1:10pm
AIR BLK	.00	1:11pm
SUB TEST	.00	1:12pm
AIR BLK	.00	1:13pm
SUB TEST	.00	1:14pm
AIR BLK	.00	1:15pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

GUILFORD COUNTY UNC-G POLICE DEPT 400

Serial Number: 008604 Test Record Number: 2371
Test Date: 10/02/2025 Test Time: 1:16pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:16pm
FLO	Pass	1:16pm
FC	Pass	1:16pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:16pm
SRC	Pass	1:16pm
DET	Pass	1:16pm
BAR	Pass	1:16pm
BT	Pass	1:16pm

Blank Tests

Test	Status	Time
AIR	Pass	1:17pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:17pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:17pm
CAL	Pass	1:17pm

Preventive Maintenance Status: Pass

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

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)

(1) (2) (3)	Verify the ethanol gas canister displays at 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;
(3)	Verify instrument displays time and date;
100	
	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program 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 the day of other, 20,25 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.

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

GUILFORD COUNTY HIGH POINT JAIL 400

Serial Number: 008655 Test Date: 10/07/2025

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Long, Thomas A
Permit Number: 0050-9387
Effective:
09/01/2025-09/01/2027

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	9:08am
AIR BLK	.00	9:09am
ACCY CHK	.07	9:10am
AIR BLK	.00	9:11am
SUB TEST	.00	9:12am
AIR BLK	.00	9:13am
SUB TEST	.00	9:15am
AIR BLK	.00	9:15am

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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GUILFORD COUNTY HIGH POINT JAIL 400

Serial Number: 008655 Test Record Number: 4106
Test Date: 10/07/2025 Test Time: 9:18am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time	
AIR	Pass	9:20am	

Printer Tests

Test	Status	Time
PRNT	Pass	9:20am
	CRC Tests	
Test	Status	Time

2.2.2.2	2.55.5	to be a
COMP	Pass	9:20am
CAL	Pass	9:20am

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)

	al No. 008812 129 W. MAIN ST Colbsonville, NE
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 day of Cefober , 20 26 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 SE QUAN VIDE	Somm Askes Bacces 146221

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

Signature of Certifying Official

Certificate Number

GUILFORD COUNTY GIBSONVILLE PD 400

Serial Number: 008812 Test Date: 10/02/2025

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: Barnes, Simon S Permit Number: 0014-6221

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG501303 Exp Date: 01/13/2027

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

Reported AC: .00 g/210L

DIMON Otokes DANCIES

Signature of Chemical Analyst

Court CVR

Simon Ackes Barres
Analyst

GUILFORD COUNTY GIBSONVILLE PD 400

Serial Number: 008812 Test Record Number: 3850 Test Date: 10/02/2025 Test Time: 9:07am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:08am
FLO	Pass	9:08am
FC	Pass	9:08am

Temperature Tests

Test	Status	Time
FC1	Pass	9:08am
SRC	Pass	9:08am
DET	Pass	9:08am
BAR	Pass	9:08am
BT	Pass	9:08am

Blank Tests

Test	Status	Time	
ATR	Pass	9:08am	

Printer Tests

Test	Status	Time
PRNT	Pass	9:08am
	CRC Tests	

Test	Status	Time	
COMP	Pass	9:09am	
CAL	Pass	9:09am	

Preventive Maintenance Status: Pass

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

The preventive m serial number 10, (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	Verify the ethanol gas ca breath simulator thermon Verify instrument display Initiate breath test sequer Enter information as provided Verify instrument accura When "PLEASE BLOW" When "PLEASE BLOW"	red at least once every four r nister displays at least 51 po neter shows 34 degrees, plus vs time and date; nce; mpted;	nonths are: ounds per square inc s or minus .2 degree	odel Intox EC/IR II (Enhanced with th (psi) of pressure, or the alcoholic centigrade;
(2) (3) (4) (5) (6) (7) (8) (9)	Verify instrument display Initiate breath test sequer Enter information as prof Verify instrument accura When "PLEASE BLOW" When "PLEASE BLOW"	neter shows 34 degrees, plus ys time and date; nce; mpted; cy;	s or minus .2 degree	h (psi) of pressure, or the alcoholic centigrade;
 (3) (4) (5) (6) (7) (8) (9) 	Initiate breath test sequer Enter information as prod Verify instrument accura When "PLEASE BLOW" When "PLEASE BLOW"	nce; mpted; cy;		
 (4) (5) (6) (7) (8) (9) 	Enter information as produced Verify instrument accurate When "PLEASE BLOW" When "PLEASE BLOW"	mpted; cy;		
(5) (6) (7) (8) (9)	Verify instrument accura When "PLEASE BLOW" When "PLEASE BLOW"	су;		
(6) (7) (8) (9)	When "PLEASE BLOW" When "PLEASE BLOW"			
(7) (8) (9)	When "PLEASE BLOW"	appears, collect breath sam		
(8) (9)			ple;	
(9)		appears, collect breath sam	ple;	
	Print test record;			
(10)	Run diagnostic program	and confirm preventive main	ntenance status of "F	Pass"; and
	Verify that the ethanol simulator solution is be whichever occurs first.	gas canister is being char ing changed every four mo	nged before expirate on the or after 125	ion date, or the alcoholic breath Alcoholic Breath Simulator tests
Parrormed	day of On the instrument indicated ces, and the instrument is f	doore, in decordance with	the forgoing procurrent 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.

GUILFORD COUNTY HIGH POINT PD 401

Serial Number: 008828 Test Date: 10/07/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: Long, Thomas A

Permit Number: 0050-9387

Effective:

09/01/2025-09/01/2027

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

	9, 2.02	TIMO
DIAG	Pass	10:05am
AIR BLK	.00	10:05am
ACCY CHK	.07	10:06am
AIR BLK	.00	10:07am
SUB TEST	.00	10:08am
AIR BLK	.00	10:09am
SUB TEST	.00	10:11am
AIR BLK	.00	10:11am

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

Analyst

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GUILFORD COUNTY HIGH POINT PD 401

Serial Number: 008828 Test Record Number: 4767
Test Date: 10/07/2025 Test Time: 10:13am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:14am

Printer Tests

Test Status Time

PRNT	Pass	10:14am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:14am

Preventive Maintenance Status: Pass

Pass

10:14am

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 10	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 3 day of OCTOBER, 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.

HALIFAX CO. ROANOKE RAPIDS PD 410

Serial Number: 008656 Test Date: 10/03/2025

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: Bryant, Earl A
Permit Number: 0017-9707
Effective:
02/01/2025-02/01/2027

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

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

Test	g/210L	Time
DIAG	Pass	2:03pm
AIR BLK	.00	2:04pm
ACCY CHK	.07	2:05pm
AIR BLK	.00	2:06pm
SUB TEST	.00	2:07pm
AIR BLK	.00	2:08pm
SUB TEST	.00	2:09pm
AIR BLK	.00	2:10pm

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

HALIFAX CO. ROANOKE RAPIDS PD 410

Serial Number: 008656 Test Record Number: 1174
Test Date: 10/03/2025 Test Time: 2:11pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:11pm
FLO	Pass	2:11pm
FC	Pass	2:12pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:12pm
SRC	Pass	2:12pm
DET	Pass	2:12pm
BAR	Pass	2:12pm
BT	Pass	2:12pm

Blank Tests

Test	Status	Time
AIR	Pass	2:12pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:12pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:12pm

Pass

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 same of the sa		Henderson County Detention Hendersonville, NC
serial number 1	maintenance procedures for the Intoximeters, Model 0,000 or higher) to be followed at least once every fo	Intox EC/IR II and Model Intox EC/IR II (Enhanced with ur months are:
(1)	Verify the ethanol gas canister displays at least 5 breath simulator thermometer shows 34 degrees,	1 pounds per square inch (psi) of pressure, or the alcoholic plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath	sample;
(7)	When "PLEASE BLOW" appears, collect breath	sample;
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive	maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being simulator solution is being changed every fou whichever occurs first.	changed before expiration date, or the alcoholic breat r months or after 125 Alcoholic Breath Simulator tests
were performed	the 15 day of Octobe, and the instrument indicated above, in accordance vices, and the instrument is functioning properly.	20.25 the forgoing preventive maintenance procedure with current regulations of the N.C. Department of Healt
THE CHAN VERY	(4)	2 44987 Certificate Number

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

DHHS 4080 (04/20)

HENDERSON COUNTY HENDERSON COUNTY DETENTION 440

Serial Number: 008822 Test Date: 10/15/2025

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: 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: AG516203 Exp Date: 06/11/2027

g/210L	Time
Pass	1:40pm
.00	1:40pm
.07	1:41pm
.00	1:42pm
.00	1:43pm
.00	1:44pm
.00	1:45pm
.00	1:46pm
	Pass .00 .07 .00 .00

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HENDERSON COUNTY HENDERSON COUNTY DETENTION 440

Serial Number: 008822 Test Record Number: 3528 Test Date: 10/15/2025 Test Time: 1:46pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:47pm
FLO	Pass	1:47pm
FC	Pass	1:47pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:47pm
SRC	Pass	1:47pm
DET	Pass	1:47pm
BAR	Pass	1:47pm
BT	Pass	1:47pm

Blank Tests

Test	Status	Time
AIR	Pass	1:47pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:47pm

CRC Tests

Test	Status	Time
COMP	Pass	1:48pm
CAL	Pass	1:48pm

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. 008911	Hendersonville, NC
The preventive serial number 1	maintenance procedures for the Intoximeters, 0,000 or higher) to be followed at least once e	Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with very four months are:
(1)	Verify the ethanol gas canister displays at breath simulator thermometer shows 34 de	least 51 pounds per square inch (psi) of pressure, or the alcoholic grees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect	breath sample;
(7)	When "PLEASE BLOW" appears, collect	breath sample;
(8)	Print test record;	
(9)	Run diagnostic program and confirm prev	entive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is simulator solution is being changed ever whichever occurs first.	being changed before expiration date, or the alcoholic breath ry four months or after 125 Alcoholic Breath Simulator tests.
were performed	the 15 day of October d on the instrument indicated above, in according property is functioning property.	, 20_25 the forgoing preventive maintenance procedures dance with current regulations of the N.C. Department of Health rly.

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

DHHS 4080 (04/20)

HENDERSON COUNTY HENDERSON COUNTY DETENTION 440

> Serial Number: 008911 Test Date: 10/15/2025

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: 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: AG516203 Exp Date: 06/11/2027

Test	g/210L	Time
DIAG	Pass	1:56pm
AIR BLK	.00	1:57pm
ACCY CHK	.08	1:57pm
AIR BLK	.00	1:58pm
SUB TEST	.00	1:59pm
AIR BLK	.00	2:00pm
SUB TEST	.00	2:01pm
AIR BLK	.00	2:02pm

Reported AC: __00 g/210L

Signature of Chemical Analyst

Court CVR

Analy

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

Rev. 12/2007

HENDERSON COUNTY HENDERSON COUNTY DETENTION 440

Serial Number: 008911 Test Record Number: 931
Test Date: 10/15/2025 Test Time: 2:03pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:03pm
FLO	Pass	2:03pm
FC	Pass	2:03pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:03pm
SRC	Pass	2:03pm
DET	Pass	2:03pm
BAR	Pass	2:03pm
BT	Pass	2:03pm

Blank Tests

Status	Time
Pass	2:04pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:04pm

CRC Tests

Test	Status	Time
COMP	Pass	2:04pm
CAL	Pass	2:04pm

Preventive Maintenance Status: Pass

Analyst

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

County / HO/	KC INO. ØØ8575		AT MOD LOKE S	bile unit 9 5.0.
	, , , , , ,			
The preventive serial number 10	naintenance procedures for t	he Intoximeters, Model Intox E ed at least once every four mon	EC/IR II and Mode ths are:	el Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas can breath simulator thermom	nister displays at least 51 pound leter shows 34 degrees, plus or	ls per square inch (minus .2 degree ce	(psi) of pressure, or the alcoholic entigrade;
(2)	Verify instrument displays time and date;			
(3)	Initiate breath test sequence;			
(4)	Enter information as prompted;			
(5)	Verify instrument accuracy;			
(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 mainten	ance status of "Pas	ss"; and
(10)	Verify that the ethanol simulator solution is bei whichever occurs first.	gas canister is being changed ing changed every four month	l before expirations or after 125 Al	n date, or the alcoholic breath Icoholic Breath Simulator tests
were performed	the 10 day of 00 on the instrument indicated vices, and the instrument is fi	above, in accordance with cur	the forgoing prevent regulations o	ventive maintenance procedures f the N.C. Department of Health
THE STATE OF THE S	ORIN CAROLAY TED			193759
6.44	- Cylin	Signature of Certifying Offici	al	Certificate Number

Signature of Certifying Official

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

HOKE COUNTY BAT MOBILE UNIT 9 460

Serial Number: 008575 Test Date: 10/10/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Carroll, Barry J

Permit Number: 0019-3759

Effective:

09 01/2025-09/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG516204 Exp Date: 06/11/2027

Test	g/210L	Time
DIAG	Pass	9:57pm
AIR BLK	.00	9:58pm
ACCY CHK	.08	9:59pm
AIR BLK	.00	10:00pm
SUB TEST	.00	10:00pm
AIR BLK	.00	10:01pm
SUB TEST	- 00	10.02pm

10:03pm

Reported AC: .00 g/210L

AIR BLK .00

Chemical Analyst

Court CVR

Analyst

HOKE COUNTY BAT MOBILE UNIT 9 460

Serial Number: 008575 Test Record Number: 1522
Test Date: 10/10/2025 Test Time: 10:05pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:05pm
FLO	Pass	10:05pm
FC	Pass	10:05pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:05pm
SRC	Pass	10:05pm
DET	Pass	10:05pm
BAR	Pass	10:05pm
BT	Pass	10:05pm

Blank Tests

Test	Status	Time
AIR	Pass	10:06pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:06pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:06pm

Pass 10:06pm

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 Ho	
Instrument Seria	HOKE S.O.
	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 10 day of 0ctober, 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.
STATE OF STA	GENTAL CANONICATION OF THE PROPERTY OF THE PRO
W. 137.33.333	Signature of Certifying Official Certificate Number

HOKE COUNTY BAT MOBILE UNIT 9 460

Serial Number: 008616 Test Date: 10/10/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Carroll, Barry J
Permit Number: 0019-3759
Effective:

09/01/2025-09/01/2027

Officer's Name: NONE, NONE
Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	10:18pm
AIR BLK	.00	10:19pm
ACCY CHK	.07	10:19pm
AIR BLK	.00	10:20pm
SUB TEST	.00	10:21pm
AIR BLK	.00	10:22pm
SUB TEST	.00	10:24pm
ATR BIK	0.0	10:25pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HOKE COUNTY BAT MOBILE UNIT 9 460

Serial Number: 008616

Test Record Number: 2914 Test Date: 10/10/2025 Test Time: 10:26pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:26pm
FLO	Pass	10:26pm
FC	Pass	10:26pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:26pm
SRC	Pass	10:26pm
DET	Pass	10:26pm
BAR	Pass	10:26pm
BT	Pass	10:26pm

Blank Tests

Test	Status	Time
AIR	Pass	10:27pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:27pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:27pm
CAL	Page	10.27pm

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 Hok Instrument Seria	Instrument Location BAT Mobile Unit 9 No. \$\phi \text{No.} \phi \text{S644}\$ Moke \$\int \text{O}.
	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	ne 10 day of 00000000000000000000000000000000000
CIAR	

Signature of Certifying Official

Certificate Number

HOKE COUNTY BAT MOBILE UNIT 9 460

Serial Number: 008647 Test Date: 10/10/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Carroll, Barry J

Permit Number: 0019-3759

Effective:

09/01/2025-09/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG516204 Exp Date: 06/11/2027

Test	g/210L	Time	
DIAG	Pass	10:11pm	
AIR BLK	.00	10:12pm	
ACCY CHK	.07	10:12pm	
AIR BLK	.00	10:13pm	
SUB TEST	.00	10:14pm	
AIR BLK	.00	10:15pm	
SUB TEST	.00	10:16pm	
AIR BLK	.00	10:17pm	

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HOKE COUNTY BAT MOBILE UNIT 9 460

Serial Number: 008647 Test Record Number: 2899
Test Date: 10/10/2025 Test Time: 10:18pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
1R	Pass	10:18pm
FLO	Pass	10:18pm
FC	Pass	10:18pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:18pm
SRC	Pass	10:18pm
DET	Pass	10:18pm
BAR	Pass	10:18pm
BT	Pass	10:18pm

Blank Tests

Test	Status	Time
AIR	Pass	10:19pm

Printer Tests

Test

CAL

PRNT	Pass	10:19pm	
	CRC Tests		
Test	Status	Time	
COMP	Pass	10:19pm	

Status Time

10:19pm

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)

	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)	Verity the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	0.1.1.

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

Signature of Certifying Official

HOKE COUNTY BAT MOBILE UNIT 9 460

Serial Number: 008704 Test Date: 10/10/2025

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

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

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Carroll, Barry J
Permit Number: 0019-3759
Effective:
09/01/2025-09/01/2027

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

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

Test	g/210L	Time
DIAG	Pass	10:12pm
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

Scarbe of Chemical Analyst

Court CVR

Analyst

HOKE COUNTY BAT MOBILE UNIT 9 460

Serial Number: 008704 Test Record Number: 956 Test Date: 10/10/2025 Test Time: 10:19pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:19pm
FLO	Pass	10:19pm
FC	Pass	10:20pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:20pm
SRC	Pass	10:20pm
DET	Pass	10:20pm
BAR	Pass	10:20pm
BT	Pass	10:20pm

Blank Tests

Test	Status	Time
AIR	Pass	10:20pm

Printer Tests

Test	Status	Time	
PRNT	Pass	10:20pm	
	CRC Tests		
Test	Status	Time	
COMP	Pass	10:21pm	

10:21pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

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

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

County HO	Instrument Location BAT Mobile Unit 9 al No. \$\phi 0 \text{PQ 8826}\$ Hoke 5.0.
	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 10 day of 00000000000000000000000000000000000
STATE OF THE STATE	193759

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

Signature of Certifying Official

Certificate Number

HOKE COUNTY BAT MOBILE UNIT 9 460

Serial Number: 008826 Test Date: 10/10/2025

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

Analyst's Name: Carroll, Barry d Permit Number: 0019-3759 Effective: 09 01 2025-09/01/2027

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

Lot Number: AG516204 Exp Date: 06/11/2027

Test	g/210L	Time
DIAG	Pass	9:51pm
AIR BLK	.00	9:52pm
ACCY CHK	.07	9:53pm
AIR BLK	.00	9:53pm
SUB TEST	.00	9:54pm
AIR BLK	.00	9:55pm
SUB TEST	.00	9:57pm
AIR BLK	.00	9:57pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HOKE COUNTY BAT MOBILE UNIT 9 460

Serial Number: 008826 Test Record Number: 8588 Test Date: 10/10/2025 Test Time: 10:07pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:09pm

Status Time

Printer Tests

Test

Pass	10:09pm
CRC Tests	
Status	Time
Pass Pass	10:09pm 10:09pm
	CRC Tests Status 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)

	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



HOKE COUNTY DETENTION CENTER 460

Serial Number: 008852 Test Date: 10/07/2025

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male

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

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

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

Lot Number: AG405101 Exp Date: 02/20/2026

Test	g/210L	Time
DIAG	Pass	8:39am
AIR BLK	.00	8:39am
ACCY CHK	.08	8:40am
AIR BLK	.00	8:41am
SUB TEST	.00	8:42am
AIR BLK	.00	8:43am
SUB TEST	.00	8:44am
AIR BLK	.00	8:45am

Reported AC: .00 g/210L

ignature of Chemical Analyst

Court CVR

Analyst

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008852 Test Record Number: 1761 Test Date: 10/07/2025

Test Time: 8:46am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:47am
FLO	Pass	8:47am
FC	Pass	8:47am

Temperature Tests

Test	Status	Time
FC1	Pass	8:47am
SRC	Pass	8:47am
DET	Pass	8:47am
BAR	Pass	8:47am
BT	Pass	8:47am

Blank Tests

Test	Status	Time	
AIR	Pass	8:47am	

Printer Tests

Test	Status	Time
PRNT	Pass	8:48am
	CRC Tests	
Test	Status	Time

Pass

Pass

8:48am 8:48am

Preventive Maintenance Status: 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.
certify that on vere performed and Human Ser	the



/ Signature of Certifying Official Certificate Number

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008855 Test Date: 10/07/2025

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

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

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

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

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

Lot Number: AG405101 Exp Date: 02/20/2026

Test	g/210L	Time
DIAG	Pass	8:40am
AIR BLK	.00	8:40am
ACCY CHK	.08	8:41am
AIR BLK	.00	8:42am
SUB TEST	.00	8:43am
AIR BLK	.00	8:43am
SUB TEST	.00	8:45am
AIR BLK	.00	8:46am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008855 Test Record Number: 2028
Test Date: 10/07/2025 Test Time: 8:47am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:47am
FLO	Pass	8:47am
FC	Pass	8:47am

Temperature Tests

Test	Status	Time
FC1	Pass	8:47am
SRC	Pass	8:47am
DET	Pass	8:47am
BAR	Pass	8:47am
BT	Pass	8:47am

Blank Tests

Test	Status	Time
AIR	Pass	8:48am

Printer Tests

Test	Status	Time
PRNT	Pass	8:48am
	CRC Tests	
Test	Status	Time

200		
COMP	Pass	8:48am
CAL	Pass	8:48am

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 n	No. 008823	MODEENIL	E ~ C
The preventive n serial number 10			
	naintenance procedures for the Intoximeters, Model I ,000 or higher) to be followed at least once every fou	ntox EC/IR II and Model r months are:	Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 breath simulator thermometer shows 34 degrees, pl	pounds per square inch (p us or minus .2 degree cen	si) of pressure, or the alcoholic tigrade;
(2)	Verify instrument displays time and date;		
(3)	Initiate breath test sequence;		
(4)	Enter information as prompted;		
(5)	Verify instrument accuracy;		
(6)	When "PLEASE BLOW" appears, collect breath sa	imple:	
(7)	When "PLEASE BLOW" appears, collect breath sa	ample;	
(8)	Print test record;		
(9)	Run diagnostic program and confirm preventive ma	aintenance status of "Pass"	"; and
(10)	Verify that the ethanol gas canister is being changed every four whichever occurs first.		
were performed of and Human Servi	ne 51 day of 655 , 20 on the instrument indicated above, in accordance witces, and the instrument is functioning properly.		entive maintenance procedures the N.C. Department of Health
SOWN AND	Signature of Certifying	Official	Certificate Number

IREDELL COUNTY MOORESVILLE PD 480

Serial Number: 008823 Test Date: 10/07/2025

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Fleming, Tina S
Permit Number: 0027-4970
Effective:
02/01/2025-02/01/2027

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

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

Test	g/210L	Time
DIAG	Pass	10:12am
AIR BLK	.00	10:13am
ACCY CHK	.08	10:14am
AIR BLK	.00	10:15am
SUB TEST	.00	10:15am
AIR BLK	.00	10:16am
SUB TEST	.00	10:18am
AIR BLK	.00	10:19am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

IREDELL COUNTY MOORESVILLE PD 480

Serial Number: 008823 Test Record Number: 2169
Test Date: 10/07/2025 Test Time: 10:20am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:20am
FLO	Pass	10:20am
FC	Pass	10:20am

Temperature Tests

Test	Status	Time
FC1	Pass	10:20am
SRC	Pass	10:20am
DET	Pass	10:20am
BAR	Pass	10:20am
BT	Pass	10:20am

Blank Tests

Test	Status	Time
AIR	Pass	10:21am

Printer Tests

Test	Status	Time
PRNT	Pass	10:21am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:21am

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.
CONTRACTOR OF THE PROPERTY OF	the Z3 day of October, 2025 the forgoing preventive maintenance procedures 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.

JACKSON COUNTY JAIL 490

Serial Number: 008708 Test Date: 10/23/2025

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Cutler, Daniel R
Permit Number: 0084-3310
Effective:

02/01/2025-02/01/2027

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

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

Test	g/210L	Time
DIAG	Pass	1:21pm
AIR BLK	.00	1:21pm
ACCY CHK	.07	1:22pm
AIR BLK	.00	1:23pm
SUB TEST	.00	1:24pm
AIR BLK	.00	1:25pm
SUB TEST	.00	1:26pm
AIR BLK	.00	1:27pm

Reported AC:/ .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

JACKSON COUNTY JAIL 490

Serial Number: 008708 Test Record Number: 2125
Test Date: 10/23/2025 Test Time: 1:27pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:28pm
FLO	Pass	1:28pm
FC	Pass	1:28pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:29pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:29pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:29pm

Preventive Maintenance Status: Pass

Pass

1:29pm

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 23 day of October, 2025 the forgoing preventive maintenance procedures 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.

JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008722 Test Date: 10/23/2025

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

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

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

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

Test	g/210L	Time
DIAG	Pass	1:13pm
AIR BLK	.00	1:13pm
ACCY CHK	.07	1:14pm
AIR BLK	.00	1:15pm
SUB TEST	.00	1:16pm
AIR BLK	.00	1:17pm
SUB TEST	.00	1:18pm
ATR BLK	-00	1:19pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008722 Test Record Number: 1674
Test Date: 10/23/2025 Test Time: 1:19pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:21pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:21pm
	CDC Tosts	

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

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 ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic mulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; strument displays time and date; reath test sequence; ormation as prompted;
reath test sequence;
ormation as prompted;
strument accuracy;
LEASE BLOW" appears, collect breath sample;
LEASE BLOW" appears, collect breath sample;
record;
nostic program and confirm preventive maintenance status of "Pass"; and
hat the ethanol gas canister is being changed before expiration date, or the alcoholic breath solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, or occurs first.
day of October, 20 25 the forgoing preventive maintenance procedures ument indicated above, in accordance with current regulations of the N.C. Department of Health 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

JOHNSTON COUNTY SELMA PD 500

Serial Number: 008595 Test Date: 10/03/2025

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Garner, Joel K Permit Number: 0036-5156

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE
Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG417803 Exp Date: 06/26/2026

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

JOHNSTON COUNTY SELMA PD 500

Serial Number: 008595 Test Record Number: 1880 Test Date: 10/03/2025 Test Time: 8:26am EDT

System Check: Passed

Baseline Tests

8:27am
8:27am
8:27am

Temperature Tests

Test	Status	Time
FC1	Pass	8:27am
SRC	Pass	8:27am
DET	Pass	8:27am
BAR	Pass	8:27am
BT	Pass	8:27am

Blank Tests

Test	Status	Time	
AIR	Pass	8:28am	

Printer Tests

Test	Status	Time
PRNT	Pass	8:28am
	CRC Tests	
Test	Status	Time
COMP	Pass	8:28am

Preventive Maintenance Status: Pass

Pass

8:28am

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 or were performe and Human Se	the 3 day of October, 2025 the forgoing preventive maintenance procedures of on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rvices, and the instrument is functioning properly.

JOHNSTON COUNTY CLAYTON PD 500

Serial Number: 008658 Test Date: 10/03/2025

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

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

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

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

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

Lot Number: AG501308 Exp Date: 01/13/2027

Test	g/210L	Time
DIAG	Pass	10:52am
AIR BLK	.00	10:52am
ACCY CHK	.08	10:53am
AIR BLK	.00	10:55am
SUB TEST	.00	10:55am
AIR BLK	.00	10:56am
SUB TEST	.00	10:57am
AIR BLK	.00	10:58am

Reported AC: .00 g/210L

ignature of Chemical Analyst

Court CVR

Analyst

JOHNSTON COUNTY CLAYTON PD 500

Serial Number: 008658 Test Record Number: 2400 Test Date: 10/03/2025 Test Time: 10:59am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:59am
FLO	Pass	10:59am
FC	Pass	10:59am

Temperature Tests

Test Status	Time
FC1 Pass	10:59am
SRC Pass	10:59am
DET Pass	10:59am
BAR Pass	10:59am
BT Pass	10:59am

Blank Tests

Test	Status	Time
AIR	Pass	11:00am

Printer Tests

Test	Status	Time
PRNT	Pass	11:00am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:00am

CAL Pass 11:00am

Preventive Maintenance Status: Pass

Analyst

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

The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the 3 day of October, 2025 the forgoing preventive maintenance procedures 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. 365156

JOHNSTON COUNTY BENSON PD 500

Serial Number: 008885 Test Date: 10/03/2025

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

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

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

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

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

Reported AC: .00 g/210L

gnature of Chemical Analyst

Court CVR

Analyst

JOHNSTON COUNTY BENSON PD 500

Serial Number: 008885 Test Record Number: 909
Test Date: 10/03/2025 Test Time: 9:56am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:56am
FLO	Pass	9:56am
FC	Pass	9:56am

Temperature Tests

Status	Time
Pass	9:57am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	9:57am

Printer Tests

Test	Status	Time
PRNT	Pass	9:57am
	CRC Tests	
Test	Status	Time
COMP	Pass	9.57am

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

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

County Seri	ncoln Instrument Location Lincoln County Jai al No. 008827 Lincolnton, 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 day of October, 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 ON	

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

Signature of Certifying Official

LINCOLN COUNTY LINCOLN COUNTY SO 540

Serial Number: 008827 Test Date: 10/06/2025

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: Helms, Bryce A
Permit Number: 0084-9845
Effective:
02/01/2025-02/01/2027

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

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

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

LINCOLN COUNTY LINCOLN COUNTY SO 540

Serial Number: 008827 Test Record Number: 4422 Test Date: 10/06/2025 Test Time: 12:14pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	12:15pm
SRC	Pass	12:15pm
DET	Pass	12:15pm
BAR	Pass	12:15pm
BT	Pass	12:15pm

Blank Tests

Test	Status	Time
AIR	Pass	12:16pm

Printer Tests

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

1000	Deacab	111110
COMP	Pass	12:16pm
CAL	Pass	12:16pm

Preventive Maintenance Status: Pass

Analyst

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

nstrument Seri	acon Instrument Location Major Co. Jail Al No. 008618 Franklin, 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 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 0c/bbe-, 2025 the forgoing preventive maintenance procedure don the instrument indicated above, in accordance with current regulations of the N.C. Department of Healt 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

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008618 Test Date: 10/16/2025

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: Cutler, Daniel R
Permit Number: 0084-3310
Effective:

02/01/2025-02/01/2027

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

Lot Number: AG503001 Exp Date: 01/30/2027

Test	g/210L	Time
DIAG	Pass	12:29pm
AIR BLK	.00	12:30pm
ACCY CHK	.07	12:31pm
AIR BLK	.00	12:32pm
SUB TEST	.00	12:33pm
AIR BLK	.00	12:33pm
SUB TEST	.00	12:35pm
AIR BLK	.00	12:36pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Cil R. Conth

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008618 Test Record Number: 2845
Test Date: 10/16/2025 Test Time: 12:39pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:39pm
FLO	Pass	12:39pm
FC	Pass	12:39pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:39pm
SRC	Pass	12:39pm
DET	Pass	12:39pm
BAR	Pass	12:39pm
BT	Pass	12:39pm

Blank Tests

Test	Status	Time
AIR	Pass	12:40pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:40pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:40pm 12:40pm
CAL	Pass	12:40pm

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)

County	acon al No. 008789	Instrument Location Mocor	klin, NC
The preventive serial number	maintenance procedures for the 0,000 or higher) to be followed a	Intoximeters, Model Intox EC/IR II and the least once every four months are:	nd Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canisted breath simulator thermometer	er displays at least 51 pounds per squar shows 34 degrees, plus or minus .2 d	are inch (psi) of pressure, or the alcoholic legree centigrade;
(2)	Verify instrument displays tin	me and date;	
(3)	Initiate breath test sequence;		
(4)	Enter information as prompte	ed;	
(5)	Verify instrument accuracy;		
(6)	When "PLEASE BLOW" ap	pears, collect breath sample;	
(7)	When "PLEASE BLOW" ap	pears, collect breath sample;	
(8)	Print test record;		
(9)	Run diagnostic program and	confirm preventive maintenance statu	s of "Pass"; and
(10)	Verify that the ethanol gas simulator solution is being whichever occurs first.	canister is being changed before changed every four months or after	expiration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests.
were performe	the 16 day of October do not the instrument indicated above and the instrument is func	ove, in accordance with current regul	oing preventive maintenance procedures ations of the N.C. Department of Health
THE STATE OF THE S	CAROLINE COLOR	P. Cath	843310
- ALIMAN	Si	ignature of Certifying Official	Certificate Number

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008789 Test Date: 10/16/2025

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

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

Test Type: Breath Test

Lot Number: AG503001 Exp Date: 01/30/2027

Test	g/210L	Time
DIAG	Pass	12:35pm
AIR BLK	.00	12:35pm
ACCY CHK	-07	12:36pm
AIR BLK	.00	12:37pm
SUB TEST	.00	12:38pm
AIR BLK	.00	12:38pm
SUB TEST	.00	12:40pm
AIR BLK	-00	12:41pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008789 Test Record Number: 962 Test Date: 10/16/2025 Test Time: 12:42pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:43pm
FLO	Pass	12:43pm
FC	Pass	12:43pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:43pm
SRC	Pass	12:43pm
DET	Pass	12:43pm
BAR	Pass	12:43pm
BT	Pass	12:43pm

Blank Tests

Test	Status	Time
AIR	Pass	12:44pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:44pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:44pm

Preventive Maintenance Status: Pass

Pass 12:44pm

CAL

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. 008795 Instrument Location Macon Co. Magistrate Highlands, NC
The preventive serial number 1	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 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 brea simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.
were performed	the 30 day of 0ctober, 2025 the forgoing preventive maintenance procedured on the instrument indicated above, in accordance with current regulations of the N.C. Department of Heal revices, and the instrument is functioning properly.
	Print R. Cuth 843310
	Signature of Certifying Official Certificate Number

MACON COUNTY MACON CO MAGISTRATE 550

Serial Number: 008795 Test Date: 10/30/2025

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

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

Lot Number: AG417803 Exp Date: 06/26/2026

Test	g/210L	Time
DIAG	Pass	12:39pm
AIR BLK	.00	12:40pm
ACCY CHK	.08	12:41pm
AIR BLK	.00	12:42pm
SUB TEST	.00	12:43pm
AIR BLK	.00	12:44pm
SUB TEST	.00	12:45pm
AIR BLK	.00	12:46pm

Reported AC: ,00 g/210L

Signature of Chemical Analyst

Court CVR

Pail R. Cutin

MACON COUNTY MACON CO MAGISTRATE 550

Serial Number: 008795 Test Record Number: 763 Test Date: 10/30/2025 Test Time: 12:46pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:47pm
FLO	Pass	12:47pm
FC	Pass	12:47pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:47pm
SRC	Pass	12:47pm
DET	Pass	12:47pm
BAR	Pass	12:47pm
BT	Pass	12:47pm

Blank Tests

Test	Status	Time
AIR	Pass	12:48pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:48pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:48pm
CAT.	Pass	12:48pm

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	Williamston, 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.
certify that on were performed and Human Ser	the 6th day of October, 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.

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008912 Test Date: 10/06/2025

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: Chappell, Mark A
Permit Number: 0020-6272
Effective:
02/01/2025-02/01/2027

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

Lot Number: AG431001 Exp Date: 11/05/2026

Test	g/210L	Time
DIAG	Pass	11:13am
AIR BLK	.00	11:13am
ACCY CHK	.08	11:14am
AIR BLK	.00	11:16am
SUB TEST	.00	11:16am
AIR BLK	.00	11:17am
SUB TEST	.00	11:19am
AIR BLK	.00	11:20am

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

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008912 Test Record Number: 2351 Test Date: 10/06/2025 Test Time: 11:21am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:21am
FLO	Pass	11:21am
FC	Pass	11:21am

Temperature Tests

Test	Status	Time
FC1	Pass	11:21am
SRC	Pass	11:21am
DET	Pass	11:21am
BAR	Pass	11:21am
BT	Pass	11:21am

Blank Tests

Test	Status	Time
AIR	Pass	11:22am

Printer Tests

Test	Status	Time	
PRNT	Pass	11:22am	
	CRC Tests		
Test	Status	Time	
COMP	Pass	11:22am	
CAL	Pass	11:22am	

Preventive Maintenance Status: Pass

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 Mc	ecklenburg Instrument Location BAT Mobile Unit 8
Instrument Seria	al No. 008615 CMPD
The preventive serial number 10	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
STATE	



Signiture of Certifying Official Certificate Nu

MECKLENBURG COUNTY BAT MOBILE UNIT 8
590

Serial Number: 008615 Test Date: 10/03/2025

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: Glasscock, Jerry D
Permit Number: 7180-9235
Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE
Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

MECKLENBURG COUNTY BAT MOBILE UNIT 8 590

Serial Number: 008615 Test Record Number: 6159
Test Date: 10/03/2025 Test Time: 9:13pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:13pm
FLO	Pass	9:13pm
FC	Pass	9:13pm

Temperature Tests

Status	Time
Pass	9:13pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	9:14pm

Printer Tests

Test

CAL

Status

Time

9:14pm

PRNT	Pass	9:14pm
	CRC Tests	
Test	Status	Time
COMP	Pass	9:14pm

Pass

Preventive Maintenance Status: Pass

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

Instrument Ser	ial No. 008615 CMPD
The preventive serial number	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 alcoholi breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
were performe	the 30 day of Octobec, 2025the 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.

MECKLENBURG COUNTY BAT MOBILE UNIT 8 590

Serial Number: 008615 Test Date: 10/30/2025

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 9:57pm DIAG Pass AIR BLK .00 9:58pm ACCY CHK .07 9:58pm 9:59pm AIR BLK .00 SUB TEST .00 10:00pm 10:01pm AIR BLK .00 SUB TEST .00 10:02pm 10:03pm AIR BLK .00

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

MECKLENBURG COUNTY BAT MOBILE UNIT 8 590

Serial Number: 008615 Test Record Number: 6166
Test Date: 10/30/2025 Test Time: 10:05pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:05pm
FLO	Pass	10:05pm
FC	Pass	10:05pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:05pm
SRC	Pass	10:05pm
DET	Pass	10:05pm
BAR	Pass	10:05pm
BT	Pass	10:05pm

Blank Tests

Test	Status	Time
AIR	Pass	10:06pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:06pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:06pm

Preventive Maintenance Status: Pass

Pass

10:06pm

CAL

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PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10.000 or higher)

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:
Verify the ethanol gas canister displays at 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 breatl simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
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MECKLENBURG COUNTY BAT MOBILE UNIT 8 590

Serial Number: 008615 Test Date: 10/31/2025

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: 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	9:20pm
AIR BLK	.00	9:21pm
ACCY CH	K .07	9:22pm
AIR BLK	.00	9:23pm
SUB TEST	00. 1	9:23pm
AIR BLK	.00	9:24pm
SUB TEST	00. 1	9:26pm
AIR BLK	.00	9:27pm

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

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MECKLENBURG COUNTY BAT MOBILE UNIT 8 590

Serial Number: 008615 Test Record Number: 6168
Test Date: 10/31/2025 Test Time: 9:27pm EDT

System Check: Passed

Baseline Tests

Test St	atus Time
IR Pa	ass 9:27pm
FLO Pa	ass 9:27pm
FC Pa	ess 9:27pm

Temperature Tests

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

Blank Tests

ATR P	ass 9:28pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:28pm
	CRC Tests	
Test	Status	Time
COMP	Pass	9:28pm
CAL	Pass	9:28pm

Preventive Maintenance Status: Pass

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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)

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

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

Certificate Number

MECKLENBURG COUNTY SHERIFFS OFFICE 590

Serial Number: 008690 Test Date: 10/03/2025

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: Helms, Bryce A
Permit Number: 0084-9845
Effective:
02/01/2025-02/01/2027

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

Test Type: Breath Test

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

g/210L	Time
Pass	11:21am
.00	11:21am
.08	11:22am
.00	11:23am
.00	11:24am
.00	11:25am
.00	11:27am
.00	11:27am
	Pass .00 .08 .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

MECKLENBURG COUNTY SHERIFFS OFFICE 590

Serial Number: 008690 Test Record Number: 7819 Test Date: 10/03/2025

Test Time: 11:28am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:28am
FLO	Pass	11:28am
FC	Pass	11:28am

Temperature Tests

Test	Status	Time
FC1	Pass	11:28am
SRC	Pass	11:28am
DET	Pass	11:28am
BAR	Pass	11:28am
BT	Pass	11:28am

Blank Tests

Test	Status	Time
ATR	Pass	11.29am

Printer Tests

Test	Status	Time
PRNT	Pass	11:29am
	CRC Tests	
Test	Status	Time

COMP Pass 11:29am CAL Pass 11:29am

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 COE	KISBUCH	_ Instrument Location_	COONELIC	AF &
Instrument Seri	al No. 008692	9	COENELIN	e Le
The preventive serial number 1	maintenance procedures for t 0,000 or higher) to be follows	he Intoximeters, Model In ed at least once every four	ntox EC/IR II and Mo months are:	del Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas car breath simulator thermom	nister displays at least 51 peter shows 34 degrees, pla	oounds per square inclus or minus .2 degree	h (psi) of pressure, or the alcoholic 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;			
(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 "P	ass"; and
(10)	Verify that the ethanol gas canister is being changed before 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 20 day of 00000000000000000000000000000000000	above, in accordance wit		eventive maintenance procedures of the N.C. Department of Health
OF GLAM VEDS	de	- Soften		274970

MECKLENBURG COUNTY CORNELIUS PD 590

Serial Number: 008692 Test Date: 10/20/2025

Citation Number: M000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject'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:
02/01/2025-02/01/2027

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

Lot Number: AG431001 Exp Date: 11/05/2026

Test	g/210L	Time
DIAG	Pass	10:12am
AIR BLK	.00	10:13am
ACCY CHK	.08	10:14am
AIR BLK	.00	10:15am
SUB TEST	.00	10:15am
AIR BLK	.00	10:16am
SUB TEST	.00	10:18am
AIR BLK	.00	10:19am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG COUNTY CORNELIUS PD 590

Serial Number: 008692 Test Record Number: 3889
Test Date: 10/20/2025 Test Time: 10:20am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:20am
FLO	Pass	10:20am
FC	Pass	10:20am

Temperature Tests

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

Blank Tests

Test	Status	Time	
ATD	Pagg	10.21am	

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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 w 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcohobreath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breasimulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes whichever occurs first.
	the 3 day of October, 20 25the 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.
E P	

MECKLENBURG COUNTY BAT MOBILE UNIT 8 590

Serial Number: 008736 Test Date: 10/03/2025

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: 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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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: 008736 Test Record Number: 1519
Test Date: 10/03/2025 Test Time: 9:12pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:12pm
FLO	Pass	9:12pm
FC	Pass	9:12pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:12pm
SRC	Pass	9:12pm
DET	Pass	9:12pm
BAR	Pass	9:12pm
BT	Pass	9:12pm

Blank Tests

Test	Status	Time
AIR	Pass	9:13pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:13pm
	CRC Tests	
Test	Status	Time
COMP	Pass	9:13pm
CAL	Pass	9:13pm

Preventive Maintenance Status: Pass

Analyst Ausselle

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. 00 8736 CMPD
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 00000000000000000000000000000000000



Certificate Number

MECKLENBURG COUNTY BAT MOBILE UNIT 8 590

Serial Number: 008736 Test Date: 10/30/2025

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	9:55pm
AIR BLK	.00	9:56pm
ACCY CHK	.07	9:57pm
AIR BLK	.00	9:57pm
SUB TEST	.00	9:58pm
AIR BLK	.00	9:59pm
SUB TEST	.00	10:00pm
AIR BLK	.00	10:01pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

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Rev. 12/2007

MECKLENBURG COUNTY BAT MOBILE UNIT 8 590

Serial Number: 008736 Test Record Number: 1526
Test Date: 10/30/2025 Test Time: 10:02pm 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

PRNT	Pass	10:03pm
	CRC Tests	
Test	Status	Time

Status Time

COMP Pass 10:03pm Pass 10:03pm

Preventive Maintenance Status: Pass

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

Instrument Ser	ial No. 00 8736 CMPD
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 00000000000000000000000000000000000



Certificate Number

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

MECKLENBURG COUNTY BAT MOBILE UNIT 8 590

Serial Number: 008736 Test Date: 10/30/2025

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	9:55pm
AIR BLK	.00	9:56pm
ACCY CHK	.07	9:57pm
AIR BLK	.00	9:57pm
SUB TEST	.00	9:58pm
AIR BLK	.00	9:59pm
SUB TEST	.00	10:00pm
AIR BLK	.00	10:01pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

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Rev. 12/2007

MECKLENBURG COUNTY BAT MOBILE UNIT 8 590

Serial Number: 008736 Test Record Number: 1526
Test Date: 10/30/2025 Test Time: 10:02pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	10:02pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time	
AIR	Pass	10:03pm	

Printer Tests

Test

COMP

CAL

PRNT	Pass	10:03pm
	CRC Tests	
Test	Status	Time

Pass

Status Time

Pass 10:03pm

10:03pm

Preventive Maintenance Status: Pass

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

Instrument Seri	ial No. <u>008736</u>
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 31 day of October, 2025 the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rvices, and the instrument is functioning properly.

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

Certificate Number

MECKLENBURG COUNTY BAT MOBILE UNIT 8 590

> Serial Number: 008736 Test Date: 10/31/2025

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: Glasscock, Jerry D

Permit Number: 7180-9235 Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:19pm
AIR BLK	.00	9:20pm
ACCY CHE	.07	9:21pm
AIR BLK	.00	9:22pm
SUB TEST	.00	9:23pm
AIR BLK	.00	9:23pm
SUB TEST	.00	9:25pm
AIR BLK	.00	9:26pm

Reported AC: .00 g/210L

Court CVR

MECKLENBURG COUNTY BAT MOBILE UNIT 8 590

Serial Number: 008736 Test Record Number: 1528
Test Date: 10/31/2025 Test Time: 9:26pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
ATR	Pass	9 • 28pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:28pm
	CRC Tests	
Test	Status	Time
COMP	Pass	9:28pm
CAL	Pass	9:28pm

Preventive Maintenance Status: Pass

Juny O Manquese)

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

breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; (2) Verify instrument displays time and date; (3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program 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.	Instrument Seri	al No. COSTAT
breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; (2) Verify instrument displays time and date; (3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program 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 25 day of 50 company 20 25 the forgoing preventive maintenance procure performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of		
(3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program 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 2 day of 2 2 2 the forgoing preventive maintenance processor were performed 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 inch (psi) of pressure, or the alcoholoreath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program 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 da	(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. I certify that on the day of day	(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. I certify that on the day of da	(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. I certify that on the	(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	(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	(7)	When "PLEASE BLOW" appears, collect breath sample;
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	(8)	Print test record;
simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first. I certify that on the	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic bressimulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.
274970 274970	were performed	d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Heat vices, and the instrument is functioning properly.

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

DHHS 4080 (04/20)

MECKLENBURG COUNTY HUNTERSVILLE PD 590

Serial Number: 008747 Test Date: 10/20/2025

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: Fleming, Tina S
Permit Number: 0027-4970
Effective:
02/01/2025-02/01/2027

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

Lot Number: AG400301 Exp Date: 01/03/2026

Test	g/210L	Time
DIAG	Pass	1:43pm
AIR BLK	.00	1:44pm
ACCY CHK	.07	1:45pm
AIR BLK	.00	1:46pm
SUB TEST	.00	1:46pm
AIR BLK	.00	1:47pm
SUB TEST	.00	1:49pm
AIR BLK	.00	1:49pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG COUNTY HUNTERSVILLE PD 590

Serial Number: 008747 Test Record Number: 3425 Test Date: 10/20/2025 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
ΔTD	Pagg	1 • 51 nm

Printer Tests

Test	Status	Time
PRNT	Pass	1:52pm

CRC Tests

Test	Status	Time
COMP	Pass	1:52pm
CAL	Pass	1:52pm

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 Me	cklenburg Instrument Location	BAT Mobile Unit 8	
Instrument Ser	ial No. 008775	CMPD	
The preventive serial number	e maintenance procedures for the Intoximeters, Model In 10,000 or higher) to be followed at least once every four	tox EC/IR II and Model Intox EC/IR II (Enhanced with months are:	
(1)	Verify the ethanol gas canister displays at least 51 p breath simulator thermometer shows 34 degrees, plu	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;		
(4)	Enter information as prompted;		
(5)	Verify instrument accuracy;		
(6)	When "PLEASE BLOW" appears, collect breath sar	nple;	
(7)	When "PLEASE BLOW" appears, collect breath sar	nple;	
(8)	Print test record;		
(9)	Run diagnostic program and confirm preventive mai	ntenance status of "Pass"; and	
(10)	Verify that the ethanol gas canister is being cha simulator solution is being changed every four m whichever occurs first.	nged before expiration date, or the alcoholic breath ionths or after 125 Alcoholic Breath Simulator tests	
were performe	the 3 day of Octoboo, 20 d on the instrument indicated above, in accordance with rvices, and the instrument is functioning properly.	25the forgoing preventive maintenance procedures a current regulations of the N.C. Department of Health	
THE STATE O	***		



Signature of Certifying Official Certificate Number

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

MECKLENBURG COUNTY BAT MOBILE UNIT 8 590

Serial Number: 008775 Test Date: 10/03/2025

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: 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	9:04pm
AIR BLK	.00	9:05pm
ACCY CHK	.08	9:05pm
AIR BLK	.00	9:06pm
SUB TEST	.00	9:07pm
AIR BLK	.00	9:08pm
SUB TEST	.00	9:09pm
ATR BLK	- 00	9:10pm

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

MECKLENBURG COUNTY BAT MOBILE UNIT 8 590

Serial Number: 008775 Test Record Number: 2367
Test Date: 10/03/2025 Test Time: 9:12pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:13pm
FLO	Pass	9:13pm
FC	Pass	9:13pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:13pm
SRC	Pass	9:13pm
DET	Pass	9:13pm
BAR	Pass	9:13pm
BT	Pass	9:13pm

Blank Tests

Test	Status	Time
AIR	Pass	9:13pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:13pm
	CRC Tests	
Test	Status	Time
COMP	Pass	9:14pm
CAL	Pass	9:14pm

Preventive Maintenance Status: Pass

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

Instrument Ser	ial No. 008775 CMPD
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 30day of 00000, 2025the 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.



Signartire of Certifying Official

Certificate Number

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

MECKLENBURG COUNTY BAT MOBILE UNIT 8 590

Serial Number: 008775 Test Date: 10/30/2025

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	9:54pm
AIR BLK	.00	9:55pm
ACCY CHK	.08	9:55pm
AIR BLK	.00	9:56pm
SUB TEST	.00	9:57pm
AIR BLK	.00	9:58pm
SUB TEST	.00	9:59pm
AIR BLK	.00	10:00pm

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
Rev. 12/2007

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MECKLENBURG COUNTY BAT MOBILE UNIT 8 590

Serial Number: 008775 Test Record Number: 2373
Test Date: 10/30/2025 Test Time: 10:01pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:01pm
FLO	Pass	10:01pm
FC	Pass	10:01pm

Temperature Tests

Status	Time
Pass	10:01pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	10:02pm

Printer Tests

Test	Status	Time	
PRNT	Pass	10:02pm	
	CRC Tests		
Test	Status	Time	
COMP	Pass	10:02pm	
CAL	Pass	10:02pm	

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.
vere performed	the 31 day of 00000, 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.

MECKLENBURG COUNTY BAT MOBILE UNIT 8 590

Serial Number: 008775 Test Date: 10/31/2025

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: 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	9:22pm
AIR BLK	.00	9:23pm
ACCY CHK	.08	9:24pm
AIR BLK	.00	9:24pm
SUB TEST	.00	9:25pm
AIR BLK	.00	9:26pm
SUB TEST	.00	9:29pm
AIR BLK	.00	9:30pm

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

MECKLENBURG COUNTY BAT MOBILE UNIT 8 590

Serial Number: 008775 Test Record Number: 2376
Test Date: 10/31/2025 Test Time: 9:39pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:39pm
FLO	Pass	9:39pm
FC	Pass	9:39pm

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	9:40pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:40pm
	CRC Tests	
Test	Status	Time
COMP	Pass	9:40pm
CAL	Pass	9:40pm

Preventive Maintenance Status: Pass

Sand Hasoned

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

nstrument Ser	ial No. 008816 Instrument Location BAT Mobile Unit 8 CMPD
	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 breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
were performe	the 3 day of October, 2025 the forgoing preventive maintenance procedure d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Healt 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.

Certificate Number

MECKLENBURG COUNTY BAT MOBILE UNIT 8 590

Serial Number: 008816 Test Date: 10/03/2025

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: 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	8:39pm
AIR BLK	.00	8:40pm
ACCY CHK	.08	8:41pm
AIR BLK	.00	8:42pm
SUB TEST	.00	8:42pm
AIR BLK	.00	8:43pm
SUB TEST	.00	8:45pm
AIR BLK	.00	8:46pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Sun D Shevrence

MECKLENBURG COUNTY BAT MOBILE UNIT 8 590

Serial Number: 008816 Test Record Number: 7953
Test Date: 10/03/2025 Test Time: 8:47pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:47pm
FLO	Pass	8:47pm
FC	Pass	8:47pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:48pm
SRC	Pass	8:48pm
DET	Pass	8:48pm
BAR	Pass	8:48pm
BT	Pass	8:48pm

Blank Tests

Test	Status	Time
AIR	Pass	8:48pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:48pm
	CRC Tests	

Test	Status	Time
COMP	Pass	8:48pm
CAL	Pass	8:48pm

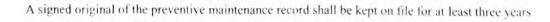
Preventive Maintenance Status: Pass

Low D. Alesseen

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	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model 0,000 or higher) to be followed at least once every four months are:	del Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inchbreath 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 "P	ass"; and
(10)	Verify that the ethanol gas canister is being changed before expirate simulator solution is being changed every four months or after 125 whichever occurs first.	ion date, or the alcoholic breath Alcoholic Breath Simulator tests
were performe and Human Se	the 3 Oday of October, 2025 the forgoing produced on the instrument indicated above, in accordance with current regulations revices, and the instrument is functioning properly.	eventive maintenance procedures of the N.C. Department of Health
STATE OF MAN 20 1773	36	
1.5/00		



MECKLENBURG COUNTY BAT MOBILE UNIT 8
590

Serial Number: 008816 Test Date: 10/30/2025

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	9:53pm 9:54pm
AIR BLK ACCY CHK	.00	9:54pm
AIR BLK	.00	9:55pm
SUB TEST	.00	9:57pm
AIR BLK	.00	9:58pm
SUB TEST	.00	9:59pm
AIR BLK	.00	10:00pm

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

Analyst

Rev. 12/2007

MECKLENBURG COUNTY BAT MOBILE UNIT 8 590

Serial Number: 008816 Test Record Number: 7959
Test Date: 10/30/2025 Test Time: 10:01pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:01pm
FLO	Pass	10:01pm
FC	Pass	10:01pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:01pm
SRC	Pass	10:01pm
DET	Pass	10:01pm
BAR	Pass	10:01pm
BT	Pass	10:01pm

Blank Tests

Test	Status	Time
AIR	Pass	10:02pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:02pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:02pm
CAL	Pass	10:02pm

Preventive Maintenance Status: Pass

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

rial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Mod 0,000 or higher) to be followed at least once every four months are:	er intox EC/IR II (Ennanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch breath simulator thermometer shows 34 degrees, plus or minus .2 degree co	(psi) of pressure, or the alcoholic entigrade;
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of "Pa	ss"; and
(10)	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 A whichever occurs first.	on date, or the alcoholic breath alcoholic Breath Simulator tests.
ere performed ad Human Ser	the 31 day of 0ctober, 2025 the forgoing pre on the instrument indicated above, in accordance with current regulations ovices, and the instrument is functioning properly.	eventive maintenance procedures of the N.C. Department of Health
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A signed original of the preventive maintenance record shall be kept on file for at least three years.

MECKLENBURG COUNTY BAT MOBILE UNIT 8 590

Serial Number: 008816 Test Date: 10/31/2025

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: 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 9:21pm
AIR BLK .00 9:22pm
ACCY CHK .08 9:23pm
AIR BLK .00 9:24pm
SUB TEST .00 9:25pm
AIR BLK .00 9:26pm
SUB TEST .00 9:27pm

AIR BLK .00 9:28pm

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

MECKLENBURG COUNTY BAT MOBILE UNIT 8 590

Serial Number: 008816 Test Record Number: 7962
Test Date: 10/31/2025 Test Time: 9:30pm EDT

System Check: Passed

Baseline Tests

Status	Time
Pass	9:30pm
Pass	9:30pm
Pass	9:30pm
	Pass Pass

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
ATR	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

Jan Dolusount

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

	ial No. 008869 Instrument Location BAT Mobils Unit 13 Motthews PD	_
	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced w 10,000 or higher) to be followed at least once every four months are:	ith
(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;	lic
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and	
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic bre simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator te whichever occurs first.	atl
were performed	the	alt
QUAN VICE	Signature of Certifying Official Certificate Number	

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

MECKLENBURG COUNTY BAT MOBILE UNIT 13 590

> Serial Number: 008869 Test Date: 10/23/2025

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:

04/01/2025-04/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG417803 Exp Date: 06/26/2026

Test	g/210L	Time
DIAG	Pass	9:34pm
AIR BLK	.00	9:35pm
ACCY CHK	.08	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 Ahalyst

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

MECKLENBURG COUNTY BAT MOBILE UNIT 13 590

Serial Number: 008869 Test Record Number: 2114
Test Date: 10/23/2025 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	Pass	9:42pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:42pm
	CRC Tests	

Test	Status	Time
COMP	Pass	9:42pm
CAL	Pass	9:42pm

Preventive Maintenance Status: Pass

Analyst

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 performed	the

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

Signature of Certifying Official

Certificate Number

MECKLENBURG COUNTY BAT MOBILE UNIT 13 590

> Serial Number: 008898 Test Date: 10/23/2025

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:

04/01/2025-04/01/2027

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	9:38pm
AIR BLK	.00	9:39pm
ACCY CHK	.07	9:39pm
AIR BLK	.00	9:40pm
SUB TEST	.00	9:41pm
AIR BLK	.00	9:42pm
SUB TEST	.00	9:43pm
AIR BLK	.00	9:44pm

Reported AC: .00 g/210L

Signature of Chemical Malyst

Court CVR

MECKLENBURG COUNTY BAT MOBILE UNIT 13 590

Serial Number: 008898
Test Date: 10/23/2025

Test Record Number: 2061

Test Time: 9:45pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:46pm
FLO	Pass	9:46pm
FC	Pass	9:46pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:46pm
SRC	Pass	9:46pm
DET	Pass	9:46pm
BAR	Pass	9:46pm
BT	Pass	9:46pm

Blank Tests

Test	Status	Time
AIR	Pass	9:46pr

Printer Tests

Test	Status	Time
PRNT	Pass	9:46pm
	CRC Tests	
Test	Status	Time
COMP	Pass	9:47pm

Preventive Maintenance Status: Pass

Pass 9:47pm

CAL

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. 008929 Instrument Location BAT Mobile Unit 8 CMPD
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced wit 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the 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 3 day of Octobec , 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.



Signature of Certifying Official Certificate Number

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

MECKLENBURG COUNTY BAT MOBILE UNIT 8 590

Serial Number: 008929 Test Date: 10/03/2025

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: 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	8:40pm
AIR BLK	.00	8:41pm
ACCY CHK	.08	8:42pm
AIR BLK	.00	8:43pm
SUB TEST	.00	8:43pm
AIR BLK	.00	8:44pm
SUB TEST	.00	8:46pm
AIR BLK	.00	8:47pm

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

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Department of Health and Human Services

Rev. 12/2007

MECKLENBURG COUNTY BAT MOBILE UNIT 8 590

Serial Number: 008929 Test Record Number: 1655 Test Date: 10/03/2025 Test Time: 8:47pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:48pm
FLO	Pass	8:48pm
FC	Pass	8:48pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:48pm
SRC	Pass	8:48pm
DET	Pass	8:48pm
BAR	Pass	8:48pm
BT	Pass	8:48pm

Blank Tests

AIR	Pass	8:49pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:49pm
	CRC Tests	

Test	Status	Time
COMP	Pass	8:49pm
CAL	Pass	8:49pm

Preventive Maintenance Status: Pass

Sun D Sternen

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. 008929 CMPD
	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.



Signature of Certifying Official Certificate Number

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

and Human Services, and the instrument is functioning properly.

MECKLENBURG COUNTY BAT MOBILE UNIT 8
590

Serial Number: 008929 Test Date: 10/30/2025

Citation Number: M000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject'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	9:52pm
AIR BLK	.00	9:53pm
ACCY CHK	.08	9:53pm
AIR BLK	.00	9:55pm
SUB TEST	.00	9:55pm
AIR BLK	.00	9:56pm
SUB TEST	.00	9:58pm
AIR BLK	.00	9:59pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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MECKLENBURG COUNTY BAT MOBILE UNIT 8 590

Serial Number: 008929 Test Record Number: 1661 Test Date: 10/30/2025 Test Time: 10:00pm EDT

System Check: Passed

Baseline Tests

Test Status	Time
	10:00pm
	10:00pm
FC Pass	10:00pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:01pm
SRC	Pass	10:01pm
DET	Pass	10:01pm
BAR	Pass	10:01pm
BT	Pass	10:01pm

Blank Tests

Test	Status	Time
ATR	Pass	10:01pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:01pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:02pm
CAL	Pass	10.02pm

Preventive Maintenance Status: Pass

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

The preventive	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with a cook of the Intoximeters).
	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 breasimulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes whichever occurs first.
I certify that on were performed and Human Ser	the 3 day of 800000000000000000000000000000000000

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: 008929 Test Date: 10/31/2025

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: 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 9:21pm DIAG Pass AIR BLK .00 9:22pm ACCY CHK .08 9:22pm 9:24pm AIR BLK .00 SUB TEST .00 9:24pm AIR BLK .00 9:25pm SUB TEST .00 9:27pm

Reported AC: .00 g/210L

9:28pm

AIR BLK .00

Signature of Chemical Analyst

Court CVR

MECKLENBURG COUNTY BAT MOBILE UNIT 8 590

Serial Number: 008929 Test Record Number: 1663
Test Date: 10/31/2025 Test Time: 9:29pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	9:30pm
	Pass Pass Pass Pass

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

Sun D Mussuut

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

County Mi	tchell	Instrument Location Spruce Pine PD	_
Instrument Serial No. 008726		Instrument Location Spruce Pine PD Spruce Pine, NC	_
The preventive serial number 1	maintenance procedures for to 0,000 or higher) to be followed	Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced at least once every four months are:	d with
(1)	Verify the ethanol gas can breath simulator thermom	er displays at least 51 pounds per square inch (psi) of pressure, or the alcor shows 34 degrees, plus or minus .2 degree centigrade;	oholio
(2)	Verify instrument displays	me and date;	
(3)	Initiate breath test sequence		
(4)	Enter information as prom	ed;	
(5)	Verify instrument accurac		
(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	confirm preventive maintenance status of "Pass"; and	
(10)	Verify that the ethanol gas canister is being changed before 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 on the instrument indicated vices, and the instrument is fulfilled.	to be 2, 20 25 the forgoing preventive maintenance processore, in accordance with current regulations of the N.C. Department of Extioning properly. 2 44937 Gentificate Number	edures

MITCHELL COUNTY SPRUCE PINE PD 600

Serial Number: 008726 Test Date: 10/27/2025

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: AG503001 Exp Date: 01/30/2027

Test	g/210L	Time
DIAG	Pass	11:31am
AIR BLK	.00	11:32am
ACCY CHK	.08	11:33am
AIR BLK	.00	11:34am
SUB TEST	.00	11:35am
AIR BLK	.00	11:36am
SUB TEST	.00	11:39am
ATR BLK	-00	11:39am

Reported AG: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MITCHELL COUNTY SPRUCE PINE PD 600

Serial Number: 008726 Test Record Number: 1559
Test Date: 10/27/2025 Test Time: 11:40am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:40am
FLO	Pass	11:40am
FC	Pass	11:40am

Temperature Tests

Test	Status	Time
FC1	Pass	11:40am
SRC	Pass	11:40am
DET	Pass	11:40am
BAR	Pass	11:40am
BT	Pass	11:40am

Blank Tests

Test	Status	Time
AIR	Pass	11:41am

Printer Tests

Test	Status	Time
PRNT	Pass	11:41am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:41am

11:41am

Preventive Maintenance Status: Pass

Pass

CAL

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

Analyst

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 Mi	al No. 008916 Instrument Location Spruce Pin	e PD e Pine, NC
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and N 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 in breath simulator thermometer shows 34 degrees, plus or minus .2 degrees	
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of	"Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expi simulator solution is being changed every four months or after 12 whichever occurs first.	ration date, or the alcoholic breath 5 Alcoholic Breath Simulator tests
were performed	the	preventive maintenance procedures
	Signature of Certifying Official	Z 44987 Certificate Number

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

DHHS 4080 (04/20)

MITCHELL COUNTY SPRUCE PINE PD 600

Serial Number: 008916 Test Date: 10/07/2025

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: Loftis, Benjamin C Permit Number: 0024-4987

Effective:

03/01/2025-03/01/2027

Officer's Name: NONE, NONE
Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG503001 Exp Date: 01/30/2027

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

Reported AC: .00 g/2/OL

Signature of Chemical Analyst

Court CVR

Analyst

MITCHELL COUNTY SPRUCE PINE PD 600

Serial Number: 008916 Test Record Number: 1974
Test Date: 10/07/2025 Test Time: 11:14am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:14am
FLO	Pass	11:14am
FC	Pass	11:14am

Temperature Tests

Test	Status	Time
FC1	Pass	11:14am
SRC	Pass	11:14am
DET	Pass	11:14am
BAR	Pass	11:14am
BT	Pass	11:14am

Blank Tests

Test	Status	Time	
AIR	Pass	11:15am	

Printer Tests

Test	Status	Time
PRNT	Pass	11:15am
	CRC Tests	

Test	Status	Time
COMP	Pass	11:15am
CAL	Pass	11:15am

Preventive Maintenance Status: Pass

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)

County NA	Instrument Location Rocky Mount 7
Instrument Ser	Instrument Location Rocky Mount FD ial No. 008740 330 S. Chunch St. Rocky Mount, NC
-	XXX Mount, NC
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.
I certify that on were performed and Human Ser	the 9 day of OCTOBER, 20 25 the forgoing preventive maintenance procedures 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.
NO WE STATE OF	
MATERIAL STATES	01/2 10 170-0-
OTH VERN	The Sought 11970)

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008740 Test Date: 10/09/2025

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: Bryant, Earl A
Permit Number: 0017-9707
Effective:

02/01/2025-02/01/2027

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	3:40pm
AIR BLK	.00	3:41pm
ACCY CHK	.07	3:41pm
AIR BLK	.00	3:42pm
SUB TEST	.00	3:43pm
AIR BLK	.00	3:44pm
SUB TEST	.00	3:45pm
AIR BLK	.00	3:46pm

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

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008740 Test Record Number: 1120 Test Date: 10/09/2025 Test Time: 3:49pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:49pm
FLO	Pass	3:49pm
FC	Pass	3:49pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:49pm
SRC	Pass	3:49pm
DET	Pass	3:49pm
BAR	Pass	3:49pm
BT	Pass	3:49pm

Blank Tests

Test	Status	Time
AIR	Pass	3:50pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:50pm

CRC Tests

Test	Status	Time
COMP	Pass	3:50pm
CAL	Pass	3:50pm

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	Instrument Location Rocky Mount PD ial No. 208741 330 5. Church St Rocky Mount, NC maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with
serial number	10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before 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 9 day of OCTOBER, 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.

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008741 Test Date: 10/09/2025

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: Bryant, Earl A
Permit Number: 0017-9707
Effective:
02/01/2025-02/01/2027

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

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

Test	g/210L	Time
DIAG	Pass	3:40pm
AIR BLK	.00	3:40pm
ACCY CHK	.08	3:41pm
AIR BLK	.00	3:42pm
SUB TEST	.00	3:43pm
AIR BLK	.00	3:44pm
SUB TEST	.00	3:45pm
AIR BLK	.00	3:46pm

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 ROCKY MOUNT PD 630

Serial Number: 008741 Test Record Number: 3281
Test Date: 10/09/2025 Test Time: 3:48pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	3:49pm

Printer Tests

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

Pass

Preventive Maintenance Status: Pass

CAL

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

Rev. 12/2007

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 31st day of October, 20 as 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.

NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

> Serial Number: 008002 Test Date: 10/31/2025

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: AG506303 Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	7:59pm
AIR BLK	.00	8:00pm
ACCY CHK	.07	8:01pm
AIR BLK	.00	8:02pm
SUB TEST	.00	8:03pm
AIR BLK	.00	8:04pm
SUB TEST	.00	8:05pm
AIR BLK	.00	8:06pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008002 Test Record Number: 825 Test Date: 10/31/2025 Test Time: 8:07pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:07pm
FLO	Pass	8:07pm
FC	Pass	8:07pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:07pm
SRC	Pass	8:07pm
DET	Pass	8:07pm
BAR	Pass	
BT	Pass	8:07pm
BAR	Pass	8:07pm

Blank Tests

Test	Status	Time
AIR	Pass	8:08pm

Printer Tests

Status	Time
Pass	8:08pm
CRC Tests	

Test	Status	Time
COMP	Pass	8:08pm
CAL	Pass	8:08pm

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 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 3154 day of October, 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.

NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008090 Test Date: 10/31/2025

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: AG506303 Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	8:06pm
AIR BLK	.00	8:07pm
ACCY CHK	.08	8:08pm
AIR BLK	.00	8:10pm
SUB TEST	.00	8:10pm
AIR BLK	.00	8:11pm
SUB TEST	.00	8:12pm
AIR BLK	.00	8:13pm

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

NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008090 Test Record Number: 230
Test Date: 10/31/2025 Test Time: 8:14pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:14pm
FLO	Pass	8:14pm
FC	Pass	8:14pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:14pm
SRC	Pass	8:14pm
DET	Pass	8:14pm
BAR	Pass	8:14pm
BT	Pass	8:14pm

Blank Tests

Test	Status	Time
AIR	Pass	8:15pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:15pm
	CRC Tests	
Test	Status	Time
COMP	Pass	8:15pm

Preventive Maintenance Status: Pass

Pass

8:15pm

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 Seri	ial No. 00 8968 Wilmington PD
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced wit 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcohol breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.
I certify that on were performed and Human Ser	the 31 day of 0,20 25 the forgoing preventive maintenance procedured on the instrument indicated above, in accordance with current regulations of the N.C. Department of Heal revices, and the instrument is functioning properly.
THE OLIM VICTOR	21/(3.2

NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008968 Test Date: 10/31/2025

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: AG506303 Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	8:01pm
AIR BLK	.00	8:02pm
ACCY CHK		8:02pm
AIR BLK	.00	8:03pm
SUB TEST	2002	8:04pm
AIR BLK	.00	8:05pm
SUB TEST		8:06pm
AIR BLK	.00	8:07pm

Reported AC: _00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008968

Test Record Number: 401 Test Date: 10/31/2025 Test Time: 8:07pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:08pm
FLO	Pass	8:08pm
FC	Pass	8:08pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:08pm
SRC	Pass	8:08pm
DET	Pass	8:08pm
BAR	Pass	8:08pm
BT	Pass	8:08pm

Blank Tests

Test	Status	Time	
AIR	Pass	8:08pm	

Printer Tests

Test	Status	Time
PRNT	Pass	8:08pm
	CRC Tests	
Test	Status	Time
COMP	Pass	8:09pm

Preventive Maintenance Status: Pass

CAL

Pass

8:09pm

Analyst

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

	ial No. 00 8971	-	Wilm	inston	PD
The preventive serial number	e maintenance procedures for th 10,000 or higher) to be followed	e Intoximeters, Model In I at least once every four	tox EC/IR II months are:	and Model In	itox EC/IR II (Enhanced with
(1)	Verify the ethanol gas cani breath simulator thermome	ster displays at least 51 p ter shows 34 degrees, plu	ounds per sq s or minus .2	uare inch (psi degree centig) of pressure, or the alcoholic grade;
(2)	Verify instrument displays	time and date;			
(3)	Initiate breath test sequence	e;			
(4)	Enter information as prom	oted;			
(5)	Verify instrument accuracy	7;			
(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 sta	tus 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 nonths or aff	expiration of ter 125 Alcol	date, or the alcoholic breath holic Breath Simulator tests,
were performe	an the 31st day of OC. day of the instrument indicated ervices, and the instrument is full.	above, in accordance wit	25 the for	going preven gulations of th	ative maintenance procedures ne N.C. Department of Health

NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008971 Test Date: 10/31/2025

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: AG506302 Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	7:59pm
AIR BLK	.00	8:00pm
ACCY CHK	.08	8:01pm
AIR BLK	.00	8:02pm
SUB TEST	.00	8:02pm
AIR BLK	.00	8:03pm
SUB TEST	.00	8:05pm
AIR BLK	-00	8:06pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008971 Test Record Number: 353
Test Date: 10/31/2025 Test Time: 8:07pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:07pm
FLO	Pass	8:07pm
FC	Pass	8:08pm

Temperature Tests

Status	Time
Pass	8:08pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	8:08pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:08pm
	CRC Tests	
Toct	Status	Timo

Test	Status	Time
COMP	Pass	8:08pm
CAL	Pass	8:08pm

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	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with
serial number 1	0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the 31st day of 00 dose , 20 25 the forgoing preventive maintenance procedures 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.

NEW HANOVER COUNTY BAT MOBILE UNIT 7
640

Serial Number: 008972 Test Date: 10/31/2025

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: AG506303 Exp Date: 03/04/2027

g/210L Time Test 7:58pm DIAG Pass AIR BLK .00 7:59pm ACCY CHK .08 7:59pm .00 8:00pm AIR BLK 8:02pm SUB TEST .00 8:02pm AIR BLK .00

AIR BLK .00 8:05pm

8:04pm

.00 g/210L

SUB TEST .00

Reported AC:

(Della)

Signature of Chemical Analyst

Court CVR

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

Analyst

NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008972 Test Record Number: 411
Test Date: 10/31/2025 Test Time: 8:05pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:05pm
FLO	Pass	8:05pm
FC	Pass	8:06pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	8:06pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:06pm
	CRC Tests	
Test	Status	Time

COMP	Pass	8:07pm
CAL	Pass	8:07pm

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 Seri	al No. 008607 105 WEST JEFFERSON ST
	Instrument Location NORTHAMPTON CO. S.U. al No.008607 Instrument Location NORTHAMPTON CO. S.U.
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 3day of OCTOBER, 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.

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008607 Test Date: 10/03/2025

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: Bryant, Earl A Permit Number: 0017-9707

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Openical Analyst

Court CVR

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008607 Test Record Number: 1384
Test Date: 10/03/2025 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	11:19am

Printer Tests

Test	Status	Time
PRNT	Pass	11:19am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:19am
CAL	Pass	11:19am

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	Instrument Location NORTHAMPTON Co. S.O. Instrument Location NORTHAMPTO		
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 3 day of October , 2025 the forgoing preventive maintenance procedures 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.		

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

> Serial Number: 008688 Test Date: 10/03/2025

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: Bryant, Earl A Permit Number: 0017-9707 Effective:

02/01/2025-02/01/2027

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

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

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

.00 g/210L Reported AC:

Court CVR

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008688 Test Record Number: 1183
Test Date: 10/03/2025 Test Time: 11:19am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:19am
FLO	Pass	11:19am
FC	Pass	11:19am

Temperature Tests

Test	Status	Time
FC1	Pass	11:19am
SRC	Pass	11:19am
DET	Pass	11:19am
BAR	Pass	11:19am
BT	Pass	11:19am

Blank Tests

Test	Status	Time
AIR	Pass	11:20am

Printer Tests

Test	Status	Time
PRNT	Pass	11:20am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:20am
CAT.	Pagg	11 · 20 am

Preventive Maintenance Status: Pass

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

Instrument Seri	al No. 008575 Instrument Location ISAI Mosile Unit 9 Holly Ridge PD
	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 0¢+o5e¢, 20 25 the forgoing preventive maintenance procedured 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.

gnature of Certifying Official

ONSLOW COUNTY BAT MOBILE UNIT 9 660

Serial Number: 008575 Test Date: 10/18/2025

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: AG516204 Exp Date: 06/11/2027

Test	g/210L	Time
DIAG	Pass	3:10pm
AIR BLK	.00	3:11pm
ACCY CHK	.08	3:12pm
AIR BLK	.00	3:13pm
SUB TEST	.00	3:13pm
AIR BLK	.00	3:14pm
SUB TEST	.00	3:16pm
AIR BLK	.00	3:16pm

Reported AC: 00 g/210

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 9 660

Serial Number: 008575 Test Record Number: 1524
Test Date: 10/18/2025 Test Time: 3:17pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:17pm
FLO	Pass	3:17pm
FC	Pass	3:17pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:18pm
SRC	Pass	3:18pm
DET	Pass	3:18pm
BAR	Pass	3:18pm
BT	Pass	3:18pm

Blank Tests

Test	Status	Time
AIR	Pass	3:18pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:18pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:18pm

Preventive Maintenance Status: Pass

Pass

3:18pm

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 10,000 or higher) to be followed at least once every four months are:		
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
(2)	Verify instrument displays time and date;		
(3)	Initiate breath test sequence;		
(4)	Enter information as prompted;		
(5)	Verify instrument accuracy;		
(6)	When "PLEASE BLOW" appears, collect breath sample;		
(7)	When "PLEASE BLOW" appears, collect breath sample;		
(8)	Print test record;		
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and		
(10)	Verify that the ethanol gas canister is being changed before 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 18th day of October, 2025 the forgoing preventive maintenance procedures 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.		

ONSLOW COUNTY BAT MOBILE UNIT 9 660

Serial Number: 008616 Test Date: 10/18/2025

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 State: XX
Driver's License Number: NONE

Analyst's Name: Sharpe Jr., Robert J
Permit Number: 1820-8591
Effective:
02/01/2025-02/01/2027

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

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

Test	g/210L	Time
DIAG	Pass	3:12pm
AIR BLK	.00	3:13pm
ACCY CHK	.08	3:13pm
AIR BLK	.00	3:14pm
SUB TEST	.00	3:15pm
AIR BLK	.00	3:16pm
SUB TEST	.00	3:18pm
AIR BLK	.00	3:19pm

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ONSLOW COUNTY BAT MOBILE UNIT 9 660

Serial Number: 008616 Test Record Number: 2917
Test Date: 10/18/2025 Test Time: 3:20pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:21pm
FLO	Pass	3:21pm
FC	Pass	3:21pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:21pm
SRC	Pass	3:21pm
DET	Pass	3:21pm
BAR	Pass	3:21pm
BT	Pass	3:21pm

Blank Tests

Test	Status	Time
AIR	Pass	3:21pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:21pm
	CRC Tests	
-	2.04.00	

rest	Status	Time
COMP	Pass	3:22pm
CAL	Pass	3:22pm

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 th 0,000 or higher) to be followed			nd Model Intox EC	C/IR II (Enhanced with
(1)	Verify the ethanol gas cani breath simulator thermome	ster displays at least 51 p ter shows 34 degrees, plu	ounds per squa is or minus .2 de	re inch (psi) of pregree centigrade;	essure, 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	r,			
(6)	When "PLEASE BLOW" a	appears, collect breath sar	mple;		
(7)	When "PLEASE BLOW" a	appears, collect breath sai	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 cha g changed every four n	anged before e nonths or after	xpiration date, or 125 Alcoholic E	r the alcoholic breath Breath Simulator tests
were performed	the 18 day of Oct on the instrument indicated a vices, and the instrument is fur	bove, in accordance wit	25 the forgoing the current regular	ng preventive mations of the N.C.	aintenance procedures Department of Health
	124		-		

ONSLOW COUNTY BAT MOBILE UNIT 9 660

Serial Number: 008647 Test Date: 10/18/2025

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: AG516204 Exp Date: 06/11/2027

Test	g/210L	Time
DIAG	Pass	3:12pm
AIR BLK	.00	3:13pm
ACCY CHK	.08	3:14pm
AIR BLK	.00	3:15pm
SUB TEST	.00	3:16pm
AIR BLK	.00	3:17pm
SUB TEST	.00	3:18pm
AIR BLK	.00	3:19pm

Reported AG .00 9721

Signature of Chemical Analyst

Court CVR

Analyst

ONSLOW COUNTY BAT MOBILE UNIT 9 660

Serial Number: 008647 Test Record Number: 2901 Test Date: 10/18/2025 Test Time: 3:20pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:21pm
FLO	Pass	3:21pm
FC	Pass	3:21pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:21pm
SRC	Pass	3:21pm
DET	Pass	3:21pm
BAR	Pass	3:21pm
BT	Pass	3:21pm

Blank Tests

Test	Status	Time
AIR	Pass	3:22pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:22pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:22pm
CAL	Pass	3:22pm

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	DnSlow Instrument Location B	74.	Mobile	Unit 9
Instrument Seri	al No. 008704 Ha	olly	Ridge	PO
	maintenance procedures for the Intoximeters, Model Intox EC 0,000 or higher) to be followed at least once every four months		Model Intox EC/	IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds breath simulator thermometer shows 34 degrees, plus or mi	per square inus .2 deg	inch (psi) of pres gree centigrade;	sure, or the alcoholic
(2)	Verify instrument displays time and date;			
(3)	Initiate breath test sequence;			
(4)	Enter information as prompted;			
(5)	Verify instrument accuracy;			
(6)	When "PLEASE BLOW" appears, collect breath sample;			
(7)	When "PLEASE BLOW" appears, collect breath sample;			
(8)	Print test record;			
(9)	Run diagnostic program and confirm preventive maintenan	nce status o	of "Pass"; and	
(10)	Verify that the ethanol gas canister is being changed I simulator solution is being changed every four months whichever occurs first.			
were performed	the 18 day of, 20 5 the door the instrument indicated above, in accordance with curre rvices, and the instrument is functioning properly.			ntenance procedures Department of Health
THE QUAM VICTOR			_ 22(6313

ONSLOW COUNTY BAT MOBILE UNIT 9 660

Serial Number: 008704 Test Date: 10/18/2025

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: AG506303 Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	3:13pm
AIR BLK	.00	3:14pm
ACCY CHK	.07	3:15pm
AIR BLK	.00	3:16pm
SUB TEST	.00	3:16pm
AIR BLK	.00	3:17pm
SUB TEST	.00	3:19pm
ATR BLK	-00	3:20pm

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

Analyst

Rev. 12/2007

ONSLOW COUNTY BAT MOBILE UNIT 9 660

Serial Number: 008704 Test Record Number: 958
Test Date: 10/18/2025 Test Time: 3:21pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:21pm
FLO	Pass	3:21pm
FC	Pass	3:21pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:21pm
SRC	Pass	3:21pm
DET	Pass	3:21pm
BAR	Pass	3:21pm
BT	Pass	3:21pm

Blank Tests

Test	Status	Time
AIR	Pass	3:22pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:22pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:22pm

Preventive Maintenance Status: Pass

Pass

3:22pm

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 In 0,000 or higher) to be followed at least once every four	tox EC/IR II and months are:	Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 p breath simulator thermometer shows 34 degrees, plu		
(2)	Verify instrument displays time and date;		
(3)	Initiate breath test sequence;		
(4)	Enter information as prompted;		
(5)	Verify instrument accuracy;		
(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 and confirm preventive mai	intenance status o	of "Pass"; and
(10)	Verify that the ethanol gas canister is being cha simulator solution is being changed every four m whichever occurs first.		
were performed	the 18 day of October, 20 do not the instrument indicated above, in accordance with vices, and the instrument is functioning properly.		g preventive maintenance procedure ions of the N.C. Department of Heal
A WALLEY			2)((2)2

ONSLOW COUNTY BAT MOBILE UNIT 9 660

Serial Number: 008826 Test Date: 10/18/2025

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: AG516204 Exp Date: 06/11/2027

Test	g/210L	Time
DIAG	Pass	3:09pm
AIR BLK	.00	3:10pm
ACCY CHK	.07	3:11pm
AIR BLK	.00	3:12pm
SUB TEST	.00	3:13pm
AIR BLK	.00	3:14pm
SUB TEST	.00	3:15pm
AIR BLK	.00	3:16pm

Reported AC: /00 g/210L

Signatura of Chemical Analyst

Court CVR

Analyst

ONSLOW COUNTY BAT MOBILE UNIT 9 660

Serial Number: 008826 Test Record Number: 8590 Test Date: 10/18/2025 Test Time: 3:17pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:17pm
FLO	Pass	3:17pm
FC	Pass	3:17pm

Temperature Tests

Status	Time
Pass	3:17pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	3:18pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:18pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:18pm
CAL	Pass	3:18pm

Preventive Maintenance Status: Pass

3:18pm

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. 008856 7300 M.Il House Ro Site 150
	ial No. 008856 7300 M.Il House Ro Sutte 150 Chapel H.II, 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.
were performed	the 2 day of orthogon, 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.

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

Signature of Certifying Official

Certificate Number

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008856 Test Date: 10/02/2025

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Barnes, Simon S

Permit Number: 0014-6221

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	11:43am
AIR BLK	.00	11:44am
ACCY CHK	.08	11:45am
AIR BLK	.00	11:46am
SUB TEST	.00	11:46am
AIR BLK	.00	11:47am
SUB TEST	.00	11:49am
AIR BLK	.00	11:50am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008856 Test Record Number: 3341
Test Date: 10/02/2025 Test Time: 11:50am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:50am
FLO	Pass	11:50am
FC	Pass	11:51am

Temperature Tests

Status	Time
Pass	11:51am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time	

AIR Pass 11:51am

Printer Tests

rest	Status	Time
PRNT	Pass	11:51am

CRC Tests

Test	01	S 2 1 2 1 1
1681	Status	Timo

COMP	Pass	11:51am
CAL	Pass	11:51am

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	ial No		100 N.		-/
The preventive				ro, NC	
The preventive serial number 1			CALLBO	ro, NC	
She and contemplate in	maintenance procedures for the 10,000 or higher) to be followed a	ntoximeters, Model I t least once every fou	ntox EC/IR II are:	and Model Intox EC/IR	II (Enhanced with
(1)	Verify the ethanol gas canisted breath simulator thermometer	r displays at least 51 shows 34 degrees, pl	pounds per squ lus or minus .2	nare inch (psi) of pressur degree centigrade;	e, or the alcoholic
(2)	Verify instrument displays tir	ne and date;			
(3)	Initiate breath test sequence;				
(4)	Enter information as prompte	d;			
(5)	Verify instrument accuracy;				
(6)	When "PLEASE BLOW" app	ears, collect breath sa	ample;		
(7)	When "PLEASE BLOW" app	ears, collect breath sa	ample;		
(8)	Print test record;				
(9)	Run diagnostic program and o	confirm preventive m	aintenance stat	us of "Pass"; and	
(10)	Verify that the ethanol gas simulator solution is being whichever occurs first.	canister is being changed every four	nanged before months or after	expiration date, or the er 125 Alcoholic Breat	alcoholic breath h Simulator tests
were performed	the	ve, in accordance wi	the forg	oing preventive mainte lations of the N.C. Dep	enance procedures partment of Health
TO QUAM VIDOU	Simon 8	nature of Certifying	5	1462	21

ORANGE COUNTY CARRBORO PD 670

Serial Number: 008945 Test Date: 10/02/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Barnes, Simon S

Permit Number: 0014-6221

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG505001 Exp Date: 02/19/2027

Test	g/210L	Time
DIAG	Pass	10:38am
AIR BLK	.00	10:39am
ACCY CHK	.08	10:39am
AIR BLK	.00	10:40am
SUB TEST	.00	10:41am
AIR BLK	.00	10:42am
SUB TEST	.00	10:43am
AIR BLK	-00	10:44am

Reported AC: .00 g/210L

DIMM Stokes Emis

Signature of Chemical Analyst

Court CVR

Analyst

ORANGE COUNTY CARRBORO PD 670

Serial Number: 008945 Test Record Number: 878
Test Date: 10/02/2025 Test Time: 10:45am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:45am
FLO	Pass	10:45am
FC	Pass	10:45am

Temperature Tests

Test	Status	Time
FC1	Pass	10:45am
SRC	Pass	10:45am
DET	Pass	10:45am
BAR	Pass	10:45am
BT	Pass	10:45am

Blank Tests

Test	Status	Time
AIR	Pass	10:46am

Printer Tests

Test	Status	Time
PRNT	Pass	10:46am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:46am
CAL	Pass	10:46am

Preventive Maintenance Status: Pass

Analyst

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 23 rd day of October, 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.

Certificate Number

PERQUIMANS COUNTY PERQUIMANS CO SO 710

Serial Number: 008921 Test Date: 10/23/2025

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: Chappell, Mark A

Permit Number: 0020-6272

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG431001 Exp Date: 11/05/2026

Test	g/210L	Time
DIAG	Pass	9:51am
AIR BLK	.00	9:51am
ACCY CHK	.07	9:52am
AIR BLK	.00	9:53am
SUB TEST	.00	9:54am
AIR BLK	.00	9:55am
SUB TEST	.00	9:56am
AIR BLK	.00	9:57am

Reported AC: .00 g/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 Rev. 12/2007

PERQUIMANS COUNTY PERQUIMANS CO SO 710

Serial Number: 008921 Test Record Number: 1398
Test Date: 10/23/2025 Test Time: 9:58am EDT

System Check: Passed

Baseline Tests

Status	Time
Pass	9:58am
Pass	9:58am
Pass	9:58am
	Pass Pass

Temperature Tests

Test	Status	Time
FC1	Pass	9:58am
SRC	Pass	9:58am
DET	Pass	9:58am
BAR	Pass	9:58am
BT	Pass	9:58am

Blank Tests

Test	Status	Time
AIR	Pass	9:59am

Printer Tests

Test	Status	Time
PRNT	Pass	9:59am
	CRC Tests	
Test	Status	Time
COMP	Pass	9:59am
CAL	Pass	9:59am

Preventive Maintenance Status: Pass

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)

Instrument Ser	109 N LAMAR ST ROXBORD, NC		
	KORBORD, 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 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 breatl simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.		
were performe	the <u>3</u> day of <u>Octobes</u> , 20 <u>25</u> the forgoing preventive maintenance procedure do not the instrument indicated above, in accordance with current regulations of the N.C. Department of Health revices, and the instrument is functioning properly.		
AN STATE OF WAY NO. 1773	100 m		
13 THE STATE OF TH			
TAR QUAM VILEN	Soum States Roses 146221		

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

Signature of Certifying Official

Certificate Number

PERSON COUNTY ROXBORO POLICE DEPT 720

Serial Number: 008880 Test Date: 10/03/2025

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

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

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

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

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

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

Test	g/210L	Time
DIAG	Pass	11:33am
AIR BLK	.00	11:34am
ACCY CHK	.08	11:34am
AIR BLK	.00	11:35am
SUB TEST	.00	11:36am
AIR BLK	.00	11:37am
SUB TEST	.00	11:38am
AIR BLK	.00	11:39am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PERSON COUNTY ROXBORO POLICE DEPT 720

Serial Number: 008880 Test Record Number: 2511
Test Date: 10/03/2025 Test Time: 11:39am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:40am
FLO	Pass	11:40am
FC	Pass	11:40am

Temperature Tests

Test	Status	Time
FC1	Pass	11:40am
SRC	Pass	11:40am
DET	Pass	11:40am
BAR	Pass	11:40am
BT	Pass	11:40am

Blank Tests

Test	Status	Time	
AIR	Pass	11:40am	

Printer Tests

Test	Status	Time
PRNT	Pass	11:40am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:41am

Preventive Maintenance Status: Pass

Pass

11:41am

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	re maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II 10,000 or higher) to be followed at least once every four months are:	(Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;	or the alcoholic
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and	
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the a simulator solution is being changed every four months or after 125 Alcoholic Breath whichever occurs first.	
were performed	on the 31st day of October, 2095 the forgoing preventive maintenance on the instrument indicated above, in accordance with current regulations of the N.C. Departervices, and the instrument is functioning properly.	rtment of Health
8 +A TUE 12 17 14	My James 16049	200

PITT COUNTY BAT MOBILE UNIT 12 730

Serial Number: 008601 Test Date: 10/31/2025

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: Lanier Jr., John P
Permit Number: 4582-9118
Effective:
04/01/2025-04/01/2027

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	9:14pm
AIR BLK	.00	9:14pm
ACCY CHK	.07	9:15pm
AIR BLK	.00	9:16pm
SUB TEST	.00	9:17pm
AIR BLK	.00	9:18pm
SUB TEST	.00	9:19pm
AIR BLK	.00	9:20pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PITT COUNTY BAT MOBILE UNIT 12 730

Serial Number: 008601 Test Record Number: 1853
Test Date: 10/31/2025 Test Time: 9:21pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:21pm
FLO	Pass	9:21pm
FC	Pass	9:21pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:21pm
SRC	Pass	9:21pm
DET	Pass	9:21pm
BAR	Pass	9:21pm
BT	Pass	9:21pm

Blank Tests

Test	Status	Time
AIR	Pass	9:22pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:22pm
	CRC Tests	
Test	Status	Time
COMP	Pass	9:22pm
CAL	Pass	9:22pm 9:22pm

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 Pit	al No. 00 8646	Instrument Location Pitt (a Detention Center w Hope Rd., Greenville,
		ne Intoximeters, Model Intox EC/IR II d at least once every four months are:	I and Model Intox EC/IR II (Enhanced with
(1)		ister displays at least 51 pounds per so eter shows 34 degrees, plus or minus	quare inch (psi) of pressure, or the alcoholic 2 degree centigrade;
(2)	Verify instrument displays	time and date;	
(3)	Initiate breath test sequence	e;	
(4)	Enter information as prom	pted;	
(5)	Verify instrument accuracy	у;	
(6)	When "PLEASE BLOW"	appears, collect breath sample;	
(7)	When "PLEASE BLOW"	appears, collect breath sample;	
(8)	Print test record;		
(9)	Run diagnostic program ar	nd confirm preventive maintenance sta	atus of "Pass"; and
(10)	Verify that the ethanol g simulator solution is bein whichever occurs first.	gas canister is being changed beforing changed every four months or a	e expiration date, or the alcoholic breath fter 125 Alcoholic Breath Simulator tests,
I certify that on were performed and Human Ser		above, in accordance with current re	rgoing preventive maintenance procedures gulations of the N.C. Department of Health
			e e
TAR OLIM VEEN	1/2	0.0	377722
	70	Signature of Certifying Official	Certificate Number

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008646 Test Date: 10/16/2025

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: Gray, Kelly D Permit Number: 0037-7722 Effective:

02/01/2025-02/01/2027

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

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

Test	g/210L	Time
DIAG	Pass	11:08am
AIR BLK	.00	11:08am
ACCY CHK	.08	11:09am
AIR BLK	.00	11:10am
SUB TEST	.00	11:11am
AIR BLK	.00	11:12am
SUB TEST	.00	11:13am
AIR BLK	.00	11:15am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008646 Test Record Number: 5295 Test Date: 10/16/2025 Test Time: 11:15am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:16am
FLO	Pass	11:16am
FC	Pass	11:16am

Temperature Tests

Test	Status	Time
FC1	Pass	11:16am
SRC	Pass	11:16am
DET	Pass	11:16am
BAR	Pass	11:16am
BT	Pass	11:16am

Blank Tests

Test	Status	Time
AIR	Pass	11:17am

Printer Tests

Test	Status	Time
PRNT	Pass	11:17am
	CRC Tests	*
Test	Status	Time
COMP	Pass	11:17am

11:17am

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 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 16 day of 2 hber, 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.

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008662 Test Date: 10/16/2025

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: Gray, Kelly D

Permit Number: 0037-7722

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	11:28am
AIR BLK	.00	11:29am
ACCY CHK	.08	11:29am
AIR BLK	.00	11:30am
SUB TEST	.00	11:31am
AIR BLK	.00	11:32am
SUB TEST	.00	11:34am
AIR BLK	.00	11:35am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

O Analyst O

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008662 Test Record Number: 1452
Test Date: 10/16/2025 Test Time: 11:37am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:38am
FLO	Pass	11:38am
FC	Pass	11:38am

Temperature Tests

Status	Time
Pass	11:38am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	11:38am

Printer Tests

Test	Status	Time
PRNT	Pass	11:38am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:39am

11:39am

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)

(1)		
	Verify the ethanol gas canister displays at least 51 pounds per streath simulator thermometer shows 34 degrees, plus or minus	square inch (psi) of pressure, or the alcoholic .2 degree centigrade;
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance s	tatus of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed befo simulator solution is being changed every four months or a whichever occurs first.	
were performed	the 315t day of October , 2055 the form on the instrument indicated above, in accordance with current revices, and the instrument is functioning properly.	
STE CHAM VEEN	other famer	1604930

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

DHHS 4080 (04/20)

PITT COUNTY BAT MOBILE UNIT 12 730

Serial Number: 008698 Test Date: 10/31/2025

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: Lanier Jr., John P

Permit Number: 4582-9118

Effective:

04/01/2025-04/01/2027

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	9:14pm
AIR BLK	.00	9:15pm
ACCY CHK	.07	9:16pm
AIR BLK	.00	9:17pm
SUB TEST	.00	9:17pm
AIR BLK	.00	9:18pm
SUB TEST	.00	9:20pm
ATR BLK	0.0	9:21pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

Department of Health and Human Services
Rev. 12/2007

PITT COUNTY BAT MOBILE UNIT 12 730

Serial Number: 008698 Test Record Number: 2681
Test Date: 10/31/2025 Test Time: 9:21pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:22pm
FLO	Pass	9:22pm
FC	Pass	9:22pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:22pm
SRC	Pass	9:22pm
DET	Pass	9:22pm
BAR	Pass	9:22pm
BT	Pass	9:22pm

Blank Tests

Test	Status	Time
AIR	Pass	9:23pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:23pm
	CRC Tests	
moat	Ctatus	mima

rest	Status	Time
COMP	Pass	9:23pm
CAL	Pass	9:23pm

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)

	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 31st day of October, 2025 the forgoing preventive maintenance procedures don the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.

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

DHHS 4080 (04/20)

PITT COUNTY BAT MOBILE UNIT 12 730

Serial Number: 008788 Test Date: 10/31/2025

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: Lanier Jr., John P

Permit Number: 4582-9118

Effective:

04/01/2025-04/01/2027

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	9:18pm
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	9:23pm
AIR BLK	.00	9:24pm

Reported AC: .00 g/210L

Ignature of Chemical Analyst

Court CVR

Analyst

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

Department of Health and Human Services Rev. 12/2007

PITT COUNTY BAT MOBILE UNIT 12 730

Serial Number: 008788 Test Record Number: 2483
Test Date: 10/31/2025 Test Time: 9:25pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:25pm
FLO	Pass	9:25pm
FC	Pass	9:25pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:25pm
SRC	Pass	9:25pm
DET	Pass	9:25pm
BAR	Pass	9:25pm
BT	Pass	9:25pm

Blank Tests

Test	Status	Time	
AIR	Pass	9:26pm	

Printer Tests

Test	Status	Time
PRNT	Pass	9:26pm
	CRC Tests	

Test	Status	Time	
COMP	Pass	9:26pm	
CAL	Pass	9:26pm	

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)

-	
	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 30 day of 0 doler , 20 25 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.

ROBESON COUNTY BAT MOBILE UNIT 7 770

Serial Number: 008002 Test Date: 10/30/2025

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: AG506303 Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	5:35pm
AIR BLK	.00	5:35pm
ACCY CHK	.07	5:36pm
AIR BLK	.00	5:37pm
SUB TEST	.00	5:38pm
AIR BLK	.00	5:39pm
SUB TEST	.00	5:40pm
ATR BLK	-00	5:41pm

Reported AC: .00 g/210L

Signature themical 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 7 770

Serial Number: 008002 Test Record Number: 820
Test Date: 10/30/2025 Test Time: 5:42pm EDT

System Check: Passed

Baseline Tests

Status	Time
Pass	5:43pm
Pass	5:43pm
Pass	5:43pm
	Pass Pass

Temperature Tests

Test	Status	Time
FC1	Pass	5:43pm
SRC	Pass	5:43pm
DET	Pass	5:43pm
BAR	Pass	5:43pm
BT	Pass	5:43pm

Blank Tests

Test	Status	Time
AIR	Pass	5:44pm

Printer Tests

lest	Status	TIME
PRNT	Pass	5:44pm

CRC Tests

Test	Status	Time	
COMP	Pass	5:44pm	
CAL	Pass	5:44pm	

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)

	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced wind),000 or higher) to be followed at least 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 breasimulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes whichever occurs first.
were performed	the 3dd day of 0dd , 20 25 the forgoing preventive maintenance procedured on the instrument indicated above, in accordance with current regulations of the N.C. Department of Heat vices, and the instrument is functioning properly.
DE QUAN VECON	2266313

ROBESON COUNTY BAT MOBILE UNIT 7 770

Serial Number: 008090 Test Date: 10/30/2025

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: AG506303 Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	6:07pm
AIR BLK	.00	6:08pm
ACCY CHK	.08	6:09pm
AIR BLK	.00	6:10pm
SUB TEST	.00	6:11pm
AIR BLK	.00	6:12pm

SUB TEST .00 6:13pm AIR BLK .00 6:14pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ROBESON COUNTY BAT MOBILE UNIT 7 770

Serial Number: 008090 Test Record Number: 226
Test Date: 10/30/2025 Test Time: 6:19pm EDT

System Check: Passed

Baseline Tests

Status	Time
Pass	6:20pm
Pass	6:20pm
Pass	6:20pm
	Pass Pass

Temperature Tests

Test	Status	Time
FC1	Pass	6:20pm
SRC	Pass	6:20pm
DET	Pass	6:20pm
BAR	Pass	6:20pm
BT	Pass	6:20pm

Blank Tests

Test	Status	Time
AIR	Pass	6:21pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:21pm
	CRC Tests	

Test	Status	Time
COMP	Pass	6:21pm
CAL	Pass	6:21pm

Preventive Maintenance Status: Pass

Analyst

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

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

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

ROBESON COUNTY BAT MOBILE UNIT 9 770

Serial Number: 008575 Test Date: 10/22/2025

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: 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: AG516204 Exp Date: 06/11/2027

Test	g/210L	Time
DIAG	Pass	1:47pm
AIR BLK	.00	1:48pm
ACCY CHK	.08	1:48pm
AIR BLK	.00	1:49pm
SUB TEST	.00	1:49pm
AIR BLK	.00	1:50pm
SUB TEST	.00	1:52pm
AIR BLK	.00	1:53pm

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

Analyst

Rev. 12/2007

ROBESON COUNTY BAT MOBILE UNIT 9 770

Serial Number: 008575 Test Record Number: 1526
Test Date: 10/22/2025 Test Time: 1:55pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
ATR	Pass	1:56pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:56pm
	CRC Tests	

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

Preventive Maintenance Status: Pass

Analyst

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 22nd day of October , 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 same	2)(6312

Signature of Certifying Official

Certificate Number

ROBESON COUNTY BAT MOBILE UNIT 9 770

Serial Number: 008616 Test Date: 10/22/2025

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: Sharpe Jr., Robert J
Permit Number: 1820-8591
Effective:
02/01/2025-02/01/2027

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

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

Test	g/210L	Time
DIAG	Pass	1:46pm
AIR BLK	.00	1:47pm
ACCY CHK	.08	1:48pm
AIR BLK	.00	1:49pm
SUB TEST	.00	1:49pm
AIR BLK	.00	1:50pm
SUB TEST	.00	1:52pm
AIR BLK	.00	1:53pm

Reported Ag: .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 9 770

Serial Number: 008616 Test Record Number: 2922
Test Date: 10/22/2025 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	1:56pm
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	1:56pm
	CRC Tests	
Test	Status	Time

1:56pm

1:56pm

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)

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 22nd day of October, 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 9 770

Serial Number: 008647 Test Date: 10/22/2025

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: 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: AG516204

Exp Date: 06/11/2027

Test	g/210L	Time
DIAG	Pass	1:44pm
AIR BLK	.00	1:46pm
ACCY CHK	.08	1:46pm
AIR BLK	.00	1:47pm
SUB TEST	.00	1:48pm
AIR BLK	.00	1:49pm
SUB TEST	.00	1:50pm

Reported AC: .00 g/210L

1:51pm

AIR BLK .00

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

ROBESON COUNTY BAT MOBILE UNIT 9 770

Serial Number: 008647 Test Record Number: 2903 Test Date: 10/22/2025 Test Time: 1:53pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:54pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:54pm
	CRC Tests	
Test	Status	Time

1:54pm

1:54pm

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, M 0,000 or higher) to be followed at least once ever		Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at le breath simulator thermometer shows 34 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 br	eath sample;	
(7)	When "PLEASE BLOW" appears, collect br	eath sample;	
(8)	Print test record;		
(9)	Run diagnostic program and confirm preven	tive maintenance status of	"Pass"; and
(10)	Verify that the ethanol gas canister is be simulator solution is being changed every whichever occurs first.		
were performed	the <u>aand</u> day of <u>October</u> on the instrument indicated above, in accordances, and the instrument is functioning properly	nce with current regulation	preventive maintenance procedures ons of the N.C. Department of Health
THE CHANGE			2266313

ROBESON COUNTY BAT MOBILE UNIT 9 770

Serial Number: 008704 Test Date: 10/22/2025

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: Sharpe Jr., Robert J Permit Number: 1820-8591

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE
Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	1:53pm
AIR BLK	.00	1:54pm
ACCY CHK	.07	1:54pm
AIR BLK	.00	1:55pm
SUB TEST	.00	1:56pm
AIR BLK	.00	1:57pm
SUB TEST	.00	1:58pm
AIR BLK	.00	1:59pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ROBESON COUNTY BAT MOBILE UNIT 9 770

Serial Number: 008704 Test Record Number: 962 Test Date: 10/22/2025 Test Time: 2:00pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:00pm
FLO	Pass	2:00pm
FC	Pass	2:00pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:00pm
SRC	Pass	2:00pm
DET	Pass	2:00pm
BAR	Pass	2:00pm
BT	Pass	2:00pm

Blank Tests

Test	Status	Time
AIR	Pass	2:01pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:01pm
	CRC Tests	
Test	Status	Time

Test	Status	Time
COMP	Pass	2:01pm
CAL	Pass	2:01pm

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

ROBESON COUNTY BAT MOBILE UNIT 9 770

Serial Number: 008826 Test Date: 10/22/2025

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: 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: AG516204 Exp Date: 06/11/2027

Test	g/210L	Time
DIAG	Pass	1:48pm
AIR BLK	.00	1:49pm
ACCY CHK	.07	1:50pm
AIR BLK	.00	1:50pm
SUB TEST	.00	1:52pm
AIR BLK	.00	1:53pm
SUB TEST	.00	1:54pm
AIR BLK	.00	1:55pm

Reported AC: _.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ROBESON COUNTY BAT MOBILE UNIT 9 770

Serial Number: 008826 Test Record Number: 8594
Test Date: 10/22/2025 Test Time: 1:56pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	1:57pm
SRC	Pass	1:57pm
DET	Pass	1:57pm
BAR	Pass	1:57pm
BT	Pass	1:57pm

Blank Tests

Test	Status	Time
AIR	Pass	1:57pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:57pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1 : 57pm

Preventive Maintenance Status: Pass

Pass

1:57pm

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)

(1) Verify the ethanol gas canister displays at least 51 pounds per subreath 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 states a simulator solution is being changed every four months or at whichever occurs first. I certify that on the day of	and 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 statement of the simulator solution is being changed every four months or at whichever occurs first. I certify that on the 30 day of 00 color 1, 20 20 the for were performed on the instrument indicated above, in accordance with current regions.	uare inch (psi) of pressure, or the alcoholic 2 degree centigrade;
(4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance statement of the simulator solution is being changed before simulator solution is being changed every four months or at whichever occurs first. I certify that on the 30 day of 00 day	
(5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance statement of the simulator solution is being changed before simulator solution is being changed every four months or at whichever occurs first. I certify that on the 3 day of 5 collect breath sample; (10) Verify that the ethanol gas canister is being changed before simulator solution is being changed every four months or at whichever occurs first.	
(6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance states (10) Verify that the ethanol gas canister is being changed before simulator solution is being changed every four months or at whichever occurs first. I certify that on the 3 day of 6 certify the forwere performed on the instrument indicated above, in accordance with current regions.	
(7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance states (10) Verify that the ethanol gas canister is being changed before simulator solution is being changed every four months or at whichever occurs first. I certify that on the 3 day of 6 case 2, 20 25 the for were performed on the instrument indicated above, in accordance with current regions.	
(8) Print test record; (9) Run diagnostic program and confirm preventive maintenance states (10) Verify that the ethanol gas canister is being changed before simulator solution is being changed every four months or at whichever occurs first. I certify that on the 30 day of 0ctor , 20 25 the forwere performed on the instrument indicated above, in accordance with current regions.	
(9) Run diagnostic program and confirm preventive maintenance states (10) Verify that the ethanol gas canister is being changed before simulator solution is being changed every four months or at whichever occurs first. I certify that on the 30 day of 00 d	
(10) Verify that the ethanol gas canister is being changed before simulator solution is being changed every four months or at whichever occurs first. I certify that on the 3 day of 0 chose , 20 2 the for were performed on the instrument indicated above, in accordance with current reg	
simulator solution is being changed every four months or at whichever occurs first. I certify that on the	tus of "Pass"; and
were performed on the instrument indicated above, in accordance with current re-	e expiration date, or the alcoholic breath ter 125 Alcoholic Breath Simulator tests.
	going preventive maintenance procedures gulations of the N.C. Department of Health

ROBESON COUNTY BAT MOBILE UNIT 7 770

Serial Number: 008968 Test Date: 10/30/2025

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: AG506303 Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	5:26pm
AIR BLK	.00	5:27pm
ACCY CHK	.08	5:27pm
AIR BLK	.00	5:28pm
SUB TEST	.00	5:29pm
AIR BLK	.00	5:30pm
SUB TEST	.00	5:31pm
AIR BLK	.00	5:32pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ROBESON COUNTY BAT MOBILE UNIT 7 770

Serial Number: 008968 Test Record Number: 397
Test Date: 10/30/2025 Test Time: 5:34pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:35pm
FLO	Pass	5:35pm
FC	Pass	5:35pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:35pm
SRC	Pass	5:35pm
DET	Pass	5:35pm
BAR	Pass	5:35pm
BT	Pass	5:35pm

Blank Tests

Test	Status	Time
AIR	Pass	5:35pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:35pm
	CRC Tests	
Test	Status	Time
COMP	Pass	5:36pm

Preventive Maintenance Status: Pass

Pass

CAL

5:36pm

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	20Seson	Instrument Location_	BAT	Mobile	Unit 7
Instrument Seri	al No. <u>CO 8971</u>		Chasert	on ID	
The preventive serial number 1	maintenance procedures for t 0,000 or higher) to be followed	he Intoximeters, Model In ed at least once every four	ntox EC/IR II an months are:	d Model Intox E	C/IR II (Enhanced with
(1)	Verify the ethanol gas car breath simulator thermom	nister displays at least 51 peter shows 34 degrees, pla	oounds per squar us or minus .2 de	e inch (psi) of pregree centigrade;	ressure, or the alcoholic
(2)	Verify instrument display	s time and date;			
(3)	Initiate breath test sequen	ce;			
(4)	Enter information as prompted;				
(5)	Verify instrument accuracy;				
(6)	When "PLEASE BLOW" appears, collect breath sample;				
(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.				
were performed	the 36 day of 000 do not the instrument indicated vices, and the instrument is fi	above, in accordance with			naintenance procedures . Department of Health
THE QUAN VERY	4			9:	266313
		Signature of Certifying (Official	Cer	tificate Number

ROBESON COUNTY BAT MOBILE UNIT 7 770

Serial Number: 008971 Test Date: 10/30/2025

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: AG506302 Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	5:35pm
AIR BLK	.00	5:36pm
ACCY CHK	.08	5:37pm
AIR BLK	.00	5:38pm
SUB TEST	.00	5:39pm
AIR BLK	.00	5:39pm
SUB TEST	.00	5:41pm
AIR BLK	.00	5:42pm

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

ROBESON COUNTY BAT MOBILE UNIT 7 770

Serial Number: 008971 Test Record Number: 349
Test Date: 10/30/2025 Test Time: 5:45pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:45pm
FLO	Pass	5:45pm
FC	Pass	5:45pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:45pm
SRC	Pass	5:45pm
DET	Pass	5:45pm
BAR	Pass	5:45pm
BT	Pass	5:45pm

Blank Tests

Test	Status	Time	
ATD	Pagg	5.46pm	

Printer Tests

Test	Status	Time
PRNT	Pass	5:46pm
	CRC Tests	
Test	Status	Time
COMP	Pass	5:46pm

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)

The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II a 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 squ breath simulator thermometer shows 34 degrees, plus or minus .2	are 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 state	us of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before simulator solution is being changed every four months or after whichever occurs first.	expiration date, or the alcoholic breath or 125 Alcoholic Breath Simulator tests,
were performed	the 3dd day of October , 20 as the forgoin on the instrument indicated above, in accordance with current regulations, and the instrument is functioning properly.	oing preventive maintenance procedures lations of the N.C. Department of Health
Munon		2266313

ROBESON COUNTY BAT MOBILE UNIT 7 770

Serial Number: 008972 Test Date: 10/30/2025

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: AG506303 Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	5:26pm
AIR BLK	.00	5:27pm
ACCY CHK	.08	5:27pm
AIR BLK	.00	5:28pm
SUB TEST	.00	5:29pm
AIR BLK	.00	5:30pm
SUB TEST	.00	5:32pm
AIR BLK	.00	5:33pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ROBESON COUNTY BAT MOBILE UNIT 7 770

Serial Number: 008972 Test Record Number: 407 Test Date: 10/30/2025 Test Time: 5:35pm EDT

System Check: Passed

Baseline Tests

IR Pass	5:35pm
FLO Pass	5:35pm
FC Pass	5:35pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:35pm
SRC	Pass	5:35pm
DET	Pass	5:35pm
BAR	Pass	5:35pm
BT	Pass	5:35pm

Blank Tests

Time
5:36pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:36pm
	CRC Tests	
Test	Status	Time
COMP	Pass	5:36pm
CAL	Pass	5:36pm

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)

The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced will 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 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 breasimulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.
were performed	the 15 day of OCTOBER, 20 25 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.

ROCKINGHAM COUNTY EDEN PD 780

Serial Number: 008636 Test Date: 10/15/2025

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: AG506301 Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	11:29am
AIR BLK	.00	11:30am
ACCY CHK	.08	11:30am
AIR BLK	.00	11:31am
SUB TEST	.00	11:32am
AIR BLK	.00	11:33am
SUB TEST	.00	11:35am

11:35am

Reported AC: .00 g/210L

AIR BLK .00

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

ROCKINGHAM COUNTY EDEN PD 780

Serial Number: 008636 Test Record Number: 2928
Test Date: 10/15/2025 Test Time: 11:36am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:36am 11:36am
FLO	Pass	
FC	Pass	11:37am

Temperature Tests

Test	Status	Time
FC1	Pass	11:37am
SRC	Pass	11:37am
DET	Pass	11:37am
BAR	Pass	11:37am
BT	Pass	11:37am

Blank Tests

Test	Status	Time	
AIR	Pass	11:37am	

Printer Tests

Test	Status	Time
PRNT	Pass	11:37am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:38am

Pass 11:38am

Preventive Maintenance Status: Pass

CAL

Analyso

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

	College Colleg
erial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
vere performed	the 15 day of OCTOBER, 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.
Wan.	353799

ROCKINGHAM COUNTY REIDSVILLE PD 780

Serial Number: 008784 Test Date: 10/15/2025

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: AG506301 Exp Date: 03/04/2027

Test	g/210L	Time
DIAG	Pass	9:59am
AIR BLK	.00	10:00am
ACCY CHK	.08	10:00am
AIR BLK	.00	10:01am
SUB TEST	.00	10:02am
AIR BLK	.00	10:03am
SUB TEST	.00	10:05am
ATR BLK	- 00	10:06am

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

Analysi

Department of Health and Human Services Rev. 12/2007

ROCKINGHAM COUNTY REIDSVILLE PD 780

Test Record Number: 1634 Serial Number: 008784 Test Date: 10/15/2025

Test Time: 10:06am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:07am
FLO	Pass	10:07am
FC	Pass	10:07am

Temperature Tests

Test	Status	Time
FC1	Pass	10:07am
SRC	Pass	10:07am
DET	Pass	10:07am
BAR	Pass	10:07am
BT	Pass	10:07am

Blank Tests

Test	Status	Time
AIR	Pass	10:07am

Printer Tests

Test	Status	Time
PRNT	Pass	10:07am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:08am
CAL	Pass	10:08am

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)

(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. I certify that on the State day of October , 20 25 the forgoing preventive maintenance procedur were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Heal and Human Services, and the instrument is functioning properly.		maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced w 0,000 or higher) to be followed at least once every four months are:
(3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program 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. I certify that on the Lay day of October 30,20 25 the forgoing preventive maintenance procedure were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Heal and Human Services, and the instrument is functioning properly.	(1)	
(4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first. I certify that on the 15th day of 0ctober , 20 25 the forgoing preventive maintenance procedure were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Heal and Human Services, and the instrument is functioning properly.	(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 breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first. I certify that on the bay of bear and the instrument indicated above, in accordance with current regulations of the N.C. Department of Heal and Human Services, and the instrument is functioning properly.	(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 breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first. I certify that on the 15th day of 0ctober, 20 25 the forgoing preventive maintenance procedure were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Heal and Human Services, and the instrument is functioning properly.	(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 breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first. I certify that on the	(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 breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first. I certify that on the 15th day of 0ctober, 20 25 the forgoing preventive maintenance procedure were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Heal and Human Services, and the instrument is functioning properly.	(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 breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first. I certify that on the 15th day of 0ctober, 20 25 the forgoing preventive maintenance procedure were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Heal and Human Services, and the instrument is functioning properly.	(7)	When "PLEASE BLOW" appears, collect breath sample;
Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test 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 test whichever occurs first. I certify that on the 15th day of 0ctober , 20 25 the forgoing preventive maintenance procedure were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Heal and Human Services, and the instrument is functioning properly.	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Heal and Human Services, and the instrument is functioning properly. 509387	(10)	simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes
	were performe	I on the instrument indicated above, in accordance with current regulations of the N.C. Department of Heavices, and the instrument is functioning properly.
Signature of Certifying Official Certificate Number	TOP QUAN VIDO	

ROCKINGHAM COUNTY ROCKINGHAM CO JAIL 780

Serial Number: 008796 Test Date: 10/15/2025

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: Long, Thomas A
Permit Number: 0050-9387
Effective:

09/01/2025-09/01/2027

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

Lot Number: AG516204

Exp Date: 06/11/2027

Test	g/210L	Time
DIAG	Pass	12:59pm
AIR BLK	.00	1:00pm
ACCY CHK	.08	1:00pm
AIR BLK	.00	1:01pm
SUB TEST	.00	1:02pm
AIR BLK	.00	1:03pm
SUB TEST	.00	1:05pm
AIR BLK	.00	1:06pm

Reported AC. .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ROCKINGHAM COUNTY ROCKINGHAM CO JAIL 780

Serial Number: 008796 Test Record Number: 3983
Test Date: 10/15/2025 Test Time: 1:07pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:07pm
FLO	Pass	1:07pm
FC	Pass	1:07pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:08pm
SRC	Pass	1:08pm
DET	Pass	1:08pm
BAR	Pass	1:08pm
BT	Pass	1:08pm

Blank Tests

Test	Status	Time
AIR	Pass	1:08pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:08pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:08pm
CAL	Pass	1:08pm

Preventive Maintenance Status: Pass

Analyst

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

Instrument Seri	ial No. 008802	_	Madison Depart	ment
	maintenance procedures for th			ox EC/IR II (Enhanced with
(1)		ster displays at least 51 pour ter shows 34 degrees, plus o		
(2)	Verify instrument displays	time and date;		
(3)	Initiate breath test sequence	e;		
(4)	Enter information as promp	oted;		
(5)	Verify instrument accuracy	÷		
(6)	When "PLEASE BLOW" a	appears, collect breath sample	e;	
(7)	When "PLEASE BLOW" a	ppears, collect breath sampl	e;	
(8)	Print test record;			
(9)	Run diagnostic program an	d confirm preventive mainte	enance status of "Pass"; a	nd
(10)	Verify that the ethanol gasimulator solution is being whichever occurs first.	as canister is being chang g changed every four mon	ed before expiration daths or after 125 Alcoho	te, or the alcoholic breath lic Breath Simulator tests
were performed	the	bove, in accordance with c		

ROCKINGHAM COUNTY MADISON PD 780

Serial Number: 008802 Test Date: 10/15/2025

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: Long, Thomas A Permit Number: 0050-9387

Effective:

09/01/2025-09/01/2027

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	2:22pm
AIR BLK	.00	2:22pm
ACCY CHK	.08	2:23pm
AIR BLK	.00	2:24pm
SUB TEST	.00	2:25pm
AIR BLK	.00	2:26pm
SUB TEST	.00	2:27pm
ATR BLK	-00	2:28pm

Reported Ac. .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ROCKINGHAM COUNTY MADISON PD 780

Serial Number: 008802 Test Record Number: 1132 Test Date: 10/15/2025 Test Time: 2:30pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:30pm
FLO	Pass	2:30pm
FC	Pass	2:30pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:30pm
SRC	Pass	2:30pm
DET	Pass	2:30pm
BAR	Pass	2:30pm
BT	Pass	2:30pm

Blank Tests

Test	Status	Time
AIR	Pass	2:31pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:31pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:31pm
CAL	Pass	2:31pm

Preventive Maintenance Status: Pass

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

	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced 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.

SCOTLAND COUNTY LAURINBURG PD 820

Serial Number: 008834 Test Date: 10/07/2025

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

SCOTLAND COUNTY LAURINBURG PD 820

Serial Number: 008834 Test Record Number: 1334
Test Date: 10/07/2025 Test Time: 10:13am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	10:14am
SRC	Pass	10:14am
DET	Pass	10:14am
BAR	Pass	10:14am
BT	Pass	10:14am

Blank Tests

Test	Status	Time
ATR	Pass	10:14am

Printer Tests

Test	Status	Time
PRNT	Pass	10:14am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:14am
CAL	Pass	10:14am

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. 008596 Dent	County Jail	
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and 0,000 or higher) to be followed at least once every four months are:	Model Intox EC/IR II (Enhanced with	
(1)	Verify the ethanol gas canister displays at least 51 pounds per square breath simulator thermometer shows 34 degrees, plus or minus .2 deg	e inch (psi) of pressure, or the alcoholic gree centigrade;	
(2)	Verify instrument displays time and date;		
(3)	Initiate breath test sequence;		
(4)	Enter information as prompted;		
(5)	Verify instrument accuracy;		
(6)	When "PLEASE BLOW" appears, collect breath sample;		
(7)	When "PLEASE BLOW" appears, collect breath sample;		
(8)	Print test record;		
(9)	Run diagnostic program and confirm preventive maintenance status	of "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.		
	the 16 day of October, 20 25 the forgoin d on the instrument indicated above, in accordance with current regulatorices, and the instrument is functioning properly.	ions of the N.C. Department of Health	
THE QUAN VECT	0/4	509387	
	Signature of Certifying Official	Certificate Number	

STOKES COUNTY STOKES COUNTY JAIL 840

Serial Number: 008596 Test Date: 10/16/2025

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: Long, Thomas A Permit Number: 0050-9387 Effective:

09/01/2025-09/01/2027

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

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

Test	g/210L	Time
DIAG	Pass	9:44am
AIR BLK	.00	9:44am
ACCY CHK	.07	9:45am
AIR BLK	.00	9:46am
SUB TEST	.00	9:47am
AIR BLK	.00	9:48am
SUB TEST	.00	9:49am
ATR BLK	0.0	9:50am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

STOKES COUNTY STOKES COUNTY JAIL 840

Serial Number: 008596 Test Record Number: 1611
Test Date: 10/16/2025 Test Time: 9:54am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Status	Time
Pass	9:55am

Printer Tests

Test	Status	Time
PRNT	Pass	9:55am
	CRC Tests	

Status	Time
Pass	9:55am
Pass	9:55am
	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)

	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 sq breath simulator thermometer shows 34 degrees, plus or minus .2	
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance sta	itus of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before simulator solution is being changed every four months or af whichever occurs first.	e expiration date, or the alcoholic breath ter 125 Alcoholic Breath Simulator tests
were performe	the 16th day of October, 2025 the ford on the instrument indicated above, in accordance with current regretices, and the instrument is functioning properly.	going preventive maintenance procedures gulations of the N.C. Department of Health

STOKES COUNTY KING PD 840

Serial Number: 008718 Test Date: 10/16/2025

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: Long, Thomas A Permit Number: 0050-9387

Effective:

09/01/2025-09/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	12:36pm
AIR BLK	.00	12:37pm
ACCY CHK	.08	12:38pm
AIR BLK	.00	12:39pm
SUB TEST	.00	12:39pm
AIR BLK	.00	12:40pm
SUB TEST	.00	12:42pm
AIR BLK	.00	12:43pm

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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STOKES COUNTY KING PD 840

Serial Number: 008718 Test Record Number: 2520 Test Date: 10/16/2025 Test Time: 12:45pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:45pm
FLO	Pass	12:45pm
FC	Pass	12:45pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:45pm
SRC	Pass	12:45pm
DET	Pass	12:45pm
BAR	Pass	12:45pm
BT	Pass	12:45pm

Blank Tests

Test	Status	Time
AIR	Pass	12:46pm

Printer Tests

Test Status Time

PRNT	Pass	12:46pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:46pm
CAL	Pass	12:46pm

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 Sur	Instrument Location Elkin Police Department Department
,	
The preventive n serial number 10	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	ne 31st day of October, 2025 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.
STATE OF STA	Signature of Certifying Official Certificate Number
	Signature of Certifying Official Certificate Number

SURRY COUNTY ELKIN PD 850

Serial Number: 008926 Test Date: 10/31/2025

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE Subject's Date of Birth: 11/11/1911 Subject's Sex: Male

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Hanks, Timothy S
Permit Number: 0063-3175
Effective:
02/01/2025-02/01/2027

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

Lot Number: AG417803 Exp Date: 06/26/2026

Test	g/210L	Time
DIAG	Pass	1:03pm
AIR BLK ACCY CHK	.00	1:04pm 1:05pm
AIR BLK	.00	1:05pm
SUB TEST	.00	1:07pm
AIR BLK	.00	1:07pm
SUB TEST	.00	1:09pm
ATR BLK	.00	1:10pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

SURRY COUNTY ELKIN PD 850

Serial Number: 008926 Test Record Number: 1231
Test Date: 10/31/2025 Test Time: 1:11pm 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 SRC DET BAR BT	Pass Pass Pass Pass Pass	1:12pm 1:12pm 1:12pm 1:12pm 1:12pm
DI	rass	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 CAL	Pass Pass	1:13pm 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)

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 October , 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.

SURRY COUNTY SURRY CO JAIL 850

Serial Number: 008934 Test Date: 10/27/2025

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: Hanks, Timothy S
Permit Number: 0063-3175
Effective:
02/01/2025-02/01/2027

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

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

Test	g/210L	Time
DIAG	Pass	11:18am
AIR BLK	.00	11:19am
ACCY CHK	.07	11:19am
AIR BLK	.00	11:21am
SUB TEST	.00	11:21am
AIR BLK	.00	11:22am
SUB TEST	.00	11:23am
ATR BLK	.00	11:24am

Reported AC: ..00 g/210L

Signature of Chemical Analyst

Court CVR

SURRY COUNTY SURRY CO JAIL 850

Serial Number: 008934 Test Record Number: 2779
Test Date: 10/27/2025 Test Time: 11:25am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:26am
FLO	Pass	11:26am
FC	Pass	11:26am

Temperature Tests

us Time
11:26am

Blank Tests

Test	Status	Time
ATR	Pass	11:27am

Printer Tests

Test	Status	Time
PRNT	Pass	11:27am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:27am 11:27am

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)

				del Intox EC/IR II (Enhanced with
(1)			ounds per square inc	h (psi) of pressure, or the alcoholic centigrade:
(2)	Verify instrument displays			
(3)	Initiate breath test sequence	ce;		
(4)	Enter information as prom	apted;		
(5)	Verify instrument accurac	y;		
(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 a	nd confirm preventive main	ntenance status of "F	ass"; and
(10)	Verify that the ethanol simulator solution is being whichever occurs first.	gas canister is being changed every four me	nged before expirate onths or after 125	tion date, or the alcoholic breath Alcoholic Breath Simulator tests
were performed	the 16th day of 0ct don the instrument indicated vices, and the instrument is full.	above, in accordance with	5 the forgoing procurrent regulations	reventive maintenance procedures of the N.C. Department of Health
		Signature of Certifying	ficial	Certificate Number

SURRY COUNTY PILOT MOUNTAIN PD 850

Serial Number: 008938 Test Date: 10/16/2025

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: Long, Thomas A
Permit Number: 0050-9387
Effective:
09/01/2025-09/01/2027

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	11:13am
AIR BLK	.00	11:13am
ACCY CHK	.08	11:14am
AIR BLK	.00	11:15am
SUB TEST	.00	11:16am
AIR BLK	.00	11:17am
SUB TEST	.00	11:18am
AIR BLK	.00	11:19am

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

SURRY COUNTY PILOT MOUNTAIN PD 850

Serial Number: 008938 Test Record Number: 906 Test Date: 10/16/2025 Test Time: 11:22am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:22am
FLO	Pass	11:22am
FC	Pass	11:22am

Temperature Tests

Status	Time
Pass	11:23am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time	
AIR	Pass	11:23am	

Printer Tests

Test	Status	Time
PRNT	Pass	11:23am
	CRC Tests	

Test	Status	Time
COMP	Pass	11:23am
CAL	Pass	11:23am

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.
I certify that on were performed	simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first. the 27th day of October . 2025 the forgoing preventive maintenance procedured on the instrument indicated above, in accordance with current regulations of the N.C. Department of Healtwices, 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

SURRY COUNTY MOUNT AIRY PD 850

Serial Number: 008943 Test Date: 10/27/2025

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: Hanks, Timothy S
Permit Number: 0063-3175
Effective:
02/01/2025-02/01/2027

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

Lot Number: AG516203 Exp Date: 06/11/2027

Test	g/210L	Time
DIAG	Pass	12:36pm
AIR BLK	.00	12:36pm
ACCY CHK	.07	12:37pm
AIR BLK	.00	12:38pm
SUB TEST	.00	12:38pm
AIR BLK	.00	12:39pm
SUB TEST	.00	12:41pm
AIR BLK	.00	12:41pm

Reported AC:, .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

SURRY COUNTY MOUNT AIRY PD 850

Serial Number: 008943 Test Record Number: 2777
Test Date: 10/27/2025 Test Time: 12:42pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:42pm 12:42pm
FC	Pass	12:42pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:43pm
SRC	Pass	12:43pm
DET	Pass	12:43pm
BAR	Pass	12:43pm
BT	Pass	12:43pm

Blank Tests

Test	Status	Time
ATR	Pass	12:43pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:43pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:43pm 12:43pm

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)

County S U	al No. 008723 Instrument Location Swain Co. Jail Bryson City, 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 performe	the 14 day of other, 2025 the forgoing preventive maintenance procedure 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 Certifying Official

Certificate Number

SWAIN COUNTY JAIL 860

Serial Number: 008723 Test Date: 10/14/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: Cutler, Daniel R

Permit Number: 0084-3310

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG505001 Exp Date: 02/19/2027

Test	g/210L	Time
DIAG	Pass	11:46am
AIR BLK	.00	11:46am
ACCY CHK	.08	11:47am
AIR BLK	.00	11:48am
SUB TEST	.00	11:49am
AIR BLK	.00	11:50am
SUB TEST	.00	11:52am
AIR BLK	.00	11:53am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Carl R. Cuth-

SWAIN COUNTY JAIL 860

Serial Number: 008723 Test Record Number: 937 Test Time: 11:53am EDT Test Date: 10/14/2025

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:53am
FLO	Pass	11:53am
FC	Pass	11:53am

Temperature Tests

Status	Time
Pass	11:53am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	11:54am

Printer Tests

Test	Status	Time
PRNT	Pass	11:54am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:54am
CAL	Pass	11:54am

Preventive Maintenance Status: Pass

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

	ial No. 008727 Instrument Location Swain Co. Fail Bryson City, NC
	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 alcoholie breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before 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>///</u> day of <u>October</u> , 20 <u>25</u> the forgoing preventive maintenance procedures 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 Certifying Official

Certificate Number

SWAIN COUNTY JAIL 860

Serial Number: 008727 Test Date: 10/14/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: Cutler, Daniel R

Permit Number: 0084-3310

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG503001 Exp Date: 01/30/2027

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00	11:46am 11:47am 11:48am 11:49am 11:50am
AIR BLK	.00	11:53am

.00 g/210L Reported AC:

Signature of Chemical Analyst

Court CVR

SWAIN COUNTY JAIL 860

Serial Number: 008727 Test Record Number: 1721 Test Date: 10/14/2025 Test Time: 11:53am EDT

System Check: Passed

Baseline Tests

Status	Time
Pass	11:53am
Pass	11:53am
Pass	11:54am
	Pass Pass

Temperature Tests

Test	Status	Time
FC1	Pass	11:54am
SRC	Pass	11:54am
DET	Pass	11:54am
BAR	Pass	11:54am
BT	Pass	11:54am

Blank Tests

Test	Status	Time	
ATD	Page	11.54am	

Printer Tests

Test	Status	Time
PRNT	Pass	11:54am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:54am

CAL Pass 11:54am

Preventive Maintenance Status: Pass

Analyst

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 Mo	del Intox EC/IR II (Enhanced with
	0.000 or higher) to be followed at least once every four months are:	h (noi) of pressure, or the alcoholic
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inc 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 "F	Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiral simulator solution is being changed every four months or after 125 whichever occurs first.	
were performed	the 23 day of October, 2025 the forgoing p on the instrument indicated above, in accordance with current regulations vices, and the instrument is functioning properly.	reventive maintenance procedures of the N.C. Department of Health
STATE OF THE PARTY	2 10 11	843310

SWAIN COUNTY CHEROKEE DETENTION 860

Serial Number: 008782 Test Date: 10/23/2025

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Cutler, Daniel R Permit Number: 0084-3310

Effective:

02/01/2025-02/01/2027

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

Test Type: Breath Test

Lot Number: AG505001 Exp Date: 02/19/2027

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	12:06pm
SUB TEST	.00	12:07pm
AIR BLK	.00	12:08pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

SWAIN COUNTY CHEROKEE DETENTION 860

Serial Number: 008782 Test Record Number: 1623
Test Date: 10/23/2025 Test Time: 12:08pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:09pm
FLO	Pass	12:09pm
FC	Pass	12:09pm

Temperature Tests

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

Blank Tests

Test	Status	Time
ATD	Pagg	12.10pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:10pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:10pm
CAL	Pass	12:10pm

Preventive Maintenance Status: Pass

Analyst

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. 009609 B	Brevard, NC	
	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 sq breath simulator thermometer shows 34 degrees, plus or minus .2		
(2)	Verify instrument displays time and date;		
(3)	Initiate breath test sequence;		
(4)	Enter information as prompted;		
(5)	Verify instrument accuracy;		
(6)	When "PLEASE BLOW" appears, collect breath sample;		
(7)	When "PLEASE BLOW" appears, collect breath sample;		
(8)	Print test record;		
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and		
(10)	Verify that the ethanol gas canister is being changed before simulator solution is being changed every four months or at whichever occurs first.	e expiration date, or the alcoholic breath fter 125 Alcoholic Breath Simulator tests,	
I certify that on were performed and Human Service SIATE	the 1.5 day of October, 20.25 the ford on the instrument indicated above, in accordance with current reprocess, and the instrument is functioning properly. Signature of Certifying Official	rgoing preventive maintenance procedures gulations of the N.C. Department of Health 244957 Certificate Number	

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

DHHS 4080 (04/20)

TRANSYLVANIA COUNTY TRANSYLVANIA COUNTY JAIL 870

> Serial Number: 008609 Test Date: 10/15/2025

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: Loftis, Benjamin C

Permit Number: 0024-4987

Effective:

03/01/2025-03/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG417803 Exp Date: 06/26/2026

Test	g/210L	Time
DIAG	Pass	12:28pm
AIR BLK	.00	12:28pm
ACCY CHK	.07	12:29pm
AIR BLK	.00	12:30pm
SUB TEST	.00	12:30pm
AIR BLK	.00	12:31pm
SUB TEST	.00	12:33pm
AIR BLK	.00	12:34pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

TRANSYLVANIA COUNTY TRANSYLVANIA COUNTY JAIL 870

Serial Number: 008609 Test Record Number: 1364
Test Date: 10/15/2025 Test Time: 12:34pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	12:35pm
SRC	Pass	12:35pm
DET	Pass	12:35pm
BAR	Pass	12:35pm
BT	Pass	12:35pm

Blank Tests

Test	Status	Time
AIR	Pass	12:35pm

Printer Tests

Test

CAL

PRNT	Pass	12:35pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:35pm

Status Time

12:35pm

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)

Instrument Seri	al No. 009609 B	Brevard, NC	
	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 sq breath simulator thermometer shows 34 degrees, plus or minus .2		
(2)	Verify instrument displays time and date;		
(3)	Initiate breath test sequence;		
(4)	Enter information as prompted;		
(5)	Verify instrument accuracy;		
(6)	When "PLEASE BLOW" appears, collect breath sample;		
(7)	When "PLEASE BLOW" appears, collect breath sample;		
(8)	Print test record;		
(9)	Run diagnostic program and confirm preventive maintenance sta	atus of "Pass"; and	
(10)	Verify that the ethanol gas canister is being changed before simulator solution is being changed every four months or at whichever occurs first.	e expiration date, or the alcoholic breath fter 125 Alcoholic Breath Simulator tests,	
I certify that on were performed and Human Service SIATE	the 1.5 day of October, 20.25 the ford on the instrument indicated above, in accordance with current reprocess, and the instrument is functioning properly. Signature of Certifying Official	rgoing preventive maintenance procedures gulations of the N.C. Department of Health 244957 Certificate Number	

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

DHHS 4080 (04/20)

TRANSYLVANIA COUNTY TRANSYLVANIA COUNTY JAIL 870

> Serial Number: 008609 Test Date: 10/15/2025

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: Loftis, Benjamin C

Permit Number: 0024-4987

Effective:

03/01/2025-03/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG417803 Exp Date: 06/26/2026

Test	g/210L	Time
DIAG	Pass	12:28pm
AIR BLK	.00	12:28pm
ACCY CHK	.07	12:29pm
AIR BLK	.00	12:30pm
SUB TEST	.00	12:30pm
AIR BLK	.00	12:31pm
SUB TEST	.00	12:33pm
AIR BLK	.00	12:34pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

TRANSYLVANIA COUNTY TRANSYLVANIA COUNTY JAIL 870

Serial Number: 008609 Test Record Number: 1364
Test Date: 10/15/2025 Test Time: 12:34pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	12:35pm
SRC	Pass	12:35pm
DET	Pass	12:35pm
BAR	Pass	12:35pm
BT	Pass	12:35pm

Blank Tests

Test	Status	Time
AIR	Pass	12:35pm

Printer Tests

Test

CAL

PRNT	Pass	12:35pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:35pm

Pass

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)

Instrument Ser	ial No. 008820 Instrument Location Transylv	cuard, NC
	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and 10,000 or higher) to be followed at least once every four months are:	Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square breath simulator thermometer shows 34 degrees, plus or minus .2 degrees.	
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of	f "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expr simulator solution is being changed every four months or after 12 whichever occurs first.	
were performed	the 15 day of October, 2025 the forgoing d on the instrument indicated above, in accordance with current regulation revices, and the instrument is functioning properly.	preventive maintenance procedures ons of the N.C. Department of Health

TRANSYLVANIA COUNTY TRANSYLVANIA COUNTY JAIL 870

> Serial Number: 008820 Test Date: 10/15/2025

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: Loftis, Benjamin C

Permit Number: 0024-4987

Effective:

03/01/2025-03/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG417803 Exp Date: 06/26/2026

Test	g/210L	Time
DIAG	Pass	12:27pm
AIR BLK	.00	12:28pm
ACCY CHK	.07	12:28pm
AIR BLK	.00	12:29pm
SUB TEST	.00	12:30pm
AIR BLK	.00	12:31pm
SUB TEST	.00	12:32pm
ATP BLK	0.0	12:33pm

.00 g/21QL

Court CVF

Analys

TRANSYLVANIA COUNTY TRANSYLVANIA COUNTY JAIL 870

Serial Number: 008820 Test Record Number: 1817 Test Date: 10/15/2025 Test Time: 12:33pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	12:34pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time	
AIR	Pass	12:35pm	

Printer Tests

Test	Status	Time
PRNT	Pass	12:35pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:35pm

Pass 12:35pm

Preventive Maintenance Status: Pass

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

Analyst

Rev. 12/2007

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 (V)	nion Instrument Location Stallings PD Stallings, NC
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.
I certify that on were performed and Human Ser	the 14 day of October, 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.
THE STATE OF	Ann Alma 2108115

UNION COUNTY STALLINGS PD 890

Serial Number: 008694 Test Date: 10/14/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: 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: AG516203 Exp Date: 06/11/2027

Test	g/210L	Time
DIAG	Pass	12:58pm
AIR BLK	.00	12:59pm
ACCY CHK	.08	12:59pm
AIR BLK	.00	1:01pm
SUB TEST	.00	1:01pm
AIR BLK	.00	1:02pm
SUB TEST	.00	1:04pm
AIR BLK	.00	1:04pm

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 STALLINGS PD 890

Serial Number: 008694 Test Record Number: 1977
Test Date: 10/14/2025 Test Time: 1:05pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:05pm
FLO	Pass	1:05pm
FC	Pass	1:05pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:05pm
SRC	Pass	1:05pm
DET	Pass	1:05pm
BAR	Pass	1:05pm
BT	Pass	1:05pm

Blank Tests

Test	Status	Time
AIR	Pass	1:06pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:06pm

CRC Tests

Test	Status	Time
COMP	Pass	1:06pm
CAL	Pass	1:06pm

Preventive Maintenance Status: Pass

Analyst

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

nstrument Ser	rial No. 008577 3301 Hammon KD	
	rial No. 008577 3301 Hammon Ro Rolleigh, NC	_
	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 br simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator t whichever occurs first.	
ere performed	the 22 day of October, 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.	

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008577 Test Date: 10/22/2025

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: 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: AG516204 Exp Date: 06/11/2027

m - - L

g/210L	Time
Pass	1:21pm
.00	1:22pm
.08	1:23pm
.00	1:24pm
.00	1:25pm
.00	1:25pm
.00	1:27pm
.00	1:28pm
	Pass .00 .08 .00 .00

-/210T Mi---

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008577 Test Record Number: 9207
Test Date: 10/22/2025 Test Time: 1:29pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:29pm
FLO	Pass	1:29pm
FC	Pass	1:30pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:30pm
SRC	Pass	1:30pm
DET	Pass	1:30pm
BAR	Pass	1:30pm
BT	Pass	1:30pm

Blank Tests

Test	Status	Time
AIR	Pass	1:30pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:30pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:31pm

Preventive Maintenance Status: Pass

Pass 1:31pm

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)

		DC/ID II and Model Intox EC/ID II (Enhanced wi
	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 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;
9	(5)	Verify instrument accuracy;
	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program 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 19 day of October, 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.
	STATE OF	

DHHS 4080 (04/20)

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008584 Test Date: 10/19/2025

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 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	9:28pm
AIR BLK	.00	9:29pm
ACCY CHK	.07	9:29pm
AIR BLK	.00	9:30pm
SUB TEST	.00	9:30pm
AIR BLK	.00	9:31pm
SUB TEST	.00	9:33pm
ATR BLK	0.0	9:34pm

Reported AC: .00 g/2/10L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008584 Test Record Number: 2812 Test Date: 10/19/2025 Test Time: 9:34pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:34pm
FLO	Pass	9:34pm
FC	Pass	9:34pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:34pm
SRC	Pass	9:34pm
DET	Pass	9:34pm
BAR	Pass	9:34pm
BT	Pass	9:34pm

Blank Tests

Test	Status	Time
AIR	Pass	9:35pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:35pm
	CRC Tests	

Test	Status	Time
COMP	Pass	9:35pm
CAL	Pass	9:35pm

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)

County C	Instrument Location BAT Mobile Upit 10
Instrument Se	rial No. 00 858 4
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 alcoholi breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
were perform	on the 21 day of 0ctobc, 2025 the forgoing preventive maintenance procedure ed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Healt ervices, and the instrument is functioning properly.
	Signature of Certifying Official 244987 Certificate Number
	Signature of Certifying Official Certificate Number
A signed origi	nal of the preventive maintenance record shall be kept on file for at least three years.

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008584 Test Date: 10/21/2025

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

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

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: 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	8:54pm
AIR BLK	.00	8:55pm
ACCY CHK	.07	8:55pm
AIR BLK	.00	8:56pm
SUB TEST	.00	8:57pm
AIR BLK	.00	8:58pm
SUB TEST	.00	8:59pm
ATR BLK	.00	9 · 00pm

Reported AC: .00/g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008584 Test Record Number: 2816 Test Date: 10/21/2025 Test Time: 9:00pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:01pm
FLO	Pass	9:01pm
FC	Pass	9:01pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:01pm
SRC	Pass	9:01pm
DET	Pass	9:01pm
BAR	Pass	9:01pm
BT	Pass	9:01pm

Blank Tests

Test	Status	Time
AIR	Pass	9:02pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:02pm

CRC Tests

Test	Status	Time
COMP	Pass	9:02pm
CAL	Pass	9:02pm

Preventive Maintenance Status: Pass

Analyst

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	al No. 008700 225 S. TAylon ST WAKE FOREST, MC
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 14 day of OCTOBIC , 2025 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
The same	5 CN/ 1

WAKE COUNTY WAKE FOREST PD 910

Serial Number: 008700 Test Date: 10/14/2025

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Bryant, Earl A
Permit Number: 0017-9707
Effective:
02/01/2025-02/01/2027

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

Lot Number: AG505001 Exp Date: 02/19/2027

Test	g/210L	Time
DIAG	Pass	2:12pm
AIR BLK	.00	2:13pm
ACCY CHK	.08	2:14pm
AIR BLK	.00	2:15pm
SUB TEST	.00	2:16pm
AIR BLK	.00	2:17pm
SUB TEST	.00	2:18pm
AIR BLK	.00	2:19pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY WAKE FOREST PD 910

Serial Number: 008700 Test Record Number: 2762
Test Date: 10/14/2025 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	2:21pm
SRC	Pass	2:21pm
DET	Pass	2:21pm
BAR	Pass	2:21pm
BT	Pass	2:21pm

Blank Tests

Test	Status	Time
AIR	Pass	2:21pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:21pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:21pm
CAL	Pass	2:21pm

Preventive Maintenance Status: Pass

Analyst

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	al No. 008760 3301 Hammon 20
	ial No. 608760 Rollingh, NL
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 performe	the 27 day of Oldson, 20 the forgoing preventive maintenance procedures of on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008760 Test Date: 10/22/2025

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: 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: AG516204 Exp Date: 06/11/2027

Test	g/210L	Time
DIAG	Pass	1:44pm
AIR BLK	.00	1:44pm
ACCY CHK	.08	1:45pm
AIR BLK	.00	1:46pm
SUB TEST	.00	1:47pm
AIR BLK	.00	1:48pm
SUB TEST	.00	1:49pm
AIR BLK	.00	1:50pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008760 Test Record Number: 7377
Test Date: 10/22/2025 Test Time: 1:52pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	1:52pm
SRC	Pass	1:52pm
DET	Pass	1:52pm
BAR	Pass	1:52pm
BT	Pass	1:52pm

Blank Tests

Test	Status	Time
AIR	Pass	1:53pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:53pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:53pm

Preventive Maintenance Status: Pass

Pass

1:53pm

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	Wake	Instrument Location_ U	VAK	2 Co Dolentin Con
Instrument Se	rial No. 00 8778		301	Hammond RD
		15	sters	hoc
		r the Intoximeters, Model Intox wed at least once every four mo		II and Model Intox EC/IR II (Enhanced with e:
(1)		eanister displays at least 51 pour ometer shows 34 degrees, plus of		square inch (psi) of pressure, or the alcoholic 2.degree centigrade;
(2)	Verify instrument displa	ays time and date;		
(3)	Initiate breath test seque	ence;		
(4)	Enter information as pro	ompted;		
(5)	Verify instrument accur	Verify instrument accuracy;		
(6)	When "PLEASE BLOW" appears, collect breath sample;			
(7)	When "PLEASE BLOW" appears, collect breath sample;			
(8)	Print test record;			
(9)	Run diagnostic program	Run diagnostic program and confirm preventive maintenance status of "Pass"; and		
(10)				ore expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,
were performe	on the 22 day of 00 ded on the instrument indicate ervices, and the instrument is	ed above, in accordance with cu functioning properly.		orgoing preventive maintenance procedures egulations of the N.C. Department of Health

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008778 Test Date: 10/22/2025

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: 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: AG516204 Exp Date: 06/11/2027

Test	g/210L	Time
DIAG	Pass	1:22pm
AIR BLK	.00	1:23pm
ACCY CHK	.07	1:23pm
AIR BLK	.00	1:24pm
SUB TEST	.00	1:25pm
AIR BLK	.00	1:26pm
SUB TEST	.00	1:28pm
AIR BLK	.00	1:28pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008778 Test Record Number: 8913
Test Date: 10/22/2025 Test Time: 1:30pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:30pm
FLO	Pass	1:30pm
FC	Pass	1:30pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:31pm
SRC	Pass	1:31pm
DET	Pass	1:31pm
BAR	Pass	1:31pm
BT	Pass	1:31pm

Blank Tests

Test	Status	Time
AIR	Pass	1:31pm

Printer Tests

Test Status

PRNT	Pass	1:31pm
	CRC Tests	
Test	Status	Time

Time

COMP	Pass	1:31pm
CAL	Pass	1:31pm

Preventive Maintenance Status: Pass

in Dides or



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

	Vake Instrument Location BAT Mobile Unit 11 erial No. 008970 Knight dale PD		
The preventive serial number	re 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.		
WOLC POLICIAL	on the 17 day of October, 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.		



WAKE COUNTY BAT MOBILE UNIT 11 910

Serial Number: 008970 Test Date: 10/17/2025

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Driver's License Number: NONE

Subject's Sex: Male
Driver's License State: XX

Analyst's Name: Gillstrap, Jeffrey L

Permit Number: 0006-2446

Effective:

04/01/2025-04/01/2027

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
rest	9/2101	TIME

DIAG	Pass	8:49pm
AIR BLK	.00	8:50pm
ACCY CHK	.07	8:51pm
AIR BLK	.00	8:52pm
SUB TEST	.00	8:52pm
AIR BLK	.00	8:53pm
SUB TEST	.00	8:55pm
AIR BLK	.00	8:56pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY BAT MOBILE UNIT 11 910

Serial Number: 008970 Test Record Number: 1319
Test Date: 10/17/2025 Test Time: 8:58pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:58pm
FLO	Pass	8:58pm
FC	Pass	8:58pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:58pm
SRC	Pass	8:58pm
DET	Pass	8:58pm
BAR	Pass	8:58pm
BT	Pass	8:58pm

Blank Tests

Test	Status	Time	
AIR	Pass	8:59pm	

Printer Tests

Test	Status	Time
PRNT	Pass	8:59pm
	CRC Tests	
Test	Status	Time
COMP	Pass	8:59pm

Preventive Maintenance Status: Pass

Pass

CAL

8:59pm

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 12 day of 5. the forgoing preventive maintenance procedures of on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health revices, and the instrument is functioning properly.

WAKE COUNTY BAT MOBILE UNIT 11 910

Serial Number: 008973 Test Date: 10/17/2025

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: Gillstrap, Jeffrey L

Permit Number: 0006-2446

Effective:

04/01/2025-04/01/2027

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	9:00pm
AIR BLK	.00	9:01pm
ACCY CHK	.07	9:02pm
AIR BLK	.00	9:02pm
SUB TEST	.00	9:03pm
AIR BLK	.00	9:04pm
SUB TEST	.00	9:05pm
AIR BLK	.00	9:06pm

Reported AC: .00 g/210L

Chemica Analyst

Court CVR

WAKE COUNTY BAT MOBILE UNIT 11 910

Serial Number: 008973 Test Record Number: 1378
Test Date: 10/17/2025 Test Time: 9:08pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:09pm
FLO	Pass	9:09pm
FC	Pass	9:09pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:09pm
SRC	Pass	9:09pm
DET	Pass	9:09pm
BAR	Pass	9:09pm
BT	Pass	9:09pm

Blank Tests

Test	Status	Time
AIR	Pass	9:10pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:10pm
	CRC Tests	
Test	Status	Time
	CRC Tests	

COMP	Pass	9:10pm
CAL	Pass	9:10pm

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)

County WA	REEN	Instrument Location WARREN	Co. LEC
Instrument Ser	ial No. QOS 793	128 RA	TON, NC
		WARRENT	TON, NC
The preventive serial number	e maintenance procedures for t 10,000 or higher) to be followed	he Intoximeters, Model Intox EC/IR II and at least once every four months are:	and Model Intox EC/IR II (Enhanced with
(1)		nister displays at least 51 pounds per squ eter shows 34 degrees, plus or minus .2	uare inch (psi) of pressure, or the alcoholic degree centigrade;
(2)	Verify instrument displays	s time and date;	
(3)	Initiate breath test sequen	ce;	
(4)	Enter information as prom	npted;	
(5)	Verify instrument accurac	y;	
(6)	When "PLEASE BLOW"	appears, collect breath sample;	
(7)	When "PLEASE BLOW"	appears, collect breath sample;	
(8)	Print test record;		
(9)	Run diagnostic program a	nd confirm preventive maintenance statu	us of "Pass"; and
(10)	Verify that the ethanol g simulator solution is being whichever occurs first.	gas canister is being changed before ng changed every four months or afte	expiration date, or the alcoholic breath er 125 Alcoholic Breath Simulator tests,
were performed	the <u>2</u> day of <u>Octo</u> d on the instrument indicated vices, and the instrument is fu	above, in accordance with current regu	oing preventive maintenance procedures plations of the N.C. Department of Health
STATE GUAN VEDOS	ZH5	est/ se	179 70 7 Certificate Number

WARREN COUNTY WARREN COUNTY JAIL 920

Serial Number: 008793 Test Date: 10/02/2025

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: Bryant, Earl A
Permit Number: 0017-9707
Effective:
02/01/2025-02/01/2027

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

Lot Number: AG505001 Exp Date: 02/19/2027

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Extended Analyst

WARREN COUNTY WARREN COUNTY JAIL 920

Serial Number: 008793 Test Record Number: 2296
Test Date: 10/02/2025 Test Time: 9:46am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:47am
FLO	Pass	9:47am
FC	Pass	9:47am

Temperature Tests

Test	Status	Time
FC1	Pass	9:47am
SRC	Pass	9:47am
DET	Pass	9:47am
BAR	Pass	9:47am
BT	Pass	9:47am

Blank Tests

Test	Status	Time
AIR	Pass	9:48am

Printer Tests

Test	Status	Time
PRNT	Pass	9:48am
	CRC Tests	
Test	Status	Time
COMP	Pass	9:48am
CAL	Pagg	9 · 48am

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 U	atauga	Instrument Location	AT Mobile Unit 12
Instrument Seri	al No. 008601		Boone PD
	maintenance procedures for th 0,000 or higher) to be followed		EC/IR II and Model Intox EC/IR II (Enhanced wit
(1)	Verify the ethanol gas can breath simulator thermome	ister displays at least 51 poun eter shows 34 degrees, plus or	ds per square inch (psi) of pressure, or the alcoholi minus .2 degree centigrade;
(2)	Verify instrument displays	time and date;	
(3)	Initiate breath test sequence	e;	
(4)	Enter information as prom	pted;	
(5)	Verify instrument accuracy	y;	
(6)	When "PLEASE BLOW"	appears, collect breath sample	2;
(7)	When "PLEASE BLOW"	appears, collect breath sample	2;
(8)	Print test record;		
(9)	Run diagnostic program ar	nd confirm preventive mainter	nance status of "Pass"; and
(10)			ed before expiration date, or the alcoholic breat hs or after 125 Alcoholic Breath Simulator test
were performe	the 15th day of 00th don the instrument indicated vices, and the instrument is fu	above, in accordance with cu	the forgoing preventive maintenance procedure trent regulations of the N.C. Department of Healt
	CAROLLINA	La Panier	1604930
		Signature of Certifying Office	cial Certificate Number

WATAUGA COUNTY BAT MOBILE UNIT 12 940

Serial Number: 008601 Test Date: 10/15/2025

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: Lanier Jr., John P Permit Number: 4582-9118

Effective:

04/01/2025-04/01/2027

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	8:15pm
ACCY CHK	.07	8:16pm
AIR BLK	.00	8:17pm
SUB TEST	.00	8:18pm
AIR BLK	.00	8:18pm
SUB TEST	.00	8:20pm
AIR BLK	.00	8:21pm

Reported AC: .00 g/210L

ignature of Chemical Analyst

Court CVR

Analyst

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

Rev. 12/2007

WATAUGA COUNTY BAT MOBILE UNIT 12 940

Serial Number: 008601 Test Record Number: 1848
Test Date: 10/15/2025 Test Time: 8:22pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:22pm
FLO	Pass	8:22pm
FC	Pass	8:22pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:22pm
SRC	Pass	8:22pm
DET	Pass	8:22pm
BAR	Pass	8:22pm
BT	Pass	8:22pm

Blank Tests

Test	Status	Time
AIR	Pass	8:23pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:23pm
	CRC Tests	

Test	Status	Time
COMP	Pass	8:23pm
CAL	Pass	8:23pm

Preventive Maintenance Status: Pass

Analyst

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	atauga	Instrument Location BAT	and any 10
Instrument Seri	al No. 008698	_B00	ne PD
		<u>iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii</u>	-09
		the Intoximeters, Model Intox EC/IR I ed at least once every four months are:	I and Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas car breath simulator thermom	nister displays at least 51 pounds per so neter shows 34 degrees, plus or minus.	quare inch (psi) of pressure, or the alcoholic 2 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 accuracy;		
(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 sta	atus of "Pass"; and
(10)			e expiration date, or the alcoholic breath fter 125 Alcoholic Breath Simulator tests
were performed	the 15th day of Octor do not the instrument indicated vices, and the instrument is fi	above, in accordance with current re-	rgoing preventive maintenance procedures gulations of the N.C. Department of Health
VAR 12 1776	12	L. No.	1604930

WATAUGA COUNTY BAT MOBILE UNIT 12 940

Serial Number: 008698 Test Date: 10/15/2025

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: Lanier Jr., John P

Permit Number: 4582-9118

Effective:

04/01/2025-04/01/2027

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	8:14pm
AIR BLK	.00	8:15pm
ACCY CHK	.07	8:16pm
AIR BLK	.00	8:17pm
SUB TEST	.00	8:17pm
AIR BLK	.00	8:18pm
SUB TEST	.00	8:20pm
AIR BLK	.00	8:21pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

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

Rev. 12/2007

WATAUGA COUNTY BAT MOBILE UNIT 12 940

Serial Number: 008698 Test Record Number: 2677
Test Date: 10/15/2025 Test Time: 8:21pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:22pm
FLO	Pass	8:22pm
FC	Pass	8:22pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:22pm
SRC	Pass	8:22pm
DET	Pass	8:22pm
BAR	Pass	8:22pm
BT	Pass	8:22pm

Blank Tests

Test	Status	Time	
AIR	Pass	8:23pm	

Printer Tests

Test	Status	Time
PRNT	Pass	8:23pm
	CRC Tests	

Test	Status	Time
COMP	Pass	8:23pm
CAL	Pass	8:23pm

Preventive Maintenance Status: Pass

Analyst

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	UATAUGA	Instrument Location	Watauga County Jail Boone, NC
Instrument Se	rial No. 00 87 5		Boone, NC
	re maintenance procedures for t 10,000 or higher) to be follow		x EC/IR II and Model Intox EC/IR II (Enhanced withouths are:
(1)			unds per square inch (psi) of pressure, or the alcoho or minus .2 degree centigrade;
(2)	Verify instrument display	s time and date;	
(3)	Initiate breath test sequen	ce;	
(4)	Enter information as pror	npted;	
(5)	Verify instrument accurac	ey;	
(6)	When "PLEASE BLOW"	appears, collect breath samp	ole;
(7)	When "PLEASE BLOW"	appears, collect breath samp	ole;
(8)	Print test record;		
(9)	Run diagnostic program a	and confirm preventive main	tenance status of "Pass"; and
(10)	Verify that the ethanol simulator solution is bei	gas canister is being changing changed every four mo	ged before expiration date, or the alcoholic brea nths or after 125 Alcoholic Breath Simulator tes
were periorin	on the 10 th day of 0c ded on the instrument indicated dervices, and the instrument is f	above, in accordance with	the forgoing preventive maintenance procedur current regulations of the N.C. Department of Head
The same		Signature of Certifying Of	

WATAUGA COUNTY WATAUGA JAIL 940

Serial Number: 008715 Test Date: 10/10/2025

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

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

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Long, Thomas A
Permit Number: 0050-9387
Effective:
09/01/2025-09/01/2027

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	9:18am
AIR BLK	.00	9:19am
ACCY CHK	.07	9:20am
AIR BLK	.00	9:21am
SUB TEST	.00	9:22am
AIR BLK	.00	9:22am
SUB TEST	.00	9:24am
AIR BLK	- 00	9:25am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WATAUGA COUNTY WATAUGA JAIL 940

Serial Number: 008715 Test Record Number: 3079
Test Date: 10/10/2025 Test Time: 9:29am 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

Status	Time
Pass	9:31am
Pass	9:31am
	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)

	maintenance procedures for 0,000 or higher) to be follow			del Intox EC/IR II (Enhanced with
(1)		nister displays at least 51 pour leter shows 34 degrees, plus		(psi) of pressure, or the alcoholic centigrade;
(2)	Verify instrument display	s time and date;		
(3)	Initiate breath test sequen	ce;		
(4)	Enter information as pror	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	and confirm preventive maint	enance status of "Pa	ass"; and
(10)				on date, or the alcoholic breath Alcoholic Breath Simulator tests,
were performe	the 10 day of 0 day of 0 do not the instrument indicated rvices, and the instrument is for the control of the c	above, in accordance with	the forgoing procurrent regulations	eventive maintenance procedures of the N.C. Department of Health
-		Signature of Certifying Off	icial	Certificate Number

WATAUGA COUNTY BOONE PD 940

Serial Number: 008716 Test Date: 10/10/2025

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

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

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Long, Thomas A
Permit Number: 0050-9387
Effective:
09/01/2025-09/01/2027

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

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

Test	g/210L	Time
DIAG	Pass	10:43am
AIR BLK	.00	10:44am
ACCY CHK	.07	10:45am
AIR BLK	.00	10:46am
SUB TEST	.00	10:47am
AIR BLK	.00	10:47am
SUB TEST	.00	10:49am
AIR BLK	.00	10:50am

Reported AC: .00 g/210L

Signature of Chemical Mnalyst

Court CVR

Analyst

WATAUGA COUNTY BOONE PD 940

Serial Number: 008716 Test Record Number: 3422
Test Date: 10/10/2025 Test Time: 10:51am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:51am
FLO	Pass	10:51am
FC	Pass	10:51am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:52am

Printer Tests

Test	Status	Time
PRNT	Pass	10:52am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:52am

CAL Pass 10:52am

Preventive Maintenance Status: Pass

Analyst

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 In		d Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister		re inch (psi) of pressure, or the alcoholic egree centigrade;
(2)	Verify instrument displays tim	e and date;	
(3)	Initiate breath test sequence;		
(4)	Enter information as prompted	2	
(5)	Verify instrument accuracy;		
(6)	When "PLEASE BLOW" appe	ears, collect breath sample;	
(7)	When "PLEASE BLOW" appe	ears, collect breath sample;	
(8)	Print test record;		
(9)	Run diagnostic program and co	onfirm preventive maintenance status	of "Pass"; and
(10)			xpiration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests
were performed	the 15 th day of October on the instrument indicated above vices, and the instrument is function	ve, in accordance with current regula	ing preventive maintenance procedures ations of the N.C. Department of Health
STATE OF THE PROPERTY OF	1071	nature of Certifying Official	Certificate Number

WATAUGA COUNTY BAT MOBILE UNIT 12 940

Serial Number: 008788 Test Date: 10/15/2025

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: Lanier Jr., John P
Permit Number: 4582-9118
Effective:
04/01/2025-04/01/2027

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	8:16pm
AIR BLK	.00	8:17pm
ACCY CHK	.07	8:18pm
AIR BLK	.00	8:19pm
SUB TEST	.00	8:19pm
AIR BLK	.00	8:20pm
SUB TEST	.00	8:22pm
AIR BLK	.00	8:23pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WATAUGA COUNTY BAT MOBILE UNIT 12 940

Serial Number: 008788 Test Date: 10/15/2025 Test Record Number: 2479 Test Time: 8:23pm EDT

System Check: Passed

Baseline Tests

Status	Time
Pass	8:24pm
Pass	8:24pm
Pass	8:24pm
	Pass Pass

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

Status Time

Pass 8:25pm

Test

PRNT	Pass	8:25pm
	CRC Tests	
Test	Status	Time
COMP	Pass	8:25pm
CAL	Pass	8:25pm

Preventive Maintenance Status: Pass

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

	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before 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 20 day of 0c bobe, 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.

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: 10/20/2025

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: 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	1:08pm
AIR BLK	.00	1:09pm
ACCY CHK	.08	1:10pm
AIR BLK	.00	1:11pm
SUB TEST	.00	1:12pm
AIR BLK	.00	1:13pm
SUB TEST	.00	1:14pm
AIR BLK	.00	1:15pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WILSON COUNTY DETENTION CENTER 970

Serial Number: 008627 Test Record Number: 3629
Test Date: 10/20/2025 Test Time: 1:16pm 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

Pass	1:18pm
	Pass

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)

	aintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 2000 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;
(2) (3) (4) (5) (6) (7)	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;
(3)(4)(5)(6)(7)	Initiate breath test sequence; Enter information as prompted; Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample;
(4)(5)(6)(7)	Enter information as prompted; Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample;
(5) (6) (7)	Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample;
(6) (7)	When "PLEASE BLOW" appears, collect breath sample;
(7)	
	When IDI EACE DI OWII annual and hands and a
(8)	When "PLEASE BLOW" appears, collect breath sample;
	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on the were performed of and Human Servi	day of October, 2025 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.
THE STATE OF AND	
The state of the s	Kran 377777

WILSON COUNTY DETENTION CENTER 970

Serial Number: 008652 Test Date: 10/20/2025

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: Gray, Kelly D

Permit Number: 0037-7722

Effective:

02/01/2025-02/01/2027

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	12:53pm
AIR BLK	.00	12:54pm
ACCY CHK	.07	12:55pm
AIR BLK	.00	12:56pm
SUB TEST	.00	12:57pm
AIR BLK	.00	12:58pm
SUB TEST	.00	12:59pm
AIR BLK	.00	1:00pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WILSON COUNTY DETENTION CENTER 970

Serial Number: 008652 Test Record Number: 4117
Test Date: 10/20/2025 Test Time: 1:02pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:02pm
FLO	Pass	1:02pm
FC	Pass	1:02pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:02pm
SRC	Pass	1:02pm
DET	Pass	1:02pm
BAR	Pass	1:02pm
BT	Pass	1:02pm

Blank Tests

Test	Status	Time
AIR	Pass	1:03pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:03pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:03pm
CAL	Pass	1:03pm

Preventive Maintenance Status: Pass

Analyst